The Strategic Map for the University of Kansas Medical Center summarizes KUMC’s strategy for 2011 through 2016. This strategy includes the following key elements:

- The central challenge, depicted as an oval at the top of the map, is the focal point of KUMC’s strategy: “Provide leadership to shape the future of health and health care.”
- KUMC’s goals, depicted in bold under the central challenge, are critical to meeting the central challenge.
- KUMC’s strategies, depicted in boxes under each goal, describe the key approaches that will be taken to achieve each goal.
- Three cross-cutting goals along the bottom of the strategic map differ from those at the top of the strategic map in two ways:
  - They appear at the bottom of the strategic map to show they are foundational to the strategy.
  - They span the strategic map from left to right in order to indicate that efforts to implement the cross-cutting priority need to be embedded in efforts to implement the other six strategic priorities at the top of the map.
WORKING TO MEET KU MEDICAL CENTER’S STRATEGIC GOALS

The University of Kansas Medical Center’s Strategic Plan for 2011-2016 was developed under the leadership of Executive Vice Chancellor Barbara Atkinson, M.D., who retired in June 2012. Work toward meeting the goals continued under the leadership of Interim Executive Vice Chancellor Steven Stites, M.D. Future work toward achieving the plan’s goals will be led by Douglas Girod, M.D., who became the medical center’s new Executive Vice Chancellor on Feb. 1, 2013.

Efforts to meet the plan’s goals during its first two years are documented in the pages that follow, with a sample of metrics at the end of this booklet.

Several of the updates contain references to ECG Management Consultants, a national firm with extensive experience in academic health centers. Dr. Stites engaged ECG in summer 2012 to benchmark KUMC’s financial status and processes against national standards at other academic medical centers and provide a detailed analysis of the medical center’s extraordinarily complex funds flow across all of our schools and missions.

ECG consultants conducted interviews with more than 80 key stakeholders across the medical center campus. They reviewed background data related to historical organizational structures, finances and operations. As a result of ECG’s findings, the medical center has announced a significant restructuring of its financial organization – directly addressing the medical center’s strategic Goal F: Secure and Optimize Resources Aligned with Strategic Priorities. ECG’s data also presents a road map for:

1. Providing the optimum portfolio of high-quality academic programs (Goal A-III).
2. Implementing a strategic approach to research prioritization and investment (Goal B-I).
3. Evaluating and investing in key clinical priorities (Goal C-IV)
4. Securing and optimizing resources aligned with strategic priorities (Goal F).

Many other actions documented in the pages that follow will allow medical center leaders to meet the plan’s overarching goal: Provide leadership to shape the future of health and health care.
GOAL A
CONTINUOUSLY ADVANCE EDUCATIONAL EXCELLENCE

I. Implement effective interprofessional education (IPE)

**ACTIONS COMPLETED:**

1. Interprofessional education program mission and goals, vision and timelines, program core components and five-year goals were established in March 2012.

2. IPE competencies were determined in April 2012.

3. Core planning teams were in place and competencies were mapped to existing KUMC IPE events in July 2012.

4. The KUMC Center for Interprofessional Education and Simulation website was created in October 2012.

**ACTIONS IN PROGRESS:**

1. KU Medical Center is piloting an online IPE scheduling tool for events and students in spring 2013.

2. Upon receiving approval from the Board of Regents, medical center leaders in fall 2012 launched the University of Kansas Medical Center’s Health Education Initiative, requesting state support for the construction of a new interprofessional education and simulation facility on the KU Medical Center’s main campus in Kansas City.

II. Emphasize recruitment, development and retention of outstanding educators

**ACTIONS COMPLETED:**

1. In the School of Medicine, an Academy of Medical Educators has been established, and its charter group named, to recognize and celebrate teaching innovation and excellence, foster the continued improvement of medical education and learning and advocate for the resources necessary to do so.

2. The School of Nursing substantially improved and expanded new faculty orientation to better acclimate new faculty and ensure retention of high quality educators.
**ACTIONS COMPLETED:**

3. Since summer 2010, the School of Nursing has recruited 12 new faculty members who teach in the undergraduate programs and graduate core (e.g. Research, Theory), Advanced Practice (e.g. Primary Care, Midwifery, Psychiatric Mental Health, Adult/Gerontology) and Leadership (e.g. Informatics, Organizational Leadership, Clinical Research Management), all of which are vital to advancing nursing education, practice and research into the future.

4. The School of Nursing successfully secured grant funding from the Jonas Center for Nursing Excellence to support educational development of new nursing faculty.

5. In the School of Health Professions, the Dietetics and Nutrition department successfully recruited two doctorally prepared faculty members with research grants focusing on dietary intake and cancer, and the impact of the maternal environment on the health of mothers and their children.

6. In the School of Health Professions, the Health Information Management department recruited a faculty member experienced in electronic health record Meaningful Use standards and interoperability standards – key areas of expertise necessary for educating students as they move into the new health care environment.

