



University of Illinois Medical Center at Chicago Strategic Plan

Version 1.3 Draft

“Inspiring Commitment”

June 26, 2006

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Executive Summary

The strategic intent of the Medical Center's strategic plan is to guide our commitment to the people of Illinois. As the Medical Center successfully achieves the strategic goals outlined for the future and fulfills its mission, the Medical Center will achieve its standing as a nationally acclaimed leader in the delivery of quality health care and in the advancement of the art and science of medicine.

Mission

The Mission of the University of Illinois Medical Center is to support essential teaching and research functions of the academic units of the University's Health Sciences Center. We must provide the best of care in accordance to the highest standards of hospital accreditation having at all time the well-being of the patient as the highest concern.

Summary of Planning Process

The University of Illinois Medical Center at Chicago's (Medical Center) strategic plan is a component of the University of Illinois at Chicago (UIC) Strategic Plan. The development of this plan represents the aspiration to formulate a functional document that would aid in the successful achievement of the Medical Center's mission and goals. The Medical Center's plan has been created in a collaborative forum by members of Medical Center Leadership. The plan is based on, and responsive to, core values that serve as the foundation for the Medical Center. The phrase "Inspiring Commitment" expresses the desire of the Medical Center to remain true to the mission and vision of the organization.

Vision

We will be true to our commitment to the people of Illinois to provide compassionate, high quality health care and be an acclaimed leader in advancing the art and science of medicine.

Critical Factors Determining Success

The current health care environment is fraught with regulatory, economic and fiscal challenges. A competitive Chicago market that is saturated with health care providers, the rising number of uninsured, the rapid cost increases in the healthcare arena, and the State of Illinois' fiscal constraints are simply a few of the environmental challenges that continue to aggravate an already demanding industry.

Strategic Goals

This intent is expressed in the following Medical Center goals:

1. The University of Illinois Medical Center at Chicago will be a recognized employer of choice.
2. The University of Illinois Medical Center at Chicago will be a recognized healthcare provider of choice for the communities served.
3. The University of Illinois Medical Center at Chicago will achieve and sustain financial growth and operational efficiencies necessary to fulfill its mission.
4. The University of Illinois Medical Center at Chicago will be recognized for excellence in organizational compliance at all levels.
5. The University of Illinois Medical Center at Chicago will achieve national recognition as an academic medical center.

We have chosen to articulate actions necessary to move towards the accomplishment of our goals by subscribing to UIC's system of segregating actions into three categories determined by priority and feasibility. Action plan leads have developed charter documents that contained the timelines, milestones, and measures for implementation for each of the adopted actions. As the implementation of these action plans begins, the leads will convene on a monthly basis to present current status and progress. During these advisory committee meetings, the leads will discuss achievement of milestones and discuss any current barriers encountered.

Purpose and Expected Outcome of the Plan

The goals and actions listed in this plan are in no way meant to represent an inclusive catalog of projects. This document is intended to serve as a functional guide that aids in the operational development and prioritization of projects and resources. The resources required to achieve the strategic goals will include a blend of people, money, facilities and technology.

The resources' requirements have been incorporated into the Medical Center capital and operating budget processes in order to better align and allocate the resources necessary to satisfy the Medical Center goals. Ultimately, many of the resource solutions for the Medical Center are interdependent with those of the central administration, the UI Foundation, the three campuses and their respective academic and non-academic units.

A successful strategic plan is one that is executed effectively and achieves the desired results set forth in the plan. The Medical Center will be stringent in monitoring implementation efforts related to the strategic thrusts and action plans specified in this strategic plan. This will require diligent reporting of results, and taking corrective actions as necessary to ensure success. Monitoring, evaluation, and feedback will be regular and ongoing in concert with the University's overall plan implementation.

Call to Readers for Participation

The Medical Center's characteristics and location open up a range of opportunities for the generation of support. As the Medical Center looks to the future, the realization of our aspirations and goals will require keen management of Medical Center strengths and resources and a more strategically focused clinical enterprise. The acquisition of a greater market share and larger population base will require a convergence of collaborative efforts among the Medical Center, the Health Science Colleges, and UIC. The fulfillment of our goals will necessitate a restoration and augmentation of funding levels through the identification of new revenue sources and the generous support of state and private philanthropic sources. It will require a demonstrated commitment to the development of a culture of courtesy and customer service, and a modern clinical environment. We believe the University of Illinois Medical Center at Chicago has a glowing future ahead as the provider of choice in the City of Chicago and we ask that you join us in our commitment to the community.

Section I: An Introduction to the University of Illinois Medical Center at Chicago

The University of Illinois Medical Center at Chicago can trace its roots back to 1919, when a cooperative agreement between the University of Illinois and the Illinois Department of Public Welfare resulted in the construction of the Research and Educational Hospitals. The eventual aging of the Research and Educational Hospitals gave rise to the building of the University of Illinois Hospital in 1977. Today, over 500 primary care physicians and specialists provide high quality primary and specialty care to patients from the city, state and around the world. As a member of the Illinois Medical District, the University of Illinois Medical Center at Chicago is centrally located in one of the largest urban healthcare, educational, research, and technology districts in the nation.

The Medical Center is comprised of a 507-bed hospital, outpatient diagnostic and specialty clinics, and two Federally Qualified Health Centers (FQHCs) that serve as primary teaching facilities for the University of Illinois at Chicago Health Science Colleges. The eight-story inpatient facility provides a full complement of patient care services from primary care through and including transplantation, with a medical staff comprising recognized leaders in a variety of specialties. In addition, the Medical Center houses some of the most advanced technology available. In 1999, the 245,000 square foot Outpatient Care Center (OCC) opened as a state-of-the-art facility with a fully computerized medical record system, allowing all patient records to be accessible electronically to care-givers in both inpatient and outpatient environments. The OCC houses all subspecialty and general medicine outpatient services and the Women's Health Center.

The Medical Center serves as a referral site for the seriously ill throughout the city, state and world. In fiscal year 2005, approximately 13,000 inpatient and outpatient surgeries were performed, over 50,000 patients visited the emergency department, 18,000 patients were admitted to the hospital, and 420,000 patients visited the clinic¹. The Medical Center is situated in an environment that continues to experience population growth and significant demographic changes. Appendix I provides greater detail in patient population demographics pertaining to payer mix and ethnicity.

Through its affiliation with UIC, the Medical Center has access to many additional healthcare resources. As the largest medical school in the country, the College of Medicine (COM) educates over 2,600 culturally and economically diverse medical students and trainees². The community benefits from the collaborative relationships between the Medical Center and UIC's Health Science Colleges, which includes the Colleges of Medicine, Dentistry, Pharmacy, Allied Health Professions, Nursing and the School of Public Health. In addition, the UIC campus hosts the Lions of Illinois Eye Research Institute, the Light House for the Blind, and the Medical Center Eye and Ear Infirmary (EEI), making this a major statewide referral center for eye disease.

The diverse staff and resources that comprise the Medical Center allow for the fulfillment our commitment to the people of Illinois and help to foster an environment focused on providing the highest level of patient care, an unwavering commitment to education, and dedication to discovering leading-edge cures and treatments.

Section II: The Purpose of the University of Illinois Medical Center at Chicago

Mission

The Mission of the University of Illinois Medical Center is to support essential teaching and research functions of the academic units of the University's Health Sciences Center. We must provide the best of care in accordance to the highest standards of hospital accreditation having at all time the well-being of the patient as the highest concern.

