



OUR UPSTATE
ONE UNIVERSITY ROAD MAP
STRATEGIC PLAN

PERFORMANCE MEASURES REPORT
2018 Quarterly Report #2

UPSTATE
MEDICAL UNIVERSITY

October 2018

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OUR Upstate (Tier 1) Strategic Plan Performance Measures

Introduction

The data presented in this report are the metrics that measure progress for the fifteen institutional objectives of the One University Road map – OUR Upstate – Strategic Plan.

The OUR Upstate Strategic Plan is aimed at executing Upstate Medical University’s mission – ‘To improve the health of the communities we serve through education, biomedical research and patient care.’ Focusing on the highest strategic priorities of Integration, Innovative Learning and Discovery, Community Impact, and Execution and Growth, Upstate will achieve our vision – ‘United in expertise, compassion and hope to create a healthier world for all.’

Regarding the strategic plan performance measures contained in this report, it is important to note that thousands of operational, financial, and departmental metrics are routinely monitored across the organization’s tripartite mission of education, biomedical research and clinical care. The strategic plan performance measures selected to represent progress on our organizational objectives – priority areas of continuous improvement – represent a deliberate and detailed development process encompassing multiple factors. All performance measures relate to the intended results of the strategic objectives, and therefore may be best represented by a programmatic or multi-mission metric. The criteria below were considered in the selection process, with a specific emphasis on: Breadth of Measure; Balance across Education, Research, and Clinical; and Important to Institution-wide Mission and priorities.

Criteria for Good Performance Measures			
Easy to understand, valid, & reliable	Focus on strategic measures versus operational	Ability to influence measure with targeted actions	Provides meaningful information for decision-making
Sustainable (intent is to measure and monitor over time)	Direct and frequent measurements when possible	Prioritize leading measures over lagging measures	Prioritize measures where baseline and benchmark data exists
Additional Upstate Medical University Criteria for OUR Upstate Performance Measures			
Connects to Intended Results of the Objective	Breadth of Measure (encompasses a high-level measurement for the Institution)	Balance across Education, Research and Clinical	
Important to Institution-wide Mission and priorities	Current ability to measure (does not require a project to start capturing the measure)	Ability to drill-down and roll-up	

The OUR Upstate Strategic Plan Performance Measures Report will be published quarterly by the President’s Office of Strategic Affairs. The strategic plan performance measures will be reviewed on an annual basis to ensure continuing relevance. On behalf of Strategic Affairs, Office of the President, we extend our appreciation to the numerous data providers associated with these measures.

Report Overview

The layout of the OUR Upstate Strategic Plan Performance Measures Report is as follows:

- **OUR Upstate (Tier 1) Strategy Map:** The one-page strategic plan which illustrates the causal relationships among strategic objectives and tells a story of how value is created for the organization's customers and stakeholders.
- **Strategic Objective Dashboards:** There is one dashboard of performance measures for each objective.
 - *Note:* A couple of the performance measures are still under development. For those performance measures, a placeholder section has been created with a note that the performance measure is under development and will be coming soon.
- **Notes and Data Dictionary Pages:** Each performance measure has supporting documentation related to the definitions, data sources, reporting timeframes, etc., as well as any notes to explain and/or provide additional information to help the reader correctly understand and interpret the data that is being presented.
- **Addendum Reports:** A couple of the performance measures have an addendum report, which provides additional data that was not presented on the dashboard. These reports are provided at the request of the data provider for additional detail.

How to Navigate the Report Electronically

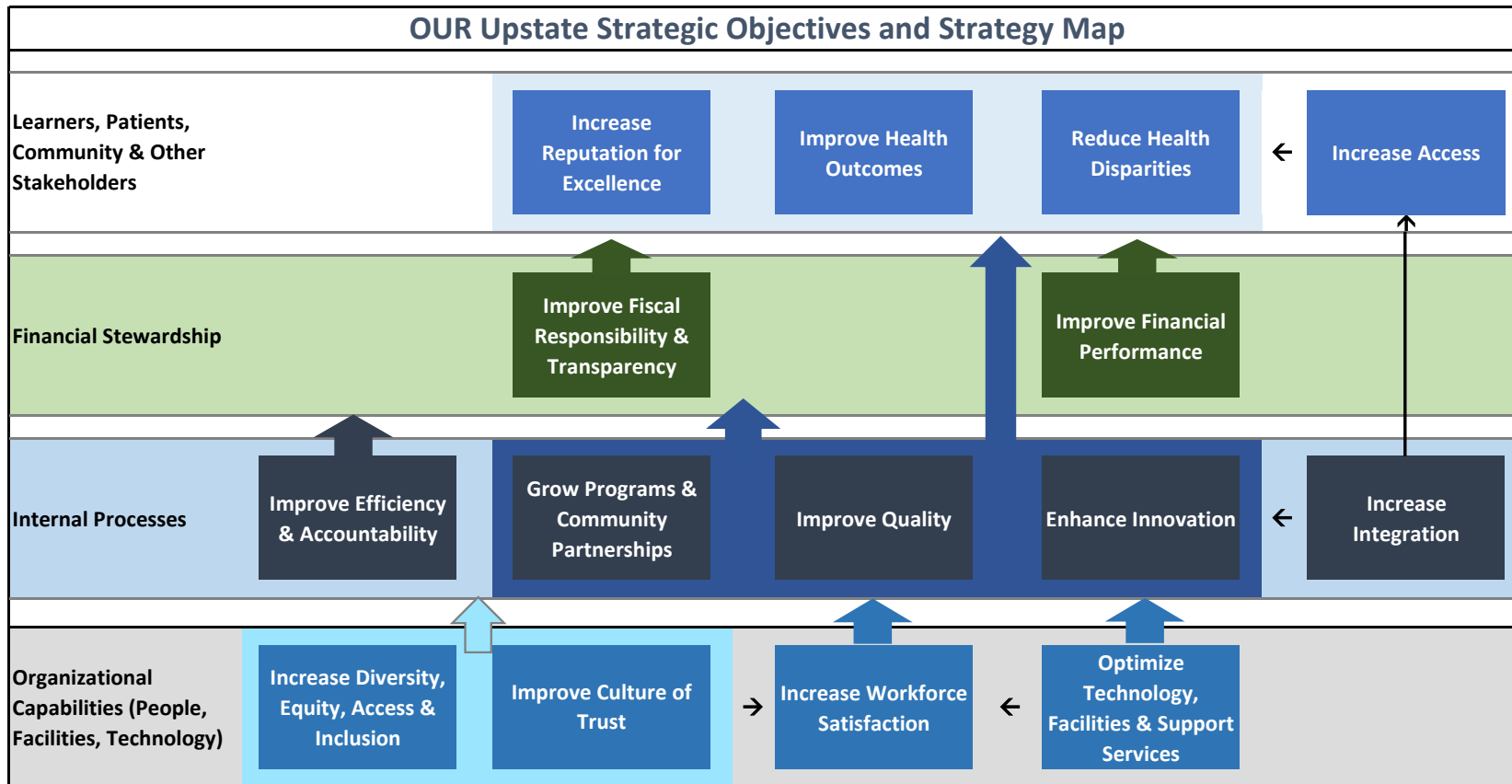
If you are viewing the report electronically, there is an instruction guide available with helpful tips and shortcuts for how to navigate the report. To access this instruction guide, titled *How to Navigate the Report Electronically*, please visit the Performance Measures section of the Office of Strategic Affairs website at <http://www.upstate.edu/strategicaffairs/strategic-planning/strategic-planning-tier1/performance-measures/report.php>.

For more information on any aspect of the One University Road map – OUR Upstate – or the strategic planning and management activities underway please visit the Office of Strategic Affairs website (<http://www.upstate.edu/strategicaffairs/strategic-planning/index.php>) or call Strategic Affairs, Office of the President at #315–464–7860. Feedback can also be submitted directly from the website at <http://www.upstate.edu/strategicaffairs/intra/comments-questions.php>.

Thank you for joining the journey to One University, One Upstate.

2018 Quarterly Report #2

To see the dashboard of Performance Measures for a specific Objective, click on the name of the Objective in the Strategy Map below:



For additional information on the Performance Measures, click on the following link to go to the [Notes & Data Dictionary Table of Contents Page](#)

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Perspective: Organizational Capabilities

Increase Diversity, Equity, Access & Inclusion

[Go to Notes Page](#)

Workforce Diversity

State and Research Foundation Workforce	CY 2016 (12/31/16)	CY 2017 (12/31/17)	Q2 CY 2018 (06/30/18)
Female	70.0%	70.2%	70.4%
Black or African American	9.7%	9.8%	10.0%
Hispanic / Latino	2.2%	2.5%	2.6%
Asian or Pacific Islander	7.3%	7.6%	7.6%
American Indian / Alaskan Native	0.5%	0.5%	0.4%
Protected Veterans	2.7%	2.5%	2.4%
Individuals with Disabilities	5.9%	5.7%	6.1%

Data Provided By: UMU Office of Diversity and Inclusion, August 2018

Note: The Workforce Diversity data presented is a "snapshot" of the workforce on the last day of the month for each reporting period during the calendar year

	CY 2016 (12/31/16)	CY 2017 (12/31/17)	Q2 CY 2018 (06/30/18)	Variance from Previous Year
Total Workforce	7,940	8,210	8,352	▲ 142

Data Provided By: UMU Office of Diversity and Inclusion, August 2018

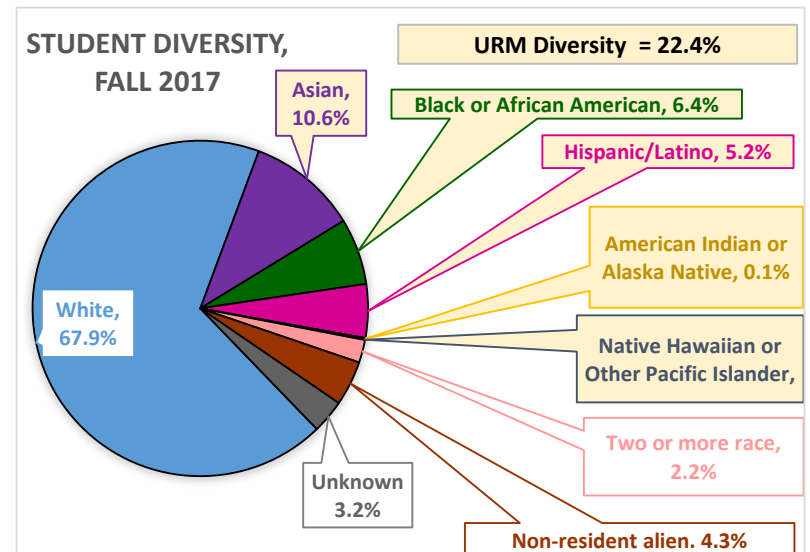
For additional detail on workforce diversity for UMU State and Research Foundation workforce, click on the following report link:

[State and Research Foundation \(RF\) Quarterly Totals](#)

Student Diversity

	Fall 2016	Fall 2017	Variance from Previous Year
White	1,058	1,051	▼ (7)
Asian	161	164	▲ 3
Black or African American	103	99	▼ (4)
Hispanic/Latino	64	80	▲ 16
American Indian or Alaska Native	4	2	▼ (2)
Native Hawaiian or Other Pacific Islander	1	1	-
Two or more race	32	34	▲ 2
Non-resident alien	64	67	▲ 3
Unknown	38	50	▲ 12
Grand Total	1,525	1,548	▲ 23
Underrepresented Minority (URM) Annual Total	333	346	▲ 13
Underrepresented Minority (URM) Annual %	21.8%	22.4%	

Data Provided By: UMU University Registrar, April 2018



Data Provided By: UMU University Registrar, April 2018

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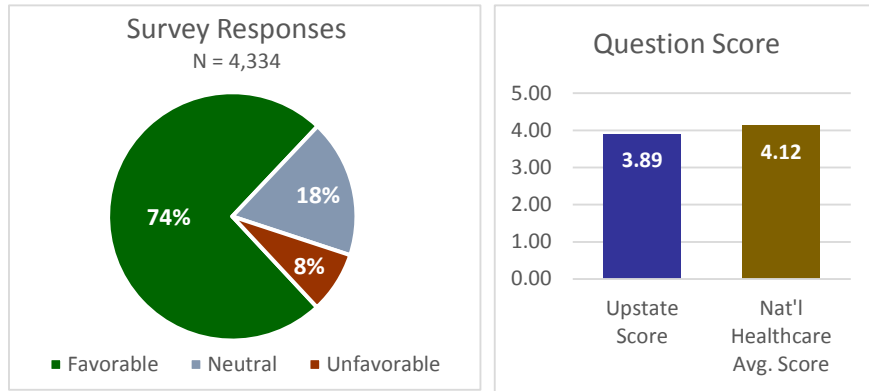
Perspective: **Organizational Capabilities**

Improve Culture of Trust

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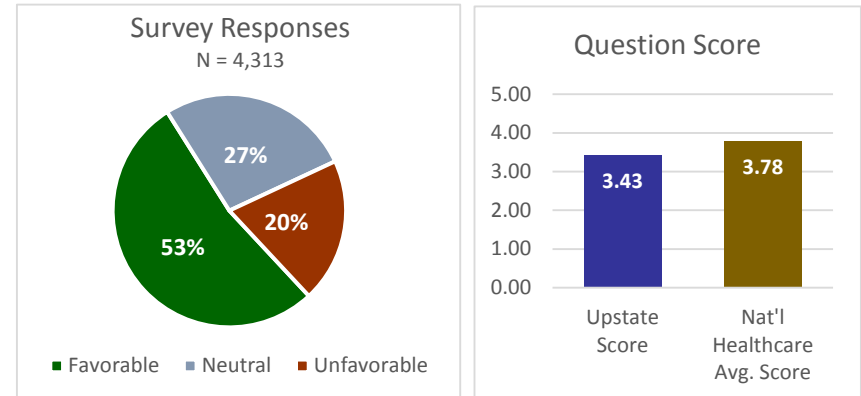
2017 One University Employee Engagement Survey Results

The organization conducts business in an ethical manner.



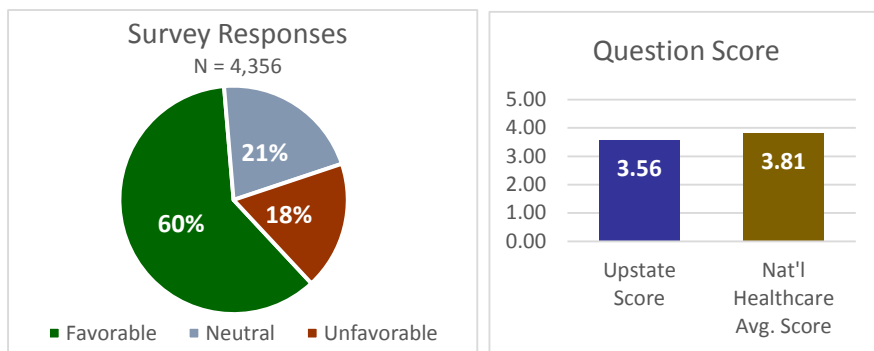
Source: UMU 2017 Employee Engagement Survey, December 2017
Domain = Organization

I have confidence in senior management's leadership.



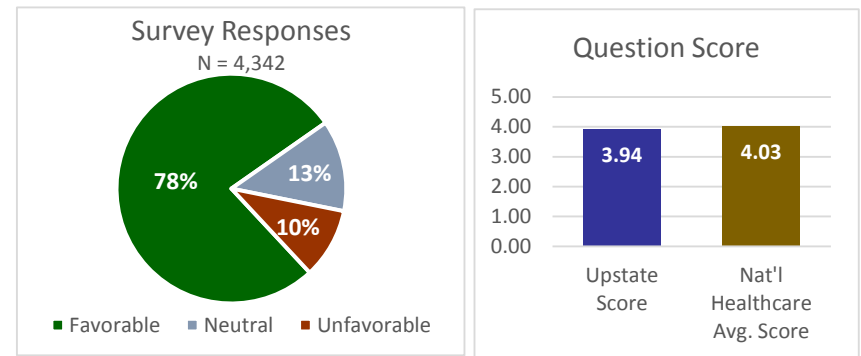
Source: UMU 2017 Employee Engagement Survey, December 2017
Domain = Organization

There is a climate of trust in my work unit.



Source: UMU 2017 Employee Engagement Survey, December 2017
Domain = Employee

When appropriate, I can act on my own without asking for approval.