7. Four nurse anesthesia faculty members completed their Doctor of Nursing Practice degrees.

**ACTIONS IN PROGRESS:**

1. The School of Medicine’s Academy of Medical Educators is in the process of developing its mission and vision statements, bylaws, policies and governance procedures, developing short- and long-range goals and objectives and proposals for financial and human resources support of the academy.

2. The three schools at the medical center have worked collaboratively to develop a proposal for Educator Track faculty appointments, with the potential for promotion to full professor at the University of Kansas Medical Center, including the Wichita and Salina campuses, for eligible faculty members who have primarily educational responsibilities in non-clinical areas. This track has been approved by the Council of Chief Academic Officers and the Council of Presidents and should be in place for fiscal year 2014. Medical education is one of the core missions of the School of Medicine, School of Nursing, and School of Health Professions. The existence of this track will facilitate recruitment and retention of outstanding educators in the three schools who will now have an academic career trajectory with an emphasis on education of health professionals and development of innovative approaches to 21st century education.

3. The School of Nursing is developing a formal faculty mentoring program, focusing on professional development and work-life balance.
III. Provide the optimum portfolio of high quality academic programs

**ACTIONS COMPLETED:**

1. With expansions in Wichita and Salina, the School of Medicine now has 211 students per class, having increased the number of slots in the M.D. program by more than 20 percent since 2010.

2. The School of Nursing announced articulation agreements with 18 community colleges throughout the state of Kansas and in Kansas City, Mo., providing nurses with an associate’s degree from a participating college the opportunity to receive their bachelor of science in nursing from KU’s online RN-to-BSN program.

3. The School of Nursing implemented a new baccalaureate program curriculum to continue to meet the American Association of Colleges of Nursing’s Baccalaureate Essentials.

4. Additional high-quality academic programs in the School of Nursing include:
   - The Kansas Advanced Practice Collaborative, led by KU, where faculty collaborate with Fort Hays State University and Pittsburg State University faculty in teaching nurse practitioner students.
   - Quality Matters, where the KU School of Nursing is a national leader in online teaching and learning using an evidence-based approach for quality assessment in online courses.
   - SEEDs (Simulated E-hEalth Delivery System), an education-business partnership with Cerner Corporation with the project for simulated clinical education.

5. The School of Health Professions has increased the number of students participating in international clinical experiences in developed and developing countries.

6. The School of Health Professions’ Cytotechnology program has completed a curriculum revision to continue to meet ever-changing health care and medical recommendations. KUMC’s program has been in the forefront of these curriculum revisions to continue to meet the needs of employers.
ACTIONS COMPLETED:

7. The University of Kansas Medical Center is the largest provider of Continuing Medical Education in Kansas. Over the past 3.5 years, KUMC CE/CME increased program offerings 69 percent.

8. KU Medical Center’s Master of Science in Clinical Research degree is a critical component for the Clinical and Translational Science Award, providing infrastructure to support both individual and institutional research training programs.

ACTIONS IN PROGRESS:

1. In October 2012, external consultants from peer universities submitted a review of the School of Medicine curriculum. Within the school, committees are conducting a content audit of the curriculum.

2. Working with ECG Management Consultants, School of Medicine leaders have been examining the funding model for education in an effort to ensure that 1) educational activities are appropriately funded from proper sources and 2) the proper way to encourage development and innovation in curriculum and educational methods.

3. The University of Kansas Hospital, The University of Kansas Physicians and the KU School of Medicine continue to work toward quality improvement and patient safety. The offices of Medical Education and Graduate Medical Education will incorporate best practices into the curriculum.

IV. Continue to recruit, retain and graduate outstanding students

ACTIONS COMPLETED: Recruiting Students

1. The School of Medicine encourages students from populations underrepresented in health, math and science to pursue successful careers in these fields.

   • The Health Careers Pathways program provides opportunities for middle and high school students to attend science and math academies and to work alongside researchers at the medical center.
ACTIONS COMPLETED: Recruiting Students (cont’d)

- For college graduates, a conditional admissions program accepts promising medical school applicants who show potential but require additional preparation.
- KU Area Health Education Centers work in dozens of school districts to provide career days, internships and student placement opportunities for Kansas children and adolescents to discover the challenges of a rewarding career in health care.
- Undergraduate students from Kansas who are interested in building successful careers as physicians in rural areas may participate in the Scholars in Rural Health program, which provides a path to admission to the School of Medicine.

2. The Student Services office has expanded or enhanced its recruitment and admissions tools:

- The Office of Admissions has transitioned into a stand-alone office and expanded its staff to two full-time employees.
- The “Prospective Students” website was enhanced to include more comprehensive information about how to apply to KUMC and include profiles on selected students.
- All undergraduate and graduate programs were transitioned to the online application for admissions that includes seamless integration between new central application systems for Nursing, Occupational Therapy and Physical Therapy.

ACTIONS COMPLETED: Retaining Students

1. All medical students are assigned to one of eight KU Medical Alumni Academic Societies, designed to enhance the students’ interactions with faculty and students in other classes, promote a sense of community and encourage the development of professional attitudes and behaviors.

2. The School of Nursing implemented the annual Nightingale Ceremony, along with four professional societies, that introduces nursing students to the profession and conveys the expectation of high ethical conduct.