Vision

We will be true to our commitment to the people of Illinois to provide compassionate, high quality health care and be an acclaimed leader in advancing the art and science of medicine.

Guiding Values

The University of Illinois Medical Center at Chicago holds the following as tantamount values of our institution:

- **Integrity**: We respect the dignity and worth of everyone by maintaining the highest degree of ethical and moral conduct.
- **Innovation**: We welcome change because it provides the opportunity for students to learn, faculty to conduct research, and staff to improve our organization and the communities we serve.
- **Service Excellence**: We are courteous and responsive to the needs of our patients and customers and strive to exceed their expectations.
- **Safety**: We earn the public's trust by fostering an environment dedicated to the safety of our patients, staff, and guests.
- **Accountability**: We are responsible for achieving organizational results by maximizing our human, financial, and material resources.

Statutory Mandates

Statutory mandates impacting the Medical Center are the University of Illinois Hospital Act (110 ILCS 330) which created the Medical Center in furtherance of the University of Illinois' teaching, research, and public service functions. Other important University-specific mandates includes the state statutes establishing the University of Illinois Act (110 ILCS 305), the University of Illinois at Chicago (110 ILCS 320), and the University of Illinois at Springfield (110 ILCS 327). See Appendix II for selected federal, state, and city mandate listings.

As an entity of the State of Illinois, the Medical Center is also subject to state oversight and regulations and must abide by the state constitution and statutes. In addition, the Medical Center is subject to public health oversight and regulations. Key statutory requirements pertaining to hospital entities include the following:

- Illinois Department of Public Health (IDPH)
- Joint Commission on Accreditation of Healthcare Organizations (JCAHO)
- Centers for Medicare and Medicaid Services (CMS)
- Health Insurance Portability and Accountability Act (HIPAA)

- Emergency Medical Treatment and Active Labor Act (EMTALA)

An important consideration in moving forward with the Medical Center's strategic plan is that the strategic goals and implementation steps put in place be consistent with (and supportive of) the responsibilities and duties outlined in these mandates.

Section III: Strategy

Statement of Strategic Intent

The strategic intent of the Medical Center's strategic plan is to guide our commitment to the people of Illinois. As the Medical Center successfully achieves the strategic goals outlined for the future and fulfills its mission, the Medical Center will achieve its standing as a nationally acclaimed leader in the delivery of quality health care and in the advancement of the art and science of medicine.

Environmental Assessment

Environmental forces, both internal and external, can shift the focus and priorities of an institution over time, providing a framework for its development. The future of the Medical Center will be shaped by several fundamental environmental forces.

Demographics

Chicago is the economic and cultural capital of the Midwest. It is home to the headquarters of 34 Fortune 500 corporations, with principal economic sectors including financial services, pharmaceuticals, retailing, insurance, and electrical machinery and equipment. Currently there are 74 hospitals located in the Chicago metropolitan area, 39 of which are located within the same region as the Medical Center³ (See Appendix III). In 2003, approximately 207,000 inpatient and outpatient surgeries were performed in the region, over 1 million patients visited area emergency departments, clinic visits numbered close to 4 million, and there were over 428,000 hospital admits⁴. Utilization of inpatient services at metropolitan Chicago community hospitals was up overall in the 2nd quarter of 2005 and staffed beds were up in Chicago. Admissions have increased overall, and over age 65 admissions, which account for 40% of total admissions, were up 4.1% for the quarter. Additional increases were experienced in emergency department visits, live births and deliveries, and outpatient surgeries. The average length of stay was down overall for the region, although the Medical Center experienced an increase.

Changing population demographics is a major contributor to the rapid past and future growth in the utilization rates for emergency medicine, oncology, cardiovascular medicine, gastroenterology, and orthopedics. Although current hospital capacity is stable or decreasing, emergency departments are overflowing. Factors that continue to exacerbate the situation are an increasing number of uninsured, a growing and aging population, and the need for technological advancements that aid diagnosis and treatment. Nearly 1.8 million uninsured live in the state of Illinois and approximately 600,000 are located within the city of Chicago. Nearly one-quarter of all people not eligible for Medicare are uninsured and a large and growing segment of this population are young adults who are no longer covered under their parents' insurance policies and older people who do not yet qualify for Medicare coverage.

Over the next 25 years, the population of the entire Chicago metropolitan area is projected to grow by nearly 2 million, with a large majority projected to reside outside the city. While people are still moving from the city of Chicago to the suburbs, the 2000 census reported the first increase in the population of Chicago since 1950, and the downtown core experienced a net increase of 135,000⁵. Overall, the Chicago area is adding 640 new residents daily, with nearly two-fifths of them coming from abroad, ranking the region second nationally in terms of in-migration. The Illinois population will become more diverse and the Hispanic population will grow faster than any other segment. The over 50 population will continue to grow significantly and this aging population will put significant pressure on health care needs.

Economic

The health care sector in the metropolitan Chicago area is the third-largest source of regional private-sector employment. Hospitals directly and secondarily account for 402,290 jobs, including 142,347 full-time equivalent jobs, as well as vendors and construction crews that benefit from the presence of a hospital serving their community⁶. Hospitals will continue to be a significant source of employment growth for the metropolitan Chicago region. Based on the growing and aging population, which are driving an increased demand for health care services, the Chicago region will need an additional 22,500 full-time health care workers, 4,500 inpatient beds, and 3,000 physicians by 2020⁷. Based on these demand and capacity projections, metropolitan Chicago area hospitals alone will generate 3,164 new jobs annually for the region through 2020⁸.

Salaries, wages, and benefits paid by Chicago-area hospitals to their employees totaled \$9 billion in 2003. Metropolitan Chicago hospitals create high-paying jobs and sustainable employment opportunities. The average wage, including benefits was \$63,088 – roughly \$20,000 higher than the regional average wage of \$43,021⁹. Each dollar of hospital wages and salaries supports \$1.42 in additional wages and salaries in other sectors of the region's economy.

Area hospitals could face a 25,000 employee deficit by 2020. The region is not growing the workforce and \$40-50 million in state funds over the next five years is needed to develop and train nursing faculty and expand education and training programs. Vacancy rates for registered nurses throughout Chicago are now at 9%¹⁰. The United States will face a shortage of physicians by 2020, especially in cardiology, nephrology, radiology, general medicine, surgery, and anesthesiology. Labor costs account for 50% of all hospital costs and make up the largest share of growth in hospital spending. Due to the shortage, hospitals will experience inflating salary and benefit expenses and competitive pressure to increase overall compensation.

Organized labor continues to increase their ranks and gain the support of the public, policy makers, and the media. Labor will continue to impact hospitals through broad legislative initiatives intended to address health care costs, quality and patient safety, and the uninsured. Labor will seek legislation to prohibit mandatory overtime, establish staff-to-patient ratios resulting in less in-hospital coverage.

Higher Education/Research

Universities throughout the world are developing new levels of research and teaching competencies, making them competitive with universities in the United States. Universities in the United States are restructuring, internally developing new interdisciplinary synergies and units of new knowledge

and externally engaging in inter-institutional collaborations for scientific and entrepreneurial purposes. Chicago is the home of nearly 50 colleges and universities, and higher education is one of the region's most productive sectors. For example, UIC ranks as the 19th largest employer in the city¹¹. However, in the United States, prospective health care students are being turned away from schools due to the lack of qualified professors. Currently, 7% of the full-time faculty positions for bachelors and graduate nursing programs in the nation are vacant.

