OUR UPSTATE

ONE UNIVERSITY ROAD MAP

STRATEGIC PLAN

PERFORMANCE MEASURES REPORT

2019 Quarterly Report #2

UPSTATE
MEDICAL UNIVERSITY

September 2019

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OUR Upstate (Tier 1) Strategic Plan Performance Measures

Introduction

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

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

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

Criteria for Good Performance Measures			
Easy to understand, valid, & reliable	Focus on strategic measures versus operational	Ability to influence measure with targeted actions	Provides meaningful information for decision-making
Sustainable (intent is to measure and monitor over time)	Direct and frequent measurements when possible	Prioritize leading measures over lagging measures	Prioritize measures where baseline and benchmark data exists

Additional Upstate Medical University Criteria for OUR Upstate Performance Measures		
Connects to Intended Results of the Objective	Breadth of Measure (encompasses a high-level measurement for the Institution)	Balance across Education, Research and Clinical
Important to Institution-wide Mission and priorities	Current ability to measure (does not require a project to start capturing the measure)	Ability to drill-down and roll-up

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

Report Overview

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

- **OUR Upstate (Tier 1) Strategy Map:** The one-page strategic plan which illustrates the causal relationships among strategic objectives and tells a story of how value is created for the organization's customers and stakeholders.

- **Strategic Objective Dashboards:** There is one dashboard of performance measures for each objective.
    - *Note***:** A couple of the performance measures are still under development. For those performance measures, a placeholder section has been created with a note that the performance measure is under development and will be coming soon.

- **Notes and Data Dictionary Pages:** Each performance measure has supporting documentation related to the definitions, data sources, reporting timeframes, etc., as well as any notes to explain and/or provide additional information to help the reader correctly understand and interpret the data that is being presented.

- **Addendum Reports:** A couple of the performance measures have an addendum report, which provides additional data that was not presented on the dashboard. These reports are provided at the request of the data provider for additional detail.
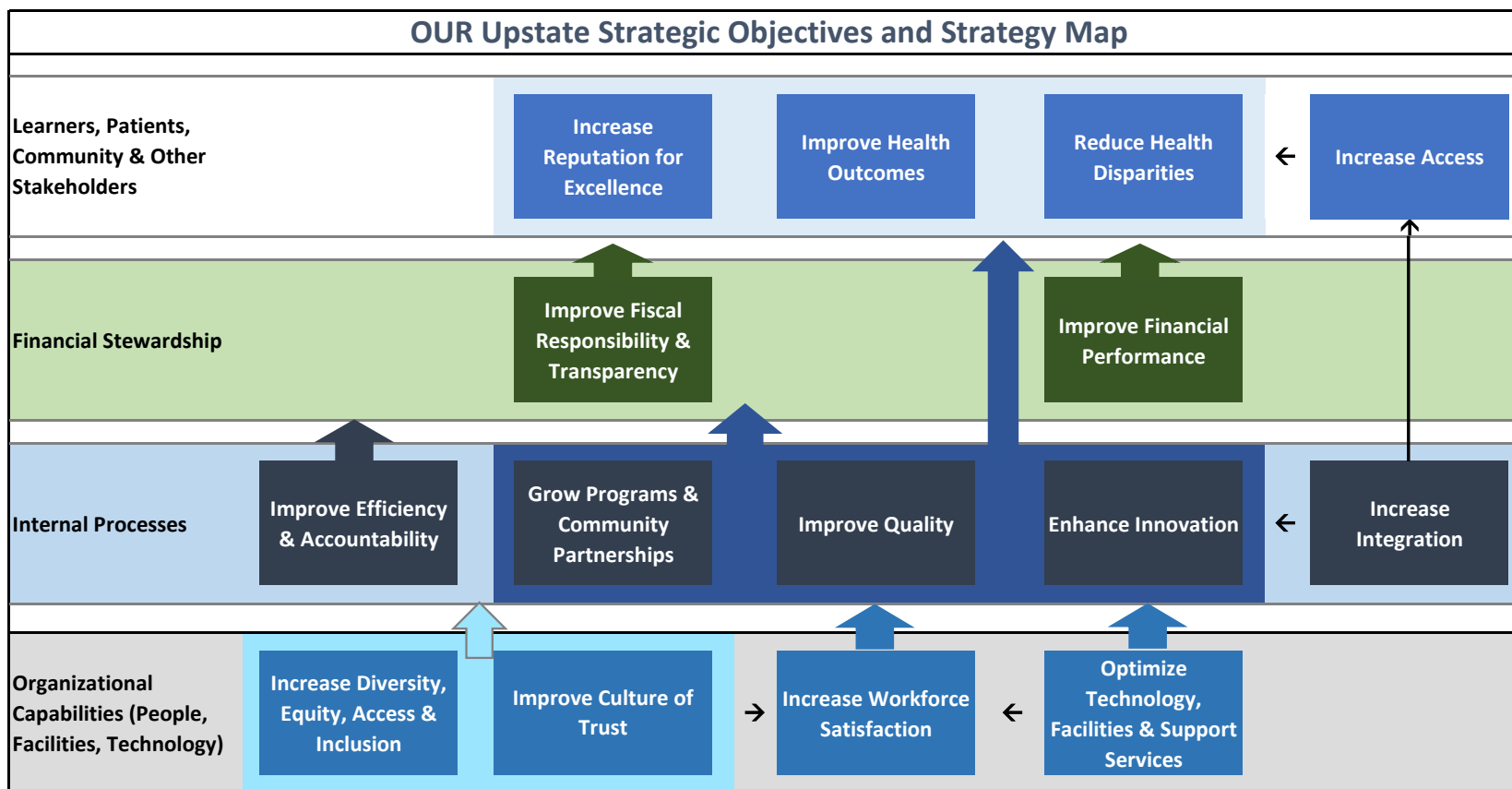
How to Navigate the Report Electronically

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

For more information on any aspect of the One University Road map – OUR Upstate – or the strategic planning and management activities underway please visit the Strategic Plan website at http://www.upstate.edu/strategicplan/index.php.

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

2019 Quarterly Report #2

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

OUR Upstate Strategic Objectives and Strategy Map

Learners, Patients, Community & Other Stakeholders

Increase Reputation for Excellence

Improve Health Outcomes

Reduce Health Disparities

← Increase Access

Financial Stewardship

Improve Fiscal Responsibility & Transparency

Improve Financial Performance

Internal Processes

Improve Efficiency & Accountability

Grow Programs & Community Partnerships

Improve Quality

Enhance Innovation

← Increase Integration

Organizational Capabilities (People, Facilities, Technology)

Increase Diversity, Equity, Access & Inclusion

Improve Culture of Trust

→ Increase Workforce Satisfaction ←

Optimize Technology, Facilities & Support Services

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

Return to Strategy Map

Perspective: Organizational Capabilities

Increase Diversity, Equity, Access & Inclusion

Go to Notes Page

Workforce Diversity

State and Research Foundation Workforce	CY 2017 (12/31/17)	CY 2018 (12/31/18)	CY 2019 Q2 (06/30/19)
Female	70.2%	70.1%	70.3%
Black or African American	9.8%	9.9%	10.0%
Hispanic / Latino	2.5%	2.6%	2.6%
Asian or Pacific Islander	7.6%	8.1%	8.1%
American Indian / Alaska Native	0.5%	0.5%	0.5%
Protected Veterans	2.5%	2.4%	2.3%
Individuals with Disabilities	5.7%	6.3%	6.5%

	CY 2017 (12/31/17)	CY 2018 (12/31/18)	CY 2019 Q2 (06/30/19)	Variance from Previous Year
Total Workforce	8,210	8,538	8,579 ▲	41

Data Provided By: UMU Office of Diversity and Inclusion, August 2019

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

State and Research Foundation (RF) Quarterly Totals

Data Provided By: UMU Office of Diversity and Inclusion, August 2019

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

Student Diversity

	Fall 2016	Fall 2017	Fall 2018	
White	1,058	1,051	1,058	
Asian	161	164	178	Underrepresented Minorities (URM)
Black or African American	103	99	93	
Hispanic/Latino	64	80	93	
American Indian or Alaska Native	4	2	3	
Native Hawaiian or Other Pacific Islander	1	1	0	
Two or more race	32	34	35	
Non-resident alien	64	67	70	
Unknown	38	50	56	
Grand Total	1,525	1,548	1,586	
Underrepresented Minority (URM) Annual Total	333	346	367	
Underrepresented Minority (URM) Annual %	21.8%	22.4%	23.1%	

STUDENT DIVERSITY, FALL 2018

URM Diversity = 23.1%

- White 66.7%
- Asian 11.2%
- Black or African American, 5.9%
- Hispanic/Latino, 5.9%
- American Indian or Alaska Native, 0.2%
- Native Hawaiian or Other Pacific Islander, 0.0%
- Two or more race, 2.2%
- Non-resident alien, 4.4%
- Unknown 3.5%

Data Provided By: UMU University Registrar, April 2019
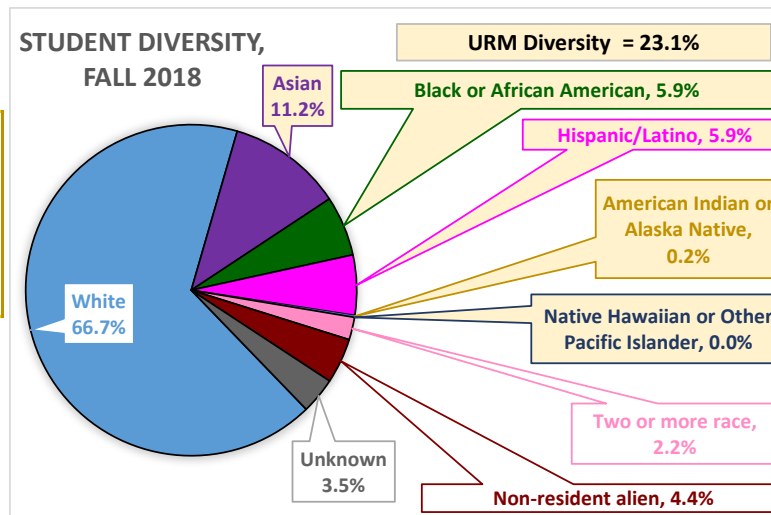
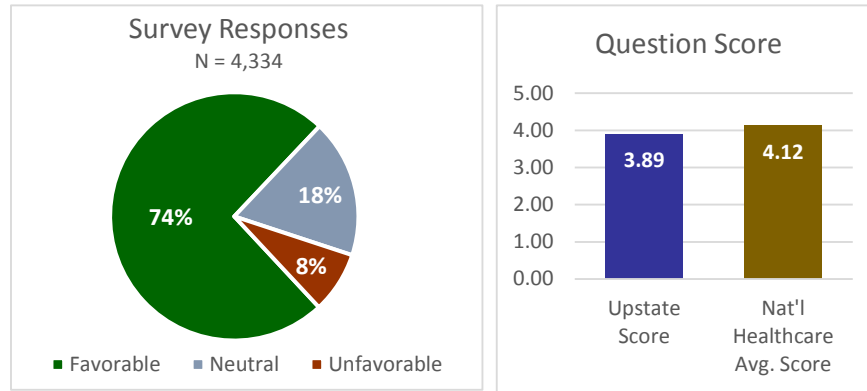*Data Provided By: UMU University Registrar, April 2019*

Return to Strategy Map

Perspective: Organizational Capabilities

Improve Culture of Trust

Go to Notes Page
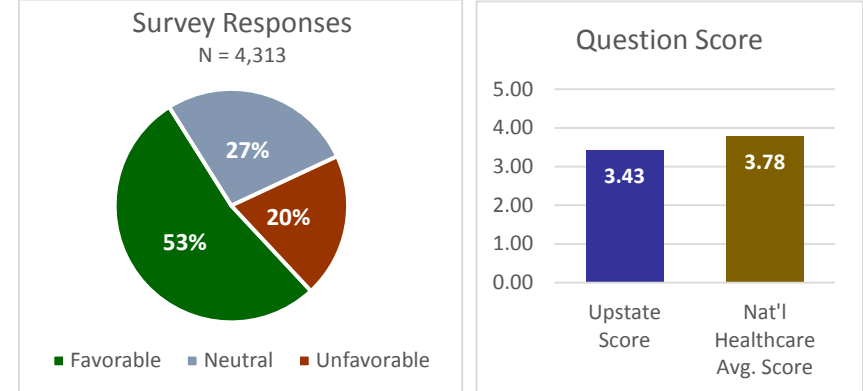
2017 One University Employee Engagement Survey Results

The organization conducts business in an ethical manner.

Survey Responses
N = 4,334

74% Favorable
18% Neutral
8% Unfavorable

- Favorable
- Neutral
- Unfavorable

Question Score

	Upstate Score	Nat'l Healthcare Avg. Score
	3.89	4.12

Source: UMU 2017 Employee Engagement Survey, December 2017

Domain = Organization

I have confidence in senior management's leadership.

Survey Responses
N = 4,313

53% Favorable
27% Neutral
20% Unfavorable

- Favorable
- Neutral
- Unfavorable

Question Score

	Upstate Score	Nat'l Healthcare Avg. Score
	3.43	3.78

Source: UMU 2017 Employee Engagement Survey, December 2017

Domain = Organization

There is a climate of trust in my work unit.