Source: UMU 2017 Employee Engagement Survey, December 2017
Domain = Manager

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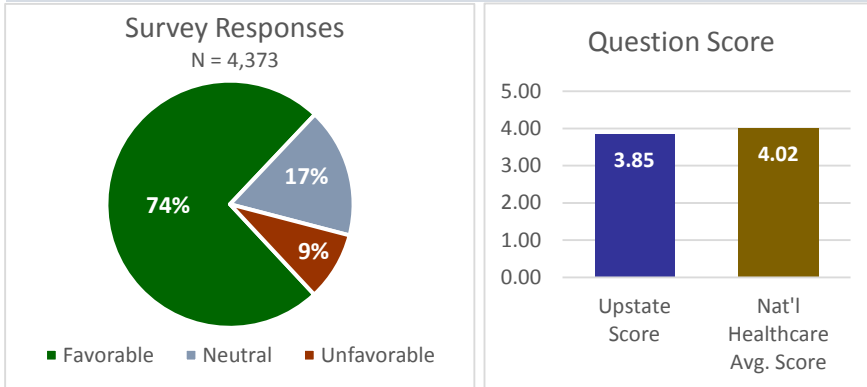
Perspective: **Organizational Capabilities**

Increase Workforce Satisfaction

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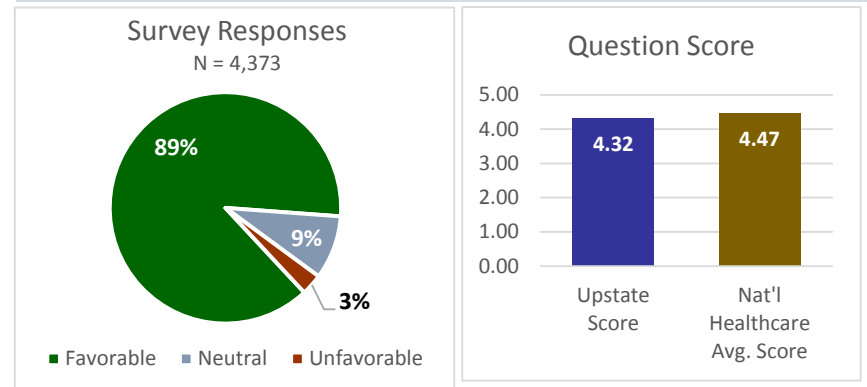
2017 One University Employee Engagement Survey Results

Overall, I am a satisfied employee.



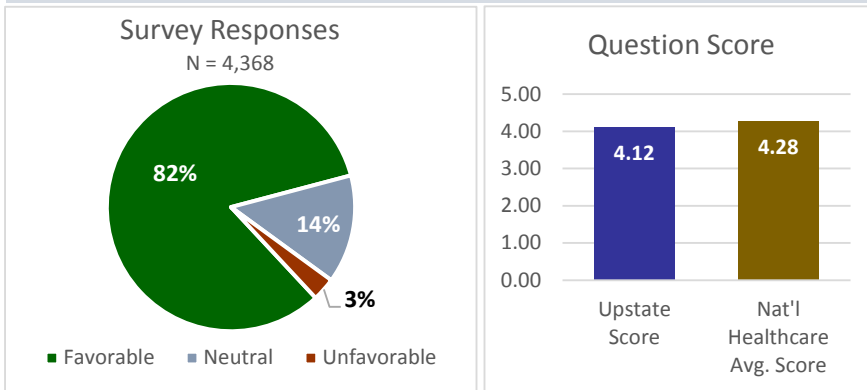
Source: UMU 2017 Employee Engagement Survey, December 2017
Domain = Engagement Indicator

I like the work I do.



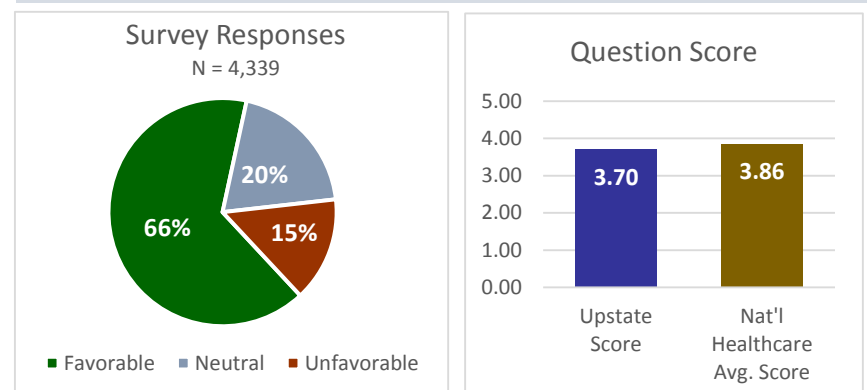
Source: UMU 2017 Employee Engagement Survey, December 2017
Domain = Employee

I am proud to tell people I work for this organization.



Source: UMU 2017 Employee Engagement Survey, December 2017
Domain = Engagement Indicator

This organization supports me in balancing my work life & personal life.



Source: UMU 2017 Employee Engagement Survey, December 2017
Domain = Organization

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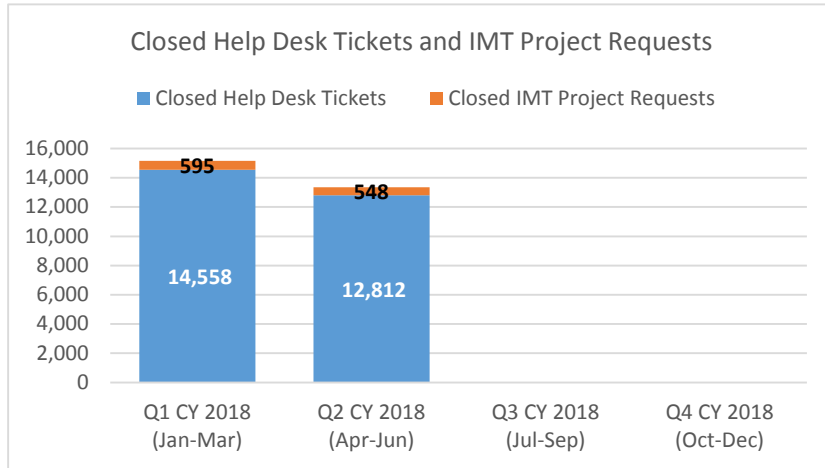
Perspective: **Organizational Capabilities**

Optimize Technology, Facilities, and Support Services

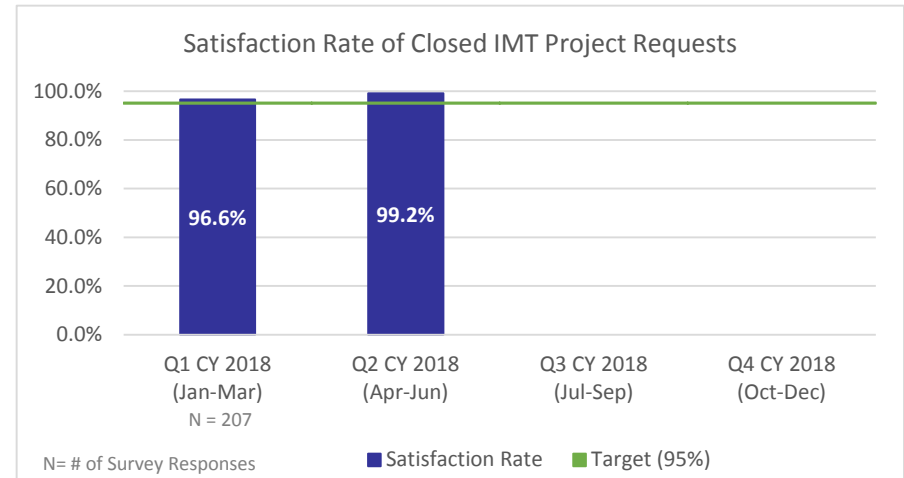
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Information Management & Technology (IMT)

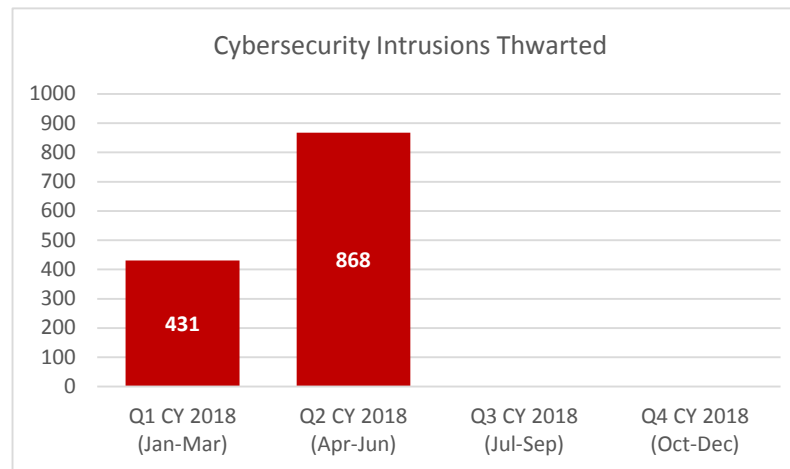
New Performance Measures. Data Collection and Reporting Started in January 2018.



Data Provided By: UMU Information Management & Technology (IMT), August 2018



Data Provided By: UMU Information Management & Technology (IMT), August 2018



Data Provided By: UMU Information Management & Technology (IMT), August 2018

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Perspective: Internal Processes

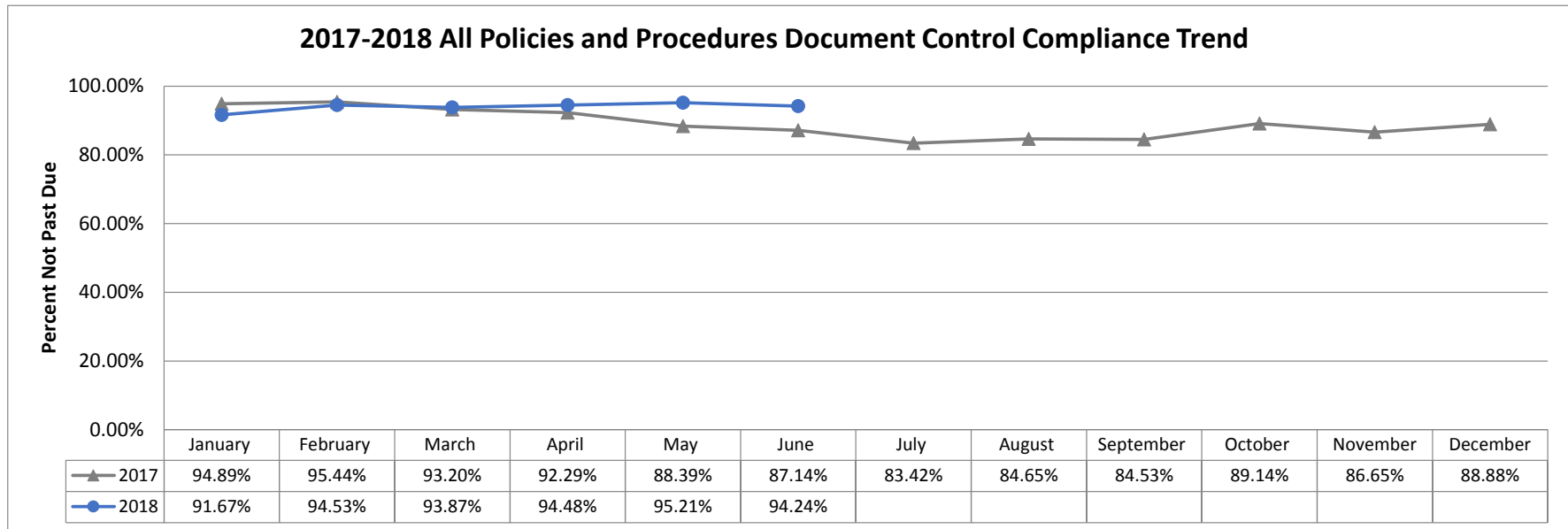
Improve Efficiency and Accountability

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Policy-Procedure Document Control Compliance

Report as of June 30, 2018	Totals	Red (Past Due)	Yellow (Due in 1-30 days)	Gray (Due in 31-90 days)	Current (Due in 91+ days)	Percent Compliant (Not Past-Due)
# of All Policies & Procedures <i>(excludes Faculty Practice Plans)</i>	2848	164	88	100	2496	94.24%
# of Policies that Apply To Campus	9	0	0	1	8	100.00%
# of Policies that Apply To Hospital	2839	164	88	99	2488	94.22%

Data Provided By: UMU Hospital Administration, Regulatory & Accreditation, August 2018



Data Provided By: UMU Hospital Administration, Regulatory & Accreditation, August 2018

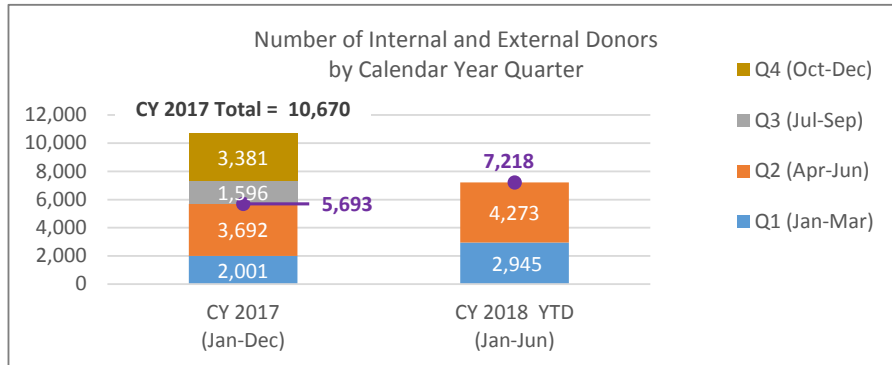
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Perspective: Internal Processes

Grow Programs and Community Partnerships

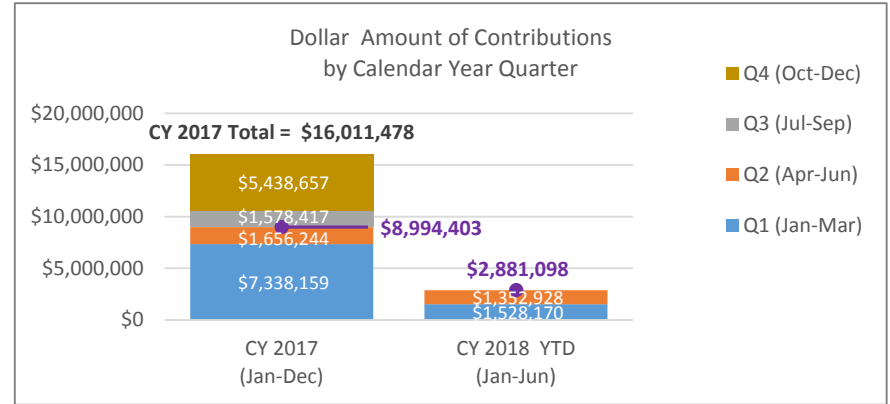
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Upstate Foundation, Inc.



Data Provided By: Upstate Foundation, August 2018

	CY 2017	CY 2018
Internal Donors	824	Reported Annually
External Donors	9,846	Reported Annually

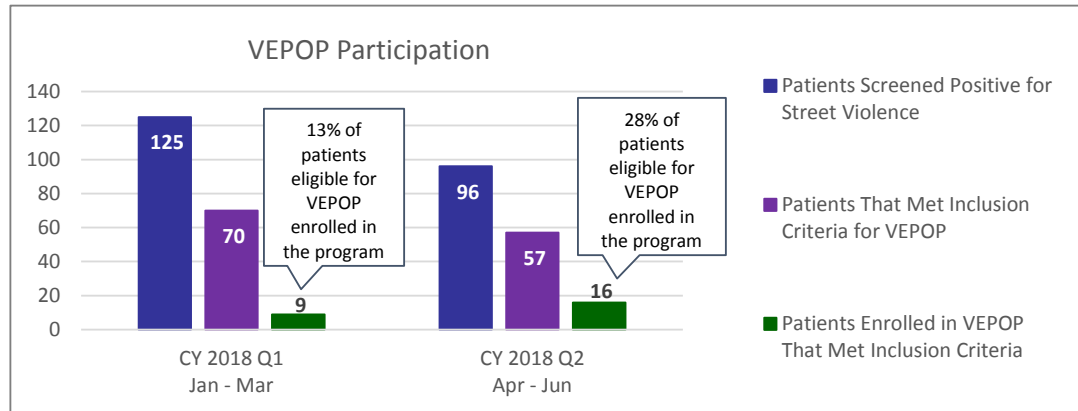


Data Provided By: Upstate Foundation, August 2018

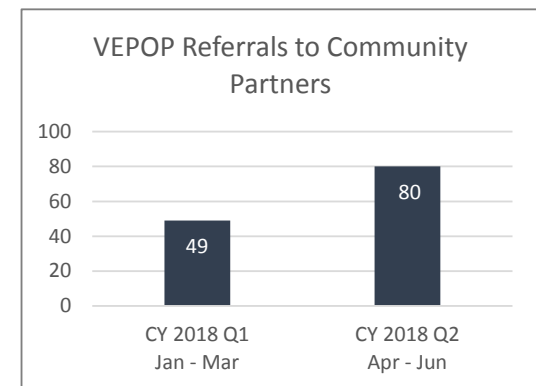
★ In 2017, the total dollar amount contributed to the Upstate Foundation was the highest amount in the history of the Upstate Foundation. ★

Violence Education Prevention Outreach Program (VEPOP)

New Performance Measures. Data Collection and Reporting Started in January 2018.



