

OUR Upstate Tier 1 Performance Measures Reporting Progress Report

Strategic Affairs, Office of the President
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Overview

Process for Tier 1 Performance Measurement Development

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

Status of Tier 1 Performance Measures

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

As of this report,

- Selected Performance Measures = 20
- Under Development Performance Measures = 9
- On Hold Performance Measures = 2

[Diagram 2](#) provides a visual of the status of the performance measures for the Tier 1 Strategy Map.

[Table 1](#) provides a more in-depth report of the status of the Tier 1 Performance Measures, as well as the proposed revised performance measures. For the rationale for the proposed revised measures, please refer to [Appendix A](#).

Timeline for Tier 1 Performance Measure Reporting

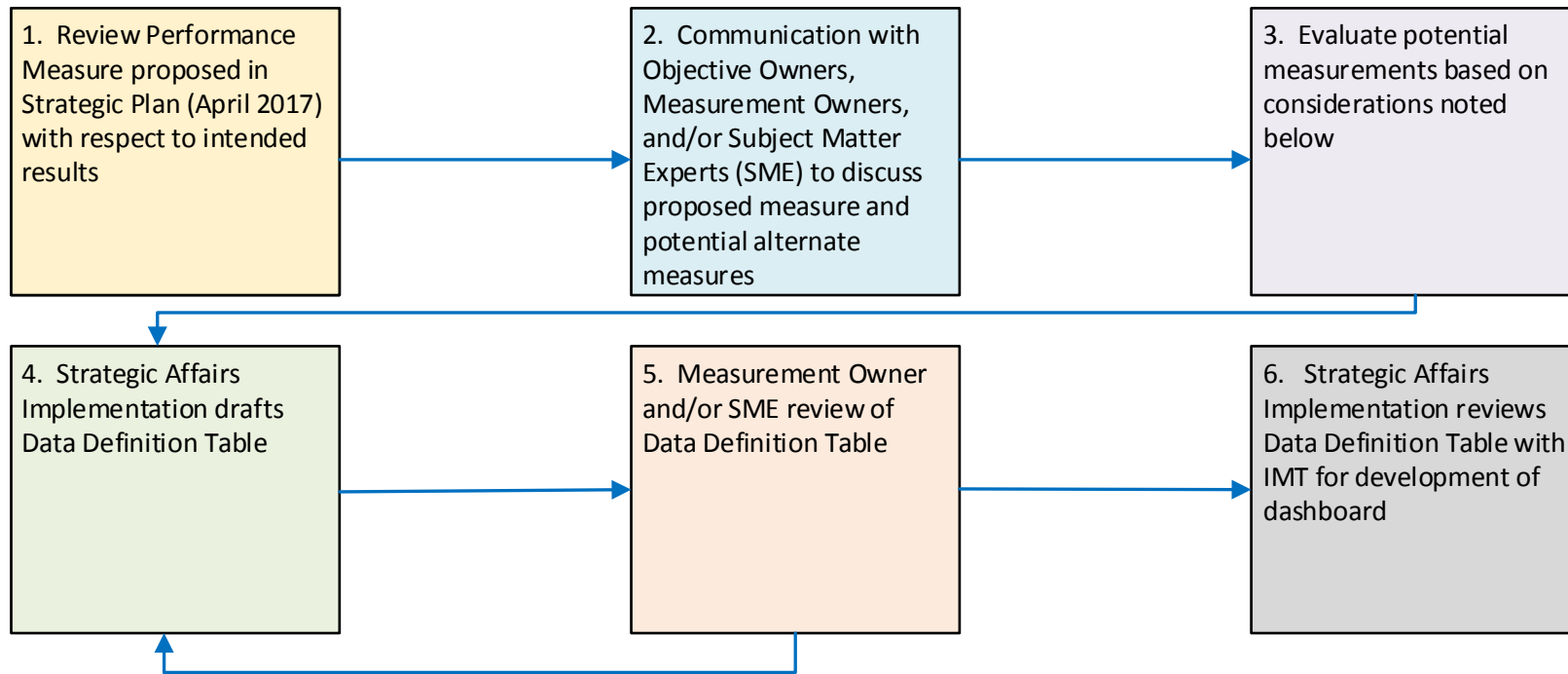
A timeline of high-level milestones required for the go-live of Tier 1 Performance Measure Reporting for Upstate Medical University has been created. For an overview of the timeline, please refer to [Table 2](#).

In addition to the timeline, a detailed work plan of tasks to be completed to meet the timeline deliverables has been created. For an overview of the work plan, please refer to [Appendix B](#).

Key Milestones for Tier 1 Performance Measure Reporting

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

Diagram 1: Performance Measurement Development Process



Considerations for Performance Measure Development

- Measurement connects to Intended Results of the Objective
- Focus on strategic versus operational measures
- Measure is easy to understand, valid, and reliable
- Potential of strong ability to influence measure with targeted actions
- Provides meaningful information for decision-making and development of action plans
- Measure is sustainable (intent is to measure and monitor over longer term)
- Measurement captures balance across education, research, and clinical
- Select direct measurements when possible
- Prioritize leading measures over lagging measures, as possible
- Ability to drill-down and roll-up measure
- Prioritize measures where baseline and benchmark data exists
- Metric encompasses a high-level Institution-wide measurement (“Breadth of Measure”)

*** End of Diagram 1 ***

Diagram 2: OUR Upstate Strategy Map with Performance Measures

| UPSTATE MEDICAL UNIVERSITY | | OUR UPSTATE STRATEGIC PLAN PERFORMANCE MEASURES | | | | Tier 1 as of 12/15/17 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| STRATEGIC OBJECTIVES AND STRATEGY MAP | | | | | | Status Notes |
| LEARNERS, PATIENTS, COMMUNITY & OTHER STAKEHOLDERS | Increase Reputation for Excellence 1. Reputation Index a. Clinical: HCAHPS b. Academic Metric TBD c. Research: Grants Metric TBD d. Workforce: Retention | Improve Health Outcomes 1. Inpatient Mortality 2. Hospital Acquired Conditions 3. Surgical Site Infections | Reduce Health Disparities 1. Performance Measure(s) Under Development - Refer to Table 1 for list of potential performance measures | Increase Access 1. Inpatient Admissions 2. Outpatient Visits 3. Learner Access Measure Under Development - Refer to Table 1 for list of potential performance measures | <ul style="list-style-type: none"> 7 Selected Measures 4 Measures Under Development | |
| | FINANCIAL STEWARDSHIP | | | | | |
| Improve Fiscal Responsibility & Transparency 1. Budget Process Participation Rate | | Improve Financial Performance Total Revenue Growth 1. Campus 2. University Hospital 3. UUMAS Overall Profit Margin 4. Campus 5. University Hospital 6. UUMAS Days Cash on Hand 7. Campus 8. University Hospital 9. UUMAS | | | <ul style="list-style-type: none"> 10 Selected Measures | |
| INTERNAL PROCESSES | | | | | | |
| Improve Efficiency & Accountability 1. Performance Measure(s) Under Development. - Refer to Table 1 for list of potential performance measures | | Grow Programs & Community Partnerships 1. Performance Measure(s) Under Development - Refer to Table 1 for list of potential performance measures | Improve Quality 1. Average of Vizient Star Rating for: a. Inpatient Rating b. Outpatient Rating | Enhance Innovation 1. Innovation Index • Specific data for index to be finalized - Refer to Table 1 for list of original metrics | Increase Integration 1. Performance Measure(s) Under Development - Refer to Table 1 for list of potential performance measures | <ul style="list-style-type: none"> 1 Measure Selected 4 Measures Under Development |
| ORGANIZATIONAL CAPABILITIES (PEOPLE, FACILITIES, TECHNOLOGY) | | | | | | |
| Increase Diversity, Equity, Access & Inclusion 1. Student Diversity • % increase in students from diverse populations 2. Workforce Diversity • % increase in workforce from diverse populations | | Improve Culture of Trust • Performance Measure Selection on hold pending Press Ganey Survey | Increase Workforce Satisfaction • Performance Measure selection on hold pending Press Ganey Survey | Optimized Technology, Facilities & Support Services 1. Performance Measure(s) Under Development - Refer to Table 1 for list of potential performance measures | | <ul style="list-style-type: none"> 2 Measures Selected 1 Measure Under Development 2 Measures On Hold |