3. The Student Services office has expanded its offerings.

- A new Electronic Medical Record system was implemented by Student Health and Counseling and Educational Support which allows students to view their records and schedule appointments online.
- A full-time staff member was added to accommodate the doubling of student appointments for immunizations and titers to stay in compliance with clinical requirements.
- Writing Services began in fall 2012 with two half-time employees.
- Career Services will begin in spring 2013.
**ACTIONS COMPLETED: Retaining Students**

- ADA Services for students was moved to Student Services, becoming more easily accessible.
- Counseling and Educational Support has expanded to include online consultations with psychologists and learning specialists, reaching off-campus students and distance learners.
- The Office of Student Financial Aid was consolidated with Veterans Services.
- The Office of Student Life continued to expand interprofessional wellness, diversity and social programming for students.
- The Interprofessional Orientation Program for new students will expand in summer 2013.
- Student satisfaction surveys have been expanded and reworked for distribution in spring 2013.
- Student Services and Dykes Library will offer expanded library hours beginning in spring 2013.

**ACTIONS COMPLETED: Graduating Students**

1. KU School of Nursing students continue to achieve above-average first-time pass rates on National Council Licensure Examination board exams (averaging above 95 percent).

2. School of Health Professions students continue to achieve on-time graduation rates and high board certification pass rates.

3. KU School of Medicine students continue to show improvement between Step 1 and Step 2 of the United States Medical Licensing Examination (USMLE). At approximately 94 percent, the KU School of Medicine’s first-time pass rate on Step 1 is at the national rate; our mean score is just below the national figure. Step 2 scores improved significantly, with a first-time pass rate of 99 percent and a mean score at or above the national figure.

4. The Student Services office of Counseling and Educational Support Services has worked with the KU School of Medicine to expand the KU Step Prep Program (which helps medical students prepare for their board exams) to the Wichita and Salina campuses.

5. Residency placements: KU School of Medicine students match in all major disciplines, with approximately 40-50 percent going into primary care annually. At least 80 percent of KU students match in one of their top three programs.
GOAL B
STRENGTHEN RESEARCH QUALITY AND IMPACT

I. Implement a strategic approach to research prioritization and investment

ACTIONS COMPLETED:

1. National Cancer Institute designation, the university’s No. 1 research priority, was achieved in July 2012.

2. In June 2011, the University of Kansas Medical Center received a five-year, $20 million Clinical and Translational Science Award (CTSA) from the National Institutes of Health. The medical center created Frontiers: The Heartland Institute for Clinical and Translational Research, greatly expanding the reach of the existing clinical and translational research infrastructure and prioritizing clinical and translational research. This award has facilitated training for students and young faculty in clinical and translational research, provided funds for pilot clinical and translational research, enhanced the clinical and translational research enterprise at KUMC and promoted interactions between KU Medical Center and the regional health care and academic institutions.

ACTIONS IN PROGRESS:

1. In the summer of 2012, KU Medical Center engaged ECG Management Consultants to benchmark our financial status and processes against national standards at other academic medical centers. ECG’s data provides baseline information, metrics and direction for implementing a strategic approach to research prioritization and investment. KU Medical Center is in the process of defining the role of a Vice Chancellor for Finance; meanwhile, an Interim Chief Financial Officer is reviewing financial policies related to research. The ultimate goals are for the Vice Chancellor of Finance to:

   • Create a shared administrative resource model for School of Medicine departments on the Kansas City campus
   • Improve guidelines for the allocation of resources
   • Improve guidelines for compensating faculty for their research and teaching activities
   • Implement an incentive policy for research in departments, centers and institutes

2. KU Medical Center’s “big five” areas of research expertise continue to remain priorities:

   • **Neurosciences**: Neurosciences is one of the areas identified by KU Endowment as a priority for the Far Above campaign.
   • **Cancer**: Strategic planning for NCI Comprehensive Cancer Center designation is now underway.
   • **Liver**: In April 2012, new leadership was announced for the Liver Center, with Steven Weinman, M.D., Ph.D., taking over a center with nearly 40 researchers representing seven affiliate institutions. The center’s 10-year plan, adopted in 2010, includes the development of liver-related research cores, submission of joint research grants and program project grants, and recruitment and mentoring of outstanding investigators in both clinical and basic research.
II. Optimize research leadership, education, entrepreneurship and productivity

**ACTIONS COMPLETED:**

1. The KU Center for Technology Commercialization (KUCTC) was organized around the management of intellectual property, entrepreneurship, company formation, and industry partnerships. A new executive team is providing leadership and focus across those areas.