Data Provided By: UMU VEPOP, August 2018



Data Provided By: UMU VEPOP, August 2018

For more information on VEPOP, visit the Upstate VEPOP webpage: <http://www.upstate.edu/surgery/healthcare/trauma/injury-prevention/vepop2.php>

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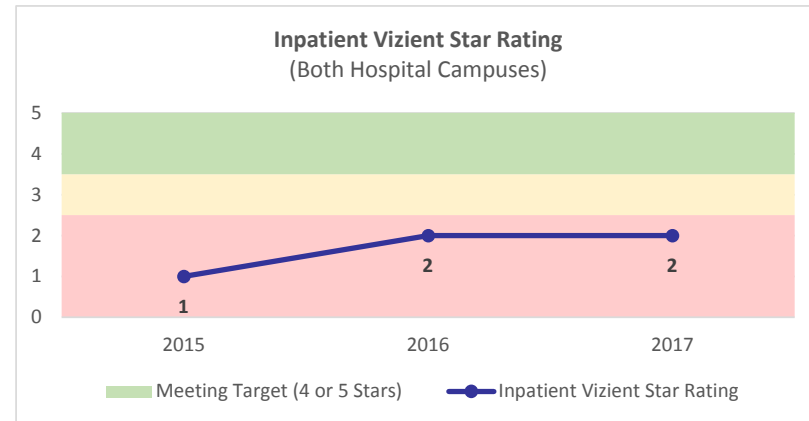
Perspective: Internal Processes

Improve Quality

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Inpatient Vizient Star Rating - 2017

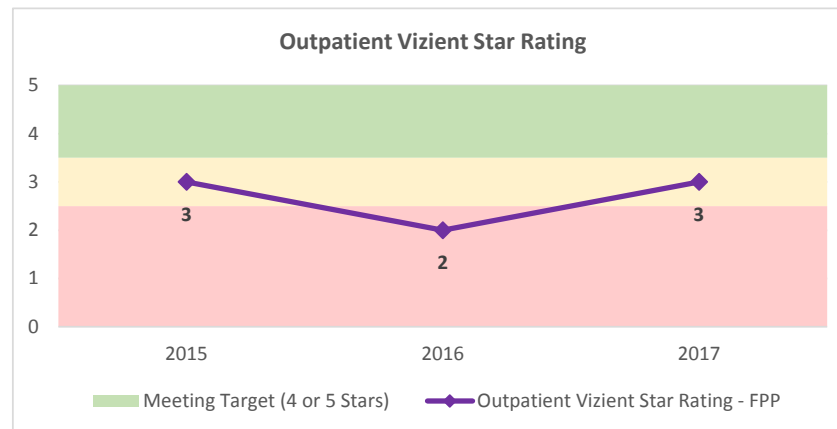
University Hospital (Both Hospital Campuses) (2 out of 5 Stars)



Data Provided By: UMU Clinical Practice Analysis and Support, April 2018

Outpatient Vizient Star Rating - 2017

**Upstate University Medical Associates at Syracuse (UUMAS)
Faculty Practice Plan (FPP)** (3 out of 5 Stars)



Data Provided By: UMU Clinical Practice Analysis and Support, April 2018

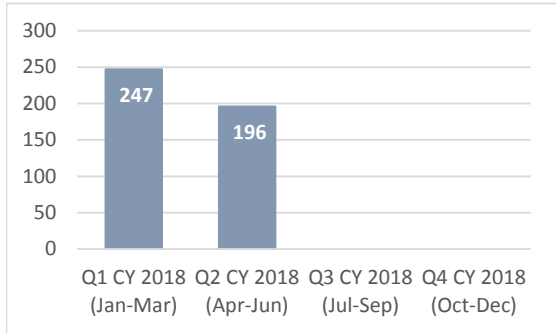
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Perspective: Internal Processes

Enhance Innovation

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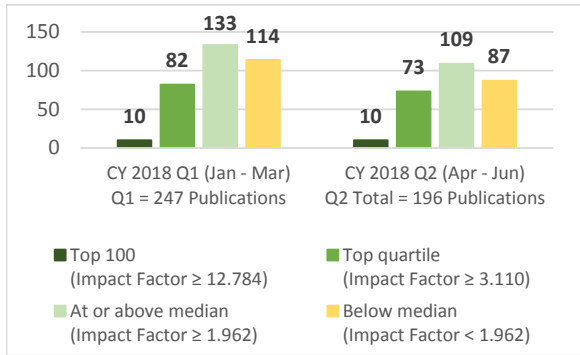
of UMU Publications



New Performance Measure. Data Collection and Reporting Started in January 2018.

Data Provided By: UMU Health Sciences Library, April 2018

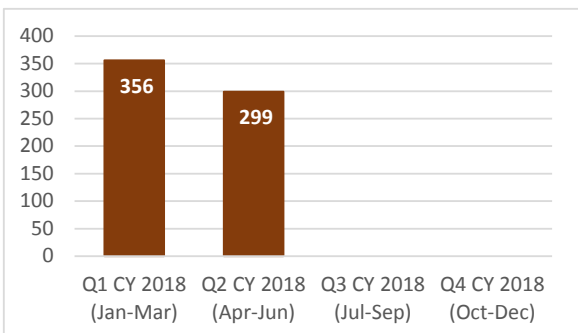
UMU Publications by Impact Factor Group



New Performance Measure. Data Collection and Reporting Started in January 2018.

Data Provided By: UMU Health Sciences Library, April 2018

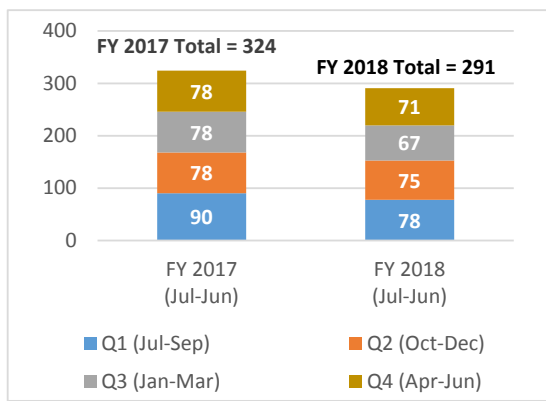
of UMU Published Authors



New Performance Measure. Data Collection and Reporting Started in January 2018.

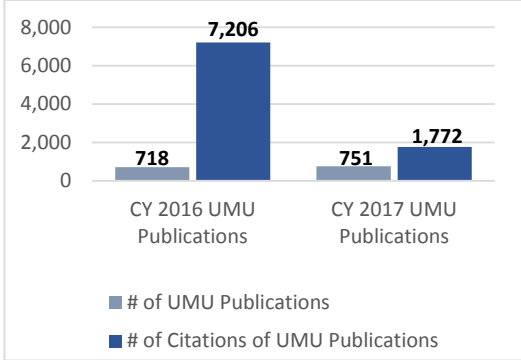
Data Provided By: UMU Health Sciences Library, April 2018

Research Grants: # Submitted



Research Grants Data Provided By: UMU Pre-Awards, Research Administration, September 2018

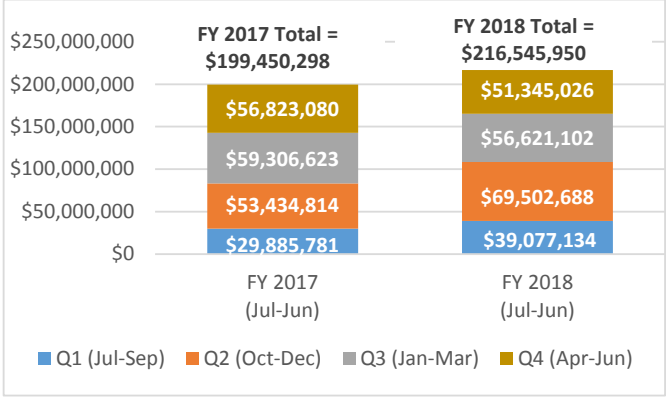
of Citations of UMU Publications (as of 08/15/18)



New Performance Measure. Data Collection and Reporting Started in January 2018.

Data Provided By: UMU Health Sciences Library, April 2018

Research Grants: Total Dollars Requested



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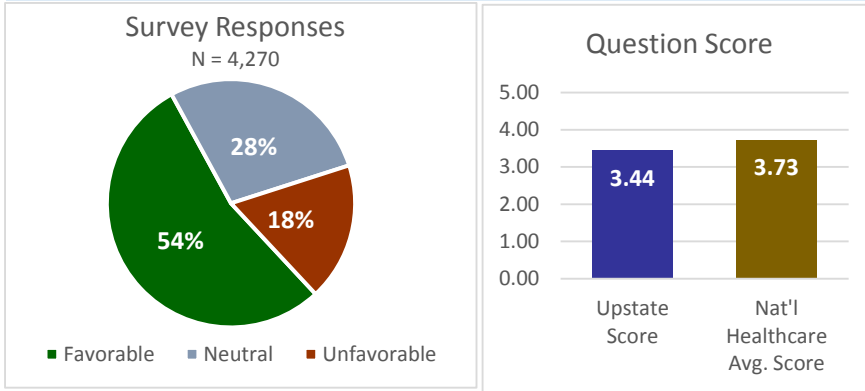
Perspective: Internal Processes

Increase Integration

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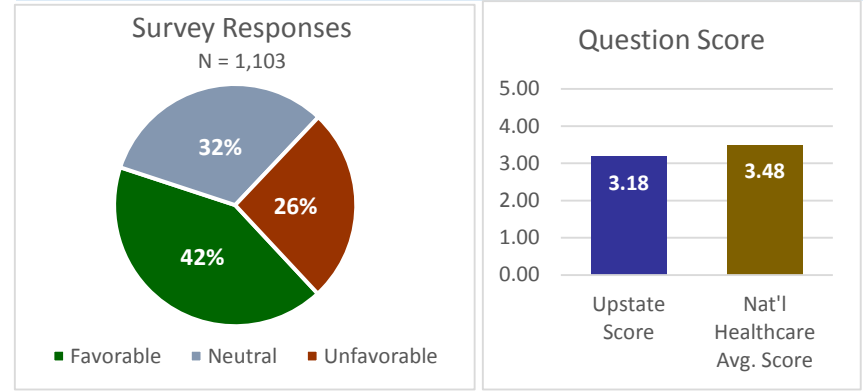
2017 One University Employee Engagement Survey Results

Different work units work well together in this organization.



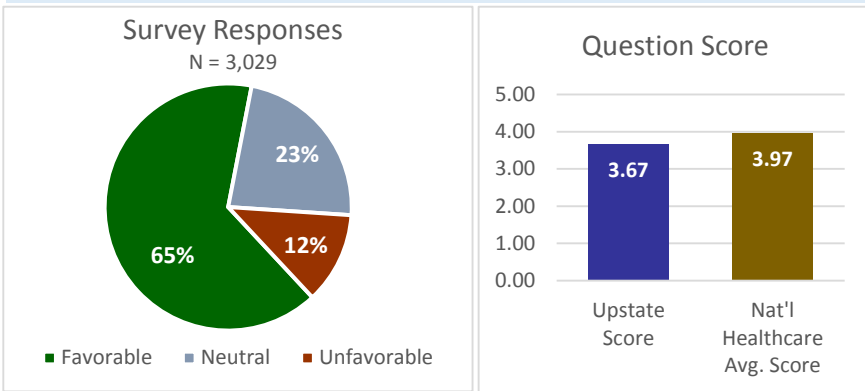
Source: UMU 2017 Employee Engagement Survey, December 2017
Domain = Organization

Different levels of this organization communicate effectively with each other. (Campus Only Survey Question)



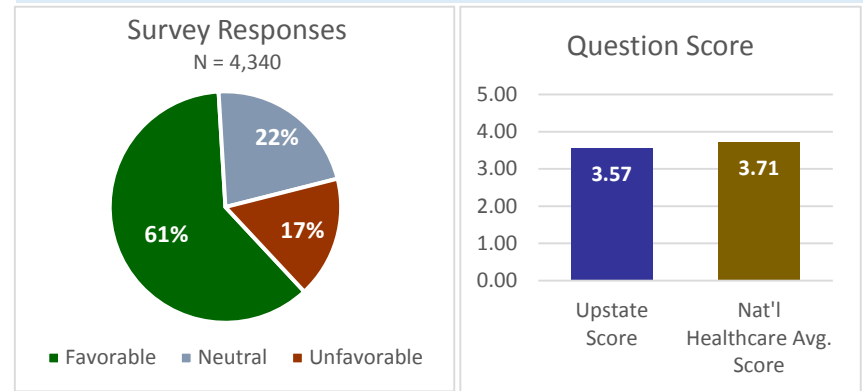
Source: UMU 2017 Employee Engagement Survey, December 2017
Domain = Organization

Physician and staff work well together. (Hospital Only Survey Question)



Source: UMU 2017 Employee Engagement Survey, December 2017
Domain = Organization

I am involved in decisions that affect my work.



Source: UMU 2017 Employee Engagement Survey, December 2017
Domain = Manager

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Perspective: Financial Stewardship

Improve Fiscal Responsibility & Transparency

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Performance Measure Under Development



Performance Measure Under Development.

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Perspective: Financial Stewardship

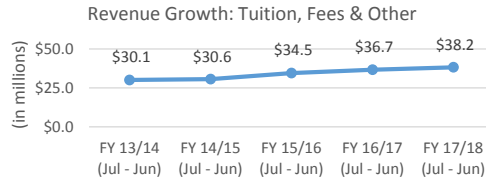
Improve Financial Performance

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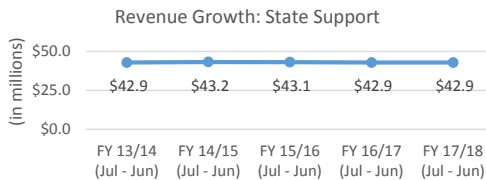
Campus

Data Provided By: UMU Accounting & Budgeting, September 2018

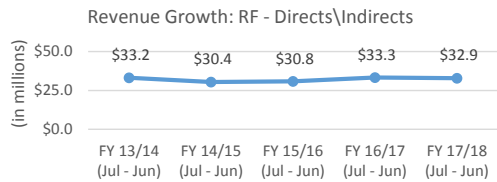
Revenue Growth: Tuition, Fees & Other



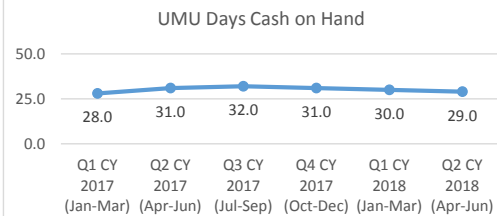
Revenue Growth: State Support



Revenue Growth: Research Foundation - Directs\Indirects



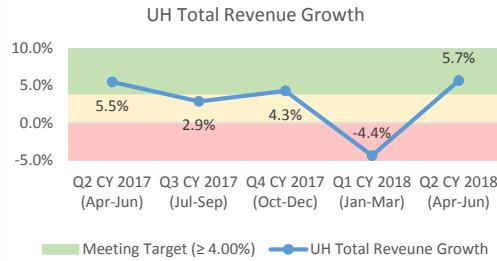
UMU Days Cash on Hand



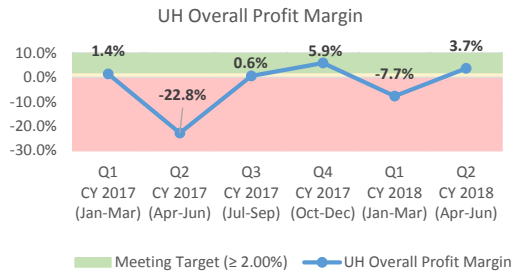
University Hospital (UH) - Both Hospital Campuses

Data Provided By: UMU Financial Services Administration, August 2018

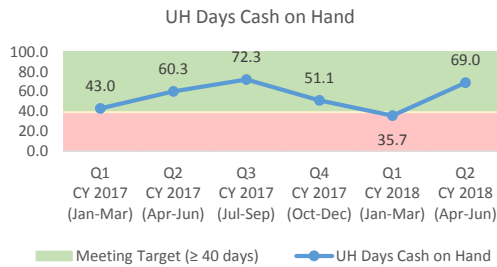
UH Total Revenue Growth (Both Hospital Campuses)