*** End of Diagram 2 ***

Table 1: Performance Measure Development Status

| Performance Measure Status | Aligned Objective | Original Performance Measure | Proposed Refined Performance Measure | Mission Alignment | | | Leading vs. Lagging Measure | Reporting Frequency |
|----------------------------|------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------------------|-------------------------------|-------------------------------------|
| | | | | C | E | R | | |
| Finalized | Improve Quality | 1. Vizient Star Rating – Inpatient 2. Vizient Star Rating – Outpatient | 1. Average of Vizient Star Rating for: a. Inpatient Star Rating b. Outpatient Star Rating | C | - | - | Lagging | Annual |
| | Improve Financial Performance | 3. Financial Performance Index consisting of data for Campus, University Hospital and UUMA related to: a. Total Revenue Growth b. Overall Profit Margin c. Days Cash on Hand | 1. Total Growth Revenue – Campus 2. Total Growth Revenue – University Hospital 3. Total Growth Revenue – UUMAS 4. Overall Profit Margin - Campus 5. Overall Profit Margin – University Hospital 6. Overall Profit Margin – UUMAS 7. Days Cash on Hand – Campus 8. Days Cash on Hand – University Hospital 9. Days Cash on Hand – UUMAS | - C C - C C - C C | E - - E - - E - - | R - - R - - - R - | Lagging | Semi-Annual (March & September) |
| | Improve Health Outcomes | 4. Community Health Education Elements 5. Onondaga County Health Department Data 6. Local and Regional Health Index | 1. Inpatient Mortality 2. Hospital Acquired Conditions 3. Surgical Site Infections | C C C | - - - | - - - | Lagging Lagging Lagging | Quarterly Quarterly Quarterly |
| | Increase Access | 7. Time to Third Available New Appointment | Patient Volume 1. Inpatient Admissions 2. Outpatient Visits | C C | - - | - - | Lagging Lagging | Quarterly Quarterly |
| To Be Finalized | Increase Diversity, Equity, Access & Inclusion | 1. Diversity Index – Workforce a. % of employment applications from diverse populations b. % of hires from diverse populations | 1. Workforce Diversity: % increase in workforce from diverse populations | C | E | R | Lagging | Quarterly |
| | | | 2. Student Diversity: % increase in students from diverse populations | - | E | - | Lagging | Annual |

| Performance Measure Status | Aligned Objective | Original Performance Measure | Proposed Refined Performance Measure | Mission Alignment | | | Leading vs. Lagging Measure | Reporting Frequency |
|----------------------------|---------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---|---|-----------------------------|---------------------|
| | | | | C | E | R | | |
| To Be Finalized (cont'd) | Increase Diversity, Equity, Access & Inclusion (cont'd) | 2. Diversity Index – Students a. % of applications from diverse populations b. % of enrollments from diverse populations c. % of graduation and retention from diverse populations | | | | | | |
| | Enhance Innovation | 3. Innovation Index a. Research Expenditure b. # of patients enrolled in clinical trials c. Students involved in scholarly activities d. # of intellectual property disclosures | <ul style="list-style-type: none"> Specific metrics to be finalized | - | - | R | TBD | TBD |
| | Increase Integration | 4. Leadership Integration Survey | <u>Proposed Alternate Measures:</u> <ul style="list-style-type: none"> Possible Press Ganey Survey Questions: <ul style="list-style-type: none"> “Different units work well together in this organization” “I am involved in decisions that affect my work” “Different levels of this organization communication effectively with each other” | C | E | R | Lagging | TBD |
| | Improve Fiscal Responsibility & Transparency | 5. Budget Process Participation (Key Financial Indicator) | | C | E | R | Lagging | Annual |
| | Increase Reputation for Excellence | 6. Reputation Index - Three composite indices to capture “Choose Us,” “Say Good Things,” and “Support & Want to Engage” | 1. Reputation Index: <ul style="list-style-type: none"> a. Clinical: HCAHPS “Likelihood to Recommend” b. Academic: Student Measure TBD c. Research: Grants Measure TBD d. Workforce: Retention | C | E | R | Lagging | Quarterly |

| Performance Measure Status | Aligned Objective | Original Performance Measure | Proposed Refined Performance Measure | Mission Alignment | | | Leading vs. Lagging Measure | Reporting Frequency |
|----------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---|---|-----------------------------|---------------------|
| | | | | C | E | R | | |
| Under Development | Optimize Technology, Facilities, & Support Services | <ol style="list-style-type: none"> 1. T, F, and S Utilization Index 2. T, F, and S Adequacy and Availability Index | <p>TBD for Optimize Technology, Facilities, & Support Services</p> <p><u>Proposed Alternate Measures:</u></p> <ul style="list-style-type: none"> • Physical Plant iService Customer Satisfaction Survey • IMT Project Requests metric (ex: # of project requests) • HelpDesk metric (ex: Customer Satisfaction) • IT Investment • Action OI | ? | ? | ? | TBD | TBD |
| | Improve Efficiency & Accountability | <ol style="list-style-type: none"> 3. Meeting Efficiency Perception Score 4. Performance Review Completion Rate | <p><u>Proposed Alternate Measures:</u></p> <ul style="list-style-type: none"> • Policy-Procedure Document Control Compliance • Action OI • Physical Plant: Total Expenses per 1000 gross square feet maintained | ? | ? | ? | TBD | TBD |
| | Grow Programs & Community Partnerships | <ol style="list-style-type: none"> 5. # of programs 6. # of partnerships | <p>TBD for Grow Programs and Community Partnerships</p> <p><u>Proposed Alternate Measures:</u></p> <ul style="list-style-type: none"> • Community Grants: # and/or \$ • VEPOP metric • “She Matters” and/or “We Matter” metric | ? | ? | ? | TBD | TBD |
| | Reduce Health Disparities | <ol style="list-style-type: none"> 7. No Specific Measure Identified | <p>TBD for Reduce Health Disparities</p> <p><u>Proposed Alternate Measures:</u></p> <ul style="list-style-type: none"> • VEPOP metric • “She Matters” and/or “We Matter” metric | ? | ? | ? | TBD | TBD |
| | Increase Access | <ol style="list-style-type: none"> 8. Learner Access Score: # of New Programs | <p>TBD for Increase Access – Students</p> <p><u>Proposed Alternate Measures:</u></p> <ul style="list-style-type: none"> • Graduation and Retention Rate Achievement | - | E | - | TBD | TBD |

| Performance Measure Status | Aligned Objective | Original Performance Measure | Proposed Refined Performance Measure | Mission Alignment | | | Leading vs. Lagging Measure | Reporting Frequency |
|----------------------------|---------------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------|---------------|-----------------------------|---------------------|
| | | | | C | E | R | | |
| On Hold | Improve Culture of Trust | 1. Pulse Survey | <p>TBD for Culture of Trust Objective <u>Proposed Alternate Measures:</u></p> <ul style="list-style-type: none"> • Press Ganey Response Rate • Possible Press Ganey Survey Questions: <ul style="list-style-type: none"> ○ “There is a climate of trust within my work unit” ○ “I have confidence in senior management’s leadership” ○ “The organization conducts business in an ethical manner” ○ “I am involved in decisions that affect my work” ○ “When appropriate, I can act on my own without asking for approval” ○ “I get the training I need to do a good job” ○ “Employees’ actions support this organization’s mission and values” | ? | ? | ? | TBD | TBD |
| | Increase Workforce Satisfaction | 2. Workforce Satisfaction Indicator 3. Quality of Life Indicator | <p>TBD for Workforce Satisfaction <u>Proposed Alternate Measures:</u></p> <ul style="list-style-type: none"> • Possible Press Ganey Survey Questions: <ul style="list-style-type: none"> ○ “Overall I am a satisfied employee” ○ “I like the work I do” ○ “The organization supports me in balancing my work life and personal life” ○ “The organization provides career development opportunities” | ? | ? | ? | TBD | TBD |
| Totals | | | | <u>C</u> 16 | <u>E</u> 9 | <u>R</u> 8 | | |