Survey Responses
N = 4,356

60% Favorable
21% Neutral
18% Unfavorable

- Favorable
- Neutral
- Unfavorable

Question Score

	Upstate Score	Nat'l Healthcare Avg. Score
	3.56	3.81
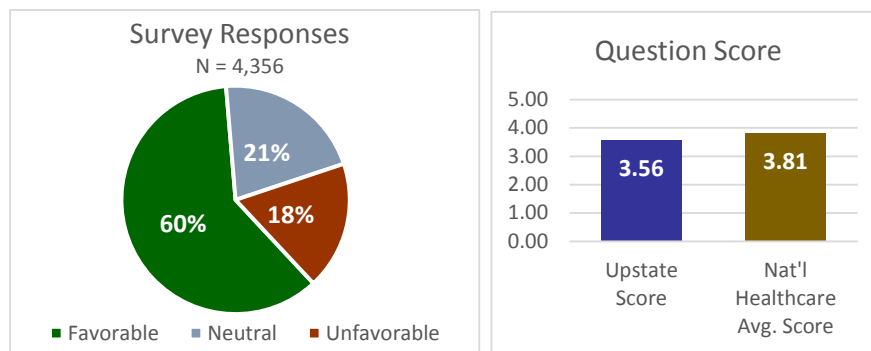
Source: UMU 2017 Employee Engagement Survey, December 2017

Domain = Employee

When appropriate, I can act on my own without asking for approval.
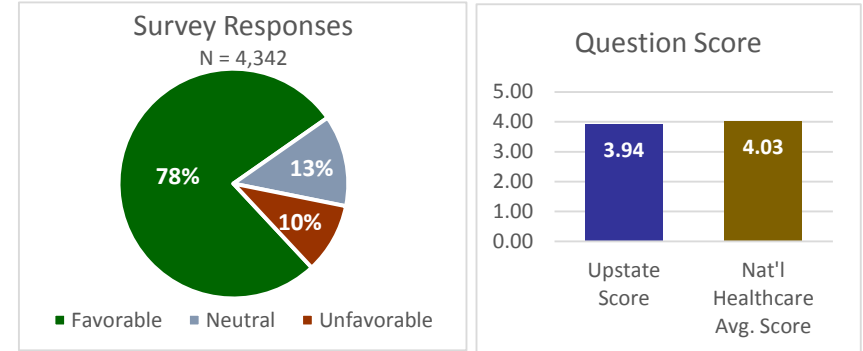
Survey Responses
N = 4,342

78% Favorable
13% Neutral
10% Unfavorable

- Favorable
- Neutral
- Unfavorable

Question Score

	Upstate Score	Nat'l Healthcare Avg. Score
	3.94	4.03

Source: UMU 2017 Employee Engagement Survey, December 2017

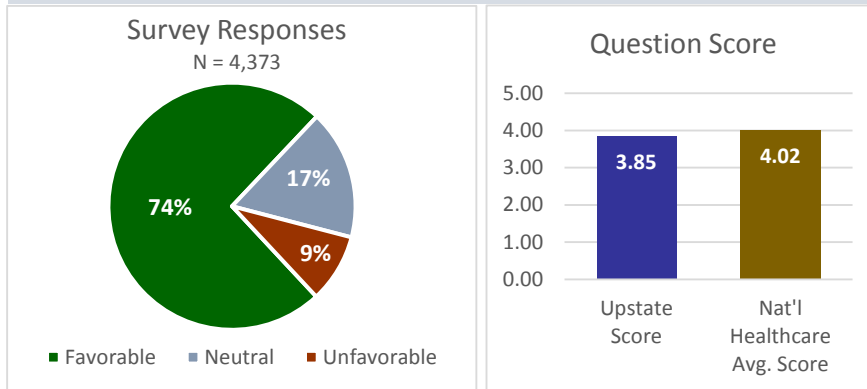*Domain = Manager*

Return to Strategy Map

Perspective: Organizational Capabilities

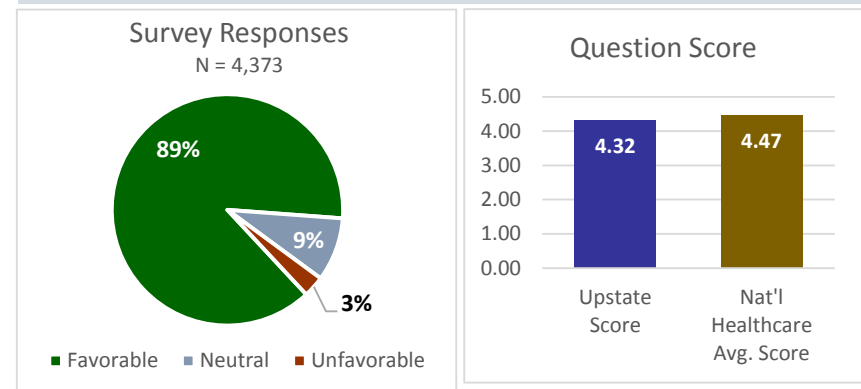# Increase Workforce Satisfaction

Go to Notes Page

2017 One University Employee Engagement Survey Results
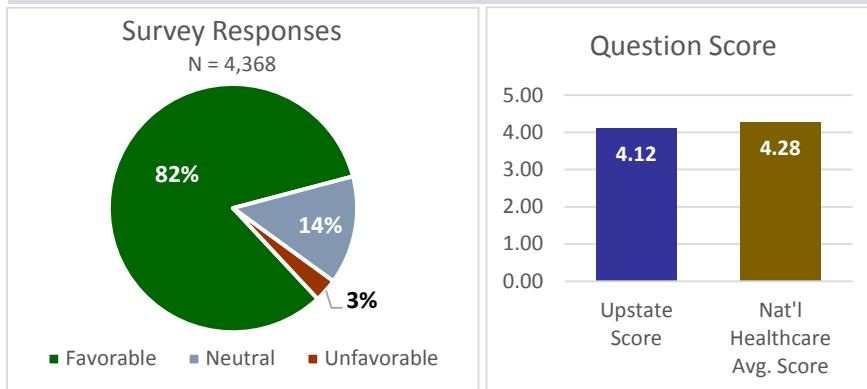
Overall, I am a satisfied employee.

Survey Responses
N = 4,373

74% 17% 9%

■ Favorable ■ Neutral ■ Unfavorable

Question Score

3.85	4.02
Upstate Score	Nat'l Healthcare Avg. Score

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

I like the work I do.

Survey Responses
N = 4,373

89% 9% 3%

■ Favorable ■ Neutral ■ Unfavorable

Question Score

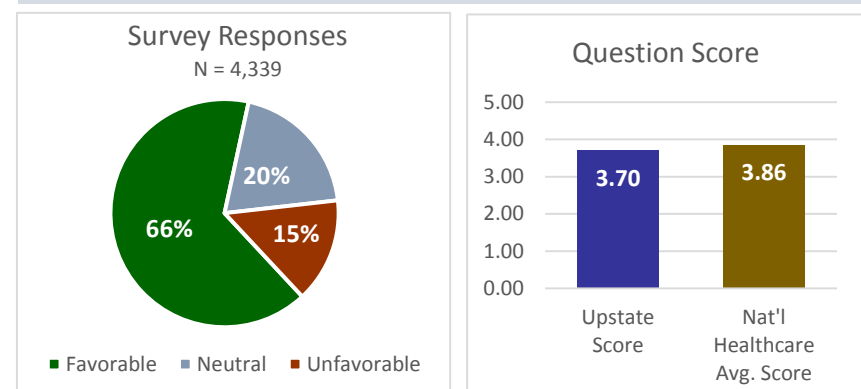|	
4.32	4.47
Upstate Score	Nat'l Healthcare Avg. Score

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

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

Survey Responses
N = 4,368

82% 14% 3%

■ Favorable ■ Neutral ■ Unfavorable

Question Score

4.12	4.28
Upstate Score	Nat'l Healthcare Avg. Score

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

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

Survey Responses
N = 4,339

66% 20% 15%

■ Favorable ■ Neutral ■ Unfavorable

Question Score

3.70	3.86
Upstate Score	Nat'l Healthcare Avg. Score

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

Return to Strategy Map

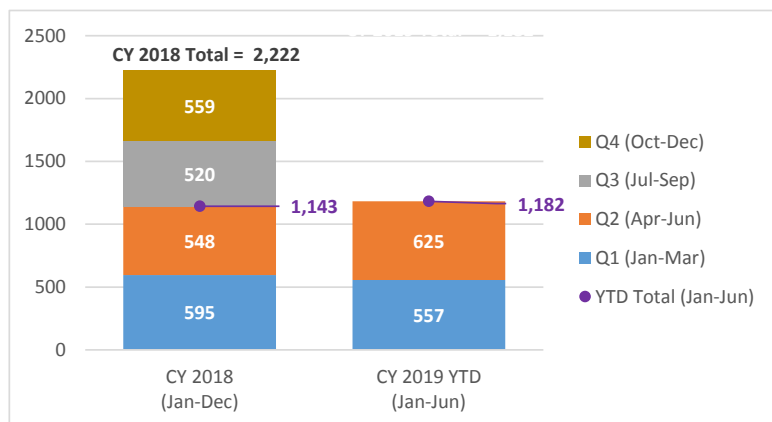**Perspective: Organizational Capabilities**

Optimize Technology, Facilities, and Support Services

Go to Notes Page

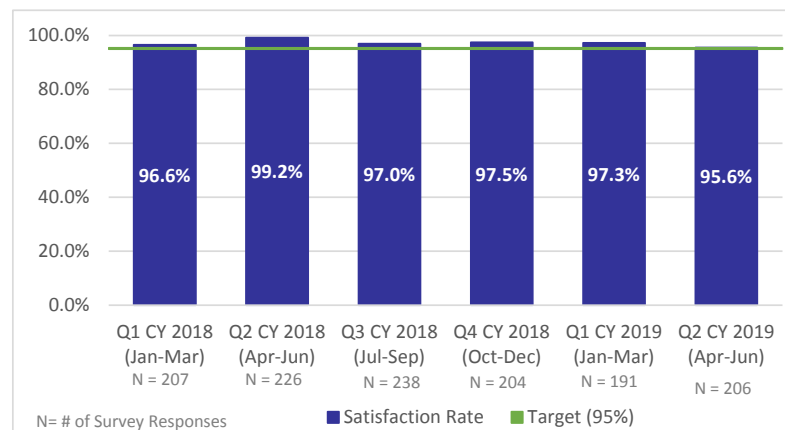**Information Management & Technology (IMT)**

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

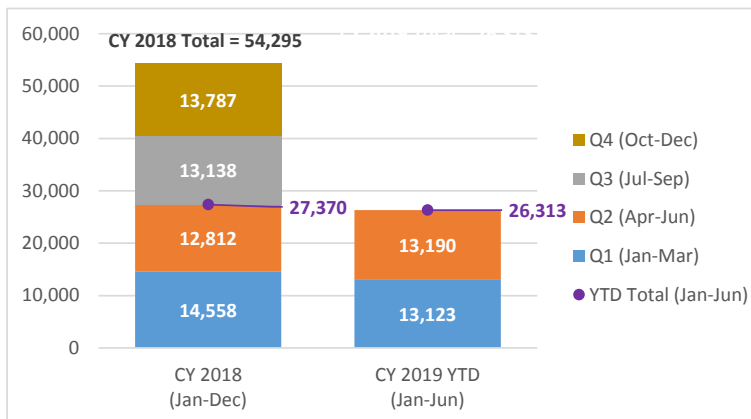**Closed IMT Project Requests**

Data Provided By: UMU Information Management & Technology (IMT), August 2019

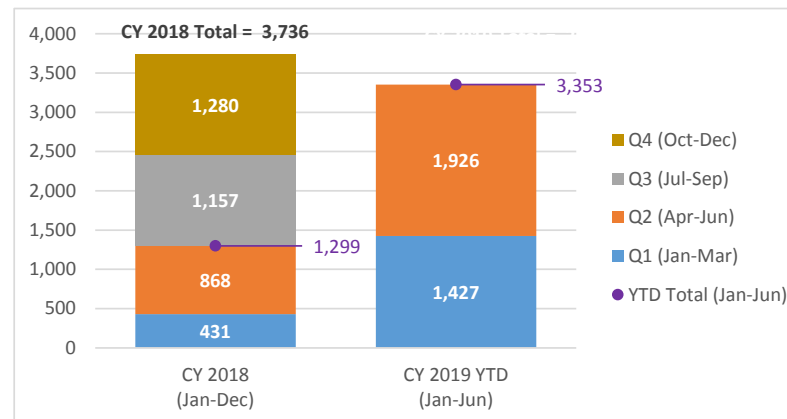**Satisfaction Rate of Closed IMT Project Requests**

Data Provided By: UMU Information Management & Technology (IMT), August 2019

Closed Help Desk Tickets

Data Provided By: UMU Information Management & Technology (IMT), August 2019

Cybersecurity Intrusions Thwarted

Data Provided By: UMU Information Management & Technology (IMT), August 2019

Perspective: Internal Processes

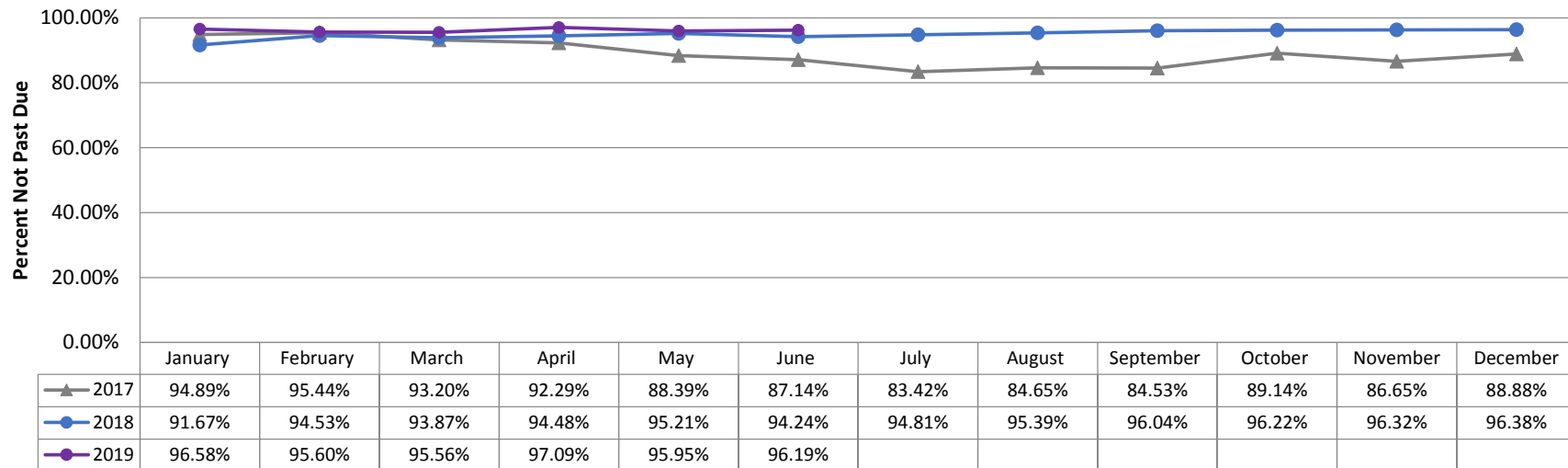# Improve Efficiency and Accountability

Go to Notes Page

| Policy-Procedure Document Control Compliance |

Report as of June 30, 2019	Totals	Red (Past Due)	Yellow (Due in 1-30 days)	Gray (Due in 31-90 days)	Current (Due in 91+ days)	Percent Compliant (Not Past-Due)
# of All Policies & Procedures *(excludes Faculty Practice Plans)*	**2,990**	**114**	**77**	**221**	**2,578**	**96.19%**
# of Policies that Apply To Campus	8	2	1	1	4	75.00%
# of Policies that Apply To Hospital	2,982	112	76	220	2,574	96.24%

Data Provided By: UMU Hospital Administration, Regulatory & Accreditation, July 2019

2017-2019 All Policies and Procedures Document Control Compliance Trend

	January	February	March	April	May	June	July	August	September	October	November	December
2017	94.89%	95.44%	93.20%	92.29%	88.39%	87.14%	83.42%	84.65%	84.53%	89.14%	86.65%	88.88%
2018	91.67%	94.53%	93.87%	94.48%	95.21%	94.24%	94.81%	95.39%	96.04%	96.22%	96.32%	96.38%
2019	96.58%	95.60%	95.56%	97.09%	95.95%	96.19%						

Data Provided By: UMU Hospital Administration, Regulatory & Accreditation, July 2019

Perspective: **Internal Processes**
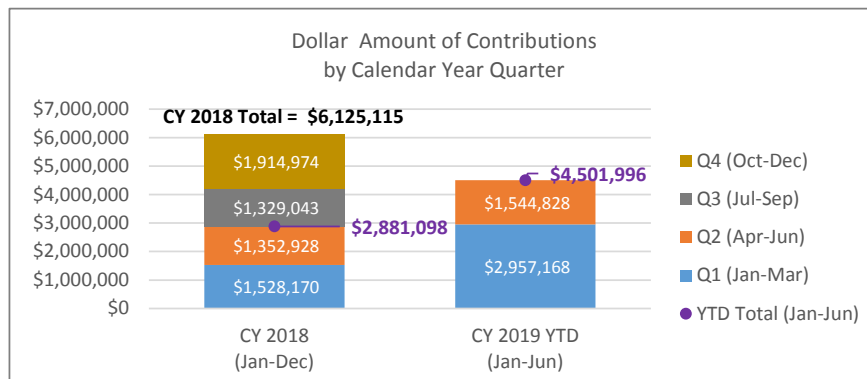
Grow Programs and Community Partnerships

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Upstate Foundation, Inc.