UH Overall Profit Margin (Both Hospital Campuses)



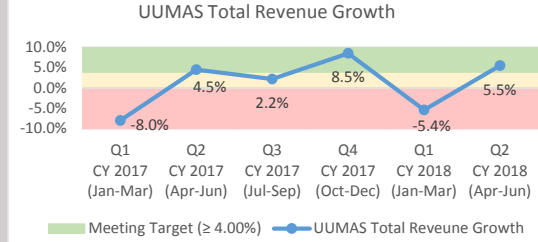
UH Days Cash on Hand (Both Hospital Campuses)



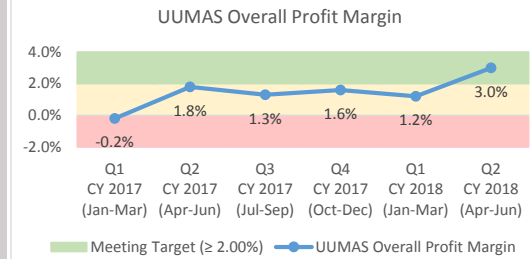
Upstate University Medical Associates at Syracuse (UUMAS)

Data Provided By: UUMAS, August 2018

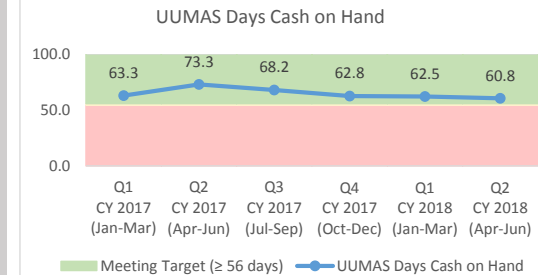
UUMAS Total Revenue Growth



UUMAS Overall Profit Margin



UUMAS Days Cash on Hand



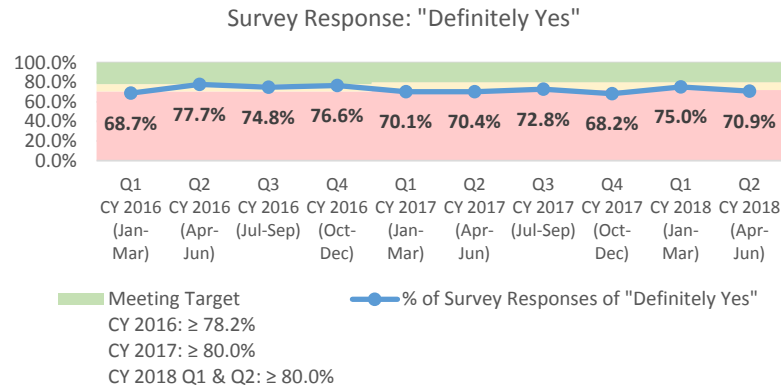
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Perspective: Learners, Patients, Community, & Other Stakeholders

Increase Reputation for Excellence

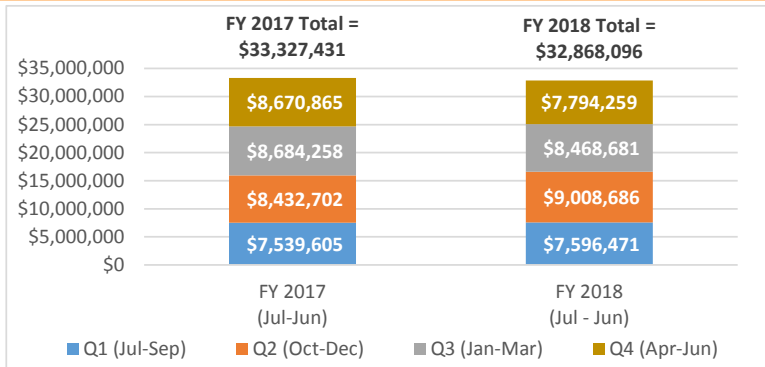
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Clinical: HCAHPS "Willingness to Recommend Hospital" (Both Hospital Campuses)



Data Provided By: UMU Clinical Practice Analysis and Support, August 2018

Research: Total Sponsored Research Expenditures



Data Provided By: UMU Accounting & Budgeting, August 2018

Education: # of Available Seats and Applications by UMU College

2017 Academic Year				
College	Program Category	# of Available Seats	# of Applications	% of Applicants to Fill Available Seats
Health Professions (CHP)	BPS/BS Imaging	29	116	25%
	Radiation Therapy BPS/BS	12	49	24%
	Cardiovascular Perfusion	8	101	8%
	Clinical Laboratory Sciences	28	41	68%
	Respiratory Therapy, BS	20	33	61%
	Physical Therapy, DPT	40	724	6%
	MS, Med Tech Scholars	4	15	27%
Physician Assistant, MS	35	834	4%	
CHP Totals		176	1913	9%
Medicine (COM)	Medicine	170	4333	4%
	Public Health	45	70	64%
COM Totals		215	4403	5%
Nursing (CON)	Bachelor of Science (BS)	175	155	113%
	Doctor of Nursing Practice (DNP)	40	14	286%
	Master of Science (MS)	175	226	77%
	Certificate	50	22	227%
CON Totals		440	417	106%
Graduate Studies (COGS)	Master of Science (MS)	8	43	19%
	PhD	19	143	13%
COGS Totals		27	186	15%

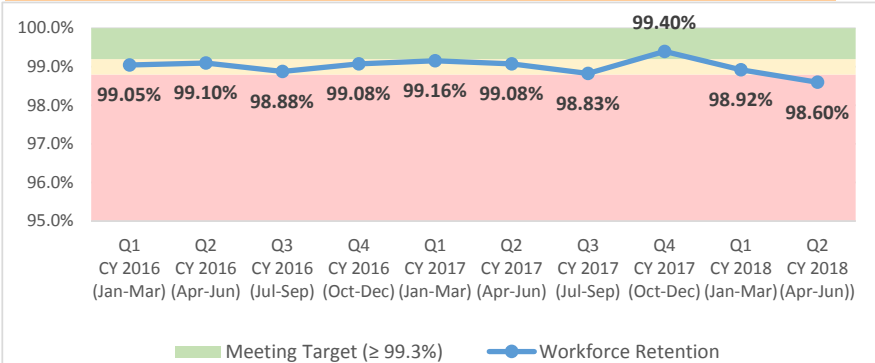
Data Provided By: UMU Student Affairs - Admissions, April 2018

NOTE: A % greater than 100% indicates there were more available seats than there were applicants

For a detailed report by College program, click on the link below:

[Available Seats and Applications by College Program Category](#)

Workforce: Retention Rate (Hospital, Campus, Faculty)



Data Provided By: UMU Human Resources, September 2018

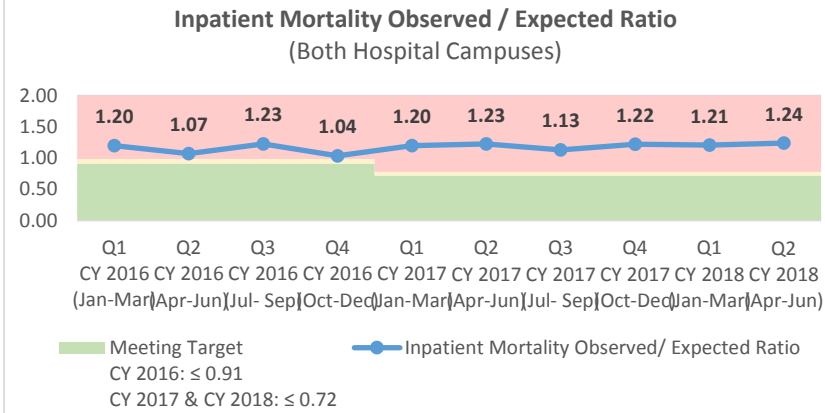
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Perspective: Learners, Patients, Community, & Other Stakeholders

Improve Health Outcomes

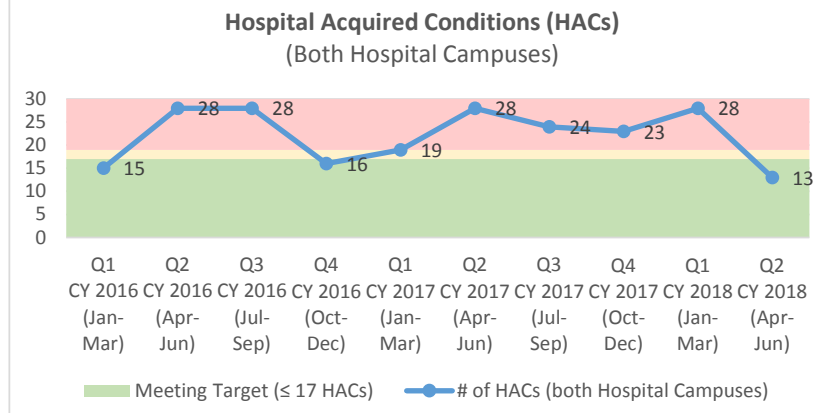
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Inpatient Adult Mortality



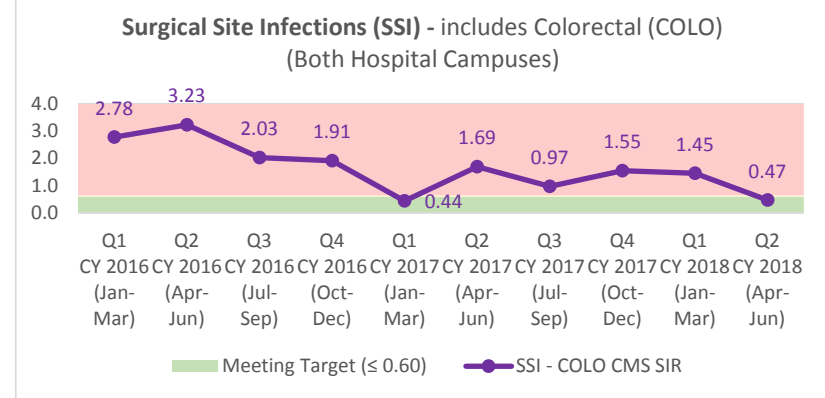
Data Provided By: UMU Clinical Practice Analysis and Support, August 2018

Hospital Acquired Conditions

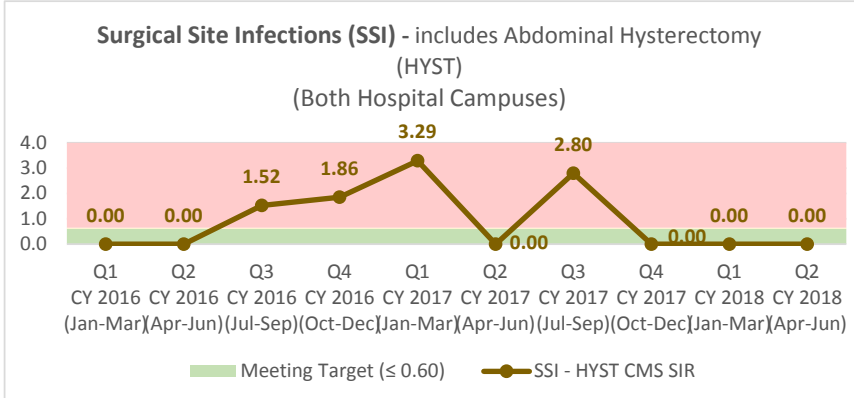


Data Provided By: UMU Clinical Practice Analysis and Support, August 2018

Surgical Site Infections (SSI)



Data Provided By: UMU Infection Control, August 2018



Data Provided By: UMU Infection Control, August 2018

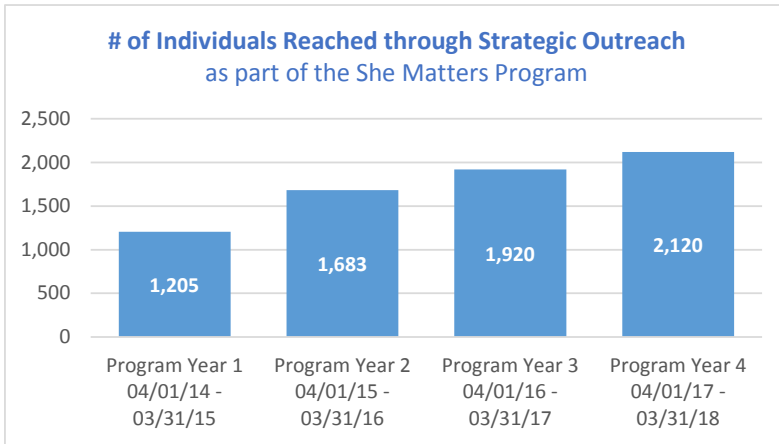
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Perspective: Learners, Patients, Community, & Other Stakeholders

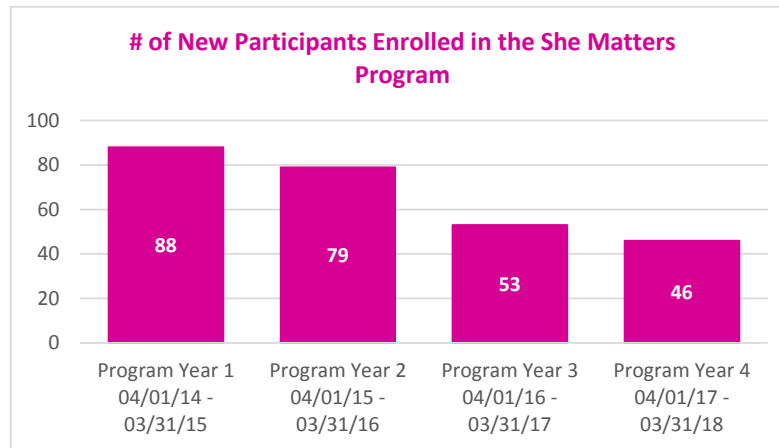
Reduce Health Disparities

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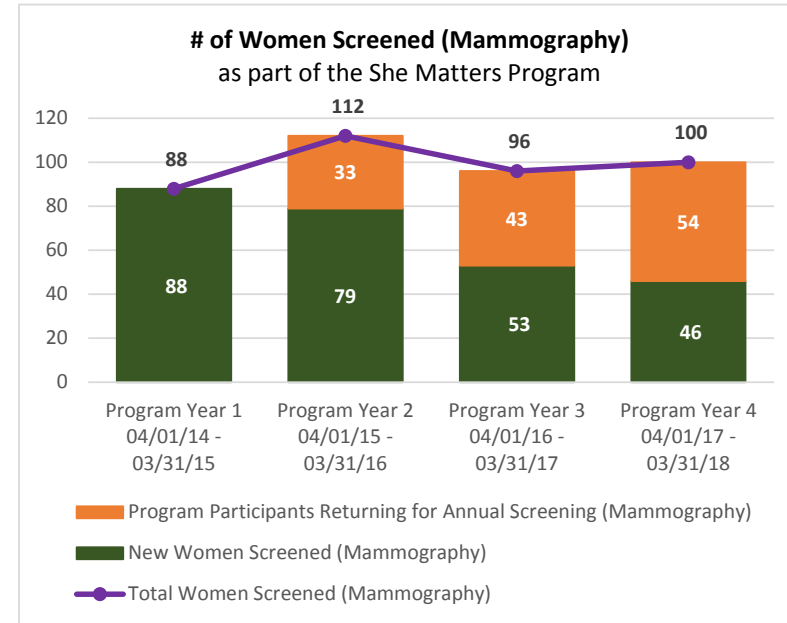
She Matters Program



Data Provided By: UMU She Matters Program, April 2018



Data Provided By: UMU She Matters Program, April 2018



Data Provided By: UMU She Matters Program, April 2018

She Matters is a UMU community outreach program that educates women on the importance of breast cancer screenings. She Matters is made up of Resident Health Advocates (RHAs) that go into the community where they live in order to provide Breast Cancer education and to encourage/help women to schedule a mammogram. The RHAs provide support by going to appointments and staying in the waiting room until the mammogram is completed. RHA's also make annual phone calls to remind patients of their upcoming appointment.

