OSU WEXNER MEDICAL CENTER - ENTERPRISE PERFORMANCE SCORECARD
FY2018 December Year-To-Date Results

THE OHIO STATE UNIVERSITY
WEXNER MEDICAL CENTER

Strategic Priorities	Champion	Metric(s)	FY 17 Actual	FY18 YTD - December Actual	Status	FY 18 Target	FY24 -- 7 Year Aspirational Target
TALENT & CULTURE	Basso/ McQuaid/ Kent	Medical Center Overall Engagement Score	Number of Tier 3 workgroups reduced by 46.5%	Full census survey conducted November 2017 with a Staff response rate of 72% and a Faculty response rate of 64%. Results expected Jan/Feb 2018		4.15	Top Quartile
	Basso/ Kent	Develop and implement a plan to enhance faculty engagement	N/A	Plan Development in Process	◀▶	Plan Developed - Yes/No	N/A
	Basso/ McQuaid	Turnover Rate - Staff	13.4%	7.3%	▼	13.3% (25th Percentile)	11.8% (10th Percentile)
	Basso/ Kent	Turnover Rate - Physician	9.1%	5.2%	▼	8.9%	8.7%
	Basso/ McQuaid/ Kent	Women and URM in Leadership Positions	Women (47.4%) URM (10.7%)	Women (46.2%) URM (10.0%)	◀▶	Women (48.5%) URM (12%)	Women (53.0%) URM (16.0%)
RESEARCH	Mohler/ Kent	Total Awards	$232.7M	$113.1M	▲	$237.4M	$374.9M
	Mohler/ Kent	NIH Awards	$118.3M	$52.0M	▲	$112.8M	$178.2M
	Mohler/ Kent	New Federally Funded Faculty	19	11	▲	20	20 in FY24 Cumulative 140
EDUCATION	Clinchot/ Kent	US News and World Report Best Medical Schools Ranking	31	Update Available March 2018		31	20
	Clinchot/ Kent/ Holliday	% of top students matched as residents	25.3%	Data Available Summer 2018		27.0%	30.0%
	Clinchot/ Kent	Develop an inter-professional health sciences curriculum	N/A	Under Development	◀▶	Develop Curriculum - Yes/No	N/A
HEALTHCARE DELIVERY	Taylor/ Seely/ Lucas/ Kipp/ Howard/ Moffatt-Bruce	Inpatient Admissions	61,701	32,051	▲	64,000	77,500
	Like/ Forrest	New Patient Visits with a Physician & APP[1]	127,942	54,362	▲	131,580	166,000
	N.Ali/ E. Schumacher/ Kipp	Inpatient Length of Stay Index[2]	1.03	1.03	◀▶	0.98	Top Decile
	Adkins/ Steinberg	Emergency Department Length of Stay	424 Minutes	400 Minutes	▲	376 Minutes	266 Minutes
	Like/ Forrest	Access - Days to 1st appointment for new patients with a physician & APP - Primary Care	43 days	40 Days	◀▶	41	7 Days
	Like/ Forrest	Access - Days to 1st appointment for new patients with a physician & APP - Specialty Care	35 days	34 Days	◀▶	32	14 Days
	Thomas/ Nash/ Gonsenhauser	Patient Satisfaction - HCAHPS[3]	79.30%	78.10%	▲	80%	83%
	Thomas	Readmissions[4]	12.60%	13.24%	▼	11.39%	7.43%
	Thomas/ Gonsenhauser	Mortality[5]	0.80	0.81	▼	0.79	0.73
	Thomas/ Gonsenhauser	Gain from Quality Based Reimbursement Programs	$7,000	Data Available July 2018		$300,000	$2 Million
	Thomas/ Necamp	USNWR Best Hospitals - Number of Specialties Ranked	7	Update Available July 2018		9	16
RESOURCE STEWARDSHIP	Larmore	Integrated Net Margin	$301.6M(8.8%)	$129.8M (7.2%)	▲	$261.6M (7.29%)	$128M (2.71%)
	Larmore/ Taylor/ Seely/ Lucas/ Like/ Walker	Operating Expenses per AA	$20,695	$21,309	▼	$21,111	$23,198
	Larmore/ Hamilton	Health Plan Per Member Per Year Costs[6]	$5,007	$4,876	▼	$5,168	Beat National Trend by 1%
	McQuaid/ Kent/ Larmore	Efficiency Target	N/A	Data available June 2018		$20M	Cumulative $420M
	Hill-Callahan	Philanthropy $	$180.4M	$81.3M	▲	$130.0M	$250.0M
	McQuaid/ Kent	Priority facilities' programming on schedule and under budget	N/A	Programming is on schedule for all 4 projects	◀▶	4 out of 4	All Facilities Opened
HEALTHY COMMUNITIES	Necamp/ Blincoe/ Thomas	Develop focused programs to address community health needs in the areas of chronic diseases, opioid addiction and infant mortality	N/A	Steering Committees formed to address opioid crisis and infant mortality. Other programs under development	◀▶	Program Developed - Yes/No	N/A
	Blincoe/ Gluck	Tertiary/Quaternary Critical Care Access for Patients From Regional Areas	15,388	8,102	▲	15,865	17,825
	Marsh/ Blincoe	Number of patient encounters in affiliated regional locations[7]	167,259	87,931	▲	173,491	210,087