*** End of Table 1 ***

Table 2: Timeline for Tier 1 Performance Measure Reporting

| Proposed Timeline for Tier 1 Performance Measure Reporting | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| Task | Target dates |
| 1. Continued coordination with the following to further develop and revise Performance Measures, as applicable: <ul style="list-style-type: none"> Objective Owners Measurement Owners Subject Matter Experts (SMEs) across functional areas | Ongoing through 1/18 |
| 2. Development of Data Definition Tables <i>(initial draft by Strategic Affairs – Implementation with additional input from Objective and Measurement Owners, SMEs)</i> | Ongoing through 1/5/18 |
| 3. Coordination with IMT regarding custom reports <i>(Note 1)</i> | Ongoing through 1/19/18 |
| 4. Evaluate vendor software options | Ongoing through 1/19/18 |
| 5. Develop and implement reporting for Performance Measure | 1/26/18 |
| 6. Initiate pilot test | 2/2/18 |
| 7. Present report to E-UEC for update to E-UEC | 2/6/18 – date to be confirmed |
| 8. Begin performance reporting | 2/21/18 |
| <p><i>1. Utilize internal IMT capabilities to develop custom reports and dashboard as an alternative to purchasing external software tools</i></p> <p><i>2. Reporting - each measurement owner to provide explanation for measurements not reaching target including issues, barriers, and actions necessary to address causes of variation</i></p> <p><i>3. Schedule may be impacted based on time required to develop custom reports and dashboards (contingent upon available IMT resources)</i></p> <p><i>4. Initial roll-out will include current data to the extent possible based on available information. Data will be updated based on reporting frequencies for individual Performance Measures (i.e. Financial Performance reporting proposed to occur in March and September)</i></p> | |

Timeline Under Revision

*** End of Table 2 ***

Appendix

Appendix A: Rationale for Revised Performance Measures

| Perspective | Objective | Original Performance Measure | Revised Performance Measure | Rationale for Revised Performance Measure |
|----------------------------------------------------|------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Learners, Patients, Community & Other Stakeholders | Increase Reputation for Excellence | 1. Reputation Index - Three composite indices to capture “Choose Us,” “Say Good Things,” and “Support & Want to Engage” | 1. Reputation Index: <ul style="list-style-type: none"> a. Clinical: HCAHPS “Likelihood to Recommend” b. Academic: Student Measure TBD c. Research: Grants Measure TBD d. Workforce: Retention | <ul style="list-style-type: none"> • OSA Implementation Team recommends simplifying the composite index for this performance measure and proposes specific measures that would gauge excellence across the University’s mission plus its workforce: <ul style="list-style-type: none"> a. Clinical b. Academic c. Research d. Workforce • Each performance measure in the composite index will be weighted equally at 25% |
| | Improve Health Outcomes | <ol style="list-style-type: none"> 1. Community Health Education Elements 2. Onondaga County Health Department Data 3. Local and Regional Health Index | <ol style="list-style-type: none"> 1. Inpatient Mortality 2. Hospital Acquired Conditions 3. Surgical Site Infections | <ul style="list-style-type: none"> • OSA Implementation Team recommends selecting alternate performance measures that could be reported in the near future since the data collection and reporting processes are not currently in place for the original proposed performance measures for this Objective • As clinical quality is a current priority for UMU, it is recommended that the performance measure(s) for this objective focus on clinical quality • Based on discussions with Dr. Cassagnol, the three proposed clinical quality measures were selected |

| Perspective | Objective | Original Performance Measure | Revised Performance Measure | Rationale for Revised Performance Measure |
|----------------------------------------------------|----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Learners, Patients, Community & Other Stakeholders | Reduce Health Disparities | No Specific Measure Identified | <p>TBD for Reduce Health Disparities</p> <p><u>Proposed Alternate Measures:</u></p> <ul style="list-style-type: none"> • VEPOP metric • “She Matters” and/or “We Matter” metric | <ul style="list-style-type: none"> • This measure needs to be further defined and identified |
| | Increase Access | <ol style="list-style-type: none"> 1. Patient Access: Time to Third Available New Appointment 2. Learner Access Score: # of new programs | <p><u>Patient Volume</u></p> <ol style="list-style-type: none"> 1. Inpatient Admissions 2. Outpatient Visits <p><u>Learner Access</u></p> <p>TBD for Increase Access – Students</p> <p><u>Proposed Alternate Measures:</u></p> <ul style="list-style-type: none"> • Graduation and Retention Rate Achievement | <p><u>Patient Access Measure</u></p> <ul style="list-style-type: none"> • To measure increased accesses from a clinical perspective, the OSA Implementation Team recommends selecting performance measures that capture a more robust picture of patient access as it relates to ambulatory, inpatient and ED patients • Stuart Wright provided recommendations for data that is currently measured for: <ul style="list-style-type: none"> ○ Inpatient Volume ○ Outpatient Volume <ul style="list-style-type: none"> ▪ UUMAS private practice visits will be incorporated into this measure as well <p><u>Learner Access Measure</u></p> <ul style="list-style-type: none"> • OSA Implementation Team recommends selecting an alternate performance measure that could be reported in the near future since the data collection and reporting processes are not currently in place for the original proposed performance measure for this Objective |
| Financial Stewardship | Improve Fiscal Responsibility & Transparency | Budget Process Participation (Key Financial Indicator) | | No new measure proposed at this time. Waiting confirmation from Objective Owner that this is still the best performance measure for the Objective |

| Perspective | Objective | Original Performance Measure | Revised Performance Measure | Rationale for Revised Performance Measure |
|------------------------------|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Financial Stewardship | Improve Fiscal Performance | <ol style="list-style-type: none"> Financial Performance Index consisting of data for Campus, University Hospital and UUMA related to: <ol style="list-style-type: none"> Total Revenue Growth Overall Profit Margin Days Cash on Hand | <ol style="list-style-type: none"> Total Growth Revenue – Campus Total Growth Revenue – University Hospital Total Growth Revenue – UUMAS Overall Profit Margin - Campus Overall Profit Margin – University Hospital Overall Profit Margin – UUMAS Days Cash on Hand – Campus Days Cash on Hand – University Hospital Days Cash on Hand - UUMAS | <ul style="list-style-type: none"> Bridget Flanagan recommended displaying all nine measures and not consolidating them into composite indices. She noted that a roll-up index could be done but that it would be important to be able to drill down into the data to see the details for each of the three entities (Campus, UH, & UUMAS) Instead of one index, this objective will have nine performance measures |
| Internal Processes | Improve Efficiency & Accountability | <ol style="list-style-type: none"> Meeting Efficiency Perception Score Performance Review Completion Rate | <u>Proposed Alternate Measures:</u> <ul style="list-style-type: none"> Policy-Procedure Document Control Compliance Action OI Physical Plant: Total Expense per 1000 gross square feet maintained | <ul style="list-style-type: none"> OSA Implementation Team recommends selecting alternate performance measures that could be reported in the near future since the data collection and reporting processes are not currently in place for the original proposed performance measures for this Objective |
| | Grow Programs & Community Partnerships | <ol style="list-style-type: none"> # of programs # of partnerships | TBD for Grow Programs and Community Partnerships <u>Proposed Alternate Measures:</u> <ul style="list-style-type: none"> Community Grants: # and/or \$ VEPOP metric “She Matters” and/or “We Matter” metric | <ul style="list-style-type: none"> OSA Implementation Team recommends selecting alternate performance measures that could be reported in the near future since the data collection and reporting processes are not currently in place for the original proposed performance measures for this Objective |