Federal research funding continues to grow, with an 11.8% increase currently working its way through the congressional appropriations process¹². In an effort to develop more collaborative and interdisciplinary work, the University of Illinois at Chicago is placing special emphasis on work that combines basic research and practice.

The market for continuing education is expected to grow, particularly as rapid technological advances will require professionals to update their skills continually. Greater importance will be placed on connectivity as the demand for online education continues to expand and academic interactions in research, service, and technology transfer increasingly span geographical distances¹³.

Fiscal

Chicago area hospitals continue to encounter various revenue constraints and significant cost pressures that continue to constrict hospitals' margins. Current challenges include reimbursement from Medicare and Medicaid that remains less than the cost of caring for beneficiaries, increased wages that are the result of critical labor shortages, rising costs due to increasing utilization, medical liability insurance, pharmaceuticals, medical devices, enhanced disaster preparedness and plant security, growing capital needs, and the rising population of uninsured patients. Currently, one-third of all Illinois hospitals are losing money.

Hospital Medicare payments will have been collectively reduced by more than \$160 million and total Medicare margins will have decreased 37% by 2005¹⁴. Going forward, many hospitals will remain at risk over the long-term, largely because Medicare and Medicaid will still reimburse hospitals less than the costs of caring for program beneficiaries. They collectively account for at least 50% of the average Chicago area hospitals' patient revenues. Illinois' struggling economy, continuation of decreasing tax revenues, and increasing enrollment and increasing health care costs in the Medicaid program will perpetuate the state's Medicaid crisis.

Academic health centers (AHCs) will continue to see reducing Medicare reimbursement for indirect medical education and will be negatively impacted by the soaring increases in the costs and decisions by many insurers. Lack of sufficient Medicare reimbursement and the anticipated federal deficit reduction efforts will constrain AHCs and teaching hospitals' ability to maintain research activities, train new physicians, and continue to care for uninsured and underinsured populations.

The rising cost of medical liability insurance also continues. The rise is associated with an unfavorable malpractice environment for providers, size of verdicts awarded by juries, and insurers raising their premiums to boost revenue and improve their balance sheets. This trend consequently will impact the availability of health care services as physicians leave the region for areas where liability insurance is lower or leave the practice altogether.

Political

Congress continues to investigate methods to reduce health care costs, expand coverage to the uninsured, analyze the financial impact of Medicare spending and pay for performance, and increase dollars for disaster preparedness. The possible enactment of a Balanced Budget Act II by Congress could reduce Medicare and Medicaid spending even further.

To meet its increasing Medicaid liabilities during a period of tight fiscal constraints, the Illinois General Assembly has passed and Gov. Blagojevich has signed into law a Medicaid hospital provider tax. The current administration continues to support an expansion of the state Medicaid, KidCare, and FamilyCare programs. The Illinois Certificate-of-Need (CON) program has provided hospitals with an opportunity to limit and/or restrict competition from niche providers, ambulatory-surgical centers, and other non-hospital providers.

Regulatory

A heightened concern for patient safety in health care environments has increased the level of public scrutiny and regulatory requirements of the health care industry. National groups such as the Leapfrog Group continue to engage in aggressive public policy agendas intended to pressure hospitals to adopt policies believed to improve patient outcomes and reduce costs. Increasing criticism of JCAHO's failure to identify many serious deficiencies from the U.S. General Accountability Office (GAO) has resulted in significant changes in the accreditation processes. Hospitals will be placed under considerable pressure to remain in compliance through the use of public reporting and unannounced surveys and inspections. On the private payer side, insurers have begun offering physicians and hospitals financial rewards for providing high-quality care while keeping health care costs down.

Competitive Analysis

The Chicago healthcare market is extremely competitive due to the number of hospitals located in the region. The Medical Center is located in the Illinois Medical District, a special-use zoning district on the West Side of the city of Chicago that was created by an act of the State legislature in 1941. The hospitals located in the district include the Medical Center, Rush University Medical Center, John H. Stroger Jr. Hospital and the Jesse Brown VA Medical Center.

The Illinois Hospital Association's 2002 list of *Illinois Teaching Hospitals* identifies hospitals by the following categories: city, county, urban/rural location and teaching category¹⁵. As a large, urban, academic medical center, the Medical Center categorizes its competitors into three groups. The hospitals included in these groups are defined as Major Teaching Hospitals, defined by a ratio of total facility interns and residents to beds greater than or equal to 25% or having 100 or more interns and residents.

1. Major Teaching Hospitals within a University Campus in Cook County

The Medical Center identifies four hospitals to be primary competitors within the Major Teaching Hospitals within a University Campus in Cook County, Illinois. The hospitals listed below have implemented large-scale marketing campaigns within the Chicago's metropolitan area and attract a financially strong payer mix. These hospitals are located within a ten mile radius of each other and essentially compete for similar patient cases.

The Medical Center differentiates itself from this group by its status of being a tertiary referral center with reputable faculty in sub-specialty categories. Unlike our competitors, our general family medicine department is small and we have difficulty in obtaining general patients into our system.

Loyola University Medical Center
Northwestern Memorial Hospital
Rush University Medical Center
University of Chicago Hospitals

2. Major Teaching Hospitals in Cook County

Major Teaching Hospitals in Cook County, identifies hospitals and medical centers that also provide the environment for training physician residents and other healthcare professionals. These hospitals, with the exception of Evanston Northwestern Healthcare, have affiliations with the surrounding universities' medical colleges but are not considered part of a university campus.

The Medical Center compares favorably with these institutions and is regarded in a different tier due to its tertiary referral designation for training. Due to our location, the Medical Center is looking to capitalize on patients living to our south. Our major competitors for these patients are Michael Reese Hospital and Medical Center, Mount Sinai Hospital and St. James Hospital and Health Centers in Olympia Fields.

Advocate Christ Medical Center
Advocate Illinois Masonic Medical Center
Advocate Lutheran General Hospital
Evanston Northwestern Healthcare
John H. Stroger, Jr. Hospital
Michael Reese Hospital and Medical Center
Mount Sinai Hospital
St. Francis Hospital
St. James Hospital/ Olympia Fields Campus

3. Major Teaching Hospitals located outside of Cook County

Major Teaching Hospitals located outside of Cook County are our competition for obtaining the market for referrals in the entire state of Illinois. The Medical Center's designation as the State of Illinois' medical center is an opportunity to capitalize on referrals coming from all over our state for sub-specialty care and treatment.

Memorial Medical Center - Springfield
OSF Saint Francis - Peoria

Areas identified for high clinical priority

A 2005 volume projection report by Navigant Consulting, forecasted projections and trends on inpatient and outpatient services offered currently and those services that we should expand/reduce in the future¹⁶. The report concluded that the Medical Center is in a good position to grow volume and market share south of the Medical Center in the following clinical areas (see Appendix IV and V).

- Neurosciences (behavioral health, neurology, neurosurgery)
- Digestive and Liver Diseases (obesity-related metabolic syndrome, diabetes, renal failure, transplant, endoscopic diagnoses/treatment of digestive disease)
- Women's Health (OB, neonatology, gynecology, women's cancers)
- Cancer
- Imaging (via internal and external referrals)

According to the Navigant report, these clinical areas have not seen a significant market share gain over the past two years, because the competition is intense and barriers exist to additional growth. These areas can represent significant opportunity in terms of market share/financial gain. These clinical areas are tied directly to the UIC's College of Medicine "Focus on Four," which are the four translational research areas that the College of Medicine has identified as the focus in their strategic plan.