For more information, you can visit the She Matters Facebook Page: [She Matters](#)

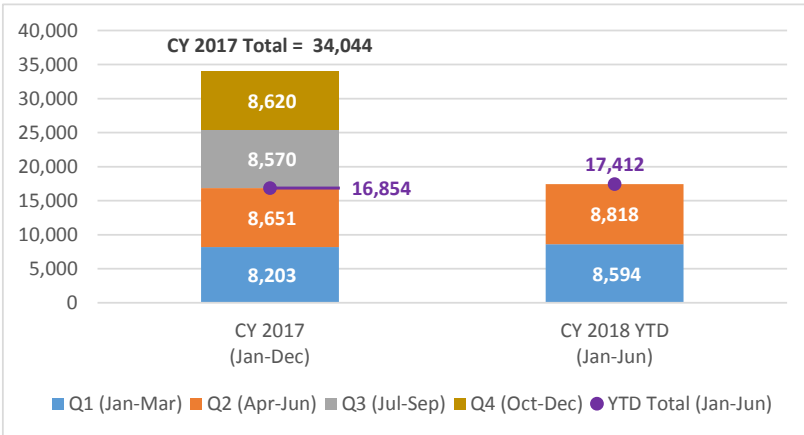
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Perspective: Learners, Patients, Community, & Other Stakeholders

Increase Access

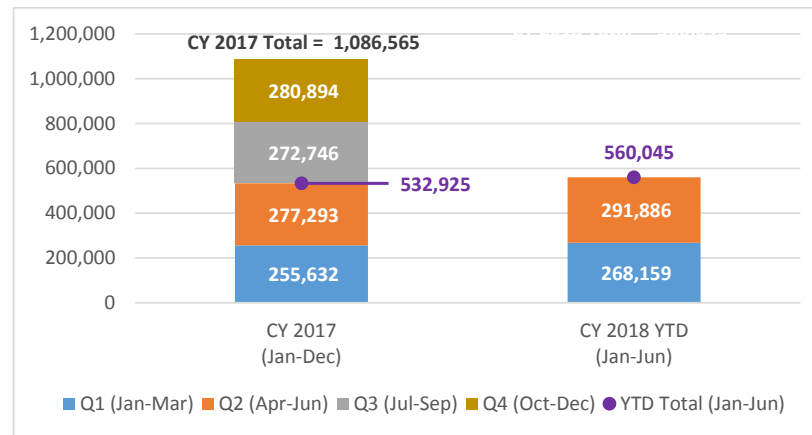
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Clinical: Inpatient Admissions (Both Hospital Campuses)



Data Provided By: UMU Financial Services Administration, August 2018

Clinical: Outpatient Visits



Data Provided By: UMU Financial Services Administration and UUMAS, August 2018

Education: Learner Access Performance Measure Under Development



Performance Measure Under Development.
Selected measure(s) will be related to
Learner Access.

Source:

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Table of Contents: Performance Measure Notes and Data Dictionary

To see the Notes and Data Dictionary of the Performance Measures for a specific Objective, click on the name of the Objective below:

Perspective	Objective
Learners, Patients, Community & Other Stakeholders	Increase Reputation for Excellence
	Improve Health Outcomes
	Reduce Health Disparities
	Increase Access
Financial Stewardship	Improve Fiscal Responsibility & Transparency
	Improve Financial Performance
Internal Processes	Improve Efficiency & Accountability
	Grow Programs & Community Partnerships
	Improve Quality
	Enhance Innovation
	Increase Integration
Organizational Capabilities (People, Facilities, Technology)	Increase Diversity, Equity, Access & Inclusion
	Improve Culture of Trust
	Increase Workforce Satisfaction
	Optimize Technology, Facilities & Support Services

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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	Organizational Capabilities
Objective:	Increase Diversity, Equity, Access & Inclusion

Performance Measure:	Workforce Diversity
<i>Abbreviations:</i>	CY = Calendar Year (January - December) Q1= 1st Quarter (January-March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July-September); Q4 = 4th Quarter (October-December) UMU = Upstate Medical University
<i>Definitions:</i>	The data presented is a "snapshot" of the workforce on the last day of the month for each reporting period of the calendar year. Workforce totals include: all individuals on the Payroll system whose status is "ACT" or Active for State and Research Foundation. Workforce totals DO NOT include: Employees on leave without pay; Student titles (i.e. Graduate Assistant); Federal College Work Study Students; Temp. Agency, Morrison or MedBest. American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment. Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. Black or African American: A person having origins in any of the Black racial groups of Africa. Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. (Middle East includes: Egypt, Syria, Israel, Lebanon, Jordan, Iraq, Saudi Arabia, Kuwait, Bahrain, and Qatar.)
<i>Reporting Frequency:</i>	Quarterly
<i>Reporting Period:</i>	Calendar Year
<i>Data Provided By:</i>	Office of Diversity and Inclusion, Upstate Medical University
<i>Data Source:</i>	Office of Diversity and Inclusion Workforce Summary reports (Research Foundation and State)
<i>Report Updated:</i>	Quarterly in April, July, October, and January
<i>Desired Trend:</i>	Increasing
<i>Target:</i>	None Specified
<i>Additional Notes:</i>	Disability and Veteran data is reported, based on new Federal Regulations, which became effective 3/2014.
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Performance Measure:	Student Diversity
<i>Abbreviations:</i>	URM = Underrepresented Minority UMU = Upstate Medical University

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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	Organizational Capabilities
Objective:	Increase Diversity, Equity, Access & Inclusion

<i>Definitions:</i>	<p>Underrepresented minorities are defined as: (1) Black or African American, (2) Hispanic/Latino, (3) Asian, (4) Native Hawaiian & Other Pacific Islander, (5) American Indian & Alaskan Native</p> <p>American Indian or Alaska Native: A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.</p> <p>Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p> <p>Black or African American: A person having origins in any of the Black racial groups of Africa.</p> <p>Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of</p> <p>Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p>White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. (Middle East includes: Egypt, Syria, Israel, Lebanon, Jordan, Iraq, Saudi Arabia, Kuwait, Bahrain, and Qatar.)</p>
<i>Reporting Frequency:</i>	Annual
<i>Reporting Period:</i>	Academic Year (August - May)
<i>Data Provided By:</i>	University Registrar, Upstate Medical University
<i>Data Source:</i>	Student Information System and SUNY Data Warehouse
<i>Report Updated:</i>	Annually in March
<i>Desired Trend:</i>	Increasing
<i>Target:</i>	None specified
<i>Additional Notes:</i>	<p>Race / Ethnicity is self-reported by students and it is not mandated that students report.</p> <p>The students are only captured in one category for race/ethnicity. If they have indicated two or more races, the data does not reflect if those races are URM or not.</p> <p>The data would capture all students, regardless of full-time or part-time, but would not consider matriculated students who are not enrolled for a given semester (i.e. stopped out, leave of absence).</p> <p>Although included in the summary measure of Underrepresented Minorities (URM) for all the Colleges, students of Asian race/ethnicity are not considered URM for the College of Medicine</p>
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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	Organizational Capabilities
Objective:	Improve Culture of Trust

Performance Measure:	2017 One University Employee Engagement Survey
<i>Abbreviations:</i>	N = Number of Survey Responses Nat'l = National Avg. = Average UMU = Upstate Medical University
<i>Definitions:</i>	UMU 2017 One University Employee Engagement Survey: A survey, via Press Ganey, of all Upstate employees on issues related to employee engagement, leadership, recognition, work-life balance, and other key areas of interest Nat'l Healthcare Avg: Comprised of over 1.2 million employees from 324 projects at over 3,500 facilities that have surveyed over the previous two years. It is the standard benchmark used in the Press Ganey employee engagement projects. Distribution Responses: Favorable = Strongly Agree or Agree Neutral Unfavorable = Strongly Disagree or Disagree Question Domains: Organization Domain = Reflect degree to which employees feel connected to the organization, mission and values Manager Domain = Reflect degree to which employees feel connected to the person they report to Employee Domain = Reflect degree to which employees feel connected to their colleagues and jobs
<i>Reporting Frequency:</i>	Annual
<i>Reporting Period:</i>	Survey Timeframe (December 1 - 17, 2017)
<i>Data Provided By:</i>	Office of the President, Upstate Medical University
<i>Data Source:</i>	UMU 2017 Employee Engagement Survey, Press Ganey, Inc.
<i>Report Updated:</i>	Annually
<i>Desired Trend:</i>	Increasing
<i>Target:</i>	None Specified
<i>Additional Notes:</i>	2017 One University Employee Engagement Survey questions selected as the Performance Measures for this Objective based on alignment with the Intended Results of the Objective.
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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	Organizational Capabilities
Objective:	Increase Workforce Satisfaction

Performance Measure:	2017 One University Employee Engagement Survey
<i>Abbreviations:</i>	N = Number of Survey Responses Nat'l = National Avg. = Average UMU = Upstate Medical University
<i>Definitions:</i>	UMU 2017 One University Employee Engagement Survey: A survey, via Press Ganey, of all Upstate employees on issues related to employee engagement, leadership, recognition, work-life balance, and other key areas of interest Nat'l Healthcare Avg: Comprised of over 1.2 million employees from 324 projects at over 3,500 facilities that have surveyed over the previous two years. It is the standard benchmark used in the Press Ganey employee engagement projects. Distribution Responses: Favorable = Strongly Agree or Agree Neutral Unfavorable = Strongly Disagree or Disagree Question Domains: Organization Domain = Reflect degree to which employees feel connected to the organization, mission and values Employee Domain = Reflect degree to which employees feel connected to their colleagues and jobs Engagement Domain = Assess employees' degree of pride in the organization, intent to stay, willingness to recommend to friends and family for care and overall satisfaction employees feel toward the workplace
<i>Reporting Frequency:</i>	Annual
<i>Reporting Period:</i>	Survey Timeframe (December 1 - 17, 2017)
<i>Data Provided By:</i>	Office of the President, Upstate Medical University
<i>Data Source:</i>	UMU 2017 Employee Engagement Survey, Press Ganey, Inc.
<i>Report Updated:</i>	Annually
<i>Desired Trend:</i>	Increasing
<i>Target:</i>	None Specified
<i>Additional Notes:</i>	2017 One University Employee Engagement Survey questions selected as the Performance Measures for this Objective based on alignment with the Intended Results of the Objective.
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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	Organizational Capabilities
Objective:	Optimize Technology, Facilities, & Support Services

Performance Measure:	Closed Help Desk Tickets and IMT Project Requests
<i>Abbreviations:</i>	CY = Calendar Year (January - December) Q1= 1st Quarter (January-March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July-September); Q4 = 4th Quarter (October-December) IMT = Information Management and Technology UMU = Upstate Medical University
<i>Definitions:</i>	Help Desk is the main point of contact for all computer related services at Upstate Medical University. IMT Project Requests are new items or changes to existing systems that require IMT to modify or create computer programs.
<i>Reporting Frequency:</i>	Quarterly
<i>Reporting Period:</i>	Calendar Year
<i>Data Provided By:</i>	Information Management & Technology (IMT) Administrative Information Systems, Upstate Medical University
<i>Data Source:</i>	Self Serve and Heat Systems (i.e. Help Desk Ticket System)
<i>Report Updated:</i>	Quarterly in April, July, October, and January
<i>Desired Trend:</i>	Increasing
<i>Target:</i>	None specified
<i>Additional Notes:</i>	None specified
<i>Return to Dashboard:</i>	Click Here to Return to Objective Dashboard

Performance Measure:	Satisfaction Rate of Closed IMT Project Requests
<i>Abbreviations:</i>	CY = Calendar Year (January - December) Q1= 1st Quarter (January-March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July-September); Q4 = 4th Quarter (October-December) IMT = Information Management and Technology UMU = Upstate Medical University
<i>Definitions:</i>	IMT Project Requests are new items or changes to existing systems that require IMT to modify or create computer programs. The calculation of Satisfaction Rate of the Closed IMT Project Requests was the average of the number of respondents that provided an above average score (4 or 5) to the following three survey questions: 1) The Project met your needs 2) Project communications were timely and informative 3) The project team was approachable and available
<i>Reporting Frequency:</i>	Quarterly
<i>Reporting Period:</i>	Calendar Year
<i>Data Provided By:</i>	Information Management & Technology (IMT) Administrative Information Systems, Upstate Medical University

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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	Organizational Capabilities
Objective:	Optimize Technology, Facilities, & Support Services

<i>Data Source:</i>	Self Serve and Heat Systems
<i>Report Updated:</i>	Quarterly in April, July, October, and January
<i>Desired Trend:</i>	Increasing
<i>Target:</i>	95%
<i>Additional Notes:</i>	None specified
<i>Return to Dashboard:</i>	Click Here to Return to Objective Dashboard

Performance Measure:	Cybersecurity Intrusions Thwarted
<i>Abbreviations:</i>	CY = Calendar Year (January - December) Q1= 1st Quarter (January-March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July-September); Q4 = 4th Quarter (October-December) UMU = Upstate Medical University
<i>Definitions:</i>	Cybersecurity Intrusions Thwarted: Number of intrusions detected and deflected
<i>Reporting Frequency:</i>	Quarterly
<i>Reporting Period:</i>	Calendar Year
<i>Data Provided By:</i>	Information Management & Technology (IMT) Operations & Networking Services (ONS), Upstate Medical University
<i>Data Source:</i>	Cybersecurity System
<i>Report Updated:</i>	Quarterly in April, July, October, and January
<i>Desired Trend:</i>	Increasing
<i>Target:</i>	None specified
<i>Additional Notes:</i>	None specified
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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	Internal Processes
Objective:	Improve Efficiency & Accountability

Performance Measure:	Policy - Procedure Document Control Compliance							
<i>Abbreviations:</i>	UMU = Upstate Medical University							
<i>Definitions:</i>	Compliance Trend: The percentage of policies and procedures that have been reviewed in accordance with required review date The policies and procedures reside in the MCN Policy Manager System and include University-Wide, Campus, and Hospital, as well as Medical Staff By-Laws. (Faculty Practice Plans are excluded)							
<i>Reporting Frequency:</i>	Quarterly							
<i>Reporting Period:</i>	Calendar Year							
<i>Data Provided By:</i>	Hospital Administration, Regulatory & Accreditation, Upstate Medical University							
<i>Data Source:</i>	MCN Policy Manager System Active Documents Report							
<i>Report Updated:</i>	Quarterly in April, July, October, and January							
<i>Desired Trend:</i>	Increasing							
<i>Target:</i>	95%	Thresholds	Threshold of Meeting Target ("green" zone)	≥ 90%	Intermediate Zone ("yellow zone")	85%	Threshold of Not Meeting Target ("red" zone)	≤ 79%
<i>Additional Notes:</i>	Report is created with a run date of the last day of the month.							
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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	Internal Processes
Objective:	Grow Programs and Community Partnerships

Performance Measure:	Number of Internal and External Donors to Upstate Foundation, Inc.
<i>Abbreviations:</i>	CY = Calendar Year (January - December) Q1= 1st Quarter (January-March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July-September); Q4 = 4th Quarter (October-December) YTD = Year to Date
<i>Definitions:</i>	Upstate Foundation, Inc.: The Upstate Foundation was founded in 1976 as a 501(c)3 not-for-profit corporation. The corporation is a public charity designed to receive and administer gifts and bequests exclusively for charitable purposes with a focus on (1) the provision of patient health care, (2) the education of health care providers, (3) community health and well-being, and (4) scientific research. The Upstate Foundation is also the primary vehicle for receiving and distributing philanthropic gifts for Upstate Medical University. Internal Donors: Upstate Medical University employees that contribute money to the Upstate Foundation External Donors: Constituents (including individuals, corporations, foundations, community groups, schools, etc.) that do not work at Upstate Medical University who contribute money to the Upstate Foundation
<i>Reporting Frequency:</i>	Quarterly; Once per year report will include a breakdown of # of internal and external donors
<i>Reporting Period:</i>	Calendar Year
<i>Data Provided By:</i>	Upstate Foundation, Inc., Upstate Medical University
<i>Data Source:</i>	Upstate Foundation, Inc., Upstate Medical University
<i>Report Updated:</i>	Quarterly in April, July, October, and January
<i>Desired Trend:</i>	Increasing
<i>Target:</i>	None specified
<i>Additional Notes:</i>	None specified
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Performance Measure:	Dollar (\$) Amount of Contributions to Upstate Foundation, Inc.
<i>Abbreviations:</i>	CY = Calendar Year (January - December) Q1= 1st Quarter (January-March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July-September); Q4 = 4th Quarter (October-December) YTD = Year to Date
<i>Definitions:</i>	2017 dollars match audited financial statements 2018 dollars are unaudited quarterly totals
<i>Reporting Frequency:</i>	Quarterly
<i>Reporting Period:</i>	Calendar Year
<i>Data Provided By:</i>	Upstate Foundation, Inc., Upstate Medical University
<i>Data Source:</i>	Upstate Foundation, Inc., Upstate Medical University
<i>Report Updated:</i>	Quarterly in April, July, October, and January

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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	Internal Processes
Objective:	Grow Programs and Community Partnerships