| Perspective | Objective | Original Performance Measure | Revised Performance Measure | Rationale for Revised Performance Measure |
|--------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Internal Processes | Improve Quality | <ol style="list-style-type: none"> Vizient Star Rating – Inpatient Vizient Star Rating – Outpatient | <ol style="list-style-type: none"> Average of Vizient Star Rating for: <ol style="list-style-type: none"> Inpatient Star Rating Outpatient Star Rating | <ul style="list-style-type: none"> Discussion with Dr. Cassagnol identified that internally a single Vizient Star Rating could be created of the average of the Inpatient and Outpatient ratings in order to create a single “Health System Star Rating” |
| | Enhance Innovation | <ol style="list-style-type: none"> Innovation Index <ol style="list-style-type: none"> Research Expenditure # of patients enrolled in clinical trials Students involved in scholarly activities # of intellectual property disclosures | Specific metrics to be finalized for the Innovation Index | No new measure proposed at this time. Waiting confirmation from Objective Owner that this is still the best performance measure for the Objective |
| | Increase Integration | <ol style="list-style-type: none"> Leadership Integration Survey | <p><u>Proposed Alternate Measures:</u></p> <ul style="list-style-type: none"> Possible Press Ganey Survey Questions: <ul style="list-style-type: none"> “Different units work well together in this organization” “I am involved in decisions that affect my work” “Different levels of this organization communication effectively with each other” | <ul style="list-style-type: none"> Waiting confirmation from Objective Owner that the original performance measure is still the best performance measure for the Objective, and if so, the status of it. If the Leadership Integration Survey is no longer the preferred metric, OSA Implementation Team has identified a few questions from the Press Ganey Survey that could also be used potential performance measures for this Objective. |

| Perspective | Objective | Original Performance Measure | Revised Performance Measure | Rationale for Revised Performance Measure |
|----------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Organizational Capabilities (People, Facilities, & Technology) | Increase Diversity, Equity, Access & Inclusion | <ol style="list-style-type: none"> 1. Diversity Index – Workforce <ol style="list-style-type: none"> a. % of employment applications from diverse populations b. % of hires from diverse populations 2. Diversity Index – Students <ol style="list-style-type: none"> a. % of applications from diverse populations b. % of enrollments from diverse populations c. % of graduation and retention from diverse populations | <p>Possible modification to the data included in this performance measure index based on conversations with Objective Owner and Subject Matter Experts</p> <ol style="list-style-type: none"> 1. Workforce Diversity: % increase in workforce from diverse populations 2. Student Diversity: % increase in students from diverse populations | Need to finalize with the Objective Owners and Subject Matter Experts the data to be included for this performance measure |
| | Improve Culture of Trust | <ol style="list-style-type: none"> 1. Pulse Survey | <p>TBD for Culture of Trust Objective <u>Proposed Alternate Measures:</u></p> <ul style="list-style-type: none"> • Press Ganey Response Rate • Possible Press Ganey Survey Questions: <ul style="list-style-type: none"> ○ “There is a climate of trust within my work unit” ○ “I have confidence in senior management’s leadership” ○ “The organization conducts business in an ethical manner” ○ “I am involved in decisions that affect my work” ○ “When appropriate, I can act on my own without asking for approval” | <ul style="list-style-type: none"> • OSA Implementation Team recommends selecting alternate performance measures that could be reported in the near future since the data collection and reporting processes are not currently in place for the original proposed performance measures for this Objective • OSA Implementation Team recommends selecting an alternate performance measure based on the University-wide Press Ganey survey that will be conducted in December 2017 |

| Perspective | Objective | Original Performance Measure | Revised Performance Measure | Rationale for Revised Performance Measure |
|----------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Organizational Capabilities (People, Facilities, & Technology) | Improve Culture of Trust (cont'd) | | <ul style="list-style-type: none"> ○ “I get the training I need to do a good job” ○ “Employees’ actions support this organization’s mission and values” | <ul style="list-style-type: none"> ● The 2017 Press Ganey survey would provide the baseline data for the chosen performance measure(s) |
| | Increase Workforce Satisfaction | <ol style="list-style-type: none"> 1. Workforce Satisfaction Indicator 2. Quality of Life Indicator | <p>TBD for Workforce Satisfaction <u>Proposed Alternate Measures:</u></p> <ul style="list-style-type: none"> ● Possible Press Ganey Survey Questions: <ul style="list-style-type: none"> ○ “Overall I am a satisfied employee” ○ “I like the work I do” ○ “The organization supports me in balancing my work life and personal life” ○ “The organization provides career development opportunities” | <ul style="list-style-type: none"> ● OSA Implementation Team recommends selecting alternate performance measures that could be reported in the near future since the data collection and reporting processes are not currently in place for the original proposed performance measures for this Objective ● OSA Implementation Team recommends selecting an alternate performance measure based on the University-wide Press Ganey survey that will be conducted in December 2017 ● The 2017 Press Ganey survey would provide the baseline data for the chosen performance measure(s) |
| | Optimize Technology, Facilities, & Support Services | <ol style="list-style-type: none"> 1. T, F, and S Utilization Index 2. T, F, and S Adequacy and Availability Index | <p>TBD for Optimize Technology, Facilities, & Support Services <u>Proposed Alternate Measures:</u></p> <ul style="list-style-type: none"> ● Physical Plant iService Customer Satisfaction Survey ● IMT Project Requests metric (ex: # of project requests) ● HelpDesk metric (ex: Customer Satisfaction) ● IT Investment ● Action OI | <ul style="list-style-type: none"> ● OSA Implementation Team recommends selecting alternate performance measures that could be reported in the near future since the data collection and reporting processes are not currently in place for the original proposed performance measures for this Objective |

*** End of Appendix A ***

Appendix B: Work Plan Tasks to Be Completed

| Objective | Performance Measures | Tasks |
|-----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Increase Diversity, Equity, Access & Inclusion | <ol style="list-style-type: none"> 1. Diversity Index – Workforce <ul style="list-style-type: none"> • % increase in workforce from diverse populations 2. Diversity Index – Students <ul style="list-style-type: none"> • % increase in students from diverse populations | <ul style="list-style-type: none"> <input type="checkbox"/> Confirm Objective Owner (originally: Maxine Thompson; Interim: Sergio Garcia) <p><u>Diversity Index - Workforce</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Review workforce diversity data provided by Mary Meier <input type="checkbox"/> Review HR Metrics Dashboard provided by Eric Frost <input type="checkbox"/> Follow up with Mary Meier and/or Eric Frost regarding finalizing Workforce Diversity data <input type="checkbox"/> Select performance measure(s) <input type="checkbox"/> Complete Data Definition Table(s) for this measure <input type="checkbox"/> Follow up with Sergio Garcia for approval of the selected workforce diversity performance measure <input type="checkbox"/> Develop data collection process and reporting process for this measure <p><u>Diversity Index - Students</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Review student diversity data provided by Jennifer Martin Tse <input type="checkbox"/> Follow up with Jennifer Martin Tse regarding finalizing Student Diversity data <input type="checkbox"/> Complete Data Definition Table(s) for this measure <input type="checkbox"/> Follow up with Dr. Julie White for approval of the selected student diversity performance measure <input type="checkbox"/> Develop data collection process and reporting process for this measure |
| Improve Culture of Trust | <p><i>Original: Pulse Survey</i></p> <hr/> <p>Proposed Alternate Measure: TBD based on Press Ganey Survey content</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Review the Press Ganey survey for questions / data that could be used as a performance measure <input type="checkbox"/> Follow up with Objective Owner Dr. Schmitt to discuss an alternate performance measure <input type="checkbox"/> Complete Data Definition Table(s) for this measure <input type="checkbox"/> Develop data collection process and reporting process for this measure |
| Increase Workforce Satisfaction | <p><i>Original:</i></p> <ol style="list-style-type: none"> 1. <i>Workforce Satisfaction Indicator</i> 2. <i>Quality of Life Indicator</i> <hr/> <p>Proposed Alternate Measure: TBD based on Press Ganey Survey content</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Confirm if Paula Trief is still the Objective Owner <input type="checkbox"/> Review the Press Ganey survey for questions / data that could be used as a performance measure <input type="checkbox"/> Follow up with Objective Owner to discuss an alternate performance measure <input type="checkbox"/> Complete Data Definition Table(s) for this measure <input type="checkbox"/> Develop data collection process and reporting process for this measure |