Figure 1 identifies the Medical Center's high priority clinical programs and provides a synopsis of the following information:

- Medical Center's market share in fiscal years 2002 and 2005
- Major competitors
- Points of Interest

Figure 1

High Priority Clinical Programs	Medical Center Market Share		Major Competitors	Points of Interest
	FY 2002	FY 2005		
Neurology	1.5%	1.95%	Advocate Lutheran General Hospital, Rush University Medical Center and affiliates, Northwestern Memorial Hospital and University of Chicago Hospitals	The Medical Center needs to increase physician referrals to our neurology program. Neurology could see its volume double in a few years with sufficient capacity/resource allocation. In the U.S. News World Report: Best Hospitals 2005, the Medical Center's program was ranked #45 in the nation.
Neurosurgery	7.4%	6.0%	Northwestern Memorial Hospital, Rush University Medical Center, Alexian Brothers Medical Center and University of Chicago Hospitals	Our program is known for its clinical strength and reputation. In the U.S. News World Report: Best Hospitals 2005, the Medical Center's Neurosurgery program was ranked #45 in the nation.
Behavioral Health	0.85%	1.04%	St. Mary of Nazareth, St. Elizabeth's, Loretto Hospital and Jackson Park hospital	We are the only academic medical center in the region with a strong, reputable behavioral health program. With a newly acquired child psychiatry program and a Center for Autism we can move to create a specialty niche in the state in this area.
Transplant	17.6%	16.5%	Rush University Medical Center, University of Chicago Hospitals have recently seen market share declines in transplant. Northwestern Memorial Hospital's market share has remained constant, while Loyola's market share is increasing.	The Medical Center has a strong presence in this area due to its global recognition in performing living-donor transplants. We believe we have some of the leading surgeons in the world in this specialty and need to market this outside our Medical Center.
GI/Surgery	1.9%	1.9%	Northwestern Memorial Hospital, Advocate Christ Medical Center, John H. Stroger Jr. Medical Center and Rush University Medical Center	Rush University Medical Center and John H. Stroger Jr. Medical Center are seeing declines in their market share. To compete we need to grow our dialysis, kidney transplants, and interventional GI programs.

High Priority Clinical Programs	Medical Center Market Share		Major Competitors	Points of Interest
	FY 2002	FY 2005		
Oncology	3.4%	3.0%	Northwestern Memorial Hospital, University of Chicago Hospitals, John H. Stroger Jr. Medical Center and Rush University Medical Center are all seeing growth in their market shares	Cancer rates continue to grow and people look to academic medical centers for new treatment and research opportunities, which can lead to a significant volume potential. Loyola University's market share growth has been declining.
Imaging	N/A	2.7%	University of Chicago Hospitals, Private Centers and Physicians	The Medical Center has the highest technological capabilities in terms of the 3T MRI and PACS digital viewing system. Another area of competition stems from the increasing number of private imaging centers that allure physician referrals and patients because of privacy, easy to access location, and perceived scheduling availability. The annual growth projections for the advanced imaging industry are 10-15%. We can gain the advantage here if we pursue a marketing campaign for physician referrals both internally and externally.
Women's Health	2.0%	2.3%	Northwestern Memorial Hospital, Advocate Christ Medical Center, and Advocate Lutheran General's market shares are decreasing. Advocate Illinois Masonic Medical Center is seeing increases in its market share	The Medical Center is a designated "Center of Excellence" in Women's Health. The UIC service area's female population is projected to grow only by 0.5% in the next five years but if the Medical Center is able to reach 3,000 deliveries, expand its infertility program and focus on women's cancer it can become a leader in this industry.
Neonatology	3.3%	3.4%	Advocate Illinois Masonic and Loyola University Medical Center	The Medical Center has a reputable neonatology program that needs to focus on increasing transfers from other hospitals.

Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis

A key component to the development of a comprehensive strategic plan is to outline the Medical Center's strengths, weaknesses, opportunities, and threats (SWOT). This process provides a better understanding of the external and internal context within which the Medical Center operates. The information detailed in a SWOT analysis will aid in the ongoing development of the strategic planning framework. Figure 2 displays key SWOT themes that were identified by Medical Center Leadership (see Appendix VI).

Figure 2

Strengths	Weaknesses
Experienced staff/faculty State of the art Outpatient Care Center Reputation of the physicians Full complement of services provided Urban location State/university affiliation Community presence Technologically advanced Culture of quality Broad access to excellent healthcare	Silo Culture among departments Lack of branding/image Lack of comprehensive growth strategies Physical environment (deferred maintenance) Lack of fundraising activities Fiscal constraints Inefficient hospital throughput Planning for future is not a proactive process Lack of utilizing benchmarking reports Reputation of the Medical Center
Opportunities	Threats
Business development with external organizations Philanthropy plan Image/reputation Changing payer mix among current patient population Utilization of interdisciplinary resources University leadership focusing on planning for future Legislative support	Medical inflation Rigid regulatory environment Competitive environment Politically-charged environment Reduction in state funds Rising medical malpractice Decreasing reimbursement amounts from payers

Strategic Issues

The Medical Center identified four strategic issues that are currently critical challenges affecting the organization.

1. How will the Medical Center align the services it provides to meet the needs of the patients, health science colleges, and the communities served?
2. How will the Medical Center acquire the resources required to sustain growth and to modernize its physical facilities?
3. How will the Medical Center demonstrate high level performance to ensure its survival?
4. How will the Medical Center leverage its resources to manage imposed external expectations?

Strategic Goals

The Medical Center has identified five key goals, which attempt to capture and illuminate the mission and vision of the organization. These overarching goals are further elucidated through the identification of strategic thrusts and proposals to accomplish them. See Appendix VII for strategic plan grid.

Goal 1

The University of Illinois Medical Center at Chicago will be a recognized employer of choice.

- Provide an aesthetically pleasing environment
 - Execution of Master Facility Plan
 - Improve Medical Center's aesthetic environment
- Increase recruitment, retention, and pay strategies
 - Improve comprehensive strategy for use and leverage of web technology
- Foster a culture that creates conditions for faculty and staff to thrive
 - Formalize a comprehensive strategy for staff development
 - Implement the customer service initiative

Goal 2

The University of Illinois Medical Center at Chicago will be a recognized healthcare provider of choice for the communities served.

- Streamline patient flow processes
 - Examine and address hospital throughput
- Develop/grow clinical programs that draw on Medical Center's and Health Science Colleges' strength
 - Review Health Science Colleges' strategic plans for potential plan alignments
- Increase relationships with patients, payers, physicians, and community
 - Track partnership opportunities with other community providers
 - Increase retention strategies for patients, payers, and physicians
 - Implement the customer service initiative
- Become a leader in patient safety innovations and practices
 - Achieve recognition by IBHE for Patient Safety Institute
- Develop a comprehensive public awareness campaign
 - Improve community outreach campaign that is tailored to physicians, payers, and community
 - Develop a competitive strategy designed to reclaim local market

Goal 3

The University of Illinois Medical Center at Chicago will achieve and sustain financial growth and operational efficiencies necessary to fulfill its mission.