**ACTIONS IN PROGRESS:**

1. A goal of the ECG engagement is to write new bridging funding and salary policies regarding research productivity.

2. The KU Medical Center Research Institute, Frontiers leadership and the Faculty Assembly Research Committee are undertaking an initiative to centralize the review of faculty pilot grant proposals submitted to the funding programs sponsored by the Research Institute and the Frontiers Pilots and Collaborative Funding Program. The goal is to reduce turnaround time, increase faculty governance, reduce duplication in the application and review process, enhance collaboration and leverage the dollars in the respective funding programs to fund a greater number of proposals.
GOAL B
STRENGTHEN RESEARCH QUALITY AND IMPACT

ACTIONS IN PROGRESS:

3. Frontiers is providing scholarships that allow students working toward medical, dental or pharmacy degrees to take a year off from their programs to obtain a Master of Science in Clinical Research while participating in workshops and training opportunities to hone their research skills. Recipients also will complete a mentored research project leading to a published article. Frontiers also provides pilot grants for faculty to fund clinical and translational research projects.

III. Integrate basic, translational and clinical outcomes research

ACTIONS COMPLETED:

1. The KU Clinical Research Center (CRC) in Fairway opened in January 2012, providing a home for clinical and translational research. The University of Kansas Cancer Center, Frontiers: The Heartland Institute for Clinical and Translational Research, and the KU Alzheimer’s Disease Center reside in this facility.

ACTIONS IN PROGRESS:

1. The KU Medical Center Research Institute has relocated to a Fairway building adjacent to the KU Clinical Research Center.

IV. Enhance the alignment of research initiatives across schools and missions

ACTIONS COMPLETED:

1. In July 2012, Huron Life Sciences presented KUMC leadership with an assessment of research administration processes and organizational design for enhanced efficiency and effectiveness. The report sought to:

   • Assess administrative roles and responsibilities across key basic research and clinical research groups, including the Research Institute, the Cancer Center, Frontiers and individual principal investigators.
• Assess written policy and procedure infrastructures, including Standard Operating Procedures across key research groups.

• Identify and document areas of gaps, overlap, duplication, inconsistencies, and inefficiencies in the current infrastructure.

• Recommend an approach to address these gaps, overlaps, inconsistencies and inefficiencies.

• Document existing roles and responsibilities for various research managers, administrators, and staff across all administrative and compliance offices involved in the conduct of research at KU Medical Center “future state” roles and responsibilities.

• Create standardized job descriptions for equivalent administrative positions across research administrative bodies (Departments, Research Institute, Cancer Center, etc.).

• Propose updated (or if needed, newly created) organizational models.

**ACTIONS IN PROGRESS:**

1. KU Medical Center is reviewing recommendations in the Huron report (above) to establish senior-level endorsement of key components and set priorities for further planning and implementation.
GOAL C
WORK AS A CAMPUS TO ACHIEVE STRATEGIC CLINICAL MISSION GROWTH

I. Optimize structure and decision making

**ACTIONS COMPLETED:**

1. Council of Clinical Chairs was created in May 2011 as a forum for discussions of issues and an opportunity to provide chair input into meeting agendas and planning efforts.

2. After a national search process, ECG Management Consultants Inc., was engaged to assist with a campus-wide clinical integration effort.

**ACTIONS IN PROGRESS:**

1. Discussions regarding clinical integration are ongoing between leaders at the University of Kansas Medical Center, the University of Kansas Hospital Authority, University of Kansas Physicians, Inc., the 18 clinical foundations and the Council of Chairs.
   
   Among the goals of the effort:
   
   - Align strategic interests
   - Develop a contemporary governance structure
   - Recalibrate funding priorities and distribute resources and revenue more effectively
   - Manage and reduce costs
   - Ensure market-competitive compensation for clinical faculty and residents
   - Become more proactive in growth strategy and competitive position
   - Redesign care delivery models for population health management
   - Preserve and grow the academic enterprise through new investments
   - Develop more service lines/COEs through hospital/physician partnership
   - Rise in the ranks as an academic medical center and integrated health system
   - Optimize quality and patient experience

II. Align schools, practice plans and key clinical partners

**ACTIONS COMPLETED:**

1. In May 2011, the University of Kansas School of Medicine and Marillac, a comprehensive mental health care center for children, created a Center of Excellence for Child Psychiatry. Inpatient treatment is provided by Marillac psychiatric staff and by the school’s Department of Psychiatry and Behavioral Sciences working through The University of Kansas Physicians practice group.

2. In June 2011, The University of Kansas Cancer Center and the Kansas City Cancer Center completed a merger that created the area’s premier outpatient cancer care organization.
3. In December 2012, the University of Kansas Medical Center, The University of Kansas Hospital, the University of Kansas Physicians Inc., and Children’s Mercy Hospitals and Clinics announced that they had signed a memorandum of understanding to develop a single, integrated pediatric program, with goals of enhancing clinical care for children; advancing pediatric academic development; expanding pediatric research initiatives; and coordinating advocacy activities for children’s health.

**ACTIONS IN PROGRESS:**

1. Clinical integration efforts described under “Actions in Progress” (pg. 13) are ongoing.

**III. Continue to improve access, quality and safety**

**ACTIONS COMPLETED:**

1. Patient access was improved by the opening of several new facilities. By September 2011, a majority of clinical departments had moved into the new, 214,000-square-foot Medical Office Building. Further expansions were completed in the summer of 2012:
   - Four new patient floors at The University of Kansas Hospital
   - Six new operating rooms
   - The University of Kansas Hospital-Indian Creek Campus (a 42,000-square-foot facility)

**ACTIONS IN PROGRESS:**

1. Work toward quality improvement and patient safety continues, with a study group involving The University of Kansas Hospital, The University of Kansas Physicians and the KU School of Medicine. The offices of Medical Education and Graduate Medical Education will incorporate best practices into the curriculum.