| Objective | Performance Measures | Tasks |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Optimize Technology, Facilities & Support Services | <p><i>Original:</i></p> <ol style="list-style-type: none"> <i>T, F, & S Utilization Index</i> <i>T, F, & S Adequacy & Availability Index</i> <hr/> <p>Proposed Alternate Measure: TBD based on discussions with IMT, Physical Plant and Environmental Services</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Confirm who is the Objective Owner (Originally: Tom Pelis) <input type="checkbox"/> Review potential performance measures discussed during Physical Plant and EVS Meeting on 12/13/17 <input type="checkbox"/> Schedule Meeting with Erin Bolsei to discuss Action OI <input type="checkbox"/> Meeting scheduled with Terry Wagner (IMT), Mark Zeman (IMT) and Steve Defazio (IMT) to discuss potential performance measures for 12/2/17 @ 1:00 PM <input type="checkbox"/> Select performance measure(s) for this Objective <input type="checkbox"/> Complete Data Definition Table(s) for this measure <input type="checkbox"/> Develop data collection process and reporting process for this measure |
| Improve Efficiency and Accountability | <p><i>Original:</i></p> <ol style="list-style-type: none"> <i>Meeting Efficiency Perception Score</i> <i>Performance Review Completion Rate</i> <hr/> <p>Proposed Alternate Measures:</p> <ol style="list-style-type: none"> Policy-Procedure Document Control Compliance TBD Performance Measure #2 | <p>Policy-Procedure Document Control Compliance</p> <ul style="list-style-type: none"> <input type="checkbox"/> Meeting with Tammy Lehrer scheduled for 12/18/17 @3:00 PM to discuss the Policy-Procedure Document Control Audit as a possible performance measure for this Objective <input type="checkbox"/> Following meeting with Tammy Lehrer, schedule meeting with Dr. Cleary and Sergio Garcia about the potential revised performance measure <input type="checkbox"/> Follow up with Objective Owner Dr. Corona to discuss the revised performance measure <input type="checkbox"/> Complete Data Definition Table(s) for this measure <input type="checkbox"/> Develop data collection process and reporting process for this measure <p>TBD Performance Measure #2</p> <ul style="list-style-type: none"> <input type="checkbox"/> Schedule Meeting with Erin Bolsei to discuss Action OI <input type="checkbox"/> Follow up with Objective Owner Dr. Corona to discuss the revised performance measure <input type="checkbox"/> Identify revised performance measure <input type="checkbox"/> Complete Data Definition Table(s) for this measure <input type="checkbox"/> Develop data collection process and reporting process for this measure |
| Grow Programs and Community Partnerships | <p><i>Original:</i></p> <ol style="list-style-type: none"> <i># of Strategic Partners</i> <i># of New Programs</i> <hr/> <p>Proposed Alternate Measure: TBD based on conversations with Linda Veit (Community Relations), Dr. Leslie Kohman (Cancer Center, Jolene Kittle (VEPOP) and Eileen Pezzi (Upstate Foundation)</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Review documentation provided by Jolene Kittle regarding VEPOP and Stop the Bleed <input type="checkbox"/> Meeting scheduled with Eileen Pezzi (Upstate Foundation) to discuss potential performance measures for 01/04/18 @ 2:00 PM <input type="checkbox"/> Select performance measure(s) for this Objective <input type="checkbox"/> Complete Data Definition Table(s) for this measure <input type="checkbox"/> Develop data collection process and reporting process for this measure |

| Objective | Performance Measures | Tasks |
|-------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Improve Quality | 1. Average of Star Rating for: <ol style="list-style-type: none"> a. Inpatient Vizient Star Rating b. Outpatient Vizient Star Rating | <input type="checkbox"/> Complete Data Definition Tables for this measure <input type="checkbox"/> Develop data collection process and reporting process for this measure |
| Enhance Innovation | Innovation Index <ul style="list-style-type: none"> • Research Expenditure • # of participants enrolled in clinical trials • Students involved in scholarly activity • # of Intellectual Property disclosures | <input type="checkbox"/> Waiting on response from Dr. Amberg regarding the status of the Innovation Index as the performance measure for this objective <input type="checkbox"/> Complete Data Definition Table(s) for this measure <input type="checkbox"/> Develop data collection process and reporting process for this measure |
| Increase Integration | Leadership Integration Survey | <input type="checkbox"/> Waiting on response from Dr. Bogart regarding the status of the Leadership Integration Survey as the performance measure for this objective <input type="checkbox"/> Complete Data Definition Table(s) for this measure <input type="checkbox"/> Develop data collection process and reporting process for this measure |
| Improve Financial Performance | <ol style="list-style-type: none"> 1. Total Revenue Growth <ol style="list-style-type: none"> a. Campus b. University Hospital c. UUMAS 2. Overall Profit Margin <ol style="list-style-type: none"> a. Campus b. University Hospital c. UUMAS 3. Days Cash on Hand <ol style="list-style-type: none"> a. Campus b. University Hospital c. UUMAS | <input type="checkbox"/> Bridget Flanagan to follow up with: <ul style="list-style-type: none"> ○ David Anthony and Stuart Wright for their recommendation for just one of the three measures ○ David Anthony on Targets and Thresholds for "Days Cash on Hand" for the Campus ○ Benchmark data for: <ul style="list-style-type: none"> ▪ Campus ▪ University Hospital ▪ UUMAS <input type="checkbox"/> Bridget Flanagan to provide a brief write-up on the data collection, validation and verification process for the UUMAS data <input type="checkbox"/> Complete Data Definition Table(s) for this measure <input type="checkbox"/> Develop data collection process and reporting process for this measure |
| Improve Fiscal Responsibility and Transparency | % of departments submitting budget requests | <input type="checkbox"/> Waiting on response from Eric Smith regarding the status of the Budget Submissions as the performance measure for this objective <input type="checkbox"/> Complete Data Definition Table(s) for this measure <input type="checkbox"/> Develop data collection process and reporting process for this measure |

| Objective | Performance Measures | Tasks |
|-------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Increase Reputation for Excellence | <p><i>Original:</i> Three composite indices to capture “Choose Us,” “Say Good Things,” and “Support & Want to Engage”</p> <hr/> <p>Proposed Alternate Measure: One composite index to capture:</p> <ul style="list-style-type: none"> • HCAHPS – “Likelihood to Recommend” • Student Measure (exact measure TBD based on discussion with Dr. Lauren Germain) • Grants (exact measure TBD based on discussion with Dr. Amberg) • Workforce Retention | <ul style="list-style-type: none"> <input type="checkbox"/> Follow up with the subject matter experts regarding the data for the composite index: <ul style="list-style-type: none"> ○ HCAHPS = James Legault (Clinical Practice Analysis & Support) <input type="checkbox"/> Waiting on response from Dr. Amberg regarding a recommendation for a grants or research measure for this index <input type="checkbox"/> Review HR Metrics Dashboard provided by Eric Frost <input type="checkbox"/> Discuss potential measures and next steps following discussion with Dr. Germain for the student data component <input type="checkbox"/> Dr. Germain to look into whether there a question about “Likelihood to recommend” on the alumni surveys <input type="checkbox"/> Follow up with Objective Owner Leah Caldwell to discuss the proposed revised measure <input type="checkbox"/> Complete Data Definition Table(s) for this measure <input type="checkbox"/> Develop data collection process and reporting process for this measure |
| Improve Health Outcomes | <p><i>Original:</i></p> <ol style="list-style-type: none"> 1. Community Health Education Elements 2. Onondaga County Health Department Data 3. Local and Regional Health Index <hr/> <p>Proposed Alternate Measure:</p> <ol style="list-style-type: none"> 1. Inpatient Mortality 2. Hospital Acquired Conditions 3. Surgical Site infections | <ul style="list-style-type: none"> <input type="checkbox"/> Review Onondaga County Community Health Assessment and Improvement Plan <input type="checkbox"/> Follow up with Objective Owner Dr. Sachdeva to discuss the proposed alternate measures <input type="checkbox"/> Complete Data Definition Table(s) for this measure <input type="checkbox"/> Develop data collection process and reporting process for this measure |
| Reduce Health Disparities | <p><i>Original: No specific measure identified</i></p> <hr/> <p>Proposed Alternate Measure: TBD based on conversations with</p> <ul style="list-style-type: none"> • Dr. Christopher Morley (Public Health & Preventative Medicine) • Linda Veit (Community Relations) • Jolene Kittle (VEPOP) | <ul style="list-style-type: none"> <input type="checkbox"/> Discuss potential measures and next steps following discussion with Dr. Morley <input type="checkbox"/> Research the “She Matters” and We Matter” programs for potential performance measures for this objective <input type="checkbox"/> Review documentation provided by Jolene Kittle regarding VEPOP and Stop the Bleed <input type="checkbox"/> Select performance measure(s) for this Objective <input type="checkbox"/> Follow up with Objective Owner Dr. Brangman to discuss the proposed alternate measure <input type="checkbox"/> Complete Data Definition Table(s) for this measure <input type="checkbox"/> Develop data collection process and reporting process for this measure |