<i>Desired Trend:</i>	Increasing
<i>Target:</i>	None Specified
<i>Additional Notes:</i>	In 2017, the total dollar amount contributed to the Upstate Foundation was the highest amount in the history of the Upstate Foundation
	The 2017 Q1 (Jan-Mar) dollar amount of contributions includes FSA (Faculty Student Association) contribution
	The 2017 Q4 (Oct-Dec) dollar amount of contributions includes the Nappi gift
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Performance Measure:	VEPOP Participation
<i>Abbreviations:</i>	VEPOP = Violence Education Prevention Outreach Program
	CY = Calendar Year (January - December)
	Q1= 1st Quarter (January-March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July-September); Q4 = 4th Quarter (October-December)
	UMU = Upstate Medical University
<i>Definitions:</i>	VEPOP: a secondary hospital based violence prevention program that works closely with community partners to decrease re-injury (recidivism) of patients affected by non-accidental injury. VEPOP works with intentionally injured youths/adults and their families in both the hospital and community setting to offer support needed to break the cycle of violence by: <ul style="list-style-type: none"> • Providing alternative choices to violence through community resources, education, and employment. • Working closely with a variety of community organizations to meet the needs of individuals and families.
	Screened Positive for Street Violence: Patients that were seen at Upstate University Hospital for medical care related to Injury as a result of intentional violence, usually gang related, excluding family, intimate partner and sexual violence
	Inclusion Criteria: VEPOP inclusion criteria consists of (1) received medical care at Upstate as a result of street violence, (2) living in the city of Syracuse, and (3) between the age of 12-40 years old
	Patients Enrolled in VEPOP that Meet Inclusion Criteria: Individuals eligible (i.e. meet the inclusion criteria) for VEPOP that signed up to participate in the program
<i>Definitions: (cont'd)</i>	% of Patients Enrolled in VEPOP that Met Inclusion Criteria: Number of eligible individuals that enrolled in VEPOP ÷ Total number of individuals eligible for VEPOP
<i>Reporting Frequency:</i>	Quarterly
<i>Reporting Period:</i>	Calendar Year
<i>Data Provided By:</i>	VEPOP (Violence Education Prevention Outreach Program), Upstate Medical University
<i>Data Source:</i>	EPIC and VEPOP data
<i>Report Updated:</i>	Quarterly in April, July, October, and January

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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	Internal Processes
Objective:	Grow Programs and Community Partnerships

<i>Desired Trend:</i>	Increasing at first to start helping more individuals through VEPOP. Eventually would like to see the numbers decreasing (i.e. would like to see decreased number of patients due to violence in Syracuse and therefore a decreased need for VEPOP).
<i>Target:</i>	None Specified
<i>Additional Notes:</i>	None Specified
	For more information, visit the Upstate VEPOP webpage: http://www.upstate.edu/surgery/healthcare/trauma/injury-prevention/vepop2.php
<i>Return to Dashboard:</i>	Click Here to Return to Objective Dashboard

Performance Measure:	Referrals to Community Partners
<i>Abbreviations:</i>	VEPOP = Violence Education Prevention Outreach Program CY = Calendar Year (January - December) Q1= 1st Quarter (January-March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July-September); Q4 = 4th Quarter (October-December) UMU = Upstate Medical University
<i>Definitions:</i>	Community Partners: Community organizations that can provide services to VEPOP participants. Focus areas for VEPOP referrals include services related to education, healthcare, and employment
<i>Reporting Frequency:</i>	Quarterly
<i>Reporting Period:</i>	Calendar Year
<i>Data Provided By:</i>	VEPOP (Violence Education Prevention Outreach Program), Upstate Medical University
<i>Data Source:</i>	VEPOP records
<i>Report Updated:</i>	Quarterly in April, July, October, and January
<i>Desired Trend:</i>	Increasing at first to start helping more individuals through VEPOP. Eventually would like to see the numbers decreasing (i.e. would like to see a decrease in the need for this program due to decreased violence in Syracuse).
<i>Target:</i>	None Specified
<i>Additional Notes:</i>	VEPOP participants may be referred to multiple community partners.
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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	Internal Processes
Objective:	Improve Quality

Performance Measure:	Inpatient Vizient Star Rating							
<i>Abbreviations:</i>	UH = University Hospital							
	UMU = Upstate Medical University							
<i>Definitions:</i>	Inpatient: The star rating relates to inpatient hospital performance; age based pediatrics is excluded from the inpatient star report							
	Vizient: Vizient, Inc., the largest member-driven health care performance improvement company in the country, provides innovative data-driven solutions, expertise and collaborative opportunities that lead to improved patient outcomes and lower costs (source: Vizient website)							
	Star Rating: The Vizient Quality and Accountability (Q&A) Scorecard enables member organizations to compare their year-over-year performance with that of other academic medical centers and identify opportunities for improvement (source: Vizient website)							
	Both Hospital Campuses: (1) University Hospital Downtown Campus; (2) University Hospital Community Campus							
<i>Reporting Frequency:</i>	Annual							
<i>Reporting Period:</i>	Time period varies based on star report indicator per Vizient							
<i>Data Provided By:</i>	Clinical Practice Analysis and Support, Upstate Medical University							
<i>Data Source:</i>	Vizient							
<i>Report Updated:</i>	Annually in October							
<i>Desired Trend:</i>	Increasing							
<i>Target:</i>	top 25th percentile of performance in the Vizient Consortium	Thresholds	Threshold of Meeting Target ("green" zone)	4 or 5 stars	Intermediate Zone ("yellow zone")	3 stars	Threshold of Not Meeting Target ("red" zone)	1 or 2 stars
<i>Additional Notes:</i>	None Specified							
<i>Return to Dashboard:</i>	Click Here to Return to Objective Dashboard							

Performance Measure:	Outpatient Vizient Star Rating							
<i>Abbreviations:</i>	FPP = Faculty Practice Plan							
	UMU = Upstate Medical University							
<i>Definitions:</i>	Outpatient: The Outpatient star rating relates to performance in both hospital based clinics as well as data from the Faculty Practice Plan managed clinics; age based pediatrics is excluded from the inpatient star report							

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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	Internal Processes
Objective:	Improve Quality

<i>Definitions:</i> <i>(cont'd)</i>	Vizient: Vizient, Inc., the largest member-driven health care performance improvement company in the country, provides innovative data-driven solutions, expertise and collaborative opportunities that lead to improved patient outcomes and lower costs (source: Vizient website)							
	Star Rating: The Vizient Quality and Accountability (Q&A) Scorecard enables member organizations to compare their year-over-year performance with that of other academic medical centers and identify opportunities for improvement (source: Vizient website)							
<i>Reporting Frequency:</i>	Annual							
<i>Reporting Period:</i>	Time period varies based on star report indicator							
<i>Data Provided By:</i>	Clinical Practice Analysis and Support, Upstate Medical University							
<i>Data Source:</i>	Vizient							
<i>Report Updated:</i>	Annually in October							
<i>Desired Trend:</i>	Increasing							
<i>Target:</i>	top 25th percentile of performance in the Vizient Consortium	Thresholds	Threshold of Meeting Target ("green" zone)	4 or 5 stars	Intermediate Zone ("yellow zone")	3 stars	Threshold of Not Meeting Target ("red" zone)	1 or 2 stars
<i>Additional Notes:</i>	None Specified							
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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	Internal Processes
Objective:	Enhance Innovation

Performance Measure:	UMU Publications
<i>Abbreviations:</i>	UMU = Upstate Medical University Q1= 1st Quarter (January-March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July-September); Q4 = 4th Quarter (October-December)
<i>Definitions:</i>	UMU Publications: Number of publications with at least one Upstate Medical University author as determined by review of abstracts available in PubMed/Medline
<i>Reporting Frequency:</i>	Quarterly
<i>Reporting Period:</i>	Calendar Year
<i>Data Provided By:</i>	Health Sciences Library, Upstate Medical University
<i>Data Source:</i>	PubMed/Medline
<i>Report Updated:</i>	Quarterly in April, July, October, and January
<i>Desired Trend:</i>	Increasing
<i>Target:</i>	None specified
<i>Additional Notes:</i>	None specified
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Performance Measure:	UMU Published Authors
<i>Abbreviations:</i>	UMU = Upstate Medical University Q1= 1st Quarter (January-March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July-September); Q4 = 4th Quarter (October-December)
<i>Definitions:</i>	UMU Published Authors: Number of authors from Upstate Medical University as determined by review of abstracts available in PubMed/Medline
<i>Reporting Frequency:</i>	Quarterly
<i>Reporting Period:</i>	Calendar Year
<i>Data Provided By:</i>	Health Sciences Library, Upstate Medical University
<i>Data Source:</i>	PubMed/Medline
<i>Report Updated:</i>	Quarterly in April, July, October, and January
<i>Desired Trend:</i>	Increasing
<i>Target:</i>	None specified
<i>Additional Notes:</i>	Each Upstate Medical University author is counted once even if the had multiple publications during the reporting period
<i>Return to Dashboard:</i>	Click Here to Return to Objective Dashboard

Performance Measure:	Citations of UMU Publications
<i>Abbreviations:</i>	UMU = Upstate Medical University CY = Calendar Year (January - December)
<i>Definitions:</i>	UMU Publications: Number of publications with at least one Upstate Medical University author as determined by review of abstracts available in PubMed/Medline UMU Citations: Number of citations of publications by Upstate Medical University authors as determined by review of abstracts available in Scopus

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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	Internal Processes
Objective:	Enhance Innovation

<i>Reporting Frequency:</i>	Annual
<i>Reporting Period:</i>	Calendar Year
<i>Data Provided By:</i>	Health Sciences Library, Upstate Medical University
<i>Data Source:</i>	UMU Publications source = PubMed/Medline UMU Citations source = Scopus
<i>Report Updated:</i>	Annually in March
<i>Desired Trend:</i>	Increasing
<i>Target:</i>	None specified
<i>Additional Notes:</i>	Citation data is a snapshot of the number of citations as of when the data was run in for this report. The number of citations of UMU publications from previous years and reporting periods may continue to increase as publications by UMU authors are cited in the future.
<i>Return to Dashboard:</i>	Click Here to Return to Objective Dashboard

Performance Measure:	# of UMU Publications by Impact Factor Group
<i>Abbreviations:</i>	UMU = Upstate Medical University Q1= 1st Quarter (January-March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July-September); Q4 = 4th Quarter (October-December) N = Total Number of Upstate Publications in Impact Factor Groups # = Number of Upstate publications in Impact Factor Group range % = Percentage of Upstate publications in Impact Factor Group range
<i>Definitions:</i>	UMU Publications: Number of publications with at least one Upstate Medical University author as determined by review of abstracts available in PubMed/Medline Impact Factor Score: The impact factor (IF) or journal impact factor (JIF) of an academic journal is a measure reflecting the yearly average number of citations to recent articles published in that journal. It is frequently used as a proxy for the relative importance of a journal within its field; journals with higher impact factors are often deemed to be more important than those with lower ones. Impact Factor Group: group of journals derived from 94 biomedical journal categories selected from the Journal Citation Reports (Total number of journals in group = 5574). Top 100: The top 100 journals in the selected categories ranked by Impact Factor Top Quartile: Total journals N=5574 divided by 4; top quartile when ranked by Impact Factor At or Above Median: Impact factor value at median of total journals Below Median: Impact factor values falling below median of total journals
<i>Reporting Frequency:</i>	Quarterly
<i>Reporting Period:</i>	Calendar Year
<i>Data Provided By:</i>	Health Sciences Library, Upstate Medical University
<i>Data Source:</i>	UMU Publications source = PubMed/Medline Impact Factor source = InCites Journal Citation Report
<i>Report Updated:</i>	Quarterly in April, July, October, and January
<i>Desired Trend:</i>	Increasing

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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	Internal Processes
Objective:	Enhance Innovation

<i>Target:</i>	None specified
<i>Additional Notes:</i>	Tables and method adapted from: Hanus, K. L., & Suelzer, E. (2015). Evaluating the Impact of an Institution’s Research. <i>Journal of Hospital Librarianship</i> , 15(3), 296-300. doi:10.1080/15323269.2015.1049734
	Journal Citation Reports: selected 94 biomedical / nursing / education categories = 5574 total journals
	Some of the journals in which Upstate authors publish do not have Impact Factors (i.e. don't appear in JCR), as either the journal is too new or it has dropped off the list because of too few citations. For those journals without an Impact Factor, they were assigned an Impact Factor of zero for this analysis.
<i>Return to Dashboard:</i>	Click Here to Return to Objective Dashboard

Performance Measure:	Research Grants: # Submitted and Total Dollars Requested
<i>Abbreviations:</i>	UMU = Upstate Medical University
	FY = Fiscal Year (July - June)
	YTD = Year To Date
	Q1= 1st Quarter (July-September); Q2 = 2nd Quarter (October-December); Q3 = 3rd Quarter (January-March); Q4 = 4th Quarter (April-June)
<i>Definitions:</i>	Grants Submitted: Number of research grants submitted to external funding sources
	Total Dollar Amount Requested: Dollar amount of funding requested in research grants submitted to external funding sources
<i>Reporting Frequency:</i>	Semi-Annually
<i>Reporting Period:</i>	Fiscal Year
<i>Data Provided By:</i>	Pre-Awards, Research Administration, Upstate Medical University
<i>Data Source:</i>	COEUS Database (up until July 1, 2018); After July 1, 2018 - Huron Click - PreAward and Compliance System
<i>Report Updated:</i>	Semi-Annually in January and July
<i>Desired Trend:</i>	Increasing
<i>Target:</i>	None specified
<i>Additional Notes:</i>	A revision has been made for Research Grants Submitted and Total Dollars Requested for FY 2017 Q1, Q2, Q3 & Q4 and FY 2018 Q1, Q2, & Q3. The previous calculations had not added clinical trials. The updated calculations now include clinical trials. Additionally, the data can vary during the year due to timing of receiving notification or paperwork processing. A fiscal year end audit has adjusted the data accordingly.
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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	Internal Processes
Objective:	Increase Integration

Performance Measure:	2017 One University Employee Engagement Survey
<i>Abbreviations:</i>	N = Number of Survey Responses Nat'l = National Avg. = Average UMU = Upstate Medical University
<i>Definitions:</i>	UMU 2017 One University Employee Engagement Survey: A survey, via Press Ganey, of all Upstate employees on issues related to employee engagement, leadership, recognition, work-life balance, and other key areas of interest Nat'l Healthcare Avg: Comprised of over 1.2 million employees from 324 projects at over 3,500 facilities that have surveyed over the previous two years. It is the standard benchmark used in the Press Ganey employee engagement projects. Distribution Responses: Favorable = Strongly Agree or Agree Neutral Unfavorable = Strongly Disagree or Disagree Question Domains: Organization Domain = Reflect degree to which employees feel connected to the organization, mission and values Manager Domain = Reflect degree to which employees feel connected to the person they report to Campus Only Survey Question: a survey question that only campus employees received Hospital Only Survey Question: a survey question that only hospital employees received
<i>Reporting Frequency:</i>	Annual
<i>Reporting Period:</i>	Survey Timeframe (December 1 - 17, 2017)
<i>Data Provided By:</i>	Office of the President, Upstate Medical University
<i>Data Source:</i>	UMU 2017 Employee Engagement Survey, Press Ganey, Inc.
<i>Report Updated:</i>	Annually
<i>Desired Trend:</i>	Increasing
<i>Target:</i>	None Specified
<i>Additional Notes:</i>	One University Employee Engagement Survey questions selected as the Performance Measures for this Objective based on alignment with the Intended Results of the Objective.
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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	Financial Stewardship
Objective:	Improve Fiscal Responsibility & Transparency

Performance Measure:	<i>Performance Measure Under Development</i>
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OUR Upstate Strategic Plan Performance Measures	
Perspective:	Financial Stewardship
Objective:	Improve Financial Performance

Campus Performance Measures

Performance Measure:	Revenue Growth: (1) Tuition, Fees, & Other; (2) State Support; and (3) RF-Directs\Indirects
<i>Abbreviations:</i>	UMU = Upstate Medical University FY = Fiscal Year (July - June) RF = Research Foundation
<i>Definitions:</i>	Revenue Growth: Annual revenue compared to the previous years Tuition, Fees & Other: Annually generated Tuition, fees and miscellaneous revenue State Support: The annual amount of monetary support from the State University of New York RF - Directs\Indirects: The amount of direct and indirect costs charged to and recovered from research grants and awards
<i>Reporting Frequency:</i>	Annual
<i>Reporting Period:</i>	Fiscal Year
<i>Data Provided By:</i>	Accounting & Budgeting, Upstate Medical University
<i>Data Source:</i>	The State University of New York’s financial accounting system
<i>Report Updated:</i>	Annually in July
<i>Desired Trend:</i>	Increasing
<i>Target:</i>	None Specified
<i>Additional Notes:</i>	None Specified
<i>Return to Dashboard:</i>	Click Here to Return to Objective Dashboard

Performance Measure:	UMU Days Cash on Hand
<i>Abbreviations:</i>	UMU = Upstate Medical University Q1= 1st Quarter (January - March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July - September); Q4 = 4th Quarter (October - December) CY = Calendar Year
<i>Definitions:</i>	Days Cash on Hand: Number of days of cash on hand to cover cash operating costs
<i>Reporting Frequency:</i>	Quarterly
<i>Reporting Period:</i>	Calendar Year
<i>Data Provided By:</i>	Accounting & Budgeting, Upstate Medical University
<i>Data Source:</i>	UMU data: The State University of New York’s financial accounting system UH data: Internally generated monthly financial statements