■ Meets or Exceeds Goal
■ Caution
■ Below Goal - Action Needed
■ Data Pending

▲ Performance Up from last Scorecard Update
◀▶ No Performance Change from last Scorecard Update
▼ Performance Down from last Scorecard Update

1. New Patient visits updated through November 2017
2. Inpatient Length of Stay updated through November 2017. FY18 Target updated to reflect Vizient change.
3. HCAHPS Updated through November 2017
4. Readmissions updated through October 2017
5. Mortality updated through November 2017. FY18 Target updated to reflect Vizient change.
6. Health Plan Per Member Per Year Costs represents the period of January 2017 through August 2017
7. Encounters in affiliated regional locations includes Contracted Encounters only through Q1 due to data lag

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Metric(s)	Definition
Engagement Score	Press Ganey determines the metric of workforce engagement based on employees' response to three metrics 1. Willingness to refer OSUWMC to family, friends and colleagues for employment and healthcare 2. Pride in affiliation with OSUWMC 3. Overall, satisfaction in employment at OSUWMC
Develop and implement a plan to enhance faculty engagement	N/A
Turnover Rate - Staff	Turnover Rate - Staff: is the count of Staff members who actually exit the system, leave the Medical Center. Includes terminations and retirements for staff classified as "regular". Excludes transfers, faculty, students, and staff classified as "temporary".
Turnover Rate - Physician	Turnover Rate - Physician: is the count of Physicians and Psychologists who have an FGP clinical appointment that actually exit the system, leave the Medical Center. Includes tenure, clinical, research, and associated tracks. Exclusions include Residents, Fellows, Pediatrics, appointments without salary, and intermittent appointments
Women and URM in Leadership Positions	Percent of women and underrepresented minorities in leadership positions. Underrepresented minorities: percent of headcount that are of American Indian, Alaska Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, Hispanic, or Latino background. Health System management positions: Director/Sr. Director/Administrative Director/Associate Exec Director/Chief XX Officers. COM management positions: Dean, Vice Deans, Chairs, Division Directors, Vice Chairs, Center Directors, College-level staff leaders and Department Administrators.
Total Awards	The sum of all research award funding received by the College of Medicine during the period in question.
NIH Awards	The sum of all NIH Award funding segments (less sub-Awards) received by the College of Medicine during the period in question.
New Federally Funded Faculty	Report of faculty receiving either their first federal funding (current faculty) or new faculty with new federal funding for OSU.
US News and World Report Best Medical Schools Ranking	The overall rank of the medical school among all the medical schools ranked by U.S. News and World Report's Best Medical Schools.
% of top students matched as residents	The percentage of students, residents or fellows matching to train at OSUWMC that graduate(d) from top-ranked USNWR Best Medical Schools or has been inducted into AOA National Medical Honor Society. Top ranked is the top 30 USNWR Best Medical Schools for that specific year.
Develop an inter-professional health sciences curriculum	N/A
Inpatient Admissions	A count of patients admitted to the Health System during the reporting period. Inpatients are defined by the patient class assigned in IHIS. Excludes normal newborns. Excludes Observations and Outpatients in a Bed.
New Patient Visits with a Physician & APP	The number of unique new ambulatory patients seen in an OSUWMC outpatient location by a provider (physician, NP or PA). Will be tracked monthly and report fiscal YTD figures. A "unique new ambulatory patient" is a patient that has had no OSUWMC activity (IP or OP) in last rolling three years with a triggering event of a billable encounter with a provider in one of our ambulatory locations. Will be calculated for all departments/divisions and include AfterHours and the ED but will show separately. A unique patient will only be counted once.
Inpatient Length of Stay Index	The ratio of length of stay to Vizient expected length of stay for a given population and time period.
Emergency Department Length of Stay	Median time in minutes from ED arrival to ED departure for patients admitted to the facility from the ED.