**IV. Evaluate and invest in key priorities**

**ACTIONS COMPLETED:**

1. Evaluation and investment in key priorities include partnerships with the Kansas City Cancer Center and Marillac, construction of additional patient facilities, and engagement of national consultants to assist with clinical integration.
GOAL D
ELEVATE AND ALIGN OUTREACH AND COMMUNITY ENGAGEMENT

I. Create an organization for supporting, coordinating and communicating outreach.

**ACTIONS COMPLETED:**

1. In September 2011, the Institute for Community Engagement was established, directed by David Cook, Ph.D., with leadership support from Michael Kennedy, M.D., medical director, and Cindy Teel, Ph.D., RN, nursing director.

2. In November 2011, the institute established the Internal Advisory Board with a committee of 25 faculty, staff and students leading engaged scholarship at the university.

**ACTIONS IN PROGRESS:**

1. The institute funds a full-time communicator for community engagement in the Office of Communications. This communicator works to increase publicity for efforts that improve the health of the people of Kansas, the region and the world.

2. Currently, the institute is conducting an internal audit of community advisory boards at KU Medical Center to explore options for an institution-wide Community Advisory Board.

II. Strengthen community engagement to serve the needs of Kansas

**ACTIONS COMPLETED:**

1. An online survey was distributed in July 2011 to 18,000 Kansans, asking them to prioritize work by KU Medical Center and identify unmet needs. Their responses strongly guide our decision-making. The survey resulted in immediate improvements to the organization of the Institute and a redesign of Institute communications that respond directly to the identified community needs.

**ACTIONS IN PROGRESS:**

1. KU Medical Center is working with communities in every county to improve health. Initiatives underway include:
   - Access to cutting-edge research, care and support for patients, providers and health care organizations through the Midwest Cancer Alliance.
   - Education and research in Latino communities in Wyandotte County and Southwest Kansas through Juntos, Center for Advancing Latino Health.
- Culturally tailored health programs for American Indian populations living on Kansas reservations through the American Indian Health Research and Education Alliance.

2. Frontiers, the university’s clinical and translational science award (CTSA), also provides financial support for community-based participatory research and education through its Community Partnership for Health component.

### III. Promote a culture where engaged community-based scholarship is valued

**ACTIONS COMPLETED:**

1. In October 2012, the Institute announced the creation of four annual awards, totaling $19,100, for faculty, staff, students and community partners who demonstrate exemplary dedication to improving the health of communities.

**ACTIONS IN PROGRESS:**

1. The Internal Advisory Board includes senior representatives for promotion and tenure in the Schools of Medicine, Nursing and Health Professions. These individuals are helping shape policies relating to promotion and tenure that further value community-based scholarship.

### IV. Increase coordination of outreach across missions, campuses, schools and communities

**ACTIONS IN PROGRESS:**

1. The Institute is working with faculty and staff across schools and campuses to improve the process of placing KU students for hands-on, community-based learning. Part of the solution includes implementing a preceptor database to coordinate all of these activities to reduce confusion and booking errors for preceptors, while encouraging interdisciplinary student experiences.

2. The Institute is exploring ways to improve efficiency and effectiveness in the Outreach Aircraft Program to encourage better use of this unique resource.

3. The Institute is also working to coordinate KU Medical Center K-12 pipeline development initiatives to increase the number of youth interested in pursuing health care careers.
GOAL E
INCREASE ORGANIZATIONAL ADAPTABILITY AND RESILIENCE

I. Create and implement a comprehensive facilities master plan

ACTIONS COMPLETED:

1. KU Medical Center’s Facilities Master Plan was completed in February 2012. The objective was to provide the medical center with a long-range, comprehensive vision for the growth, development and improvement of facilities and campus amenities to accommodate education, research, clinical and community engagement program needs, both current and future.

(The Facilities Master Plan can be viewed at http://www.kumc.edu/Documents/evc/Campus%20Facilities%20Master%20Plan.pdf)

ACTIONS IN PROGRESS:

1. The EVC leadership team has established a list of principles to develop and guide implementation of the Facilities Master Plan. These principles frame a high-level perspective, with focus on future site opportunities and analysis to reveal where the potential large, key investments should be made.

   • Strengthen and enhance the campus image and university identity
     ◦ In July 2012, new and improved signage was installed on the highly visible bridge spanning 39th Avenue.
   
   • Develop a new medical education building to provide modern instructional space and centralized student gathering and study spaces
     ◦ A funding request for a new health education facility has received approval from the Board of Regents and will be submitted to legislators in the 2013 session.