| Objective | Performance Measures | Tasks |
|------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Increase Access | <p><i>Original:</i></p> <ol style="list-style-type: none"> <i>Learner Access Score (# of new programs)</i> <i># of days to third available new appointment</i> <hr/> <p>Proposed Alternate Measure:</p> <ol style="list-style-type: none"> Learner Access Score – TBD based on conversation with Dr. Lauren Germain (Curriculum Office) <p><u>Patient Volume</u></p> <ol style="list-style-type: none"> Inpatient Admissions Outpatient Visits | <p><u>Learner Access Score</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Discuss potential measures and next steps following discussion with Dr. Germain <input type="checkbox"/> Follow up with Jen Welch (Admissions) regarding Pipeline Program data <input type="checkbox"/> Dr. Lauren Germain can follow up with the deans for benchmark data and targets <input type="checkbox"/> Select performance measure(s) for this Objective <input type="checkbox"/> Follow up with Objective Owner Dr. Bratslavsky to discuss the proposed alternate measure <input type="checkbox"/> Complete Data Definition Table(s) for this measure <input type="checkbox"/> Develop data collection process and reporting process for this measure <p><u>Patient Volume</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Follow up with Lorraine Manzella to confirm that UUMAS private practice visits can be included in the Outpatient Visits metric <input type="checkbox"/> Complete Data Definition Table(s) for this measure <input type="checkbox"/> Develop data collection process and reporting process for this measure <input type="checkbox"/> Follow up with Objective Owner Dr. Bratslavsky to discuss the proposed alternate measure |

*** End of Appendix B***

Appendix C: Evaluation Criteria for Performance Measures

| Criteria |
|-------------------------------------------------------------------------------------|
| Measurement connects to Intended Results of the Objective |
| Focus on strategic versus operational measures |
| Measure is easy to understand, valid, and reliable |
| Potential of strong ability to influence measure with targeted actions |
| Provides meaningful information for decision-making and development of action plans |
| Measure is sustainable (intent is to measure and monitor over longer term) |
| Measurement captures balance across education, research, and clinical |
| Select direct measurements when possible |
| Prioritize leading measures over lagging measures, as possible |
| Ability to drill-down and roll-up measure |
| Prioritize measures where baseline and benchmark data exists |
| Metric encompasses a high-level Institution-wide measurement (“Breadth of Measure”) |

*** End of Appendix C ***

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

| Name of Contact | Topic of Discussion | Status |
|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|
| Sergio Garcia (Office of the President) | Recommendation for correct contact person related to workforce diversity data for the Diversity Index performance measure for the objective “Increase Diversity, Equity, Access & Inclusion” | Completed |
| Mary Meier (Diversity & Inclusion) Jill Darling (Human Resources) | Workforce diversity data for the Diversity Index performance measure for the objective “Increase Diversity, Equity, Access & Inclusion” | Completed |
| Dr. Julie White (Student Affairs) | <ul style="list-style-type: none"> Recommendation for performance measure(s) and/or correct contact person related to student diversity data for the Diversity Index performance measure for the objective “Increase Diversity, Equity, Access & Inclusion” Recommendation for performance measure(s) and/or correct contact person related to student data for the Reputation Index performance measure for the objective “Increase Reputation for Excellence” | Completed Completed |
| Jennifer Martin Tse (Student Affairs - Registrar) | Student diversity data for the Diversity Index performance measure for the objective “Increase Diversity, Equity, Access & Inclusion” | Completed |
| Terry Wagner (IMT - Administration) | Recommendation for performance measure(s) and/or correct contact person related to performance measures for the objective “Optimize Technology, Facilities & Support Services” | Completed |
| Dr. Lynn Cleary (Academic Affairs) Sergio Garcia (Office of the President) | Recommendation for correct contact person to discuss the 'Policy-Procedure Document Control Audit' as a possible performance measure for the objective “Improve Efficiency & Accountability” | Completed |
| Jill Darling & Patty Brecht (Human Resources) | Data for the originally proposed performance measure of Performance Review Completions for the objective “Improve Efficiency & Accountability” | Completed |
| Dr. Jeffrey Bogart (UUMAS) | Request for confirmation of whether the originally proposed performance measure of Leadership Integration Survey is still the best performance measure for the objective “Increase Integration.” If so, request to discuss the status of the survey and the next steps for its implementation. | Waiting on Response |
| Eric Smith (Finance & Management) | Request for confirmation of whether the originally proposed performance measure of Budget Submissions is still the best performance measure for the objective “Improve Fiscal Responsibility and Transparency.” If so, request to discuss the status of the survey and the next steps for its implementation. | Waiting on Response |
| Patty Brecht (Human Resources) | Workforce turnover data for the Reputation Index for the objective “Increase Reputation for Excellence” | Waiting on Response |
| Dr. Ramesh Sachdeva (Strategic Affairs) | Possibility of a metric related to Decision Quality as performance measure for the objective “Improve Efficiency and Accountability” or “Increase Integration” | Waiting on Response |

*** End of Appendix D ***

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

| Name | Discussion Topic(s) | Status | Meeting Date |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------|
| Dr. Christopher Morley (Dept. of Public Health & Preventive Medicine) | <ul style="list-style-type: none"> • Potential performance measures for: <ul style="list-style-type: none"> ○ Improve Health Outcomes ○ Increase Health Disparities | Completed | 11/29/17 |
| Linda Veit (Community Relations) | <ul style="list-style-type: none"> • Potential performance measures for “Grow Programs and Community Partnerships” | Completed | 11/29/17 |
| Bridget Flanagan (UUMAS) | <ul style="list-style-type: none"> • Performance measures for “Improve Financial Performance”: <ul style="list-style-type: none"> ○ Total Revenue Growth <ul style="list-style-type: none"> ▪ Campus ▪ University Hospital ▪ UUMAS ○ Overall Profit Margin <ul style="list-style-type: none"> ▪ Campus ▪ University Hospital ▪ UUMAS ○ Days Cash on Hand <ul style="list-style-type: none"> ▪ Campus ▪ University Hospital ▪ UUMAS | Completed | 12/01/17 |
| Dr. Lauren Germain (Curriculum Office) | <ul style="list-style-type: none"> • Potential performance measures for: <ul style="list-style-type: none"> ○ Increase Reputation for Excellence – Student data ○ Increase Access – student data | Completed | 12/04/17 |
| Liz Clarke (Human Resources) | <ul style="list-style-type: none"> • Feasibility of Performance Review Completion Rate as the originally proposed performance measure for “Improve Efficiency & Accountability” • As the performance review completion rate is not measured across all employment affiliations, this measure was eliminated as a possible measure for the objective | Completed | 12/04/17 |
| Jolene Kittle (VEPOP) | <ul style="list-style-type: none"> • Potential performance measures related to VEPOP for: <ul style="list-style-type: none"> ○ Grow Programs and Community Partnerships ○ Improve Health Outcomes ○ Increase Health Disparities | Completed | 12/06/17 |
| Stuart Wright (Financial Services Administration) | <ul style="list-style-type: none"> • Performance measures for “Increase Access”: <ul style="list-style-type: none"> ○ Inpatient Admissions ○ Outpatient Visits | Completed | 12/07/17 |