Number of Internal and External Donors by Calendar Year Quarter

CY 2018 Total = 11,079

Quarter	Legend
Q4 (Oct-Dec)	
Q3 (Jul-Sep)	
Q2 (Apr-Jun)	
Q1 (Jan-Mar)	
YTD Total	

CY 2018 (Jan-Dec): Q4 2,819; Q3 1,042; Q2 4,273; Q1 2,945; YTD Total 7,218
CY 2019 YTD (Jan-Jun): Q2 3,001; Q1 3,263; YTD Total 6,264
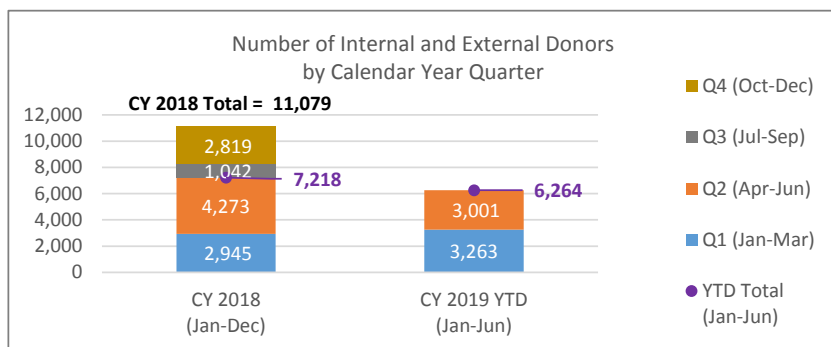
Data Provided By: Upstate Foundation, July 2019

	CY 2017	CY 2018	CY 2019
Internal Donors	824	910	Reported Annually
External Donors	9,846	10,169	Reported Annually

Dollar Amount of Contributions by Calendar Year Quarter

CY 2018 Total = $6,125,115

CY 2018 (Jan-Dec): Q4 $1,914,974; Q3 $1,329,043; Q2 $1,352,928; Q1 $1,528,170; YTD Total $2,881,098
CY 2019 YTD (Jan-Jun): Q2 $1,544,828; Q1 $2,957,168; YTD Total $4,501,996

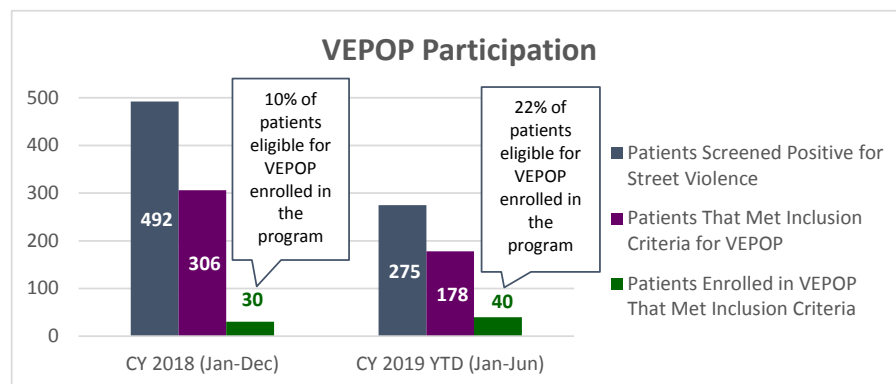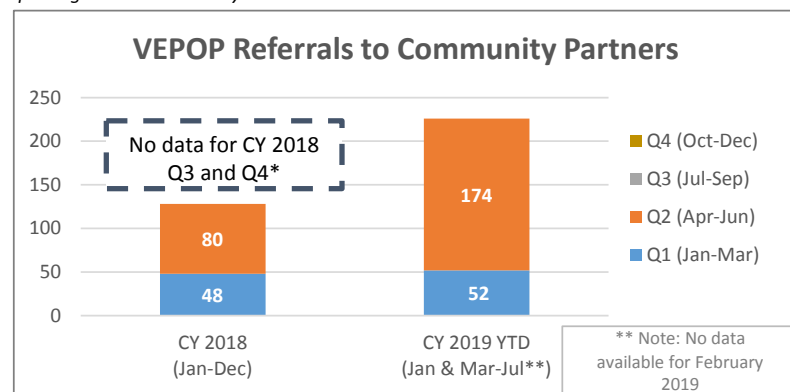| Quarter	Legend
Q4 (Oct-Dec)	
Q3 (Jul-Sep)	
Q2 (Apr-Jun)	
Q1 (Jan-Mar)	
YTD Total (Jan-Jun)	

Data Provided By: Upstate Foundation, July 2019

★ CY 2018 contribution surpassed the goal of $6M. ★

Violence Education Prevention Outreach Program (VEPOP)

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

VEPOP Participation

10% of patients eligible for VEPOP enrolled in the program

22% of patients eligible for VEPOP enrolled in the program

CY 2018 (Jan-Dec): Patients Screened Positive for Street Violence 492; Patients That Met Inclusion Criteria for VEPOP 306; Patients Enrolled in VEPOP That Met Inclusion Criteria 30
CY 2019 YTD (Jan-Jun): 275; 178; 40

- Patients Screened Positive for Street Violence
- Patients That Met Inclusion Criteria for VEPOP
- Patients Enrolled in VEPOP That Met Inclusion Criteria

Data Provided By: UMU VEPOP, August 2019

VEPOP Referrals to Community Partners

No data for CY 2018 Q3 and Q4*

CY 2018 (Jan-Dec): Q2 80; Q1 48
CY 2019 YTD (Jan & Mar-Jul**): Q2 174; Q1 52

Quarter	Legend
Q4 (Oct-Dec)	
Q3 (Jul-Sep)	
Q2 (Apr-Jun)	
Q1 (Jan-Mar)	

** Note: No data available for February 2019

Data Provided By: UMU VEPOP, August 2019

* Due to staffing changes with the resignation of the VEPOP Social Worker in September 2018, no data was collected by VEPOP related to "Referrals to Community Partners" for CY2018 Q3 and CY2018 Q4

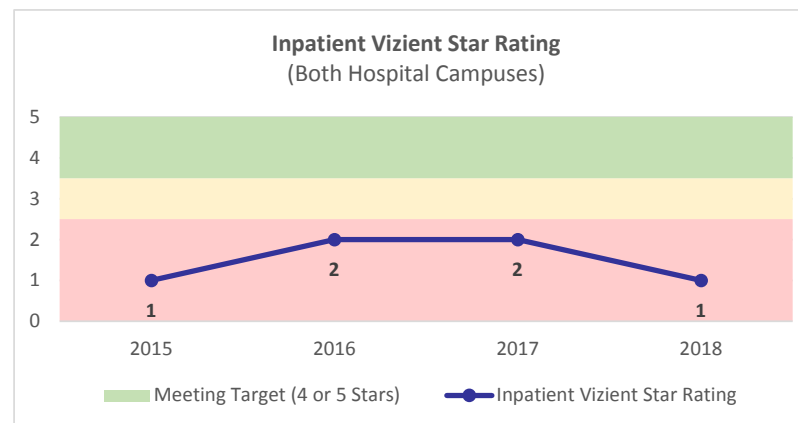For more information on VEPOP, visit the Upstate VEPOP webpage: http://www.upstate.edu/surgery/healthcare/trauma/injury-prevention/vepop2.php

Return to Strategy Map

Perspective: **Internal Processes**

Improve Quality

Go to Notes Page

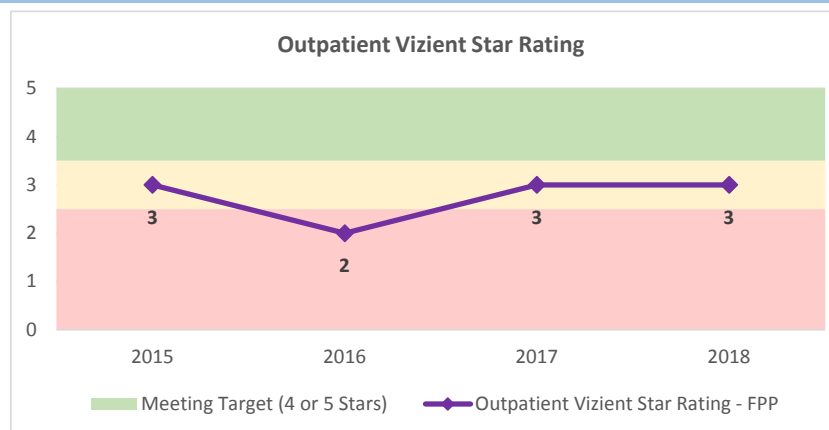## Inpatient Vizient Star Rating - 2018

University Hospital (Both Hospital Campuses) (1 out of 5 Stars)

⭐ ⭐ ⭐ ⭐ ⭐

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

Inpatient Vizient Star Rating
(Both Hospital Campuses)

	2015	2016	2017	2018
Inpatient Vizient Star Rating	1	2	2	1

Meeting Target (4 or 5 Stars) — Inpatient Vizient Star Rating

Outpatient Vizient Star Rating - 2018

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

⭐ ⭐ ⭐ ⭐ ⭐

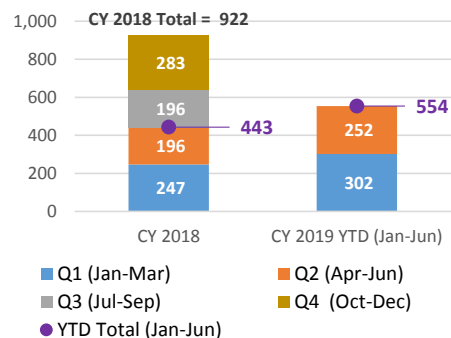*Data Provided By: UMU Clinical Practice Analysis and Support, October 2018*

Outpatient Vizient Star Rating

	2015	2016	2017	2018
Outpatient Vizient Star Rating - FPP	3	2	3	3

Meeting Target (4 or 5 Stars) — Outpatient Vizient Star Rating - FPP

Return to Strategy Map

Perspective: **Internal Processes**

Enhance Innovation

Go to Notes Page

of UMU Publications

CY 2018 Total = 922

■ Q1 (Jan-Mar)	■ Q2 (Apr-Jun)
■ Q3 (Jul-Sep)	■ Q4 (Oct-Dec)
● YTD Total (Jan-Jun)	

Data Provided By: UMU Health Sciences Library, August 2019

of UMU Published Authors

CY 2018 Total = 1,328

■ Q1 (Jan-Mar)	■ Q2 (Apr-Jun) ■ Q3 (Jul-Sep)
■ Q4 (Oct-Dec)	● YTD Total (Jan-Jun)
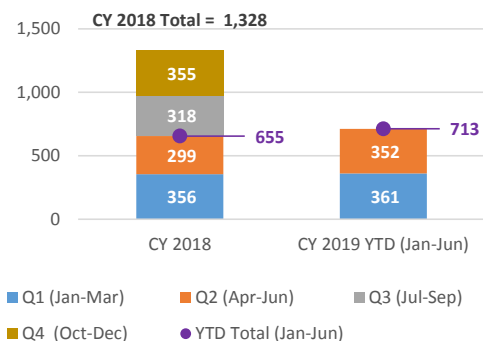
Data Provided By: UMU Health Sciences Library, August 2019

of Citations of UMU Publications
(as of 08/14/2019)

■ # of Citations
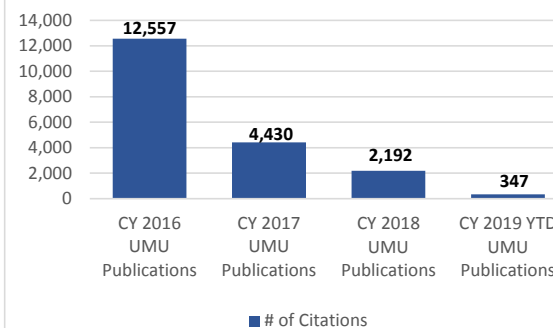
Data Provided By: UMU Health Sciences Library, August 2019

UMU Publications by Impact Factor Group

CY 2019 YTD Total (Jan - Jun)
2019 YTD Total = 554 Publications
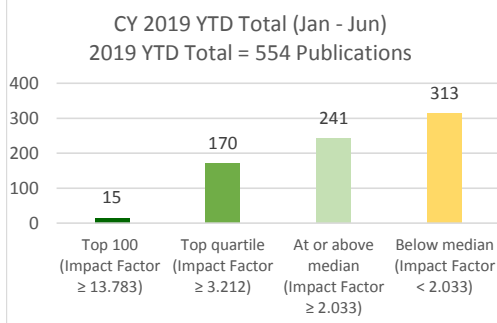
Data Provided By: UMU Health Sciences Library, August 2019

Research Grants: # Submitted

FY 2017 Total = 324
FY 2018 Total = 291
FY 2019 Total = 245

■ Q1 (Jul-Sep)   ■ Q2 (Oct-Dec)   ■ Q3 (Jan-Mar)   ■ Q4 (Apr-Jun)