- Execute a fundraising campaign
 - Improve formal philanthropy plan in collaboration with the Office of Advancement
- Increase opportunity for new revenue and efficiencies in use of resources
 - Increase number of revenue capturing mission viabilities
- Expand facility to support clinical growth
 - Improve formal philanthropy plan in collaboration with the Office of Advancement
 - Execution of the Master Facility Plan
- Cash Management and Asset Utilization
 - Improve strategies for 3rd party financing for capital purchases
 - Improve strategies for the reduction of Days in Accounts Receivable
- Aggressively pursue opportunities for expense reduction
 - Increase number of expense reduction mission viabilities

Goal 4

The University of Illinois Medical Center at Chicago will be recognized for excellence in organizational compliance at all levels.

- Become a leader in patient safety innovations and practices
 - Achieve recognition by IBHE for Patient Safety Institute
- Achieve and/or maintain highest standards for all regulatory and accrediting bodies
 - Utilize comprehensive measurement system to monitor and evaluate compliance with standards
- Unify the efforts of the Medical Center and the faculty group practice to assure corporate compliance
 - Perform a joint risk analysis of all billing systems to validate appropriateness of pricing, coding, and reimbursement systems

Goal 5

The University of Illinois Medical Center will achieve national recognition as an academic medical center.

- Develop marketing initiatives to increase staff/faculty recognition
 - Formulate Branding/Marketing Strategic Plan
- Advance partnerships with Health Science Colleges to achieve “centers of excellence” recognition
 - Track and monitor initiatives designed to support "Centers of Excellence" recognition

Strategic Plan Alignment

The realization of our aspirations and goals will require keen management of Medical Center strengths and resources, and a convergence of collaborative efforts among the Medical Center and the Health Science Colleges. In addition, the community benefits from the collaborative relationships between the Medical Center and UIC’s Health Science Colleges. To ensure that our future development proceeds in a similar path as those of the Health Science Colleges, we have reviewed and identified common goals and strategic thrusts. See Appendix VIII for detailed alignment.

Section IV: Resource Plan**Resources Needed**

The resources required to achieve the strategic goals will include a blend of people, money, facilities and technology. Strategic Goal #3 addresses the importance of achieving and sustaining financial growth and operational efficiencies as necessary components to fulfilling the Medical Center’s mission. During the second phase of the strategic planning process, action plan leads identified the specific resources required for the successful achievement of our strategic thrusts (see Appendix IX). The resources’ requirements have been incorporated into the Medical Center capital and operating budget processes in order to better align and allocate the resources necessary to satisfy the Medical Center goals. Ultimately, many of the resource solutions for the Medical Center are interdependent with those of the central administration, the UI Foundation, the three campuses and their respective academic and non-academic units.

Resource Procurement Strategy

As the discussion of resource needs is further expounded, a detailed resource procurement strategy will be developed to identify the financial support required to enable the Medical Center to pursue its mission. In some instances, the feasibility of specific desired actions in the Medical Center plan is dependent on the availability of suitable funds. Several of the action plan leads identified resources that are new to the organization and require funds from outside of the Medical Center's current base (see Appendix X).

Section V: Monitoring/Evaluation of Plan Implementation and Results

Implementation Timetable

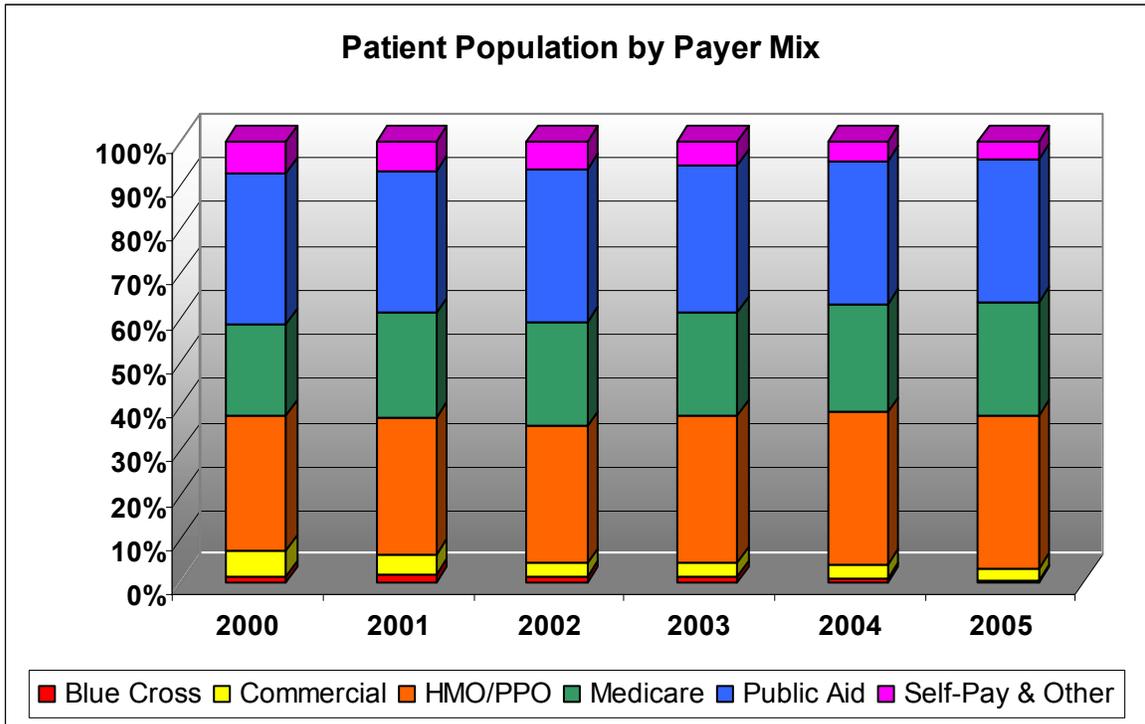
During the second phase of the strategic planning process, action plan leads developed charter documents that contained the timelines, milestones, and measures for implementation for each of the adopted actions. As the implementation of these action plans begins, the leads will convene on a monthly basis to present current status and progress. During these advisory committee meetings, the leads will discuss achievement of milestones and discuss any current barriers encountered. Appendix XI provides a Gantt chart of all action plans and expected timelines.