| Name | Discussion Topic(s) | Status | Meeting Date |
|---------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------|
| Dr. Hans Cassagnol (Quality) | <ul style="list-style-type: none"> • Vizient data for “Improve Quality” • Potential performance measures for: <ul style="list-style-type: none"> ○ Improve Health Outcomes ○ Increase Health Disparities | Completed | 12/11/17 |
| Dr. Leslie Kohman (Cancer Center) Linda Veit (Community Relations) | <ul style="list-style-type: none"> • Potential performance measures for “Grow Programs and Community Partnerships” | Completed | 12/12/17 |
| Bob Lotkowitz (Physical Plant) Susan Murphy (Environmental Services) | <ul style="list-style-type: none"> • Potential performance measures for “Optimize Technology, Facilities & Support Services” | Completed | 12/13/17 |
| Tammy Lehrer (Hospital Administration) | <ul style="list-style-type: none"> • Policy-Procedure Document Control Audit as an alternate performance measure for “Improve Efficiency and Accountability” | Scheduled | 12/18/17 |
| Terry Wagner (IMT) Mark Zeman (IMT) Steve Defazio (IMT) | <ul style="list-style-type: none"> • Potential performance measures for “Optimize Technology, Facilities & Support Services” | Scheduled | 12/27/17 |
| Eileen Pezzi (Upstate Foundation) | <ul style="list-style-type: none"> • Potential performance measures for “Grow Programs and Community Partnerships” | Scheduled | 01/04/18 |
| Dr. David Amberg (Research Administration) | <ul style="list-style-type: none"> • Request for confirmation of whether the originally proposed performance measure of the Innovation Index is still the best performance measure for the objective “Enhance Innovation.” If so, confirmation of data sources and collection process. • Request for recommendation for a grants or research metric for the Reputation Index for the objective “Increase Reputation for Excellence” | To Be Scheduled | To Be Scheduled |
| Erin Bolsei (Financial Services) | <ul style="list-style-type: none"> • Action OI metrics as potential performance measures for “Improve Efficiency & Accountability” or “Optimize Technology, Facilities, & Support Services” | To Be Scheduled | To Be Scheduled |

*** End of Appendix E ****

Appendix F: Data Definition Table

Template Data Definition Table

Upstate Medical University
Performance Measure Data Definition Table for

| General | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--|--------------------------------------------|-----|-----------------------------------|-----|----------------------------------------------|-----|
| 1. Measurement Name/Identification | | | | | | | | | |
| 2. Measurement Description | | | | | | | | | |
| 3. Objective | | | | | | | | | |
| 4. Intended Result | | | | | | | | | |
| 5. Objective Owner | | | | | | | | | |
| 6. Previous Measurement <i>(if applicable)</i> | | | | | | | | | |
| Measurement Properties | | | | | | | | | |
| 7. Measure Owner | | | | | | | | | |
| 8. Measure Location <i>(functional area/dept.)</i> | | | | | | | | | |
| 9. Formula <i>(include unit of measurement)</i> | | | | | | | | | |
| 10. Type of Measurement <i>(input, process, output, intermediate outcome, end outcome)</i> | | | | | | | | | |
| 11. Lead or Lag Measurement | | | | | | | | | |
| 12. Mission Balance – <i>Clinical, Education, and Research (C/E/R)</i> | | | | | | | | | |
| Measurement Collection and Reporting | | | | | | | | | |
| 13. Data Source | | | | | | | | | |
| 14. Data Collection Process | | | | | | | | | |
| 15. Frequency of Collection | | | | | | | | | |
| 16. Frequency of Reporting | | | | | | | | | |
| 17. Validated by <i>(see Note 1)</i> | | | | | | | | | |
| 18. Verified by <i>(see Note 2)</i> | | | | | | | | | |
| Performance Analysis Information | | | | | | | | | |
| 19. Targets and Thresholds | <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>Target</td> <td></td> </tr> <tr> <td>Threshold of Meeting Target (“green” zone)</td> <td style="background-color: #d9ead3;">TBD</td> </tr> <tr> <td>Intermediate Zone (“yellow zone”)</td> <td style="background-color: #fff2cc;">TBD</td> </tr> <tr> <td>Threshold of Not Meeting Target (“red” zone)</td> <td style="background-color: #f4cccc;">TBD</td> </tr> </table> | Target | | Threshold of Meeting Target (“green” zone) | TBD | Intermediate Zone (“yellow zone”) | TBD | Threshold of Not Meeting Target (“red” zone) | TBD |
| Target | | | | | | | | | |
| Threshold of Meeting Target (“green” zone) | TBD | | | | | | | | |
| Intermediate Zone (“yellow zone”) | TBD | | | | | | | | |
| Threshold of Not Meeting Target (“red” zone) | TBD | | | | | | | | |
| 20. Desired trend <i>(increasing or decreasing)</i> | | | | | | | | | |
| 21. Upstate Baseline Data | | | | | | | | | |
| 22. National Benchmark Data | | | | | | | | | |
| 23. Additional Comments | | | | | | | | | |
| <ol style="list-style-type: none"> Validation: Measure is realistic, understandable, pertinent to decision making, reflective of the activity being measured and accurate. Verification: Data is correct based on independent evaluation of data standards and procedures, data handling, data integrity and oversight mechanisms. | | | | | | | | | |

Example Draft Data Definition Table

Upstate Medical University Performance Measure Data Definition Table for Total Revenue Growth - UUMAS

| General | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------|--------------------------------------------|------------------|-----------------------------------|--------------------|----------------------------------------------|-----------------|
| 1. Measurement Name/Identification | Total Revenue Growth – UUMAS | | | | | | | | |
| 2. Measurement Description | Change in aggregate MSG Total Adjusted Revenue from prior period | | | | | | | | |
| 3. Objective | Improve Financial Performance | | | | | | | | |
| 4. Intended Result | Growing revenues | | | | | | | | |
| 5. Objective Owner | Stephen Albanese, MD | | | | | | | | |
| 6. Previous Measurement (if applicable) | N/A | | | | | | | | |
| Measurement Properties | | | | | | | | | |
| 7. Measure Owner | Bridget Flanagan | | | | | | | | |
| 8. Measure Location (functional area/dept.) | UUMAS | | | | | | | | |
| 9. Formula (include unit of measurement) | (Total Adj Rev (Curr)- Total Adj Rev (Prior))/Total Adj Rev (Prior), unit of measure = % | | | | | | | | |
| 10. Type of Measurement (input, process, output, intermediate outcome, end outcome) | End outcome | | | | | | | | |
| 11. Lead or Lag Measurement | Lag | | | | | | | | |
| 12. Mission Balance – Clinical, Education, and Research (C/E/R) | Clinical | | | | | | | | |
| Measurement Collection and Reporting | | | | | | | | | |
| 13. Data Source | MSG Clinical Practice Budget aggregate schedule (Lawson) | | | | | | | | |
| 14. Data Collection Process | ? | | | | | | | | |
| 15. Frequency of Collection | Semi-annually | | | | | | | | |
| 16. Frequency of Reporting | Semi-annually (March and September) | | | | | | | | |
| 17. Validated by (see Note 1) | ? | | | | | | | | |
| 18. Verified by (see Note 2) | ? | | | | | | | | |
| Performance Analysis Information | | | | | | | | | |
| 19. Targets and Thresholds | <table border="1"> <tbody> <tr> <td>Target</td> <td>4.00%</td> </tr> <tr> <td>Threshold of Meeting Target (“green” zone)</td> <td>4.00% or greater</td> </tr> <tr> <td>Intermediate Zone (“yellow zone”)</td> <td>≥ 3.90% and <4.00%</td> </tr> <tr> <td>Threshold of Not Meeting Target (“red” zone)</td> <td>less than 3.90%</td> </tr> </tbody> </table> | Target | 4.00% | Threshold of Meeting Target (“green” zone) | 4.00% or greater | Intermediate Zone (“yellow zone”) | ≥ 3.90% and <4.00% | Threshold of Not Meeting Target (“red” zone) | less than 3.90% |
| Target | 4.00% | | | | | | | | |
| Threshold of Meeting Target (“green” zone) | 4.00% or greater | | | | | | | | |
| Intermediate Zone (“yellow zone”) | ≥ 3.90% and <4.00% | | | | | | | | |
| Threshold of Not Meeting Target (“red” zone) | less than 3.90% | | | | | | | | |
| 20. Upstate Baseline Data | Baseline data available | | | | | | | | |
| 21. National Benchmark Data | ? | | | | | | | | |
| 22. Additional Comments | Note: Total Adj Rev for UUMAS = Total Revenues-less Meaningful Use for all MSGs, less UUMAS in total. Meaningful use is program money that has limited longevity. We also don’t want to include UUMAS revenues because they are “recycled” revenues between UUMAS and MSGs | | | | | | | | |
| 1. Validation: Measure is realistic, understandable, pertinent to decision making, reflective of the activity being measured and accurate. | | | | | | | | | |
| 2. Verification: Data is correct based on independent evaluation of data standards and procedures, data handling, data integrity and oversight mechanisms. | | | | | | | | | |