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OUR Upstate Strategic Plan Performance Measures	
Perspective:	Financial Stewardship
Objective:	Improve Financial Performance

<i>Data Source (cont'd):</i>	UUMAS data: MSG Clinical Practice Budget (Lawson)
<i>Report Updated:</i>	Quarterly in April, July, October, and January
<i>Desired Trend:</i>	Increasing
<i>Target:</i>	None Specified
<i>Additional Notes:</i>	UMU Days Cash on Hand includes all University-wide obligations The UMU Days Cash on Hand for 2018 Q1 has been revised. The updated calculation reduced the UMU Days Cash on Hand from 31.0 to 30.0
<i>Return to Dashboard:</i>	Click Here to Return to Objective Dashboard

University Hospital (UH) Performance Measures

Performance Measure:	UH Total Revenue Growth						
<i>Abbreviations:</i>	Q1= 1st Quarter (January - March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July - September); Q4 = 4th Quarter (October - December) CY = Calendar Year UH = University Hospital UMU = Upstate Medical University						
<i>Definitions:</i>	Both Campuses: (1) University Hospital Downtown Campus; (2) University Hospital Community Campus Total Revenue Growth: Period over period increase in net patient service revenue (NPSR) Formula = Current period YTD NPSR divided by prior period NPSR minus 1						
<i>Reporting Frequency:</i>	Quarterly						
<i>Reporting Period:</i>	Calendar Year						
<i>Data Provided By:</i>	Financial Services Administration, Upstate Medical University						
<i>Data Source:</i>	Internally generated monthly financial statements						
<i>Report Updated:</i>	Quarterly in April, July, October, and January						
<i>Desired Trend:</i>	Increasing						
<i>Target:</i>	4.00%	Thresholds	Threshold of Meeting Target ("green" zone) ≥ 4.00%	Intermediate Zone ("yellow zone")	> 3.90% and < 4.00%	Threshold of Not Meeting Target ("red" zone)	≤ 3.90%
<i>Additional Notes:</i>	Note that due to audit entries that were made as part of the calendar year end audit, there were some changes to the financial metrics for the quarters ended 12/31/17 and 3/31/2018						
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OUR Upstate Strategic Plan Performance Measures	
Perspective:	Financial Stewardship
Objective:	Improve Financial Performance

Performance Measure:	UH Overall Profit Margin						
<i>Abbreviations:</i>	Q1= 1st Quarter (January - March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July - September); Q4 = 4th Quarter (October - December)						
	CY = Calendar Year						
	UH = University Hospital						
	UMU = Upstate Medical University						
<i>Definitions:</i>	Both Campuses: (1) University Hospital Downtown Campus; (2) University Hospital Community Campus						
	Total Profit Margin: Formula = (Period Total Revenue - Total Expense) ÷ Total Revenues						
<i>Reporting Frequency:</i>	Quarterly						
<i>Reporting Period:</i>	Calendar Year						
<i>Data Provided By:</i>	Financial Services Administration, Upstate Medical University						
<i>Data Source:</i>	Internally generated monthly financial statements						
<i>Report Updated:</i>	Quarterly in April, July, October, and January						
<i>Desired Trend:</i>	Increasing						
<i>Target:</i>	2.00%	Thresholds	Threshold of Meeting Target ("green" zone) ≥ 2.00%	Intermediate Zone ("yellow zone") > 0.00% and < 2.00%	Threshold of Not Meeting Target ("red" zone) ≤ 0.00%		
<i>Additional Notes:</i>	Note that due to audit entries that were made as part of the calendar year end audit, there were some changes to the financial metrics for the quarters ended 12/31/17 and 3/31/2018						
<i>Return to Dashboard:</i>	Click Here to Return to Objective Dashboard						

Performance Measure:	UH Days Cash on Hand						
<i>Abbreviations:</i>	Q1= 1st Quarter (January - March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July - September); Q4 = 4th Quarter (October - December)						
	CY = Calendar Year						
	UH = University Hospital						
	UMU = Upstate Medical University						
<i>Definitions:</i>	Both Campuses: (1) University Hospital Downtown Campus; (2) University Hospital Community Campus						
	Days Cash on Hand: Number of days of operating expenses on hand						
	Formula = Current period cash balance divided by prior 12 months, average daily spend calculated as operating expenses less depreciation and amortization divided by 365						
<i>Reporting Frequency:</i>	Quarterly						
<i>Reporting Period:</i>	Calendar Year						
<i>Data Provided By:</i>	Financial Services Administration, Upstate Medical University						

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OUR Upstate Strategic Plan Performance Measures	
Perspective:	Financial Stewardship
Objective:	Improve Financial Performance

<i>Data Source:</i>	Internally generated monthly financial statements						
<i>Report Updated:</i>	Quarterly in April, July, October, and January						
<i>Desired Trend:</i>	Increasing						
<i>Target:</i>	40 days	Thresholds	Threshold of Meeting Target ("green" zone) ≥ 40 days	Intermediate Zone ("yellow zone")	≥ 39 days and < 40 days	Threshold of Not Meeting Target ("red" zone)	< 39 days
<i>Additional Notes:</i>	Note that due to audit entries that were made as part of the calendar year end audit, there were some changes to the financial metrics for the quarters ended 12/31/17 and 3/31/2018						
<i>Return to Dashboard:</i>	Click Here to Return to Objective Dashboard						

UUMAS Performance Measures

Performance Measure:	UUMAS Total Revenue Growth
<i>Abbreviations:</i>	Q1= 1st Quarter (January - March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July - September); Q4 = 4th Quarter (October - December) CY = Calendar Year UUMAS = Upstate University Medical Associates at Syracuse UMU = Upstate Medical University
<i>Definitions:</i>	UUMAS: Upstate University Medical Associates at Syracuse, Inc. (UUMAS) is a 501(c)3 not-for-profit university faculty practice corporation, which serves as the umbrella organization of the 18 clinical departmental practices, Medical Service Groups (MSGs) within the College of Medicine. The faculty practice plan includes over 500 physicians and advanced practitioners who provide patient care in coordination with academic and research responsibilities. Total Revenue Growth: Change in aggregate MSG Total Adjusted Revenue* from prior period Formula = (Total Adj Rev (Curr)- Total Adj Rev (Prior)) ÷ Total Adj Rev (Prior) * Note: UUMAS Total Rev for Growth calculation = Total Revenues for all MSGs, less UUMAS in total.
<i>Reporting Frequency:</i>	Quarterly
<i>Reporting Period:</i>	Calendar Year
<i>Data Provided By:</i>	Upstate University Medical Associates at Syracuse (UUMAS), Upstate Medical University
<i>Data Source:</i>	MSG Clinical Practice Budget aggregate schedule (Lawson)
<i>Report Updated:</i>	Quarterly in May, August, November, and February
<i>Desired Trend:</i>	Increasing

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OUR Upstate Strategic Plan Performance Measures	
Perspective:	Financial Stewardship
Objective:	Improve Financial Performance

<i>Target:</i>	4.00%	Thresholds	Threshold of Meeting Target ("green" zone) $\geq 4.00\%$	Intermediate Zone ("yellow zone")	$> 3.90\%$ and $< 4.00\%$	Threshold of Not Meeting Target ("red" zone) $\leq 3.90\%$
<i>Additional Notes:</i>	None specified					
<i>Return to Dashboard:</i>	Click Here to Return to Objective Dashboard					

Performance Measure:	UUMAS Overall Profit Margin					
<i>Abbreviations:</i>	Q1= 1st Quarter (January - March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July - September); Q4 = 4th Quarter (October - December) CY = Calendar Year UUMAS = Upstate University Medical Associates at Syracuse UMU = Upstate Medical University					
<i>Definitions:</i>	UUMAS: Upstate University Medical Associates at Syracuse, Inc. (UUMAS) is a 501(c)3 not-for-profit university faculty practice corporation, which serves as the umbrella organization of the 18 clinical departmental practices, Medical Service Groups (MSGs) within the College of Medicine. The faculty practice plan includes over 500 physicians and advanced practitioners who provide patient care in coordination with academic and research responsibilities. Overall Profit Margin: Percentage of Total Adjusted Revenue available for re-investment Formula = Net profit ÷ Total Adv Rev ** Note: UUMAS Total Rev for Operating Margin calculation = Total Revenues for all MSGs + Reduction for Drug Cost, less UUMAS in total.					
<i>Reporting Frequency:</i>	Quarterly					
<i>Reporting Period:</i>	Calendar Year					
<i>Data Provided By:</i>	Upstate University Medical Associates at Syracuse (UUMAS), Upstate Medical University					
<i>Data Source:</i>	MSG Clinical Practice Budget aggregate schedule (Lawson)					
<i>Report Updated:</i>	Quarterly in May, August, November, and February					
<i>Desired Trend:</i>	Increasing					
<i>Target:</i>	2.00%	Thresholds	Threshold of Meeting Target ("green" zone) $\geq 2.00\%$	Intermediate Zone ("yellow zone")	$> 0.00\%$ and $< 2.00\%$	Threshold of Not Meeting Target ("red" zone) $\leq 0.00\%$
<i>Additional Notes:</i>	None specified					
<i>Return to Dashboard:</i>	Click Here to Return to Objective Dashboard					

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OUR Upstate Strategic Plan Performance Measures	
Perspective:	Financial Stewardship
Objective:	Improve Financial Performance

Performance Measure:	UUMAS Days Cash on Hand							
<i>Abbreviations:</i>	Q1= 1st Quarter (January - March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July - September); Q4 = 4th Quarter (October - December)							
	CY = Calendar Year							
	UUMAS = Upstate University Medical Associates at Syracuse							
	UMU = Upstate Medical University							
<i>Definitions:</i>	<p>UUMAS: Upstate University Medical Associates at Syracuse, Inc. (UUMAS) is a 501(c)3 not-for-profit university faculty practice corporation, which serves as the umbrella organization of the 18 clinical departmental practices, Medical Service Groups (MSGs) within the College of Medicine. The faculty practice plan includes over 500 physicians and advanced practitioners who provide patient care in coordination with academic and research responsibilities.</p> <p>Days Cash on Hand: Number of days of cash on hand to cover cash operating costs Formula = Cash ÷ Cash Operating Expenses (less Depreciation and Amortization) Per Day</p>							
<i>Reporting Frequency:</i>	Quarterly							
<i>Reporting Period:</i>	Calendar Year							
<i>Data Provided By:</i>	Upstate University Medical Associates at Syracuse (UUMAS), Upstate Medical University							
<i>Data Source:</i>	MSG Clinical Practice Budget aggregate schedule (Lawson)							
<i>Report Updated:</i>	Quarterly in May, August, November, and February							
<i>Desired Trend:</i>	Increasing							
<i>Target:</i>	56 days	Thresholds	Threshold of Meeting Target ("green" zone)	≥ 56 days	Intermediate Zone ("yellow zone")	≥ 54.6 days and < 56 days	Threshold of Not Meeting Target ("red" zone)	< 54.6 days
<i>Additional Notes:</i>	A revision to the UUMAS Days Cash on Hand for 2018 Q1 was made due to an oversight in calculating the total 2018 expense. The previous calculation had inadvertently not added in the cost of drugs but this has been rectified now. The updated calculation reduced the UUMAS Days Cash on Hand from 71.2 to 62.5.							
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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	Learners, Patients, Community, & Other Stakeholders
Objective:	Increase Reputation for Excellence

Performance Measure:		Clinical: HCAHPS "Willingness to Recommend Hospital"						
<i>Abbreviations:</i>	HCAHPS = Hospital Consumer Assessment of Healthcare Providers and Systems							
	Q1= 1st Quarter (January-March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July-September); Q4 = 4th Quarter (October-December)							
	CY = Calendar Year							
	UMU = Upstate Medical University							
<i>Definitions:</i>	HCAHPS: a national, standardized, publicly reported survey of patients' perspectives of hospital care							
	Both Hospital Campuses: (1) University Hospital Downtown Campus; (2) University Hospital Community Campus							
<i>Reporting Frequency:</i>	Quarterly							
<i>Reporting Period:</i>	Calendar Year							
<i>Data Provided By:</i>	Clinical Practice Analysis and Support, Upstate Medical University							
<i>Data Source:</i>	HCAHPS Patient Satisfaction Survey							
<i>Report Updated:</i>	Quarterly in April, July, October, and January							
<i>Desired Trend:</i>	Increasing							
<i>2016 Target</i>	78.20%	Thresholds	Threshold of Meeting Target ("green" zone) ≥78.2%	Intermediate Zone ("yellow zone")	≥ 70.5% and ≤ 78.1%	Threshold of Not Meeting Target ("red" zone) ≤ 70.4%		
<i>2017 Target:</i>	80.00%	Thresholds	Threshold of Meeting Target ("green" zone) ≥ 80.0%	Intermediate Zone ("yellow zone")	≥ 72.0% and ≤ 79.9%	Threshold of Not Meeting Target ("red" zone) ≤ 71.9%		
<i>2018 Q1 & Q2 Target:</i>	80.00%	Thresholds	Threshold of Meeting Target ("green" zone) ≥ 80.0%	Intermediate Zone ("yellow zone")	≥ 72.0% and ≤ 79.9%	Threshold of Not Meeting Target ("red" zone) ≤ 71.9%		
<i>Additional Notes:</i>	None specified							
<i>Return to Dashboard:</i>	Click Here to Return to Objective Dashboard							

Performance Measure:		Education: # of Applications and Available Seats by College						
<i>Abbreviations:</i>	# = Number							
	UMU = Upstate Medical University							
	BPS = Bachelor of Professional Studies							
	BS = Bachelor of Science							

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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	Learners, Patients, Community, & Other Stakeholders
Objective:	Increase Reputation for Excellence

<i>Abbreviations:</i>	DPT = Doctor of Physical Therapy
<i>(cont'd)</i>	MS = Master of Science
	Med Tech = Medical Technology
	PhD = Doctor of Philosophy
<i>Definitions:</i>	Available Seats: number of students each college (or program) can accept per academic year
	% of Applicants to Fill Available Seats: Formula = (# of Available Seats ÷ # of Applications) x 100
<i>Reporting Frequency:</i>	Annual
<i>Reporting Period:</i>	August - August
<i>Data Provided By:</i>	Academic Affairs - Enrollment, Upstate Medical University
<i>Data Source:</i>	Banner Student Information System
<i>Report Updated:</i>	Annually in September
<i>Desired Trend:</i>	Increasing number of applications
	More applicants than there are available seats
<i>Target:</i>	# of applications > # of available seats per college (or program)
<i>Additional Notes:</i>	The number of available seats per year is subject to change
	If the % of "Applicants to Fill Available Seats" is greater than 100%, then there were more available seats than there were applicants
<i>Return to Dashboard:</i>	Click Here to Return to Objective Dashboard

Performance Measure:	Research: Total Sponsored Research Expenditures
<i>Abbreviations:</i>	FY = Fiscal Year (July - June)
	Q1= 1st Quarter (July-September); Q2 = 2nd Quarter (October-December); Q3 = 3rd Quarter (January-March); Q4 = 4th Quarter (April-June)
	YTD = Year To Date
	UMU = Upstate Medical University
<i>Definitions:</i>	Total Sponsored Research Expenditures: Annual expenditures (directs & indirects) on sponsored research accounts
<i>Reporting Frequency:</i>	Quarterly
<i>Reporting Period:</i>	Fiscal Year
<i>Data Provided By:</i>	Accounting and Budgeting, Upstate Medical University
<i>Data Source:</i>	Research Foundation (RF) Report Center, data collected from RF Oracle Business Applications
<i>Report Updated:</i>	Quarterly in April, July, October, and January
<i>Desired Trend:</i>	Increasing
<i>Target:</i>	None specified

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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	Learners, Patients, Community, & Other Stakeholders
Objective:	Increase Reputation for Excellence

<i>Additional Notes:</i>	None specified
<i>Return to Dashboard:</i>	Click Here to Return to Objective Dashboard