Performance Metrics

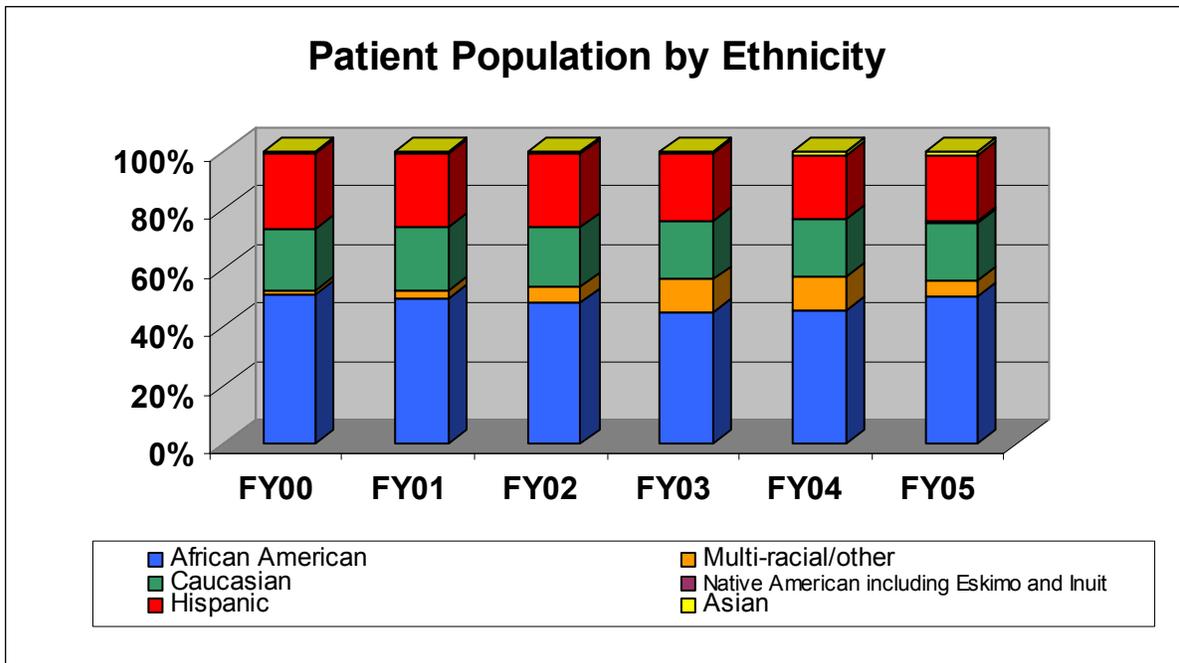
A successful strategic plan is one that is executed effectively and achieves the desired results set forth in the plan. The Medical Center will be stringent in monitoring implementation efforts related to the strategic thrusts and action plans specified in this strategic plan. This will require diligent reporting of results, and taking corrective actions as necessary to ensure success. Monitoring, evaluation, and feedback will be regular and ongoing in concert with the University's overall plan implementation.

The development of relevant, meaningful metrics of progress toward the Medical Center's strategic plan execution will be two-fold. The first set of metrics will center on the action plans identified as Type 1 projects. The performance metrics have been defined in the charter documents associated with these actions. As mentioned previously, the results of these plans will be reviewed each month when performance against the goals is conducted. The second set of metrics will utilize a quarterly dashboard designed to incorporate the results of the action plans and outline the success of the strategic thrusts. The reporting of these results will be done at regular Executive Staff meetings and will serve as indicators to the progress of the overall strategic plan.

Appendix I: Patient Population Demographics



Source: University of Illinois Medical Center at Chicago. Business Planning and Decision Support



Source: University of Illinois Medical Center at Chicago. Business Planning and Decision Support

Appendix II: Selected Federal, State, and City Mandate Listings¹⁷

Federal Mandates

- Morrill Act of 1862
- Smith-Lever Act of 1914
- Civil Rights Acts of 1967 and 1991
- Patriot Act
- U.S. Department of Health and Human Services and the U.S. Food and Drug Administration Protection of Human Subjects Regulations (45 CFR part 46 and 21 CFR parts 50 and 56, 312, 600, and 812 respectively)
- Health Insurance Portability and Accountability Act Privacy Rule of 1996
- HIPAA Security Rule (45 CFR part 160 and Part 164, subparts A and C)
- U.S. Department of Health and Human Services Standards for Privacy of Individually Identifiable Health Information (Privacy Rule)
- The Common Rule and Subparts B, C, and D
- Patent and Trademark Law Amendment Act of 1980 (Bayh-Dole Act)
- Jeanne Clery Disclosure of Campus Security Policy
- Campus Crime Statistics Act of 1990

The university is required to comply with literally hundreds of federal regulations, the majority of which are cataloged in the Federal Acquisition Regulations (FAR) and the Code of Federal Regulations (CFR). The following additional federal regulations are standard regulations present in the majority of federal awards:

- OMB Circular A-110, "Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations."
- OMB Circular A-21, "Cost Principles for Educational Institutions."
- OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations
- Compliance with the standard Patent Rights clauses as specified in 37 CFR, part 401, FAR 52.227-11, 45 CFR Part 6 & 8, or U.S.C 203, whichever is appropriate and applicable. Additional guidance on recipient reporting requirements for inventions can be found in the NIH Guide for Grants and Contracts Vol. 19, No. 23, June 22, 1990.
- Civil Rights - Title VI of Civil Rights Act of 1964 & paragraphs 1 through 7, Part II, Subpart B, Section Executive Order 11246; Section 504 Rehabilitation Act of 1973 as amended & 45 CFR 84; Age Discrimination Act of 1975 as amended & 45 CFR 86; Section 704 of Title VII; Section 855 of Title VIII of Public Health Service Act as amended & 45 CFR 83; Section 407 of Drug Abuse Office & Treatment Act of 1972 as amended & 45 CFR 84; Section 321 of Comprehensive Alcohol Abuse & Alcoholism Prevention Treatment and Rehabilitation Act of 1970 as amended; Section 501 of the Mental Health Systems Act; Section 333 of the

Comprehensive Alcohol Abuse & Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 as amended & 45 CFR 2.

- Handicapped Individuals - Compliance with Section 504 of the Rehabilitation Act of 1973 as amended.
- Sex Discrimination - Compliance with Section 901 of Title IX of the Education Amendments of 1972 as amended.
- Student Unrest Provisions - Compliance with Section 407 of the DHHS Appropriation Act.
- Human Subjects - Compliance with the requirements of federal funding agency, as applicable, policy concerning the safe-guarding of the rights and welfare of human subjects who are involved in activities supported by Federal funds; 45 CFR 6.
- Vertebrate Animals - Compliance with applicable portions of the Animal Welfare Act (P.L. 89-544 as amended).
- Debarment and Suspension - Subcontractor certifies that it is not debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this Subcontract by any Federal department or agency; 45 CFR 76.
- Non-Delinquency on Federal Debt - Compliance in accordance with OMB Circular A-129 (revised November 25, 1988).
- Drug-Free Workplace - Compliance with the Drug-Free Workplace Act of 1988, 45 CFR Part 76, Subpart F.
- Misconduct in Science - Each entity which received or applies for a research, research-training, or research-related grant cooperative agreement under the Public Health Service Act must submit an annual assurance certifying that the entity has established administrative policies as required by 42 CFR part 50, Subpart A, and that it will comply with the policies and the requirements set forth therein.
- Restrictions and Lobbying - Compliance with 101-121, Title 31, Section 1352, which prohibits the use of Federal appropriated funds for lobbying in connection with this particular Subcontract.
- Anti-Kick Back Act of 1986 - Certifies that, to the best of its knowledge, it has not received any money, fee, commission, credit, gift, gratuity, things of value, or compensation of any kind, provided directly or indirectly, for the purpose of improperly obtaining or rewarding favorable treatment in connection with the prime grant.
- Program Income - Compliance with PHS Grants Policy memorandum No. 54 dated November 15, 1990 and 45 CFR 74, Subpart F.
- Certificate of Conflict of Interest - Promotes objectivity in research by establishing standards to ensure there is no reasonable expectation that the design, conduct, or reporting of research funded under PHS grants or cooperative agreements will be biased by any conflicting financial interest of an Investigator in accordance with 42 CFR 50, Subpart F.
- U.S. Department of Health and Human Services National Institutes of Health statutory provisions limiting use of funds on NIH grant, cooperative agreement, and contract awards:

- Continued Salary Limitation (Section 204)
 - Anti-Lobbying (Section 503)
 - Restriction on Distribution of Sterile Needles (Section 505)
 - Acknowledgment of Federal Funding (Section 506)
 - Restriction on Abortions (Section 507)
 - Ban on Funding Human Embryo Research (Section 509)
 - Limitation on Use of Funds for Promotion of Legalization of Controlled Substances (Section 510)
- Additional Individual Regulatory Requirements for various federal agencies (e.g., NSF, NIDR, VA)