   • Generate and implement a plan to improve or eliminate unacceptable research, classroom and student spaces, balancing new development and the re-use of acceptable facilities
     ◦ Classroom upgrades have been completed in Orr-Major
     ◦ Laboratory renovations are underway in Wahl Hall West
     ◦ Renovations are scheduled to begin in the Laboratory Animal Research Facility in January 2013
     ◦ The Research Institute and the KU Center for Telemedicine and Telehealth have moved into a building owned by KU Medical Center in Fairway, adjacent to the Clinical Research Center

   • Improve parking provisions
     ◦ Administrators are evaluating potential locations for a new parking garage.

   • Reinforce and enhance public green space. Administrators are considering recommendations to turn the Murphy Courtyard into a campus quad.
The Organizational Improvement Office (OIO) is working with Facilities Management to analyze and improve its project management, ensuring an efficient, effective process for executing facility plans and minimizing the need for rework. Included in the improved process will be measures to track budget, timeliness and customer satisfaction related to projects.

II. Leverage emerging technology and create tools to drive success

ACTIONS COMPLETED:

1. Successful implementation of the PeopleSoft 9.1 Human Resources and Payroll system, resulting in cost savings and greater business efficiencies.

2. Successful upgrade from Groupwise to the more efficient Exchange email and calendar system.

3. Creation of business intelligence tools by the Enterprise Analytics Department for the KUMC community, using Qlikview reporting.

4. Implementation of new Global software in the KU Medical Center Police Department, providing interface for computer-aided dispatch, police report writing, statistical management and evidence/property control. The new T2 Parking System delivers permit management, ticket appeal management, online registration and several other revenue-related management functions.

5. Implementation of Click Commerce software for the Compliance Office for conflict-of-interest reporting, as well as for managing the submission, review, approval and post-approval monitoring of human and animal research protocols.


ACTIONS IN PROGRESS:

1. The Organizational Improvement Office has begun working with Enterprise Analytics staff to plan for a campus-wide dashboard related to Support Services, Student Services and related departments. This will enable leadership to monitor progress and improvement in these areas.

2. The Facilities Management department is preparing to make more effective use of the Maximo tool, incorporating productivity reports, automated interfaces and improved tracking information and data for the thousands of assets throughout the institution.
III. Secure, develop and retain leadership at all levels to thrive in an era of challenge

**ACTIONS COMPLETED:**

1. Adrian Fitzmaurice was named Associate Vice Chancellor for Human Resources in the spring of 2012, ensuring that KU Medical Center’s Human Resources Department continues its new role as a strategic business partner supporting a high level of personalized service to departments, faculty and staff.

2. A talent acquisition manager was hired in Human Resources to assist departments in recruiting top-level talent.

3. Compensation analysis was completed by CBiz, and KU Medical Center’s compensation structure was updated to reflect market salary ranges. A Wage and Salary Division was added to Human Resources to ensure an effective compensation strategy.

4. A new classification, University Support Staff (USS), replaced the former Classified Staff classification, making it possible to convert all classified staff out of the state civil service. This change gives managers more flexibility with regard to administration and compensation of these staff members.

5. In September 2012, a total of 168 supervisors, managers and other leaders in 16 major units began an intensive leadership training program to develop new tools to build a culture of excellence at KU Medical Center.

**ACTIONS IN PROGRESS:**

1. Implementation of an electronic performance management system (SuccessFactors) is underway.

**IV. Foster a collaborative culture of innovation, adaptability and sustainability**

**ACTIONS IN PROGRESS:**

1. In the fall of 2012, several departments on the Kansas City campus began to implement the principles of the Malcolm Baldrige Quality Improvement Program, a division of the National Institute of Standards and Technology in the U.S. Department of Commerce. By adopting this approach, departments at KU Medical Center will continuously improve service to the campus, fostering a culture of innovation, adaptability and sustainability.
GOAL F
SECURE AND OPTIMIZE RESOURCES ALIGNED WITH STRATEGIC PRIORITIES

I. Implement creative approaches to secure financial resources

ACTIONS COMPLETED:

1. Post-construction audits have been initiated, recovering significant financial resources from finished projects.

2. Based on recommendations from the Huron Changing for Excellence initiative, KU Medical Center has drafted a new energy conservation strategy. Once fully implemented, it is estimated to save significantly on utility costs.

ACTIONS IN PROGRESS:

1. In September 2012, medical center leaders announced a significant restructuring of financial operations. The university began developing the role of a Vice Chancellor for Finance, who will report to the Executive Vice Chancellor and oversee financial operations for the School of Medicine on all campuses, the School of Nursing and the School of Health Professions. A chief operating officer will also be appointed for the School of Medicine campus in Wichita, reporting to the dean there and to the Vice Chancellor for Finance in Kansas City.

With ECG’s Clay Tellers serving in the role of Interim Chief Financial Officer, the university began:
• reviewing the roles, responsibilities and organizational structure for a medical-center-wide finance office to ensure that efficiencies are maximized
• reviewing financial policies related to research
• creating standardized financial and operational metrics reporting through the Department of Enterprise Analytics.

In the longer term, the Vice Chancellor for Finance will:
• create a shared administrative resource model for School of Medicine departments on the Kansas City campus
• improve guidelines for allocation of resources
• improve guidelines for compensating faculty for research and education
• implement an incentive policy for research in our departments, centers and institutes.