Research Grants: Total Dollars Requested

■ Q1 (Jul-Sep)   ■ Q2 (Oct-Dec)   ■ Q3 (Jan-Mar)   ■ Q4 (Apr-Jun)
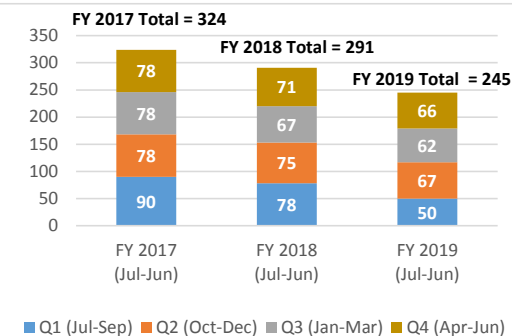
Research Grants Data Provided By: UMU Pre-Awards, Research Administration, September 2019

OUR Upstate (Tier 1) Strategic Plan Performance Measures Report
2019 Quarterly Report #2
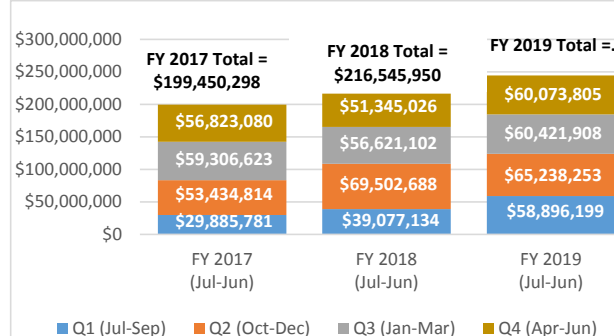
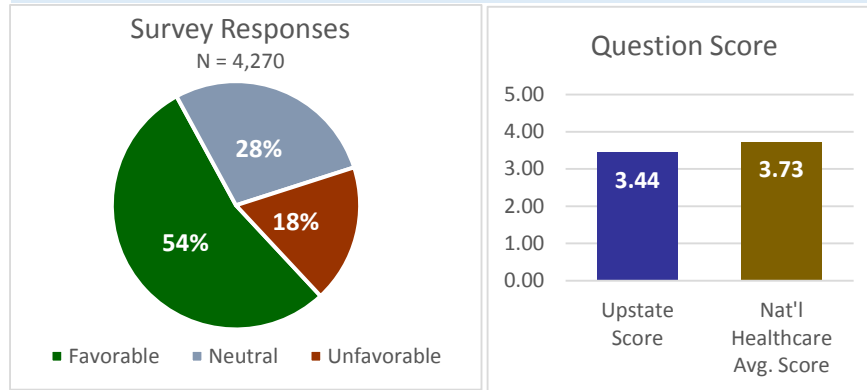**Return to Strategy Map**

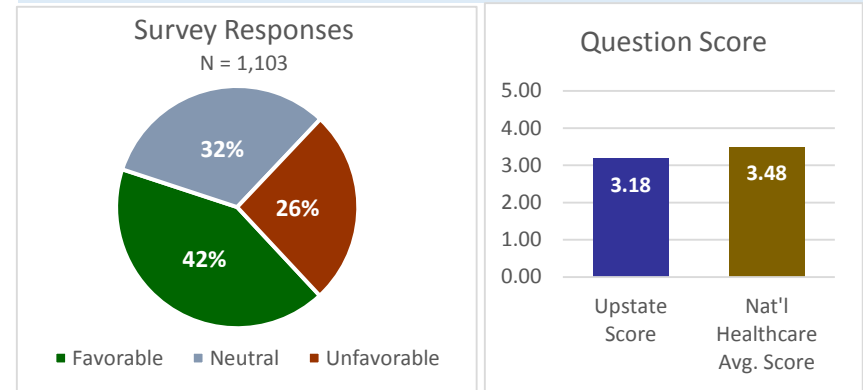**Perspective: Internal Processes**

Increase Integration

Go to Notes Page

2017 One University Employee Engagement Survey Results

Different work units work well together in this organization.

Survey Responses
N = 4,270

- Favorable 54%
- Neutral 28%
- Unfavorable 18%

Question Score

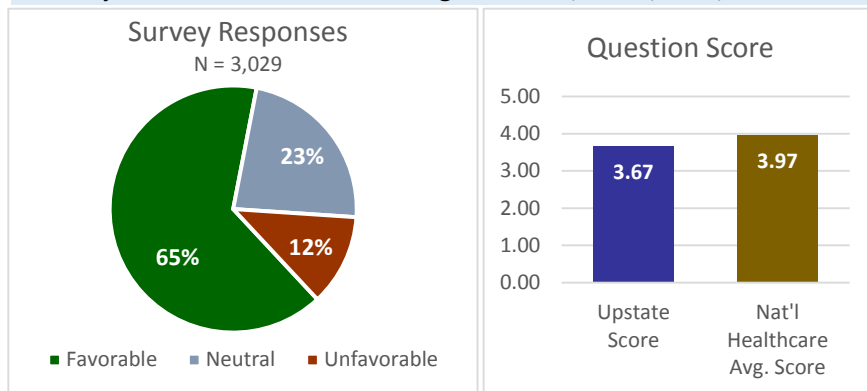| Upstate Score	Nat'l Healthcare Avg. Score
3.44	3.73

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

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

Survey Responses
N = 1,103

- Favorable 42%
- Neutral 32%
- Unfavorable 26%

Question Score

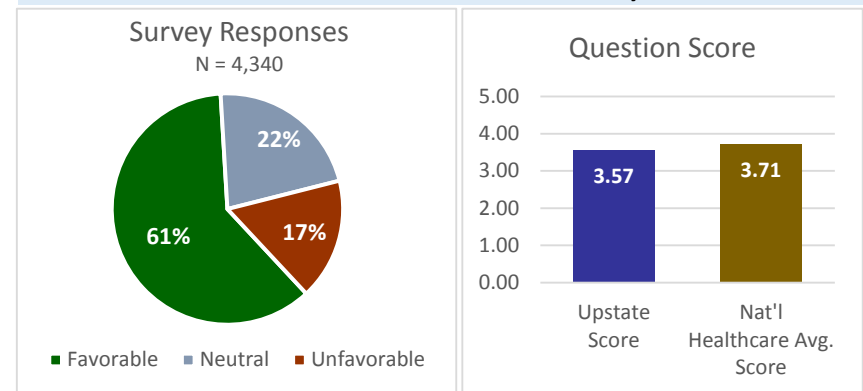| Upstate Score	Nat'l Healthcare Avg. Score
3.18	3.48

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

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

Survey Responses
N = 3,029

- Favorable 65%
- Neutral 23%
- Unfavorable 12%

Question Score

Upstate Score	Nat'l Healthcare Avg. Score
3.67	3.97

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

I am involved in decisions that affect my work.

Survey Responses
N = 4,340

- Favorable 61%
- Neutral 22%
- Unfavorable 17%

Question Score

Upstate Score	Nat'l Healthcare Avg. Score
3.57	3.71

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

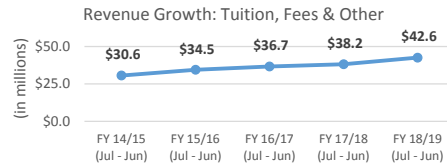**Return to Strategy Map**

Perspective: Financial Stewardship

Improve Fiscal Responsibility & Transparency
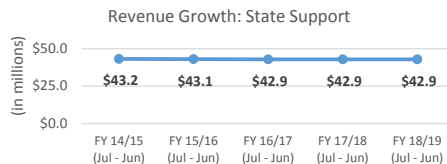# and
Improve Financial Performance

Go to Notes Page

Campus	University Hospital (UH) - Both Hospital Campuses	Upstate University Medical Associates at Syracuse (UUMAS)
Data Provided By: UMU Accounting & Budgeting, September 2019	Data Provided By: UMU Financial Services Administration, August 2019	Data Provided By: UUMAS, June 2019

Revenue Growth: Tuition, Fees & Other

Revenue Growth: Tuition, Fees & Other (in millions)
$30.6, $34.5, $36.7, $38.2, $42.6
FY 14/15, FY 15/16, FY 16/17, FY 17/18, FY 18/19 (Jul - Jun)

Revenue Growth: State Support

Revenue Growth: State Support (in millions)
$43.2, $43.1, $42.9, $42.9, $42.9
FY 14/15, FY 15/16, FY 16/17, FY 17/18, FY 18/19

Revenue Growth: Research Foundation - Directs\Indirects

Revenue Growth: RF - Directs\Indirects (in millions)
$30.4, $30.8, $33.3, $32.9, $35.1
FY 14/15, FY 15/16, FY 16/17, FY 17/18, FY 18/19

UMU Days Cash on Hand

UMU Days Cash on Hand
89.0, 97.0, 80.0, 69.0, 91.0, 92.0, 81.0, 78.0, 96.0
Q2 CY 2017 (Apr-Jun) ... Q2 CY 2019 (Apr-Jun)

UH Total Revenue Growth (Both Hospital Campuses)

UH Total Revenue Growth (comparison of growth from same quarter of prior year)
2.7%, 7.4%, 15.6%, 10.0%, 6.9%, 6.0%, 2.9%, 2.0%, 3.8%
Meeting Target (≥ 4.00%) — UH Total Revenue Growth
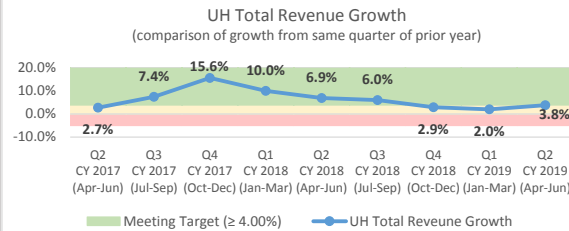
UH Overall Profit Margin (Both Hospital Campuses)

UH Overall Profit Margin
-22.8%, 0.6%, 5.9%, 2.9%, 6.4%, 0.7%, 9.1%, -6.7%, -3.0%
Meeting Target (≥ 2.00%) — UH Overall Profit Margin
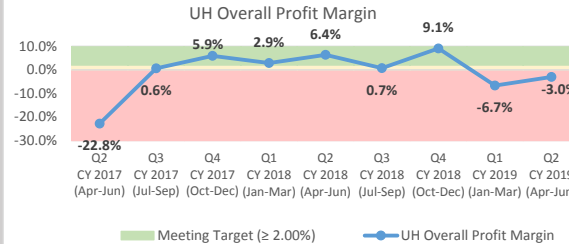
UH Days Cash on Hand (Both Hospital Campuses)

UH Days Cash on Hand
60.3, 72.3, 51.1, 35.8, 69.4, 69.1, 56.6, 51.8, 74.1
Meeting Target (≥ 40 days) — UH Days Cash on Hand

UUMAS Total Revenue Growth

UUMAS Total Revenue Growth (comparison of growth from same quarter of prior year)
4.5%, 2.2%, 8.5%, 9.5%, 10.6%, 5.2%, 7.0%, 3.2%, 3.3%
Meeting Target (≥ 4.00%) — UUMAS Total Revenue Growth

UUMAS Overall Profit Margin

UUMAS Overall Profit Margin
1.8%, 1.3%, 1.6%, 1.2%, 3.0%, 0.2%, 0.2%, -4.2%, -1.4%
Meeting Target (≥ 2.00%) — UUMAS Overall Profit Margin

UUMAS Days Cash on Hand
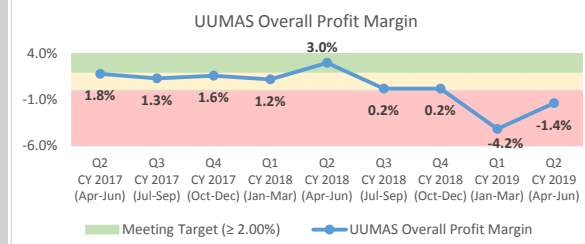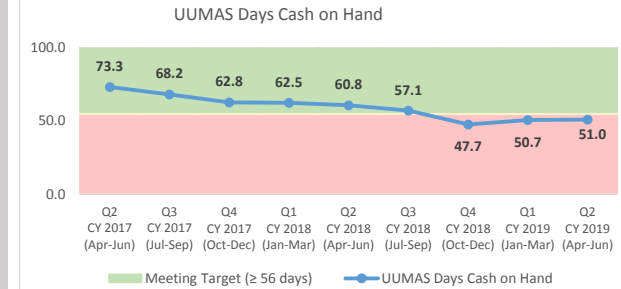
UUMAS Days Cash on Hand
73.3, 68.2, 62.8, 62.5, 60.8, 57.1, 47.7, 50.7, 51.0
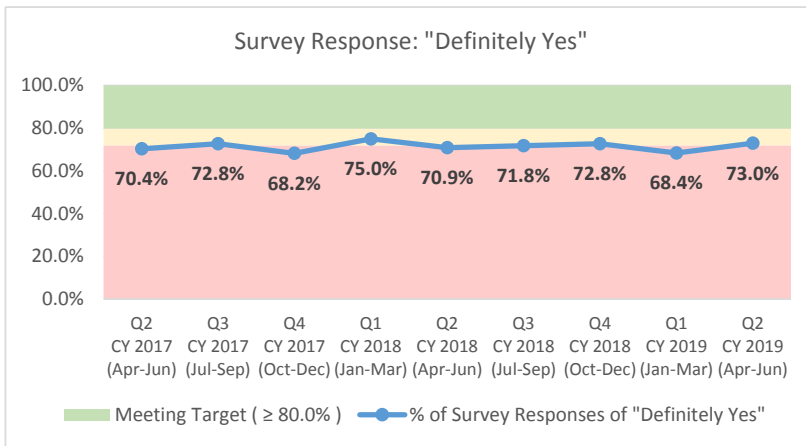Meeting Target (≥ 56 days) — UUMAS Days Cash on Hand

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Perspective: Learners, Patients, Community, & Other Stakeholders
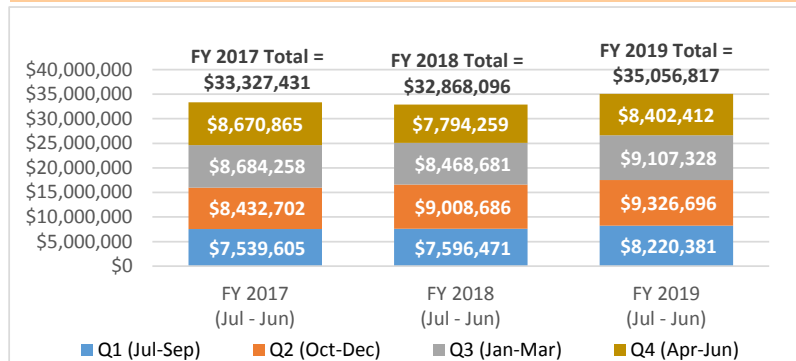
Increase Reputation for Excellence