Access - Days to 1st appointment for new patients with a physician - Primary Care	The average wait time for a new patient appointment with a Physician in a Family Medicine or General Medicine office as measured by when the appointment was requested to the scheduled date of service for the appointment.
Access - Days to 1st appointment for new patients with a physician - Specialty Care	The average wait time for a new patient appointment with a Physician in a Specialty Care office as measured by when the appointment was requested to the scheduled date of service for the appointment.
HCAHPS Score	Percent of inpatients who gave the hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest) - across all system hospitals including The James.
Readmissions	Estimates of unplanned readmission for any cause to an acute care hospital within 30 days of discharge from a hospitalization.
Mortality	This measure is expressed as the observed (actual) mortality in the inpatient hospital (deaths per 100 patients), compared to the "expected" mortality rate for similar patients at academic medical centers in the United States who participate in the University Healthsystem Consortium's Clinical Data Base.
Gain from Quality Based Reimbursement Programs	Financial gain (penalty) from CMS based programs i.e. Value Based Purchasing, Reimbursement Reduction Program and Hospital Acquired Conditions
USNWR Specialties Ranked	Total number of specialties OSUWMC was ranked in by U.S. News and World Report's Best Hospitals; A specialty is ranked if it is among the Top 50 hospitals for that specialty. This applies to specialties with a data-driven ranking methodology; for specialties that have a reputation-only methodology, the number of hospitals that make the ranked list varies depending on the specialty.
Integrated Net Margin	Combined financial reporting represents entire financial position of the OSU Wexner Medical Center including the OSU Health System, OSU Physicians Inc, and College of Medicine. Combined Medical Center Margin includes operating revenues, operating expenses, and Medical Center Investments.
Operating Expenses per AA	Serves as an indicator that presents a metric that accounts for both inpatient and outpatient activities and indicates how well expenses are in line with volumes for the health system.
Health Plan Per Member Per Year Costs	Per member per year costs (PMPY) are based on the sum of all medical/Rx costs including 90 day run out and IBNR (incurred but not reported) factors divided by the number of members with medical coverage. It is the sum of Net Pay PMPY for medical claims and Net Pay PMPY for pharmacy claims. PMPY will be calculated on a calendar year to align with the benefit year and allow for the reporting lag due to 90 days claim run out.
Efficiency Target	Operational efficiency will be achieved by streamlining our core processes in order to more effectively respond to the continually changing healthcare environment in a cost-effective manner. In order to obtain operational efficiency, the Medical Center will evaluate ways to maximize and leverage the resources that contribute to success and utilize the best of its workforce, technology and business processes. The reduced internal costs that result from operational efficiency will enable the Medical Center to achieve the financial targets required to achieve the Medical Center's long term strategic mission to provide world class healthcare to our patients.
Philanthropy $	This metric represents new fundraising activity comprised of Development Dollars (including OSP) including outright gifts and pledges, planned gifts (irrevocable and revocable) and private grants (industry, foundations and other organizations).
Priority facilities' programming on schedule and under budget	This metric represents status of programming for the 4 priority facilities namely - Replacement Hospital, West Campus Ambulatory Center, Interdisciplinary Research Tower, and Inter-Professional Education Center.
Develop focused programs to address community health needs in the areas of chronic diseases, opioid addiction and infant mortality	N/A
# Hospital Transfers	Outside hospital/facility patient transfers for inpatients accepted as direct admissions or transfers to the Emergency Department (Main, OSUE).
Number of patient encounters in affiliated regional locations	Total count of patient encounters resulting from the following Outreach initiatives: OSU Physician Placement, Clinical Service Line Development/Expansion, and Virtual Health Consulting Services. All encounters outside of Franklin county as well as encounters identified as a virtual encounter are included in the total.