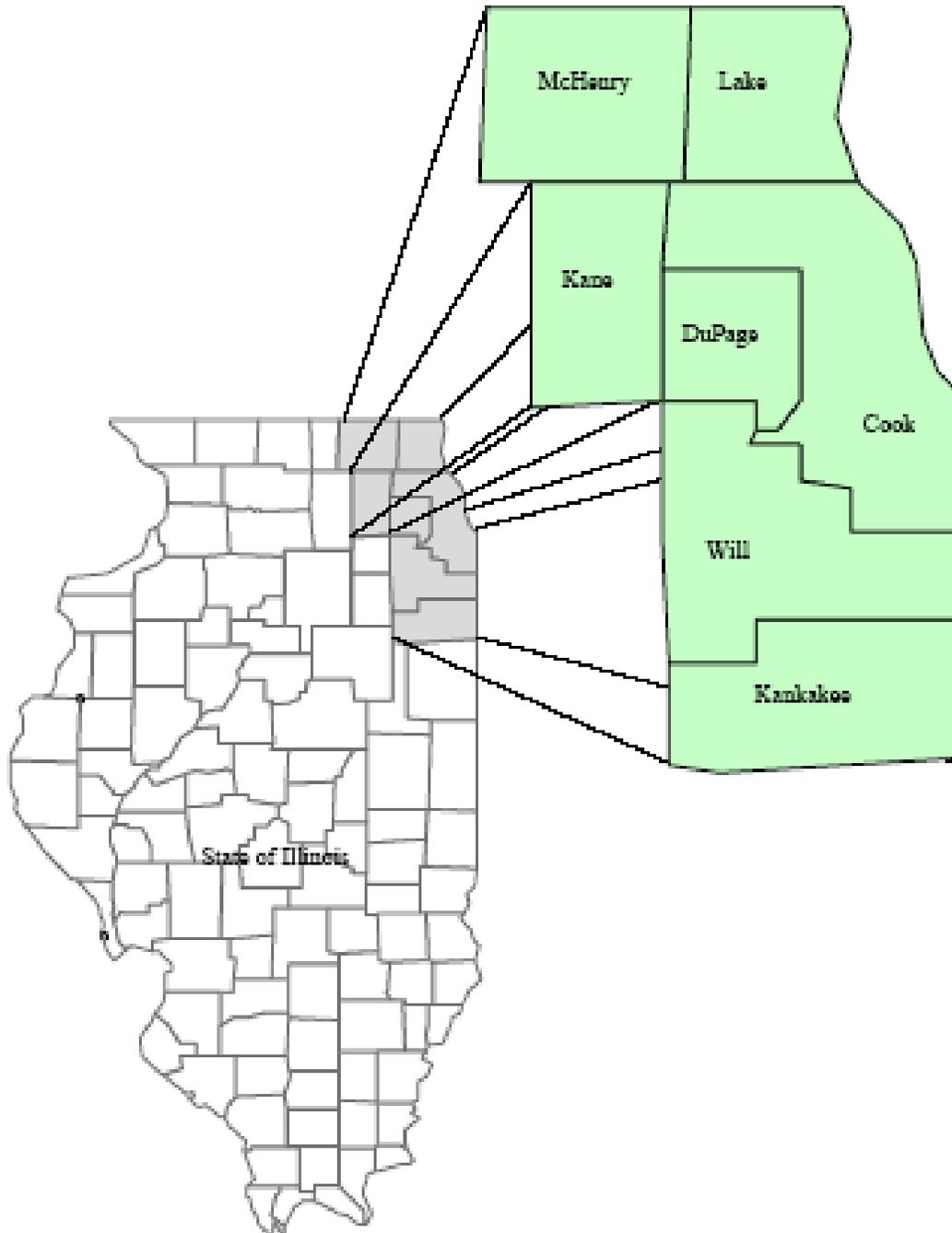
State Mandates

- University of Illinois Act (110 ILCS 305)
- University of Illinois Trustees Act (110 ILCS 310)
- University of Illinois at Chicago (110 ILCS 320)
- University of Illinois Hospital (110 ILCS 330)
- S.R. 296 Mission of Economic Development (2000)
- Open Meetings Act
- Freedom of Information Act
- Governmental Ethics Act
- State Officials and Employees Ethics Act
- State Finance Act
- State Auditing Act
- Illinois Procurement Code
- Architectural, Engineering, and Land Surveying Qualifications Based Selection Act
- State Property Control Act
- State Universities Civil Service Act
- University of Illinois Revenue Bond Financing Act for Auxiliary Facilities
- University of Illinois Revenue Bond Act
- Illinois Educational Labor Relations Act
- Legislative Audit Commission –University Guidelines