2. Leaders from KU Medical Center, The University of Kansas Hospital and the University of Kansas Physicians, along with 18 separate foundations representing clinical specialties on the medical center campus, are working toward a more integrated clinical enterprise. University leaders believe that a simpler flow of costs and revenues will more efficiently fund the education of medical students and residents. Additionally, the new organization will improve integration and collaboration among clinical specialties, allowing more coordination among various types of health care providers and leading to better patient experiences (see Goal C-I).
GOAL F
SECURE AND OPTIMIZE RESOURCES ALIGNED WITH STRATEGIC PRIORITIES

II. Increase administrative effectiveness by optimizing business processes

**ACTIONS COMPLETED:**

1. Implementation of PeopleSoft 9.1 HR/Payroll system (see Goal E-II).

2. Creation of business intelligence tools through the Qlikview reporting application used by Enterprise Analytics to provide data insights for the medical center (see Goal E-II).

3. Adoption of electronic procurements systems and compliance systems (see Goal E-II).

**ACTIONS IN PROGRESS**

1. The Facilities Management department is preparing to make more effective use of the Maximo tool, incorporating productivity reports, automated interfaces and improved tracking information and data for the thousands of assets throughout the institution (see Goal E-II).

2. An Organizational Improvement Office was formed in the fall of 2012. Using the framework of the Baldrige Performance Excellence Program, the three staff members will work with Support Services departments, Student Services and other related areas to share best practice strengths and with departmental leadership to address opportunities for improvement through process analysis, measurement and communication.

III. Foster collaboration across missions and units to leverage existing resources

**ACTIONS COMPLETED:**

1. Several departments or units have agreed to relocate to accommodate other departments’ changing space needs.

**ACTIONS IN PROGRESS:**

1. Based on recommendations from the Huron Changing for Excellence initiative, the medical center is beginning to institute administrative “pods” that can leverage existing expertise to serve multiple units and departments. At the time of this report, the administrative structure had been adopted by the Office of Compliance and Enterprise Analytics.
**IV. Ensure effective allocation of human, financial and physical resources**

**ACTIONS COMPLETED:**

1. As a result of ECG’s findings, the medical center has announced a significant restructuring of its financial organization (see Goal F-I).

2. A space manager has been hired to maximize efficient use of existing facilities.

**ACTIONS IN PROGRESS:**

1. Through benchmarking our financial status and processes against national standards at other academic medical centers, ECG Management consultants is in the process of providing a detailed analysis of the medical center’s funds flow across all of our schools and missions. Ultimately this will allow university leaders to ensure effective allocation of all resources to meet strategic priorities.
GOALS G, H & I
CROSS-CUTTING GOALS

GOAL G: Increase diversity, cultural competence and professionalism across KUMC

ACTIONS COMPLETED:
1. Individuals from across KU Medical Center have been invited to participate in a process that will inform implementation of the strategic plan’s goal of increasing diversity at KU Medical Center. Through use of a survey tool and large group discussions, campus leaders gathered data about the breadth of activities underway at KU Medical Center. More than 130 initiatives that address diversity, cultural competence, and professionalism were reported in the initial survey results, including school-based programs, campus-wide activities, grant-funded centers, and many more. The next step in the process is for a team of approximately 12 leaders from various facets of KU Medical Center to review the data, peer models and other information, and make recommendations to the KU Medical Center Executive Leadership Team for a future progressive, integrated approach to these important missions for our campus.

GOAL H: Strengthen communication, alignment, collaboration and synergy internally and externally

ACTIONS COMPLETED:
1. To strengthen communication internally, KU Medical Center created an internal communications manager position, which was filled in September 2012.

2. In an effort to strengthen alignment, collaboration and synergy, KU Medical Center and Children’s Mercy Hospitals and Clinics signed, in December 2012, a memorandum of understanding to create a single, integrated pediatric program.

ACTIONS IN PROGRESS:
1. To strengthen alignment, discussions regarding clinical integration are ongoing between leaders at the University of Kansas Medical Center, The University of Kansas Hospital Authority, University of Kansas Physicians, Inc., the 18 clinical foundations and the Council of Chairs (see Goal C-I).
GOAL I: Create and implement a multi-level dashboard that demonstrates quality, value and economic benefit to the state and region

ACTIONS COMPLETED:

1. KUMC launched the Qlikview [https://qlikview.kumc.edu/qlikview/index.htm](https://qlikview.kumc.edu/qlikview/index.htm) internal dashboard in November 2011.