*** End of Appendix F ***

Appendix G: Data Definition Table Progress Summary

Tier 1 Performance Measurement Data Definition Table Progress Summary revised 12/15/17

| Row ID | Objective | Measurement Name | Draft Status | Date Submitted for Review or Further Action | Individual(s) to review and/or further complete | Comments |
|--------|------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------|---------------------------------------------|-------------------------------------------------|----------|
| 1 | Increase Diversity, Equity, Access & Inclusion | Workforce Diversity: % increase in workforce from diverse populations | Drafted | | TBD, Mary Meier, Eric Frost | |
| 2 | Increase Diversity, Equity, Access & Inclusion | Student Diversity: % increase in students from diverse populations | Drafted | | TBD, Jennifer Martin Tse, Eric Frost | |
| 3 | Improve Culture of Trust | TBD - potentially related to Press Ganey survey | On hold - contingent on Press Ganey decision | | TBD | |
| 4 | Increase Workforce Satisfaction | TBD - potentially related to Press Ganey survey | On hold - contingent on Press Ganey decision | | TBD | |

| Row ID | Objective | Measurement Name | Draft Status | Date Submitted for Review or Further Action | Individual(s) to review and/or further complete | Comments |
|--------|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------|-----------------------------------------------------|----------|
| 5 | Optimize Technology, Facilities & Support Services | TBD - Based on discussions with Physical Plant and EVS (meeting on 12/13/17) and IMT (meeting on 12/27/17), potentially Physical Plant iService Customer Satisfaction Survey, IMT Project Requests metric (ex: # of project requests), HelpDesk metric (ex: Customer Satisfaction), IT investment | To be drafted - following meetings on 12/13/17 and 12/27/17 | | IMT or other TBD | |
| 6 | Improve Efficiency and Accountability | TBD - Policy-Procedure Document Control Compliance | To be drafted - following meeting on 12/18/17 | | Tammy Lehrer, Dr. Cleary, Sergio Garcia, Dr. Corona | |
| 7 | Improve Efficiency and Accountability | TBD - Based on discussions with Physical Plant and EVS - Action OI or Physical Plant: Cost per 1000 Gross Square Feet Maintained | To be drafted - following meeting on 12/13/17 | | TBD | |
| 8 | Grow Programs and Community Partnerships | TBD - further discussions with Eileen Pezzi on 1/4/18 - Potentially Community Grants # and \$, VEPOP metric, or "She Matters" or "We Matter" | To be drafted following meeting on 1/4/18 | | TBD | |

| Row ID | Objective | Measurement Name | Draft Status | Date Submitted for Review or Further Action | Individual(s) to review and/or further complete | Comments |
|--------|------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------|-------------------------------------------------|--------------------------------------------------|
| 9 | Improve Quality | Vizient Star Rating - Average of Inpatient and Outpatient Ratings | Drafted | | Dr. Cassagnol | |
| 10 | Enhance Innovation | TBD - Innovation Index, potentially Research Expenditure, # of patients enrolled in clinical trials, Students involved in scholarly activities, # of intellectual property disclosures | To be drafted | | Dr. Amberg | |
| 11 | Increase Integration | TBD - Leadership Integration Survey or possible Press Ganey survey | To be drafted | | Dr. Bogart | |
| 12 | Improve Fiscal Responsibility and Transparency | TBD - Budget Process Participation | To be drafted | | Eric Smith | |
| 13 | Improve Financial Performance | Total Revenue Growth - Campus | Drafted, and submitted for review | 12/7/17 | Bridget Flanagan | Provide 2 updated files to BF, add desired trend |
| 14 | Improve Financial Performance | Total Revenue Growth - UH | Drafted, and submitted for review | 12/7/17 | Bridget Flanagan | Provide 2 updated files to BF, add desired trend |
| 15 | Improve Financial Performance | Total Revenue Growth - UUMAS | Drafted, and submitted for review | 12/7/17 | Bridget Flanagan | Add desired trend |

| Row ID | Objective | Measurement Name | Draft Status | Date Submitted for Review or Further Action | Individual(s) to review and/or further complete | Comments |
|--------|------------------------------------|----------------------------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------------------|-------------------------------------------------|-------------------|
| 16 | Improve Financial Performance | Total Profit Margin - Campus | Drafted, and submitted for review | 12/7/17 | Bridget Flanagan | Add desired trend |
| 17 | Improve Financial Performance | Total Profit Margin - UH | Drafted, and submitted for review | 12/7/17 | Bridget Flanagan | Add desired trend |
| 18 | Improve Financial Performance | Total Profit Margin - UUMAS | Drafted, and submitted for review | 12/7/17 | Bridget Flanagan | Add desired trend |
| 19 | Improve Financial Performance | Days Cash on Hand - Campus | Drafted, and submitted for review | 12/7/17 | Bridget Flanagan | Add desired trend |
| 20 | Improve Financial Performance | Days Cash on Hand - UH | Drafted, and submitted for review | 12/7/17 | Bridget Flanagan | Add desired trend |
| 21 | Improve Financial Performance | Days Cash on Hand - UUMAS | Drafted, and submitted for review | 12/7/17 | Bridget Flanagan | Add desired trend |
| 22 | Increase Reputation for Excellence | Reputation Index - TBD, composite measure of HCAHPS, Research Grants, Academic Metric, and Workforce Retention | Drafted | | Leah Caldwell, others TBD | |

| Row ID | Objective | Measurement Name | Draft Status | Date Submitted for Review or Further Action | Individual(s) to review and/or further complete | Comments |
|--------|---------------------------|-----------------------------------------------------------------|---------------|---------------------------------------------|-------------------------------------------------|---------------------------------|
| 23 | Improve Health Outcomes | Inpatient Mortality | Drafted | | Dr. Cassagnol | |
| 24 | Improve Health Outcomes | Hospital Acquired Conditions | Drafted | | Dr. Cassagnol | |
| 25 | Improve Health Outcomes | Surgical Site Infections | Drafted | | Dr. Cassagnol | |
| 26 | Reduce Health Disparities | TBD - Potentially VEPOP metric, or "She Matters" or "We Matter" | To be drafted | | TBD | |
| 27 | Increase Access | Inpatient Admissions | Drafted | | Stuart Wright | |
| 28 | Increase Access | Outpatient Visits | Drafted | | Stuart Wright | Confirm UUMAS info w/ LManzella |
| 29 | Increase Access | TBD - Learner Access Measure: Graduation and Retention Rate % | Drafted | | Lauren Germain | |

Count 29

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|-----------------------|----|
| To Be Drafted | 8 |
| Drafted | 10 |
| Drafted/Submit Review | 9 |
| On Hold | 2 |
| TOTAL | 29 |

*** End of Appendix G ***