Performance Measure:	Workforce: Retention Rate						
<i>Abbreviations:</i>	Q1= 1st Quarter (January - March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July - September); Q4 = 4th Quarter (October - December)						
	CY = Calendar Year						
	UMU = Upstate Medical University						
<i>Definitions:</i>	Workforce Retention: portion of employees that stayed in past month/quarter/year. The Retention report is based on NYS employees designated as Hospital, Campus or Faculty. Research, student and resident employee groups are not included. Formula = The retention rate is determined by the number of employees who stay at the company for the whole time period divided by number of employees at the beginning of the period less new hires during time period						
<i>Reporting Frequency:</i>	Quarterly						
<i>Reporting Period:</i>	Calendar Year						
<i>Data Provided By:</i>	Human Resources, Upstate Medical University						
<i>Data Source:</i>	UMU Human Resources employment records						
<i>Report Updated:</i>	Quarterly in April, July, October and January						
<i>Desired Trend:</i>	Increasing						
<i>Target:</i>	99.80%	Thresholds	Threshold of Meeting Target ("green" zone) ≥ 99.3%	Intermediate Zone ("yellow zone")	≥ 98.9% and ≤ 99.2%	Threshold of Not Meeting Target ("red" zone)	≤ 98.8%
<i>Additional Notes:</i>	Upstate's retention rate has shown a steady average of 99% from 2013 through 2017 Action OI comparable hospitals have an average retention rate of 96%; Upstate's retention rate is 99% or above 75th percentile.						
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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	Learners, Patients, Community, & Other Stakeholders
Objective:	Improve Health Outcomes

Performance Measure:	Inpatient Mortality						
<i>Abbreviations:</i>	Q1= 1st Quarter (January - March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July - September); Q4 = 4th Quarter (October - December) CY = Calendar Year UMU = Upstate Medical University						
<i>Definitions:</i>	Inpatient Adult Mortality: This rate equals the total number of deaths over the total number of discharges which is the observed divided by the expected rate. (Both Campuses) Both Hospital Campuses: (1) University Hospital Downtown Campus and (2) University Hospital Community Campus						
<i>Reporting Frequency:</i>	Quarterly						
<i>Reporting Period:</i>	Calendar Year						
<i>Data Provided By:</i>	Clinical Practice Analysis and Support, Upstate Medical University						
<i>Data Source:</i>	Vizient Clinical Data Base (CDB)						
<i>Report Updated:</i>	Quarterly in April, July, October, and January						
<i>Desired Trend:</i>	Decreasing						
<i>2016 Target:</i>	0.91	Thresholds	Threshold of Meeting Target ("green" zone) ≤ 0.91	Intermediate Zone ("yellow zone")	0.92 - 0.99	Threshold of Not Meeting Target ("red" zone) ≥ 1.00	
<i>2017 & 2018 Target:</i>	0.72	Thresholds	Threshold of Meeting Target ("green" zone) ≤ 0.72	Intermediate Zone ("yellow zone")	0.73 - 0.78	Threshold of Not Meeting Target ("red" zone) ≥ 0.79	
<i>Additional Notes:</i>	None specified						
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Performance Measure:	Hospital Acquired Conditions (HACs)						
<i>Abbreviations:</i>	Q1= 1st Quarter (January - March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July - September); Q4 = 4th Quarter (October - December) CY = Calendar Year UMU = Upstate Medical University						
<i>Definitions:</i>	Hospital Acquired Conditions (HACs): Overall preventable hospital acquired conditions Both Hospital Campuses: (1) University Hospital Downtown Campus and (2) University Hospital Community Campus						
<i>Reporting Frequency:</i>	Quarterly						

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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	Learners, Patients, Community, & Other Stakeholders
Objective:	Improve Health Outcomes

<i>Reporting Period:</i>	Calendar Year							
<i>Data Provided By:</i>	Clinical Practice Analysis and Support, Upstate Medical University							
<i>Data Source:</i>	Vizient Clinical Database (CDB)							
<i>Report Updated:</i>	Quarterly in April, July, October, and January							
<i>Desired Trend:</i>	Decreasing							
<i>2016, 2017 & 2018 Target:</i>	17	Thresholds	Threshold of Meeting Target ("green" zone)	≤ 17	Intermediate Zone ("yellow zone")	18-19	Threshold of Not Meeting Target ("red" zone)	≥ 20
<i>Additional Notes:</i>	None specified							
<i>Return to Dashboard:</i>	Click Here to Return to Objective Dashboard							

Performance Measure:	Surgical Site Infections						
<i>Abbreviations:</i>	Q1= 1st Quarter (January - March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July - September); Q4 = 4th Quarter (October - December)						
	CY = Calendar Year						
	UMU = Upstate Medical University						
<i>Definitions:</i>	SSI: Surgical Site Infection						
	COLO: Surgical Site Infection (SSI) SIR CMS. Include Colon Surgeries. (Both Campuses)						
	HYST: Surgical Site Infection (SSI) SIR CMS. Include Abdominal Hysterectomies. (Both Campuses)						
	SIR: Standardized Infection Ration						
	CMS: Centers for Medicare & Medicaid Services						
	Both Hospital Campuses: (1) University Hospital Downtown Campus and (2) University Hospital Community Campus						
<i>Reporting Frequency:</i>	Quarterly						
<i>Reporting Period:</i>	Calendar Year						
<i>Data Provided By:</i>	Infection Control and Clinical Practice Analysis, Upstate Medical University						
<i>Data Source:</i>	Automated and Chart Review						
<i>Report Updated:</i>	Quarterly in April, July, October, and January						
<i>Desired Trend:</i>	Decreasing						

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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	Learners, Patients, Community, & Other Stakeholders
Objective:	Improve Health Outcomes

<i>2016, 2017 & 2018 Target:</i>	0.60	Thresholds	Threshold of Meeting Target ("green" zone)	≤ 0.60	Intermediate Zone ("yellow zone")	0.61-0.65	Threshold of Not Meeting Target ("red" zone)	≥ 0.66
<i>Additional Notes:</i>	None specified							
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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	Learners, Patients, Community, & Other Stakeholders
Objective:	Reduce Health Disparities

Performance Measure:	She Matters Program
<i>Abbreviations:</i>	UMU = Upstate Medical University RHA = Resident Health Advocates
<i>Definitions:</i>	<p>She Matters is a UMU community outreach program that educates women on the importance of breast cancer screenings. She Matters is made up of Resident Health Advocates (RHAs) who are led and instructed by Upstate Health Professionals. The RHAs go into the community where they live in order to provide Breast Cancer education and to encourage/help women to schedule a mammogram. The RHAs provide support by going to appointments and staying in the waiting room until the mammogram is completed. RHAs also make annual phone calls to remind patients of their upcoming appointment. RHAs also present on Breast Cancer at monthly educational sessions and provide one on one education.</p> <p># of Individuals Reached: the amount of people the She Matters program has educated through educational sessions, tabling events, flyer, health fairs, and friends or family members of the RHAs</p> <p>Strategic Outreach: includes RHA door-to-door community outreach, monthly educational sessions presented by the RHAs in the community rooms of each housing unit, community health fairs and community picnics, and publicity via Syracuse Housing Authority newsletters and program flyers inserted in the rent invoices of every tenant</p> <p># New Participants: the amount of new people who signed up for the She Matters program through our encounter forms</p> <p># of Women Screened: the amount of women who completed a screening mammogram through the She Matters program</p>
<i>Reporting Frequency:</i>	Annual
<i>Reporting Period:</i>	Program Year (April - March)
<i>Data Provided By:</i>	She Matters Program, Upstate Medical University
<i>Data Source:</i>	She Matters Program records maintained in REDcap database
<i>Report Updated:</i>	Annually in April
<i>Desired Trend:</i>	Increasing
<i>Target:</i>	None specified
<i>Additional Notes:</i>	<p>Outreach Areas:</p> <p>Program Year 1: Outreach was focused in Pioneer Homes only</p> <p>Program Year 2: Expanded to Toomey Abbott and Almus Olver Towers (300 Burt St), while still maintaining a presence in Pioneer Homes</p> <p>Program Year 3: Expanded again to include James Geddes, Toomey Abbott, Almus Olver Towers (300 Burt St), and Pioneer Homes</p>

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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	Learners, Patients, Community, & Other Stakeholders
Objective:	Reduce Health Disparities

<i>Additional Notes: (cont'd)</i>	Outreach Areas (cont'd): Program Year 4: The same as the year before Program Year 5: Expanding again to 2 new buildings, Vinnette Tower and Ross Tower
	After year 1, the word got out and people were very willing and excited to join year 2 so there was a large increase in completed mammograms from year 1 to year 2.
	It is possible that year 3-4 saw a slight decrease in mammograms completed compared to year 2 because there was changes in staffing within the program. Also, some of the She Matters participants were scheduling their mammography on their own at different locations or had moved out of the area.
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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	Learners, Patients, Community, & Other Stakeholders
Objective:	Increase Access

Performance Measure:	Inpatient Admissions
<i>Abbreviations:</i>	CY = Calendar Year (January - December) Q1= 1st Quarter (January-March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July-September); Q4 = 4th Quarter (October-December) YTD = Year To Date UMU = Upstate Medical University
<i>Definitions:</i>	Inpatient Admissions: total inpatient admissions to University Hospital (UH Downtown Campus + UH Community Campus) Both Hospital Campuses: (1) University Hospital Downtown Campus; (2) University Hospital Community Campus
<i>Reporting Frequency:</i>	Quarterly
<i>Reporting Period:</i>	CY = Calendar Year (January - December)
<i>Data Provided By:</i>	Financial Services Administration, Upstate Medical University
<i>Data Source:</i>	Financial Services Administration, Upstate Medical University
<i>Report Updated:</i>	Quarterly in April, July, October, and January
<i>Desired Trend:</i>	Increasing
<i>Target:</i>	None specified
<i>Additional Notes:</i>	None specified
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Performance Measure:	Outpatient Visits
<i>Abbreviations:</i>	CY = Calendar Year (January - December) Q1= 1st Quarter (January-March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July-September); Q4 = 4th Quarter (October-December) YTD = Year To Date UMU = Upstate Medical University UUMAS = Upstate University Medical Associates at Syracuse
<i>Definitions:</i>	Total outpatient visits to University Hospital (UH) includes: (1) Emergency Department (UH Downtown and UH Community Campus) (2) Total Clinic + UUMAS Private Practice visits (3) Ambulatory Surgery + UUMAS Private Surgical Cases (4) Observations (5) Referred Ambulatory + UUMAS Private Referred Ambulatory Practice

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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	Learners, Patients, Community, & Other Stakeholders
Objective:	Increase Access

<i>Reporting Frequency:</i>	Quarterly
<i>Reporting Period:</i>	CY = Calendar Year (January - December)
<i>Data Provided By:</i>	Financial Services Administration, Upstate Medical University and Upstate University Medical Associates at Syracuse (UUMAS)
<i>Data Source:</i>	University Hospital Downtown Campus and Community Campus data: Financial Services Administration, Upstate Medical University UUMAS data: UUMAS Charge Detail Report, Business Objects
<i>Report Updated:</i>	Quarterly in April, July, October, and January
<i>Desired Trend:</i>	Increasing
<i>Target:</i>	None specified
<i>Additional Notes:</i>	None specified
<i>Return to Dashboard:</i>	Click Here to Return to Objective Dashboard

Performance Measure:	Learner Access Performance Measure Under Development
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Addendum Supporting Reports for OUR Upstate Strategic Plan Performance Measures

To see a drill-down report for additional information available on some of Performance Measures, click on the name of the report below. Please note that these drill-down reports are only available for a few of the Performance Measures.

1. Performance Measure: UMU Workforce Diversity

Supporting Report: [UMU State and Research Foundation \(RF\) Workforce - Quarterly Totals CY 2018](#)

2. Performance Measure: Education Excellence: # of Applications and Available Seats per College

Supporting Report: [UMU Available Seats and Applications per College Program Category](#)

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Addendum Report: UMU State and Research Foundation (RF) Workforce - Quarterly Totals CY 2018

Note: This is a drill-down report to provide additional information related to the OUR Upstate Strategic Plan Performance Measure "Workforce Diversity." The report below was prepared by the UMU Office of Diversity and Inclusion. Please contact them for any questions or additional information.

STATE AND RF WORKFORCE - QUARTERLY TOTALS CY 2018

STATE EMPLOYEES

	TOTAL EMPLOYEES *	TOTAL FEMALE	TOTAL MINORITY	BLACK OR AFRICAN AMERICAN	HISPANIC/LATINO	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN/ ALASKAN NATIVE	PROTECTED VETERANS	INDIVIDUALS WITH DISABILITIES
WORKFORCE TOTAL 3/31/18	7,386	5,137	1,536	773	187	543	33	191	442
WORKFORCE TOTAL 6/30/18	7,425	5,157	1,549	784	186	546	33	189	462

RESEARCH FOUNDATION EMPLOYEES

	TOTAL EMPLOYEES*	TOTAL FEMALE	TOTAL MINORITY	BLACK OR AFRICAN AMERICAN	HISPANIC/LATINO	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN/ ALASKAN NATIVE	PROTECTED VETERANS	INDIVIDUALS WITH DISABILITIES
WORKFORCE TOTAL 3/31/18	923	714	176	52	28	92	4	15	51
WORKFORCE TOTAL 6/30/18	927	721	175	54	28	89	4	15	48

STATE AND RESEARCH FOUNDATION EMPLOYEES

	TOTAL EMPLOYEES*	TOTAL FEMALE	TOTAL MINORITY	BLACK OR AFRICAN AMERICAN	HISPANIC/LATINO	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN/ ALASKAN NATIVE	PROTECTED VETERANS**	INDIVIDUALS WITH DISABILITIES**
WORKFORCE TOTAL 3/31/18	8,309	5,851	1,712	825	215	635	37	206	493
		70.42%	20.60%	9.93%	2.59%	7.64%	0.45%	2.48%	5.93%
WORKFORCE TOTAL 6/30/18	8,352	5,878	1,724	838	214	635	37	204	510
		70.38%	20.64%	10.03%	2.56%	7.60%	0.44%	2.44%	6.11%

* Workforce totals include: all individuals on the Payroll system whose status is "ACT" or Active for State and RF.

* Workforce totals DO NOT include: Employees on leave without pay; Student titles (i.e. Graduate Assistant); Federal College Work Study Students; Temp. Agency, Morrison or MedBest.

** Disability and Veteran data is reported, based on new Federal Regulations, which became effective 3/2014.

	TOTAL MINORITY	BLACK OR AFRICAN AMERICAN	HISPANIC/LATINO	ASIAN OR PACIFIC ISLANDER	NATIVE AMERICAN/ ALASKAN NATIVE
Minority Group/Total Minority 3/2018	1,712	825	215	635	37
		48.2%	12.6%	37.1%	2.2%
Minority Group/Total Minority 6/2018	1,724	838	214	635	37
		48.6%	12.4%	36.8%	2.1%

Data Provided By: UMU Office of Diversity and Inclusion, August 2018

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Addendum Report: UMU Available Seats and Applications per College Program Category

Note: This is a drill-down report to provide additional information related to the OUR Upstate Strategic Plan Performance Measure "Education Excellence: # of Available Seats and Applications per College." The report below was prepared by UMU Student Affairs - Admissions. Please contact them for any questions or additional information.

College	Program Category	Program	2017 Academic Year		% of Applicants to Fill Available Seats
			# of Available Seats	# of Applications	
Health Professions (CHP)	BPS/BS Imaging	BPS-IMAG-CT	29	116	25%
		BPS-IMAG-MR			
		BPS-IMAG-US			
		BS-IMAG-R			
		BS-IMAG-US			
	Radiation Therapy BPS/BS	BPS-RADT	12	49	24%
		BS-RADT			
	Cardiovascular Perfusion	BS-CVPR	8	101	8%
	Clinical Laboratory Sciences	BS-MEDB	28	41	68%
		BS-MEDT			
		MS-MEDT			
Respiratory Therapy, BS	BS-RTBS	20	33	61%	
Physical Therapy, DPT	DPT-PHYT-EL	40	724	6%	
MS, Med Tech Scholars	MS-MEDT-SCH	4	15	27%	
Physician Assistant, MS	MS-PASD	35	834	4%	
CHP Totals			176	1,913	9%
Medicine (COM)	Medicine	MD-MDCN	170	4,333	4%
	Public Health	MPH-PHLT	45	70	64%
		PMCT-PHLT (MPH Certificate)			
COM Totals			215	4,403	5%
Nursing (CON)	Bachelor of Science (BS)	BS-NURS	175	155	113%
	Doctor of Nursing Practice (DNP)	DNP-NURS-F and DNP-NURS-MH	40	14	286%
	MS	MS-NURS-C	175	226	77%
		MS-NURS-F			
		MS-NURS-MH			
	Certificate	PMCT-NURS-F	50	22	227%
PMCT-NURS-MH					
CON Totals			440	417	106%

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College	Program Category	Program	2017 Academic Year		% of Applicants to Fill Available Seats
			# of Available Seats	# of Applications	
Graduate Studies (COGS)	MS	MS-0000-CMB	8	43	19%
		MS-ANAT			
		MS-BIOC			
		MS-PHAR			
	PHD	PHD-0000	19	143	13%
		PHD-MBIO			
		PHD-MIMM			
COGS Totals			27	186	15%