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

Survey Response: "Definitely Yes"

Quarter	%
Q2 CY 2017 (Apr-Jun)	70.4%
Q3 CY 2017 (Jul-Sep)	72.8%
Q4 CY 2017 (Oct-Dec)	68.2%
Q1 CY 2018 (Jan-Mar)	75.0%
Q2 CY 2018 (Apr-Jun)	70.9%
Q3 CY 2018 (Jul-Sep)	71.8%
Q4 CY 2018 (Oct-Dec)	72.8%
Q1 CY 2019 (Jan-Mar)	68.4%
Q2 CY 2019 (Apr-Jun)	73.0%

Legend: Meeting Target (≥ 80.0%) — % of Survey Responses of "Definitely Yes"

Data Provided By: UMU Clinical Practice Analysis and Support, August 2019

Education: # of Available Seats and Applications by UMU College

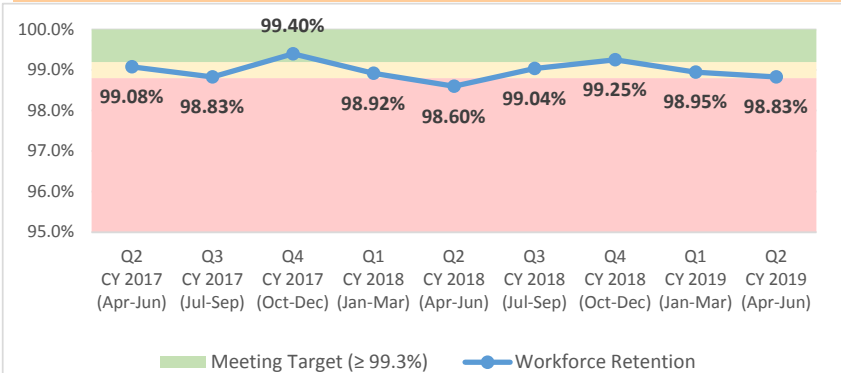| College	Program Category	2018 Academic Year				2017 Academic Year
		# of Available Seats	# of Applications	% of Applicants to Fill Available Seats		% of Applicants to Fill Available Seats
Health Professions (CHP)	BPS/BS Imaging	29	77	38%		25%
	Radiation Therapy BPS/BS	12	45	27%		24%
	Cardiovascular Perfusion	12	103	12%		8%
	Clinical Laboratory Sciences	28	41	68%		68%
	Respiratory Therapy, BS	20	36	56%		61%
	Physical Therapy, DPT	40	486	8%		6%
	MS, Med Tech Scholars	5	8	63%		27%
	Physician Assistant, MS	35	748	5%		4%
	CHP Totals	**181**	**1,544**	**12%**		**16%**
Medicine (COM)	Medicine	170	4,362	4%		4%
	Public Health	45	51	88%		64%
	COM Totals	**215**	**4,413**	**5%**		**5%**
Nursing (CON)	Bachelor of Science (BS)	100	83	120%		113%
	Doctor of Nursing Practice (DNP)	20	9	222%		286%
	Master of Science (MS)	110	204	54%		77%
	Certificate	40	12	333%		227%
	CON Totals	**270**	**308**	**88%**		**106%**
Graduate Studies	Master of Science (MS)	10	35	29%		19%
	PhD	19	130	15%		13%
	COGS Totals	**29**	**165**	**18%**		**15%**

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

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

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

Available Seats and Applications by College Program Category

Research: Total Sponsored Research Expenditures

	FY 2017 Total = $33,327,431	FY 2018 Total = $32,868,096	FY 2019 Total = $35,056,817
Q4 (Apr-Jun)	$8,670,865	$7,794,259	$8,402,412
Q3 (Jan-Mar)	$8,684,258	$8,468,681	$9,107,328
Q2 (Oct-Dec)	$8,432,702	$9,008,686	$9,326,696
Q1 (Jul-Sep)	$7,539,605	$7,596,471	$8,220,381
	FY 2017 (Jul - Jun)	FY 2018 (Jul - Jun)	FY 2019 (Jul - Jun)

Legend: Q1 (Jul-Sep), Q2 (Oct-Dec), Q3 (Jan-Mar), Q4 (Apr-Jun)

Data Provided By: UMU Accounting & Budgeting, July 2019

Workforce: Retention Rate (Hospital, Campus, Faculty)

Quarter	%
Q2 CY 2017 (Apr-Jun)	99.08%
Q3 CY 2017 (Jul-Sep)	98.83%
Q4 CY 2017 (Oct-Dec)	99.40%
Q1 CY 2018 (Jan-Mar)	98.92%
Q2 CY 2018 (Apr-Jun)	98.60%
Q3 CY 2018 (Jul-Sep)	99.04%
Q4 CY 2018 (Oct-Dec)	99.25%
Q1 CY 2019 (Jan-Mar)	98.95%
Q2 CY 2019 (Apr-Jun)	98.83%

Legend: Meeting Target (≥ 99.3%) — Workforce Retention

Data Provided By: UMU Human Resources, August 2019
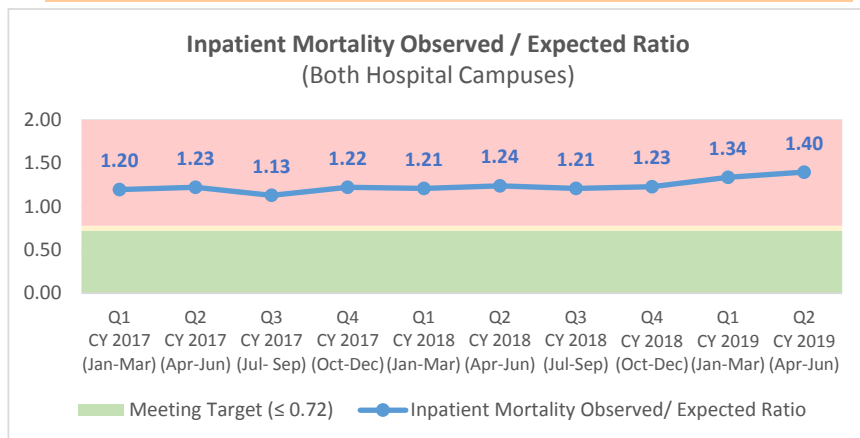
Issued Date:
09.16.2019

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Perspective: Learners, Patients, Community, & Other Stakeholders

Improve Health Outcomes

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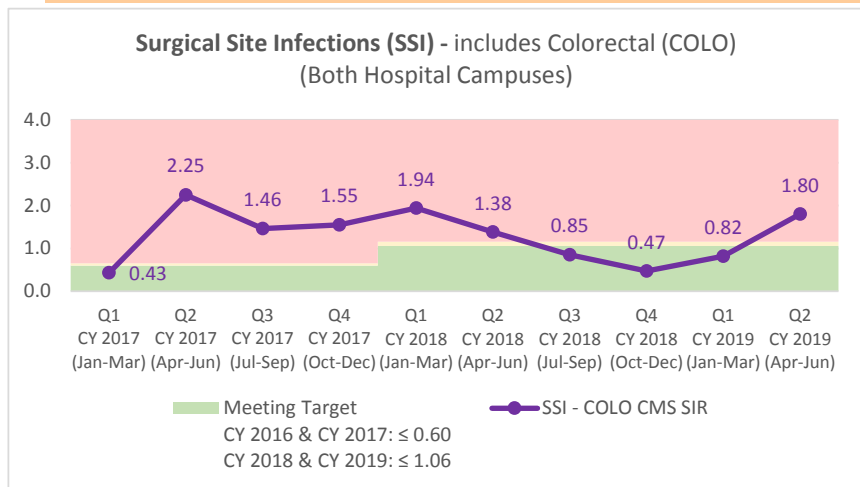
Inpatient Adult Mortality

Inpatient Mortality Observed / Expected Ratio
(Both Hospital Campuses)

Legend: Meeting Target (≤ 0.72) — Inpatient Mortality Observed/ Expected Ratio

Data values: 1.20, 1.23, 1.13, 1.22, 1.21, 1.24, 1.21, 1.23, 1.34, 1.40

Data Provided By: UMU Clinical Practice Analysis and Support, August 2019

Hospital Acquired Conditions

Hospital Acquired Conditions (HACs)
(Both Hospital Campuses)

Legend: Meeting Target (≤ 17 HACs) — # of HACs (both Hospital Campuses)

Data values: 19, 28, 24, 23, 28, 13, 30, 19, 20, 19

Data Provided By: UMU Clinical Practice Analysis and Support, August 2019

Surgical Site Infections (SSI)

Surgical Site Infections (SSI) - includes Colorectal (COLO)
(Both Hospital Campuses)

Legend: Meeting Target — SSI - COLO CMS SIR
CY 2016 & CY 2017: ≤ 0.60
CY 2018 & CY 2019: ≤ 1.06

Data values: 0.43, 2.25, 1.46, 1.55, 1.94, 1.38, 0.85, 0.47, 0.82, 1.80

Data Provided By: UMU Infection Control, August 2019

Surgical Site Infections (SSI) - includes Abdominal Hysterectomy (HSYT)
(Both Hospital Campuses)

Legend: Meeting Target — SSI - HYST CMS SIR
CY 2016 & CY 2017: ≤ 0.60
CY 2018 & CY 2019: ≤ 1.26

Data values: 3.37, 0.00, 0.00, 0.00, 0.00, 0.00, 0.00, 0.00, 0.00, 3.33

Data Provided By: UMU Infection Control, August 2019
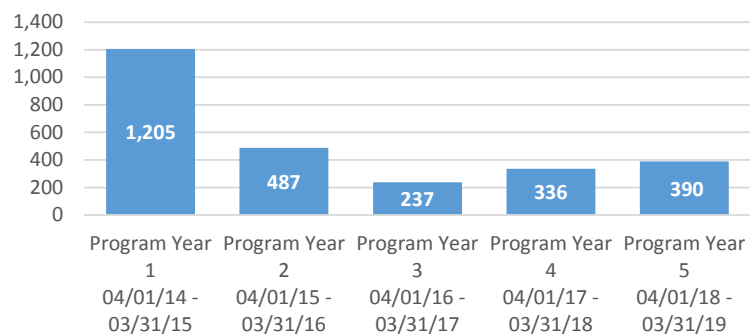
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Perspective: Learners, Patients, Community, & Other Stakeholders

Reduce Health Disparities
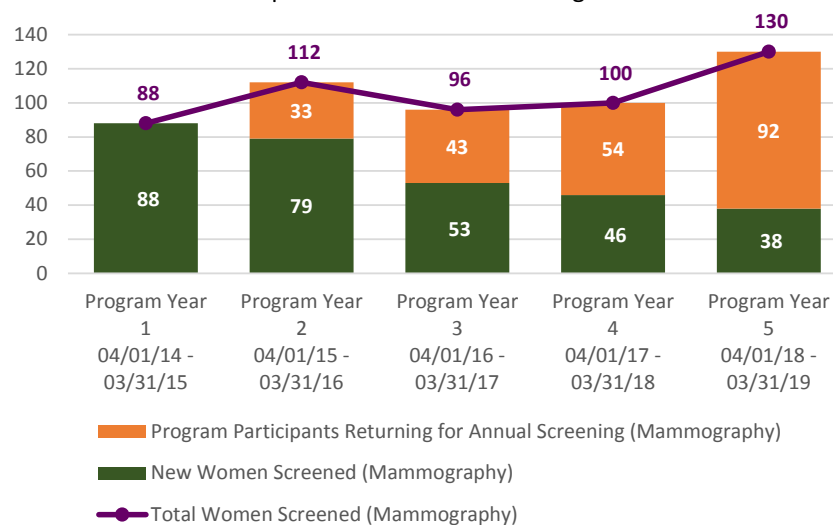
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She Matters Program

of Individuals Reached through Strategic Outreach
as part of the She Matters Program

Data Provided By: UMU She Matters Program, May 2019

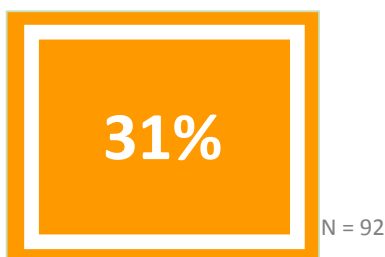### # of Women Screened (Mammography)
as part of the She Matters Program

Data Provided By: UMU She Matters Program, May 2019

Self-Directed Returning Participants
Program Year 5: April 1, 2018 - March 31, 2019

31%

N = 92

New Performance Measure. Data Collection and Reporting Started for Program Year 5.