2. The Office of Enterprise Analytics [http://www2.kumc.edu/aa/ir/ea-kumc-data/](http://www2.kumc.edu/aa/ir/ea-kumc-data/) publishes KUMC Data (Fact Books) detailing:

   - degree and certificate programs offered (July)
   - official headcount summary of student enrollment (September, February and June)
   - official report on accreditation of programs (August)
   - tuition and fees – rates (July)
   - official summary of degrees and certificates awarded (October)
   - official summary of statistics about faculty (November)
   - extramural research by funding agency type (May)
   - NIH direct awards – funding totals and rankings (December)
   - U.S. News Rankings (April)

ACTIONS IN PROGRESS:

1. Enterprise Analytics has begun to review how additional reports will align with Goal I in support of KUMC’s educational, research, patient care and community engagement missions, as well as workforce development, economic impact and other benefits to the state and region.
## SAMPLE STRATEGIC PLAN METRICS

### GOAL A | CONTINUOUSLY ADVANCE EDUCATIONAL EXCELLENCE

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>By 2016, KU Medical Center will increase the number of physician graduates going into a primary care specialty from 35.8 percent to 40 percent</td>
<td>50%</td>
<td>–</td>
</tr>
<tr>
<td>The KU School of Nursing and the KU School of Health Professions will maintain at least four academic degree programs in <em>U.S. News &amp; World Report</em>’s top 25 rankings of all public universities</td>
<td>Nursing – 2 (Midwifery, Nursing) School of Health Professions – 5 (Occupational Therapy; Speech-Language-Pathology; Audiology; Physical Therapy, Nursing-Anesthesia)</td>
<td>Nursing – 2 (Midwifery, Nursing) School of Health Professions – 5 (Occupational Therapy; Speech-Language-Pathology; Audiology; Physical Therapy, Nursing-Anesthesia)</td>
</tr>
<tr>
<td>By 2016, the KU School of Medicine will achieve ranking as a <em>U.S. News &amp; World Report</em> top 25 school in rural medicine</td>
<td>–</td>
<td>12th</td>
</tr>
</tbody>
</table>

### GOAL B | STRENGTHEN RESEARCH QUALITY AND IMPACT

<table>
<thead>
<tr>
<th></th>
<th>FY 2010</th>
<th>FY 2011</th>
<th>FY 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>By 2016, KU Medical Center will increase sponsored research expenditures from $89.7 million in 2010 to $110 million</td>
<td>–</td>
<td>$122,566,264</td>
<td>$115,609,817</td>
</tr>
<tr>
<td>By 2016, KU School of Medicine will be ranked in the top 26 public medical schools for NIH funding</td>
<td>–</td>
<td>31 (out of 82)</td>
<td>34 (out of 83)</td>
</tr>
<tr>
<td>KU Medical Center will continue its extraordinary percentage of tenured or tenure-track faculty, currently 75 percent, who are principal or co-investigators on active grants</td>
<td>–</td>
<td>255 out of 342 tenured/tenure-track faculty (75%)</td>
<td>257 out of 351 tenured/tenure-track faculty (73%)</td>
</tr>
</tbody>
</table>
## GOAL C | WORK AS A CAMPUS TO ACHIEVE STRATEGIC CLINICAL MISSION GROWTH

<table>
<thead>
<tr>
<th></th>
<th>FY 2010</th>
<th>FY 2011</th>
<th>FY 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>By 2016, KU Medical Center will demonstrate a 10 percent growth in clinical volume</td>
<td>323,503</td>
<td>342,546 (+5.9%)</td>
<td>379,254 (+10.7%)</td>
</tr>
</tbody>
</table>

## GOAL D | ELEVATE AND ALIGN OUTREACH AND COMMUNITY ENGAGEMENT

<table>
<thead>
<tr>
<th></th>
<th>FY 2010</th>
<th>FY 2011</th>
<th>FY 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>By 2016, extramural funding for community research and engaged scholarship will increase by 10 percent</td>
<td>–</td>
<td>$19,750,188</td>
<td>$20,983,117</td>
</tr>
<tr>
<td>By 2016, KU Medical Center will increase the percentage of faculty involved in community-based research</td>
<td>–</td>
<td>16%</td>
<td>15.6%</td>
</tr>
<tr>
<td>Number of new placements of health care professionals in rural and underserved Kansas communities</td>
<td>–</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Number of student experiences in rural and underserved communities</td>
<td>–</td>
<td>245</td>
<td>NYA</td>
</tr>
</tbody>
</table>

## GOAL F | SECURE AND OPTIMIZE RESOURCES ALIGNED WITH STRATEGIC PRIORITIES

<table>
<thead>
<tr>
<th></th>
<th>FY 2010</th>
<th>FY 2011</th>
<th>FY 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>By 2016, KU Medical Center will raise $300 million in philanthropy as its part of the Far Above capital campaign</td>
<td>–</td>
<td>–</td>
<td>$176.7 million (as of Dec. 31, 2012)</td>
</tr>
</tbody>
</table>
This report was produced by the KU Medical Center Office of Communications. More information can be found at www.kumc.edu/kumc-leadership/strategic-planning.html.

The University of Kansas prohibits discrimination on the basis of race, color, ethnicity, religion, sex, national origin, age, ancestry, disability, status as a veteran, sexual orientation, marital status, parental status, gender identity, gender expression and genetic information in the University's programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Director of the Office of Institutional Opportunity and Access, IOA@ku.edu, 1246 W. Campus Road, Room 153A, Lawrence, KS, 66045, (785) 864-6414, 711 TTY.