N= Total Number of Returning Participants

Data Provided By: UMU She Matters Program, May 2019

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

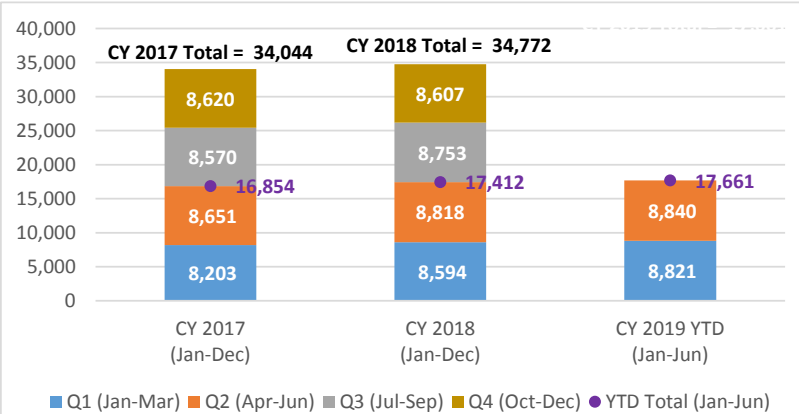For more information, you can visit the She Matters Facebook Page: She Matters

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Perspective: Learners, Patients, Community, & Other Stakeholders

Increase Access

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Clinical: Inpatient Admissions (Both Hospital Campuses)

CY 2017 Total = 34,044
CY 2018 Total = 34,772

	CY 2017 (Jan-Dec)	CY 2018 (Jan-Dec)	CY 2019 YTD (Jan-Jun)
Q4 (Oct-Dec)	8,620	8,607	
Q3 (Jul-Sep)	8,570	8,753	
Q2 (Apr-Jun)	8,651	8,818	8,840
Q1 (Jan-Mar)	8,203	8,594	8,821
YTD Total	16,854	17,412	17,661

■ Q1 (Jan-Mar) ■ Q2 (Apr-Jun) ■ Q3 (Jul-Sep) ■ Q4 (Oct-Dec) ● YTD Total (Jan-Jun)

Data Provided By: UMU Financial Services Administration, August 2019

Clinical: Outpatient Visits

CY 2017 Total = 1,093,287
CY 2018 Total = 1,140,277

	CY 2017 (Jan-Dec)	CY 2018 (Jan-Dec)	CY 2019 YTD (Jan-Jun)
Q4 (Oct-Dec)	282,139	288,089	
Q3 (Jul-Sep)	274,025	289,362	
Q2 (Apr-Jun)	278,711	293,318	300,000
Q1 (Jan-Mar)	258,412	269,508	279,505
YTD Total	537,123	562,826	579,505

■ Q1 (Jan-Mar) ■ Q2 (Apr-Jun) ■ Q3 (Jul-Sep) ■ Q4 (Oct-Dec) ● YTD Total (Jan-Jul)
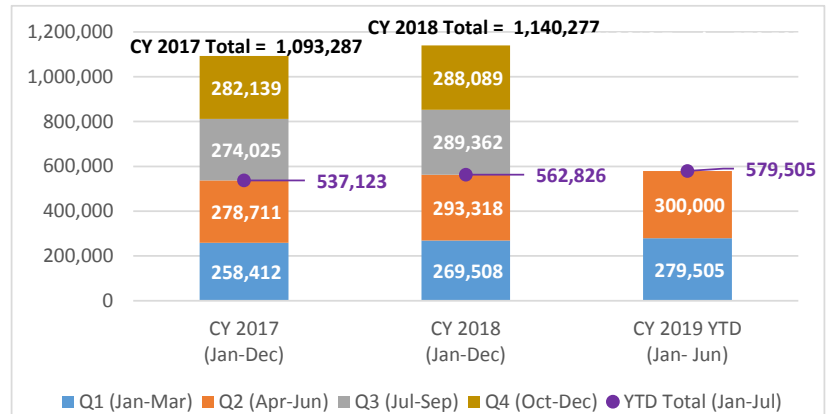
Data Provided By: UMU Financial Services Administration and UUMAS, August 2019

Education: Learner Access Performance Measure Under Development

Performance Measure Under Development.

Selected measure(s) will be related to Learner Access.

Source:

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Table of Contents: Performance Measure Notes and Data Dictionary

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

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

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Performance Measure Notes and Data Dictionary

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

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

Performance Measure:	**Student Diversity**
Abbreviations:	URM = Underrepresented Minority
	UMU = Upstate Medical University
Definitions:	Underrepresented minorities are defined as: (1) Black or African American, (2) Hispanic/Latino, (3) Asian, (4) Native Hawaiian & Other Pacific Islander, (5) American Indian & Alaska Native

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Performance Measure Notes and Data Dictionary

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

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

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Performance Measure Notes and Data Dictionary

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

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

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Performance Measure Notes and Data Dictionary

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

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

Return to Strategy Map	Performance Measure Notes and Data Dictionary

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

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

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

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Performance Measure Notes and Data Dictionary

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

Report Updated:	Quarterly in April, July, October, and January
Desired Trend:	Increasing
Target:	95%
Additional Notes:	None specified
Return to Dashboard:	Click Here to Return to Objective Dashboard

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

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Performance Measure Notes and Data Dictionary

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

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

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Performance Measure Notes and Data Dictionary

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

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

Performance Measure:	**Dollar ($) Amount of Contributions to Upstate Foundation, Inc.**
Abbreviations:	CY = Calendar Year (January - December)
	Q1= 1st Quarter (January-March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July-September); Q4 = 4th Quarter (October-December)
	YTD = Year to Date
Definitions:	2017 dollars match audited financial statements
	2018 dollars are unaudited quarterly totals
Reporting Frequency:	Quarterly
Reporting Period:	Calendar Year
Data Provided By:	Upstate Foundation, Inc., Upstate Medical University
Data Source:	Upstate Foundation, Inc., Upstate Medical University
Report Updated:	Quarterly in April, July, October, and January
Desired Trend:	Increasing

Return to Strategy Map	Performance Measure Notes and Data Dictionary

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

Target:	None Specified
Additional Notes:	**February 2019:** The CY 2018 contributions surpassed the goal of $6 Million.
Return to Dashboard:	Click Here to Return to Objective Dashboard

Performance Measure:	**VEPOP Participation**
Abbreviations:	VEPOP = Violence Education Prevention Outreach Program
	CY = Calendar Year (January - December)
	Q1= 1st Quarter (January-March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July-September); Q4 = 4th Quarter (October-December)
	UMU = Upstate Medical University
Definitions:	**VEPOP:** a secondary hospital based violence prevention program that works closely with community partners to decrease re-injury (recidivism) of patients affected by non-accidental injury. VEPOP works with intentionally injured youths/adults and their families in both the hospital and community setting to offer support needed to break the cycle of violence by: • Providing alternative choices to violence through community resources, education, and employment. • Working closely with a variety of community organizations to meet the needs of individuals and families.
	Screened Positive for Street Violence: Patients that were seen at Upstate University Hospital for medical care related to Injury as a result of intentional violence, usually gang related, excluding family, intimate partner and sexual violence
	Inclusion Criteria: VEPOP inclusion criteria consists of (1) received medical care at Upstate as a result of street violence, (2) living in the city of Syracuse, and (3) between the age of 12-40 years old
	Patients Enrolled in VEPOP that Meet Inclusion Criteria: Individuals eligible (i.e. meet the inclusion criteria) for VEPOP that signed up to participate in the program
	% of Patients Enrolled in VEPOP that Met Inclusion Criteria: Number of eligible individuals that enrolled in VEPOP ÷ Total number of individuals eligible for VEPOP
Reporting Frequency:	Quarterly
Reporting Period:	Calendar Year
Data Provided By:	VEPOP (Violence Education Prevention Outreach Program), Upstate Medical University
Data Source:	EPIC and VEPOP data
Report Updated:	Quarterly in April, July, October, and January
Desired Trend:	Increasing at first to start helping more individuals through VEPOP. Eventually would like to see the numbers decreasing (i.e. would like to see decreased number of patients due to violence in Syracuse and therefore a decreased need for VEPOP).
Target:	None Specified
Additional Notes:	**February 2019:** Due to staffing changes with the resignation of the VEPOP Social Worker in September 2018, no new participants were enrolled in the VEPOP program for CY2018 Q4 (Oct-Dec).
	November 2018: VEPOP Social Worker resigned in September 2018.

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Performance Measure Notes and Data Dictionary

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

Additional Notes (cont'd):	For more information, visit the Upstate VEPOP webpage: http://www.upstate.edu/surgery/healthcare/trauma/injury-prevention/vepop2.php
Return to Dashboard:	Click Here to Return to Objective Dashboard

Performance Measure:	**Referrals to Community Partners**
Abbreviations:	VEPOP = Violence Education Prevention Outreach Program
	CY = Calendar Year (January - December)
	Q1= 1st Quarter (January-March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July-September); Q4 = 4th Quarter (October-December)
	UMU = Upstate Medical University
Definitions:	**Community Partners:** Community organizations that can provide services to VEPOP participants. Focus areas for VEPOP referrals include services related to education, healthcare, and employment
Reporting Frequency:	Quarterly
Reporting Period:	Calendar Year
Data Provided By:	VEPOP (Violence Education Prevention Outreach Program), Upstate Medical University
Data Source:	VEPOP records
Report Updated:	Quarterly in April, July, October, and January
Desired Trend:	Increasing at first to start helping more individuals through VEPOP. Eventually would like to see the numbers decreasing (i.e. would like to see a decrease in the need for this program due to decreased violence in Syracuse).
Target:	None Specified
Additional Notes:	VEPOP participants may be referred to multiple community partners.
	May 2019: The data for February 2019 is unavailable due to the hiring of a new VEPOP Social worker and her orientation process.
	February 2019: Due to staffing changes with the resignation of the VEPOP Social Worker in September 2018, no data was collected by the VEPOP program for CY2018 Q4 (Oct-Dec).
	November 2018: Due to staffing changes with the resignation of the VEPOP Social Worker in September 2018, no data was collected by the VEPOP program for CY2018 Q3 (Jul-Sep).
Return to Dashboard:	Click Here to Return to Objective Dashboard

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Performance Measure Notes and Data Dictionary

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

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

Performance Measure:	Outpatient Vizient Star Rating
Abbreviations:	FPP = Faculty Practice Plan
	UMU = Upstate Medical University
Definitions:	**Outpatient:** The Outpatient star rating relates to performance in both hospital based clinics as well as data from the Faculty Practice Plan managed clinics; age based pediatrics is excluded from the inpatient star report
	Vizient: Vizient, Inc., the largest member-driven health care performance improvement company in the country, provides innovative data-driven solutions, expertise and collaborative opportunities that lead to improved patient outcomes and lower costs (source: Vizient website)
	Star Rating: The Vizient Quality and Accountability (Q&A) Scorecard enables member organizations to compare their year-over-year performance with that of other academic medical centers and identify opportunities for improvement (source: Vizient website)

OUR Upstate (Tier 1) Strategic Plan Performance Measures Report
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Performance Measure Notes and Data Dictionary

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

Reporting Frequency:	Annual						
Reporting Period:	Time period varies based on star report indicator						
Data Provided By:	Clinical Practice Analysis and Support, Upstate Medical University						
Data Source:	Vizient						
Report Updated:	Annually in October						
Desired Trend:	Increasing						
Target:	top 25th percentile of performance in the Vizient Consortium	Thresholds	Threshold of Meeting Target ("green" zone)	4 or 5 stars	Intermediate Zone ("yellow zone")	3 stars	Threshold of Not Meeting Target ("red" zone)	1 or 2 stars
Additional Notes:	None Specified						
Return to Dashboard:	Click Here to Return to Objective Dashboard						

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Performance Measure Notes and Data Dictionary

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

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

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

Performance Measure:	**Citations of UMU Publications**
Abbreviations:	UMU = Upstate Medical University
	CY = Calendar Year (January - December)
Definitions:	**UMU Citations:** Number of citations of publications by Upstate Medical University authors as determined by review of abstracts available in Scopus
Reporting Frequency:	Annual

OUR Upstate (Tier 1) Strategic Plan Performance Measures Report
2019 Quarterly Report #2

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Performance Measure Notes and Data Dictionary

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

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

Performance Measure:	# of UMU Publications by Impact Factor Group
Abbreviations:	UMU = Upstate Medical University
	Q1= 1st Quarter (January-March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July-September); Q4 = 4th Quarter (October-December)
	N = Total Number of Upstate Publications in Impact Factor Groups
	# = Number of Upstate publications in Impact Factor Group range
	% = Percentage of Upstate publications in Impact Factor Group range
Definitions:	**UMU Publications:** Number of publications with at least one Upstate Medical University author as determined by review of abstracts available in PubMed/Medline
	Impact Factor Score: The impact factor (IF) or journal impact factor (JIF) of an academic journal is a measure reflecting the yearly average number of citations to recent articles published in that journal. It is frequently used as a proxy for the relative importance of a journal within its field; journals with higher impact factors are often deemed to be more important than those with lower ones.
	Impact Factor Group: group of journals derived from 94 biomedical journal categories selected from the Journal Citation Reports (Total number of journals in group = 5574).
	Top 100: The top 100 journals in the selected categories ranked by Impact Factor
	Top Quartile: Total journals N=5574 divided by 4; top quartile when ranked by Impact Factor
	At or Above Median: Impact factor value at median of total journals
	Below Median: Impact factor values falling below median of total journals
Reporting Frequency:	Quarterly
Reporting Period:	Calendar Year
Data Provided By:	Health Sciences Library, Upstate Medical University
Data Source:	UMU Publications source = PubMed/Medline
	Impact Factor source = InCites Journal Citation Report
Report Updated:	Quarterly in April, July, October, and January
Desired Trend:	Increasing
Target:	None specified

Return to Strategy Map	**Performance Measure Notes and Data Dictionary**

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

Additional Notes:	Tables and method adapted from: Hanus, K. L., & Suelzer, E. (2015). Evaluating the Impact of an Institution's Research. *Journal of Hospital Librarianship* , 15(3), 296-300. doi:10.1080/15323269.2015.1049734
	Journal Citation Reports: selected 94 biomedical / nursing / education categories = 5574 total journals
	Some of the journals in which Upstate authors publish do not have Impact Factors (i.e. don't appear in JCR), as either the journal is too new or it has dropped off the list because of too few citations. For those journals without an Impact Factor, they were assigned an Impact Factor of zero for this analysis.
Return to Dashboard:	Click Here to Return to Objective Dashboard

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

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Performance Measure Notes and Data Dictionary

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

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

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Performance Measure Notes and Data Dictionary

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

Campus Performance Measures

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

Performance Measure:	UMU Days Cash on Hand
Abbreviations:	UMU = Upstate Medical University
	Q1= 1st Quarter (January - March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July - September); Q4 = 4th Quarter (October - December)
	CY = Calendar Year
Definitions:	**Days Cash on Hand:** Number of days of cash on hand to cover cash operating costs
	UMU Days Cash on Hand includes all University-wide obligations
Reporting Frequency:	Quarterly
Reporting Period:	Calendar Year
Data Provided By:	Accounting & Budgeting, Upstate Medical University
Data Source:	UMU data: The State University of New York's financial accounting system
	UH data: Internally generated monthly financial statements
	UUMAS data: MSG Clinical Practice Budget (Lawson)
Report Updated:	Quarterly in April, July, October, and January
Desired Trend:	Increasing

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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	**Financial Stewardship**
Objectives:	**Improve Fiscal Responsibility & Transparency and Improve Financial Performance**

Target:	None Specified
Additional Notes:	September 2019: The Hospital's cash balance is driving the increase in UMU Days in Cash.
	November 2018: UMU Days Cash on Hand data has been revised for all previous quarters based on a updated calculation that is a better representation of the metric.
	September 2018: The UMU Days Cash on Hand for 2018 Q1 has been revised. The updated calculation reduced the UMU Days Cash on Hand from 31.0 to 30.0
Return to Dashboard:	Click Here to Return to Objective Dashboard

University Hospital (UH) Performance Measures

Performance Measure:	UH Total Revenue Growth						
Abbreviations:	Q1= 1st Quarter (January - March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July - September); Q4 = 4th Quarter (October - December)						
	CY = Calendar Year						
	UH = University Hospital						
	UMU = Upstate Medical University						
Definitions:	**Both Campuses:** (1) University Hospital Downtown Campus; (2) University Hospital Community Campus						
	Total Revenue Growth: Change in net patient service revenue (NPSR) from same period of prior year						
	Formula = Current period NPSR divided by same period of prior year NPSR minus 1						
Reporting Frequency:	Quarterly						
Reporting Period:	Calendar Year						
Data Provided By:	Financial Services Administration, Upstate Medical University						
Data Source:	Internally generated monthly financial statements						
Report Updated:	Quarterly in April, July, October, and January						
Desired Trend:	Increasing						
Target:	4.00%	Thresholds	Threshold of Meeting Target ("green" zone)	≥ 4.00%	Intermediate Zone ("yellow zone")	> 3.90% and < 4.00%	Threshold of Not Meeting Target ("red" zone)	≤ 3.90%
Additional Notes:	May 2019: Total Revenue Growth for the quarter ended 12/31/2018 has been revised to reflect year end adjustments made subsequent to release of the 12/31/2018 report.						
	February 2019: Total Revenue Growth metric adjusted to measure quarterly revenue growth versus the same quarter from the prior year (e.g. Q4 2018 vs. Q4 2017). Change in calculation to take into account seasonality differences.						
	Note: Previous editions of the OUR Upstate (Tier 1) Performance Measures Reports calculated revenue growth from the previous quarter.						
Return to Dashboard:	Click Here to Return to Objective Dashboard						

Performance Measure:	UH Overall Profit Margin
Abbreviations:	Q1= 1st Quarter (January - March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July - September); Q4 = 4th Quarter (October - December)

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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	**Financial Stewardship**
Objectives:	**Improve Fiscal Responsibility & Transparency and Improve Financial Performance**

Abbreviations: (cont'd)	CY = Calendar Year
	UH = University Hospital
	UMU = Upstate Medical University
Definitions:	**Both Campuses:** (1) University Hospital Downtown Campus; (2) University Hospital Community Campus
	Total Profit Margin: Formula = (Period Total Revenue - Total Expense) ÷ Total Revenues
Reporting Frequency:	Quarterly
Reporting Period:	Calendar Year
Data Provided By:	Financial Services Administration, Upstate Medical University
Data Source:	Internally generated monthly financial statements
Report Updated:	Quarterly in April, July, October, and January
Desired Trend:	Increasing

Target:	2.00%	Thresholds	Threshold of Meeting Target ("green" zone)	≥ 2.00%	Intermediate Zone ("yellow zone")	> 0.00% and < 2.00%	Threshold of Not Meeting Target ("red" zone)	≤ 0.00%

Additional Notes:	August 2019: Overall Profit Margin for the quarter ended 12/31/2018 has been revised to reflect year end adjustments made subsequent to release of the 03/31/2019 report.
	May 2019: Overall Profit Margin for the quarter ended 12/31/2018 has been revised to reflect year end adjustments made subsequent to release of the 12/31/2018 report.
	February 2019: Overall Profit Margin for the quarters ended 3/31/2018, 6/30/2018 and 9/30/2018 have been revised to reflect DSH revenue adjustments made subsequent to release of the 9/30/2018 report.
	November 2018: Calendar year to date adjustments posted in June 2018 not applicable to second quarter activity were reclassed to the quarter ended 3/31/2018 so as to not distort the 6/30/2018 quarterly results. Adjustments made to data for 3/31/2018 and 06/30/2018.
	August 2018: Note that due to audit entries that were made as part of the calendar year end audit, there were some changes to the financial metrics for the quarters ended 12/31/17 and 3/31/2018.
Return to Dashboard:	Click Here to Return to Objective Dashboard

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

Return to Strategy Map	**Performance Measure Notes and Data Dictionary**

OUR Upstate Strategic Plan Performance Measures	
Perspective:	**Financial Stewardship**
Objectives:	**Improve Fiscal Responsibility & Transparency and Improve Financial Performance**

Reporting Frequency:	Quarterly							
Reporting Period:	Calendar Year							
Data Provided By:	Financial Services Administration, Upstate Medical University							
Data Source:	Internally generated monthly financial statements							
Report Updated:	Quarterly in April, July, October, and January							
Desired Trend:	Increasing							
Target:	40 days	Thresholds	Threshold of Meeting Target ("green" zone)	≥ 40 days	Intermediate Zone ("yellow zone")	≥ 39 days and < 40 days	Threshold of Not Meeting Target ("red" zone)	< 39 days
Additional Notes:	August 2019: Days Cash on Hand for the quarters ended 12/31/2018 and 03/31/2019 have been slightly revised to reflect year end adjustments made subsequent to release of the 03/31/2019 report.							
	May 2019: Days Cash on Hand for the quarter ended 12/31/2018 has been revised to reflect year end adjustments made subsequent to release of the 12/31/2018 report.							
	November 2018: Calendar year to date adjustments posted in June 2018 not applicable to second quarter activity were reclassed to the quarter ended 3/31/2018 so as to not distort the 6/30/2018 quarterly results. Adjustments made to data for 3/31/2018 and 06/30/2018.							
	August 2018: Note that due to audit entries that were made as part of the calendar year end audit, there were some changes to the financial metrics for the quarters ended 12/31/17 and 3/31/2018.							
Return to Dashboard:	Click Here to Return to Objective Dashboard							

UUMAS Performance Measures

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

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Performance Measure Notes and Data Dictionary

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

Data Provided By:	Upstate University Medical Associates at Syracuse (UUMAS), Upstate Medical University							
Data Source:	MSG Clinical Practice Budget aggregate schedule (Lawson)							
Report Updated:	Quarterly in May, August, November, and February							
Desired Trend:	Increasing							
Target:	4.00%	Thresholds	Threshold of Meeting Target ("green" zone)	≥ 4.00%	Intermediate Zone ("yellow zone")	> 3.90% and < 4.00%	Threshold of Not Meeting Target ("red" zone)	≤ 3.90%
Additional Notes:	June 2019: Total Revenue Growth metric adjusted to measure quarterly revenue growth versus the same quarter from the prior year (e.g. Q4 2018 vs. Q4 2017). Note: Previous editions of the OUR Upstate (Tier 1) Performance Measures Reports calculated revenue growth from the previous quarter.							
	June 2019: Q1 CY 2019 UUMAS Total Revenue Growth is down as a number of MSGs did not hit budget targets.							
Return to Dashboard:	Click Here to Return to Objective Dashboard							

Performance Measure:	UUMAS Overall Profit Margin							
Abbreviations:	Q1= 1st Quarter (January - March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July - September); Q4 = 4th Quarter (October - December)							
	CY = Calendar Year							
	UUMAS = Upstate University Medical Associates at Syracuse							
	UMU = Upstate Medical University							
Definitions:	**UUMAS:** Upstate University Medical Associates at Syracuse, Inc. (UUMAS) is a 501(c)3 not-for-profit university faculty practice corporation, which serves as the umbrella organization of the 18 clinical departmental practices, Medical Service Groups (MSGs) within the College of Medicine. The faculty practice plan includes over 500 physicians and advanced practitioners who provide patient care in coordination with academic and research responsibilities.							
	Overall Profit Margin: Percentage of Total Adjusted Revenue available for re-investment Formula = Net profit ÷ Total Adv Rev ** Note: UUMAS Total Rev for Operating Margin calculation = Total Revenues for all MSGs + Reduction for Drug Cost, less UUMAS in total.							
Reporting Frequency:	Quarterly							
Reporting Period:	Calendar Year							
Data Provided By:	Upstate University Medical Associates at Syracuse (UUMAS), Upstate Medical University							
Data Source:	MSG Clinical Practice Budget aggregate schedule (Lawson)							
Report Updated:	Quarterly in May, August, November, and February							
Desired Trend:	Increasing							
Target:	2.00%	Thresholds	Threshold of Meeting Target ("green" zone)	≥ 2.00%	Intermediate Zone ("yellow zone")	> 0.00% and < 2.00%	Threshold of Not Meeting Target ("red" zone)	≤ 0.00%
Additional Notes:	June 2019: * Q4 CY 2018 UUMAS Overall Profit Margin was adjusted upwards slightly because of year-end audit entries. * Q1 CY 2019 UUMAS Overall Profit Margin is down as a number of MSGs did not hit budget targets.							

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Performance Measure Notes and Data Dictionary

OUR Upstate Strategic Plan Performance Measures	
Perspective:	Financial Stewardship
Objectives:	**Improve Fiscal Responsibility & Transparency and Improve Financial Performance**

Additional Notes: (cont'd)	November 2018: CY 2018 Q3 UUMAS Overall Profit Margin contains an extraordinary expense of $5M for a malpractice assessment due to Academic as we switch carriers
Return to Dashboard:	Click Here to Return to Objective Dashboard

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

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Performance Measure Notes and Data Dictionary

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

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

Performance Measure:	Education: # of Applications and Available Seats by College
Abbreviations:	# = Number
	UMU = Upstate Medical University
	BPS = Bachelor of Professional Studies
	BS = Bachelor of Science
	DPT = Doctor of Physical Therapy
	MS = Master of Science

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Performance Measure Notes and Data Dictionary

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

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

Performance Measure:	**Research: Total Sponsored Research Expenditures**
Abbreviations:	FY = Fiscal Year (July - June)
	Q1= 1st Quarter (July-September); Q2 = 2nd Quarter (October-December); Q3 = 3rd Quarter (January-March); Q4 = 4th Quarter (April-June)
	YTD = Year To Date
	UMU = Upstate Medical University
Definitions:	**Total Sponsored Research Expenditures:** Annual expenditures (directs & indirects) on sponsored research accounts
Reporting Frequency:	Quarterly
Reporting Period:	Fiscal Year
Data Provided By:	Accounting and Budgeting, Upstate Medical University
Data Source:	Research Foundation (RF) Report Center, data collected from RF Oracle Business Applications
Report Updated:	Quarterly in April, July, October, and January
Desired Trend:	Increasing
Target:	None specified
Additional Notes:	October 2018: FY2019 Q1 total is approximately 8% higher compared to the FY2018 Q1 total. This is within normal variance.
Return to Dashboard:	Click Here to Return to Objective Dashboard

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Performance Measure Notes and Data Dictionary

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

Performance Measure:	Workforce: Retention Rate						
Abbreviations:	Q1= 1st Quarter (January - March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July - September); Q4 = 4th Quarter (October - December)						
	CY = Calendar Year						
	UMU = Upstate Medical University						
Definitions:	**Workforce Retention:** portion of employees that stayed in past month/quarter/year. The Retention report is based on NYS employees designated as Hospital, Campus or Faculty. Research, student and resident employee groups are not included. Formula = The retention rate is determined by the number of employees who stay at the company for the whole time period divided by number of employees at the beginning of the period less new hires during time period						
Reporting Frequency:	Quarterly						
Reporting Period:	Calendar Year						
Data Provided By:	Human Resources, Upstate Medical University						
Data Source:	UMU Human Resources employment records						
Report Updated:	Quarterly in April, July, October and January						
Desired Trend:	Increasing						
Target:	99.80%	Thresholds	Threshold of Meeting Target ("green" zone)	≥ 99.3%	Intermediate Zone ("yellow zone")	≥ 98.9% and ≤ 99.2%	Threshold of Not Meeting Target ("red" zone)	≤ 98.8%
Additional Notes:	**August 2019:** FY2019 Q2 retention rate 98.83% increased from FY2018 Q2 rate of 98.60%. This is within the normal trending for this quarter. **April 2019:** FY2019 Q1 retention rate 98.95% is slightly above FY2018 Q1 rate of 98.92%. This is within the normal trending for this quarter. The Threshold guidelines remain the same for 2019.						
	Action OI comparable hospitals have an average retention rate of 96%; Upstate's retention rate is 98.95% or above 75th percentile.						
Return to Dashboard:	Click Here to Return to Objective Dashboard						

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Performance Measure Notes and Data Dictionary

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

Performance Measure:	Inpatient Mortality						
Abbreviations:	Q1= 1st Quarter (January - March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July - September); Q4 = 4th Quarter (October - December)						
	CY = Calendar Year						
	UMU = Upstate Medical University						
Definitions:	**Inpatient Adult Mortality:** This rate equals the total number of deaths over the total number of discharges which is the observed divided by the expected rate. (Both Campuses)						
	Both Hospital Campuses: (1) University Hospital Downtown Campus and (2) University Hospital Community Campus						
Reporting Frequency:	Quarterly						
Reporting Period:	Calendar Year						
Data Provided By:	Clinical Practice Analysis and Support, Upstate Medical University						
Data Source:	Vizient Clinical Data Base (CDB)						
Report Updated:	Quarterly in April, July, October, and January						
Desired Trend:	Decreasing						
2016 Target:	0.91	Thresholds	Threshold of Meeting Target ("green" zone)	≤ 0.91	Intermediate Zone ("yellow zone")	0.92 - 0.99	Threshold of Not Meeting Target ("red" zone)	≥ 1.00
2017, 2018 & 2019 Target:	0.72	Thresholds	Threshold of Meeting Target ("green" zone)	≤ 0.72	Intermediate Zone ("yellow zone")	0.73 - 0.78	Threshold of Not Meeting Target ("red" zone)	≥ 0.79
Additional Notes:	None specified						
Return to Dashboard:	Click Here to Return to Objective Dashboard						

Performance Measure:	Hospital Acquired Conditions (HACs)
Abbreviations:	Q1= 1st Quarter (January - March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July - September); Q4 = 4th Quarter (October - December)
	CY = Calendar Year
	UMU = Upstate Medical University
Definitions:	**Hospital Acquired Conditions (HACs):** Overall preventable hospital acquired conditions
	Both Hospital Campuses: (1) University Hospital Downtown Campus and (2) University Hospital Community Campus
Reporting Frequency:	Quarterly

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Performance Measure Notes and Data Dictionary

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

Reporting Period:	Calendar Year						
Data Provided By:	Clinical Practice Analysis and Support, Upstate Medical University						
Data Source:	Vizient Clinical Database (CDB)						
Report Updated:	Quarterly in April, July, October, and January						
Desired Trend:	Decreasing						
2016, 2017, 2018 & 2019 Target:	17	Thresholds	Threshold of Meeting Target ("green" zone)	≤ 17	Intermediate Zone ("yellow zone")	18-19	Threshold of Not Meeting Target ("red" zone)	≥ 20
Additional Notes:	None specified						
Return to Dashboard:	Click Here to Return to Objective Dashboard						

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

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Performance Measure Notes and Data Dictionary

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

2016 & 2017 Target for COLO SSIs:	0.60	Thresholds	Threshold of Meeting Target ("green" zone)	≤ 0.60	Intermediate Zone ("yellow zone")	0.61-0.65	Threshold of Not Meeting Target ("red" zone)	≥ 0.66
2018 & 2019 Target for COLO SSIs:	1.06	Thresholds	Threshold of Meeting Target ("green" zone)	≤ 1.06	Intermediate Zone ("yellow zone")	1.07-1.16	Threshold of Not Meeting Target ("red" zone)	≥ 1.17
2016 & 2017 Target for HYST SSIs:	0.60	Thresholds	Threshold of Meeting Target ("green" zone)	≤ 0.60	Intermediate Zone ("yellow zone")	0.61-0.65	Threshold of Not Meeting Target ("red" zone)	≥ 0.66
2018 & 2019 Target for HYST SSIs:	1.26	Thresholds	Threshold of Meeting Target ("green" zone)	≤ 1.26	Intermediate Zone ("yellow zone")	1.27-1.38	Threshold of Not Meeting Target ("red" zone)	≥ 1.39
Additional Notes:	February 2019: Due to New York State Department of Health (NYSDOH) Audit Review of SSI data, the metrics for the following previous quarters have been updated: - COLO SSI: CY2017 Q1, CY2017 Q2, CY2017 Q3, CY2018 Q1, CY2018 Q2, and CY2018 Q3 - HYST SSI: CY2017 Q2 and CY2017 Q3							
	February 2019: 2018 targets for Surgical Site Infections (SSIs) updated to align with the 3 star Vizient hospital median for Colon Surgeries (COLO) and Abdominal Hysterectomies (HYST).							
Return to Dashboard:	Click Here to Return to Objective Dashboard							

OUR UPSTATE
ONE UNIVERSITY ROAD MAP

Return to Strategy Map	**Performance Measure Notes and Data Dictionary**

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

Performance Measure:	**She Matters Program**
Abbreviations:	UMU = Upstate Medical University
	RHA = Resident Health Advocates
Definitions:	**She Matters** is a UMU community outreach program that educates women on the importance of breast cancer screenings. She Matters is made up of Resident Health Advocates (RHAs) who are led and instructed by Upstate Health Professionals. The RHAs go into the community where they live in order to provide Breast Cancer education and to encourage/help women to schedule a mammogram. The RHAs provide support by going to appointments and staying in the waiting room until the mammogram is completed. RHAs also make annual phone calls to remind patients of their upcoming appointment. RHAs also present on Breast Cancer at monthly educations sessions and provide one on one education.
	# of Individuals Reached: the amount of people the She Matters program has educated through educational sessions, tabling events, flyering, health fairs, and friends or family members of the RHAs
	Strategic Outreach: includes RHA door-to-door community outreach, monthly educational sessions presented by the RHAs in the community rooms of each housing unit, community health fairs and community picnics, and publicity via Syracuse Housing Authority newsletters and program flyers inserted in the rent invoices of every tenant
	# New Participants: the number of new people who signed up for the She Matters program through our encounter forms
	# of Women Screened: the number of women who completed a screening mammogram through the She Matters program
	Self-Directed Returning Patients: She Matters program participants from previous years that either schedule their annual mammography screening appointment on their own and notify the She Matters program or that contact the She Matters program directly to schedule their annual mammography screening appointment. Also referred to as 'self-schedulers.'
Reporting Frequency:	Annual
Reporting Period:	Program Year (April - March)
Data Provided By:	She Matters Program, Upstate Medical University
Data Source:	She Matters Program records maintained in REDcap database
Report Updated:	Annually in April
Desired Trend:	Increasing
Target:	None specified
Additional Notes:	**Outreach Areas:** Program Year 1: Outreach was focused in Pioneer Homes only Program Year 2: Expanded to Toomey Abbott and Almus Olver Towers (300 Burt St), while still maintaining a presence in Pioneer Homes Program Year 3: Expanded again to include James Geddes, Toomey Abbott, Almus Olver Towers (300 Burt St), and Pioneer Homes Program Year 4: The same as the year before Program Year 5: Expanding again to 2 new buildings, Vinnette Tower and Ross Tower
	After year 1, the word got out and people were very willing and excited to join year 2 so there was a large increase in completed mammograms from year 1 to year 2.

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Performance Measure Notes and Data Dictionary

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

Additional Notes: (cont'd)	It is possible that year 3-4 saw a slight decrease in mammograms completed compared to year 2 because there was changes in staffing within the program. Also, some of the She Matters participants were scheduling their mammography on their own at different locations or had moved out of the area.
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Performance Measure Notes and Data Dictionary

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

Performance Measure:	Inpatient Admissions
Abbreviations:	CY = Calendar Year (January - December)
	Q1= 1st Quarter (January-March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July-September); Q4 = 4th Quarter (October-December)
	YTD = Year To Date
	UMU = Upstate Medical University
Definitions:	**Inpatient Admissions:** total inpatient admissions to University Hospital (UH Downtown Campus + UH Community Campus)
	Both Hospital Campuses: (1) University Hospital Downtown Campus; (2) University Hospital Community Campus
Reporting Frequency:	Quarterly
Reporting Period:	CY = Calendar Year (January - December)
Data Provided By:	Financial Services Administration, Upstate Medical University
Data Source:	Financial Services Administration, Upstate Medical University
Report Updated:	Quarterly in April, July, October, and January
Desired Trend:	Increasing
Target:	None specified
Additional Notes:	None specified
Return to Dashboard:	Click Here to Return to Objective Dashboard

Performance Measure:	Outpatient Visits
Abbreviations:	CY = Calendar Year (January - December)
	Q1= 1st Quarter (January-March); Q2 = 2nd Quarter (April-June); Q3 = 3rd Quarter (July-September); Q4 = 4th Quarter (October-December)
	YTD = Year To Date
	UMU = Upstate Medical University
	UUMAS = Upstate University Medical Associates at Syracuse
Definitions:	**Total outpatient visits to University Hospital (UH) includes:**
	(1) Emergency Department (UH Downtown and UH Community Campus)
	(2) Total Clinic + UUMAS Private Practice visits
	(3) Ambulatory Surgery + UUMAS Private Surgical Cases
	(4) Observations
	(5) Referred Ambulatory + UUMAS Private Referred Ambulatory Practice

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Performance Measure Notes and Data Dictionary

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

Reporting Frequency:	Quarterly
Reporting Period:	CY = Calendar Year (January - December)
Data Provided By:	Financial Services Administration, Upstate Medical University and Upstate University Medical Associates at Syracuse (UUMAS)
Data Source:	University Hospital Downtown Campus and Community Campus data: Financial Services Administration, Upstate Medical University
	UUMAS data: UUMAS Charge Detail Report, Business Objects
Report Updated:	Quarterly in April, July, October, and January
Desired Trend:	Increasing
Target:	None specified
Additional Notes:	August 2019: UUMAS Private Practice Outpatient volumes were down across several locations in CY 2019 Q1 & Q2. Rad Onc Hill patients transitioned to Cancer Center in July 2018 and the Neurosurgery St Joe's providers left Upstate effective March 2019.
	June 2019: UUMAS Private Practice Outpatient volumes were down across several locations in CY 2019 Q1. Rad Onc Hill patients transitioned to Cancer Center in July 2018 and the Neurosurgery St Joe's providers left Upstate effective March 2019.
	November 2018: A change in the methodology for counting Emergency Department outpatient visits was made in July 2018 and applied to all preceding quarters. The data for all preceding quarters has been updated accordingly.
	November 2018: CY 2018 Q3 UUMAS Private Practice Outpatient visits are down approximately 3,000 due to the Rad Onc Hill & Oswego conversion from private to hospital based.
Return to Dashboard:	Click Here to Return to Objective Dashboard

Performance Measure:	*Learner Access Performance Measure Under Development*
Return to Dashboard:	Click Here to Return to Objective Dashboard

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Addendum   Supporting Reports for OUR Upstate Strategic Plan Performance Measures

To see a drill-down report for additional information available on some of Performance Measures, click on the name of the report below.

Please note that these drill-down reports are only available for a few of the Performance Measures.

1. **Performance Measure:**   **UMU Workforce Diversity**

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

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

   Supporting Report: **UMU Available Seats and Applications per College Program Category**

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Addendum Report: UMU State and Research Foundation (RF) Workforce - Quarterly Totals CY 2019

Note: This is a drill-down report to provide additional information related to the OUR Upstate Strategic Plan Performance Measure "Workforce Diversity."

The report below was prepared by the UMU Office of Diversity and Inclusion. Please contact them for any questions or additional information.

STATE AND RESEARCH FOUNDATION WORKFORCE - QUARTERLY TOTALS CY 2019

STATE EMPLOYEES

	TOTAL EMPLOYEES *	TOTAL FEMALE	TOTAL MINORITY	BLACK OR AFRICAN AMERICAN	HISPANIC/ LATINO	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN/ ALASKA NATIVE	PROTECTED VETERANS	INDIVIDUALS WITH DISABILITIES
WORKFORCE TOTAL 3/31/19	7,722	5,350	1,640	800	198	607	35	190	497
WORKFORCE TOTAL 6/30/19	7,718	5,353	1,648	800	199	612	37	185	506

RESEARCH FOUNDATION EMPLOYEES

	TOTAL EMPLOYEES*	TOTAL FEMALE	TOTAL MINORITY	BLACK OR AFRICAN AMERICAN	HISPANIC/ LATINO	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN/ ALASKA NATIVE	PROTECTED VETERANS	INDIVIDUALS WITH DISABILITIES
WORKFORCE TOTAL 3/31/19	872	693	171	53	25	89	4	14	48
WORKFORCE TOTAL 6/30/19	861	678	168	54	25	85	4	13	49

STATE AND RESEARCH FOUNDATION EMPLOYEES

	TOTAL EMPLOYEES*	TOTAL FEMALE	TOTAL MINORITY	BLACK OR AFRICAN AMERICAN	HISPANIC/ LATINO	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN/ ALASKA NATIVE	PROTECTED VETERANS**	INDIVIDUALS WITH DISABILITIES**
WORKFORCE TOTAL 3/31/19	8,594	6,043	1,811	853	223	696	39	204	545
		70.32%	21.07%	9.93%	2.59%	8.10%	0.45%	2.37%	6.34%
WORKFORCE TOTAL 6/30/19	8,579	6,031	1,816	854	224	697	41	198	555
		70.30%	21.17%	9.95%	2.61%	8.12%	0.48%	2.31%	6.47%

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

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

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

	TOTAL MINORITY		BLACK OR AFRICAN AMERICAN	HISPANIC/ LATINO	ASIAN OR PACIFIC ISLANDER	AMERICAN INDIAN/ ALASKA NATIVE
Minority Group/Total Minority 3/31/2019	1,811		853	223	696	39
			47.1%	12.3%	38.4%	2.2%
Minority Group/Total Minority 6/30/2019	1,816		854	224	697	41
			47.0%	12.3%	38.4%	2.3%

Data Provided By: UMU Office of Diversity and Inclusion, August 2019

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

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

College	Program Category	Program	# of Available Seats	# of Applications	% of Applicants to Fill Available Seats
		2018 Academic Year			
Health Professions (CHP)	BPS/BS Imaging	BPS-IMAG-CT	29	77	38%
		BPS-IMAG-MR			
		BPS-IMAG-US			
		BS-IMAG-R			
		BS-IMAG-US			
	Radiation Therapy BPS/BS	BPS-RADT	12	45	27%
		BS-RADT			
	Cardiovascular Perfusion	BS-CVPR	12	103	12%
	Clinical Laboratory Sciences	BS-MEDB	28	41	68%
		BS-MEDT			
		MS-MEDT			
	Respiratory Therapy, BS	BS-RTBS	20	36	56%
	Physical Therapy, DPT	DPT-PHYT-EL	40	486	8%
	MS, Med Tech Scholars	MS-MEDT-SCH	5	8	63%
	Physician Assistant, MS	MS-PASD	35	748	5%
	CHP Totals		**181**	**1,544**	**12%**
Medicine (COM)	Medicine	MD-MDCN	170	4,362	4%
	Public Health	MPH-PHLT	45	51	88%
		PMCT-PHLT (MPH Certificate)			
	COM Totals		**215**	**4,413**	**5%**
Nursing (CON)	Bachelor of Science (BS)	BS-NURS	100	83	120%
	Doctor of Nursing Practice (DNP)	DNP-NURS-F and DNP-NURS-MH	20	9	222%
	MS	MS-NURS-C	110	204	54%
		MS-NURS-F			
		MS-NURS-MH			
	Certificate	PMCT-NURS-F	40	12	333%
		PMCT-NURS-MH			
	CON Totals		**270**	**308**	**88%**
Graduate Studies (COGS)	MS	MS-0000-CMB	10	35	29%
		MS-ANAT			
		MS-BIOC			
		MS-PHAR			
	PHD	PHD-0000	19	130	15%
		PHD-MBIO			
		PHD-MIMM			
	COGS Totals		**29**	**165**	**18%**

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

Return to Strategy Map

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

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

2017 Academic Year					
College	**Program Category**	**Program**	**# of Available Seats**	**# of Applications**	**% of Applicants to Fill Available Seats**
Health Professions (CHP)	BPS/BS Imaging	BPS-IMAG-CT	29	116	25%
		BPS-IMAG-MR			
		BPS-IMAG-US			
		BS-IMAG-R			
		BS-IMAG-US			
	Radiation Therapy BPS/BS	BPS-RADT	12	49	24%
		BS-RADT			
	Cardiovascular Perfusion	BS-CVPR	8	101	8%
	Clinical Laboratory Sciences	BS-MEDB	28	41	68%
		BS-MEDT			
		MS-MEDT			
	Respiratory Therapy, BS	BS-RTBS	20	33	61%
	Physical Therapy, DPT	DPT-PHYT-EL	40	724	6%
	MS, Med Tech Scholars	MS-MEDT-SCH	4	15	27%
	Physician Assistant, MS	MS-PASD	35	834	4%
CHP Totals			**176**	**1,913**	**9%**
Medicine (COM)	Medicine	MD-MDCN	170	4,333	4%
	Public Health	MPH-PHLT	45	70	64%
		PMCT-PHLT (MPH Certificate)			
COM Totals			**215**	**4,403**	**5%**
Nursing (CON)	Bachelor of Science (BS)	BS-NURS	175	155	113%
	Doctor of Nursing Practice (DNP)	DNP-NURS-F and DNP-NURS-MH	40	14	286%
	MS	MS-NURS-C	175	226	77%
		MS-NURS-F			
		MS-NURS-MH			
	Certificate	PMCT-NURS-F	50	22	227%
		PMCT-NURS-MH			
CON Totals			**440**	**417**	**106%**
Graduate Studies (COGS)	MS	MS-0000-CMB	8	43	19%
		MS-ANAT			
		MS-BIOC			
		MS-PHAR			
	PHD	PHD-0000	19	143	13%
		PHD-MBIO			
		PHD-MIMM			
COGS Totals			**27**	**186**	**15%**

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