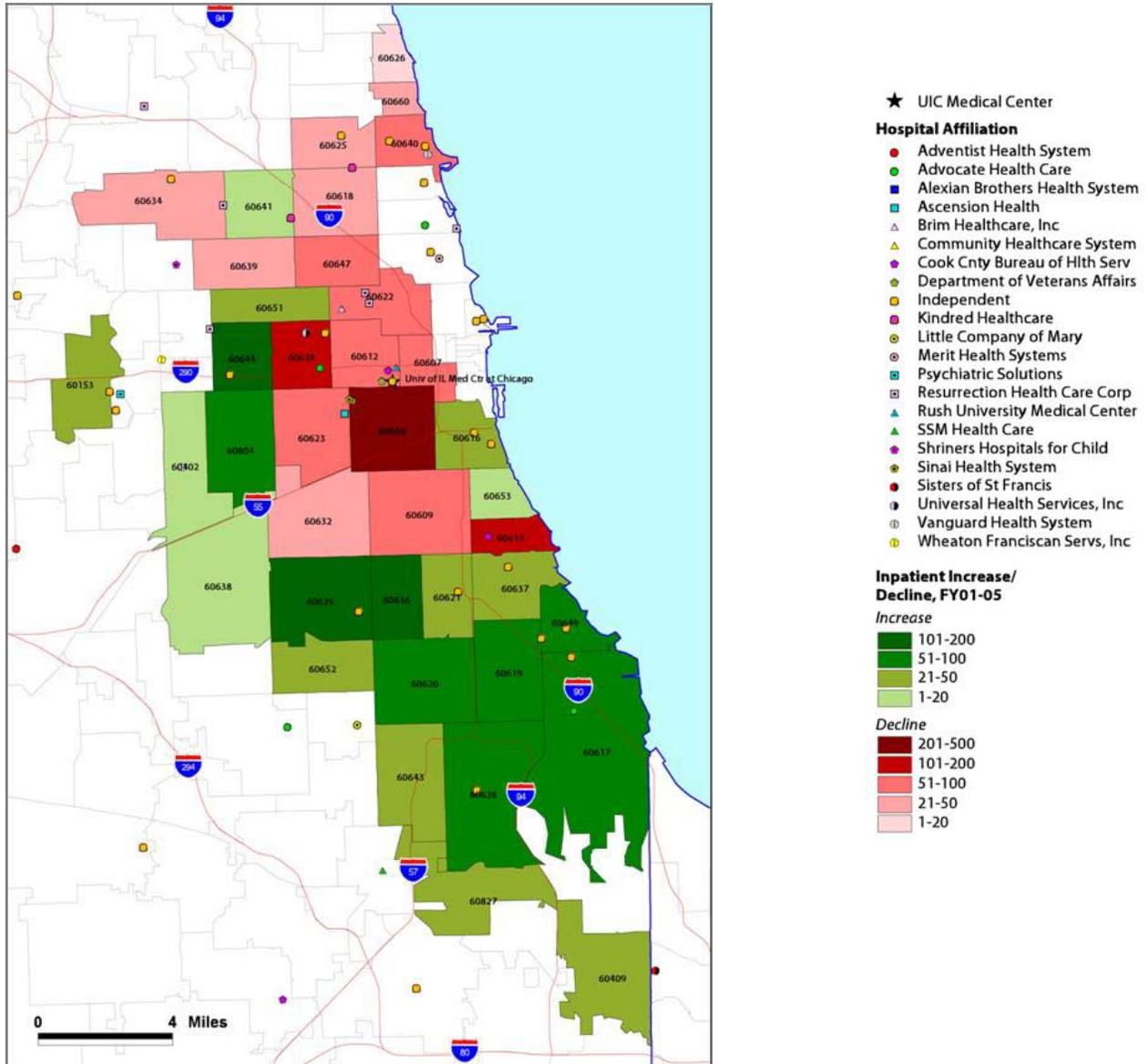
City Mandates

- Life Safety Code
- Building Code & Landscape Ordinance
- Sanitation Code

Appendix III: Chicago Metropolitan Area Map¹⁸

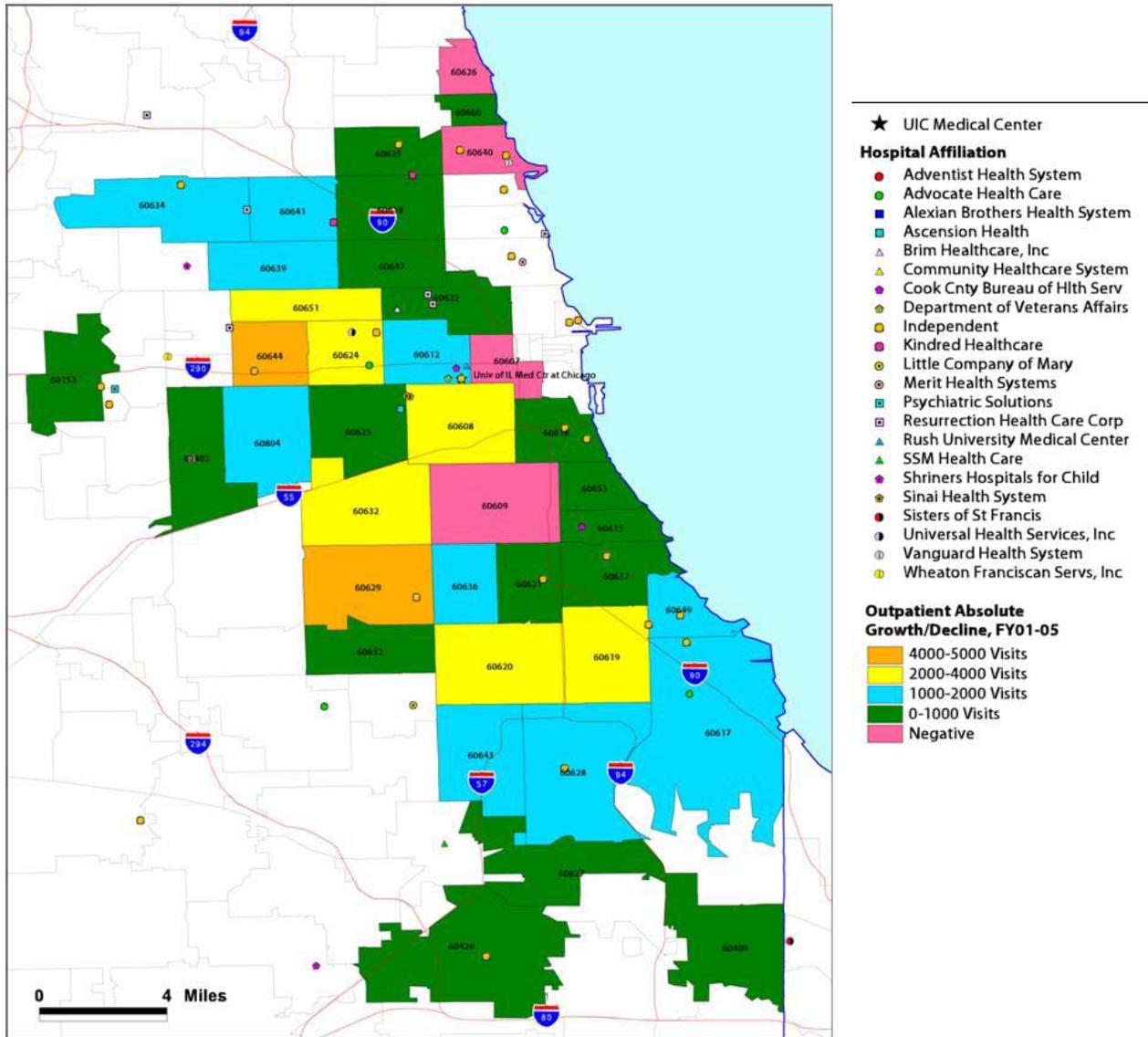


Appendix IV: Inpatient Increase/Decline by Zip Code, FY01-05



Source: University of Illinois Medical Center at Chicago. Business Planning and Decision Support

Appendix V: Outpatient Absolute Growth/Decline by Zip Code, FY01-05



Source: University of Illinois Medical Center at Chicago. Business Planning and Decision Support

Appendix VI: Strategic Plan Planning Unit

Strategic Plan Planning Unit	
Member	Title
Jan Baldwin	Chief Ambulatory Officer
Bernie Biskup	Interim Chief Operating Officer
Amy Cannady	Interim Assistant Hospital Director
Dr. William Chamberlin	Chief Medical Officer
John DeNardo	CEO, Healthcare System
Arnim Dontes	Assistant Dean, College of Medicine
Sheetal Ghayal	Program Coordinator, Business Planning & Decision Support
Sherry Hearn	Interim Chief Human Resource Officer
RoseAnn Laureto	Chief Information Officer
David Loffing	Associate Hospital Director
Robb Micek	Director of Business Planning & Decision Support, Interim Director of Finance
Jennifer Michaels	Director of Clinical Imaging/Interim Director of Clinical Systems
Chris Mollet	Associate University Counsel
Alisa Murchek	Associate Director of Nursing
Dan Nathan	Senior Operational Specialist
Howard Newman	Chief Development Officer for the Medical Center
Pat O'Leary	Interim Chief Financial Officer
Al Pate	Assistant to the CEO
Ann Patla	Liaison to State Agencies
Beena Peters	Associate Director of Nursing
Andrew Reid	Associate Hospital Director
Aaron Simon	Assistant Hospital Director
Jan Spunt	Associate Hospital Director
Henry Taylor	Executive Director, Mile Square Health Center
Barb Vela	Chief Nursing Officer
Kristin Woznicki	Administrative Fellow

Appendix VII: Strategic Plan Matrix

University of Illinois Medical Center			
Strategic Goals	Strategic Thrusts	Action Plans	Plan Lead
Be an Employer of Choice	Provide an aesthetically pleasing environment	Execution of the Master Facility Plan	David Loffing
		Improve Medical Center's Aesthetic environment	David Loffing
	Increase recruitment, retention, and pay strategies	Improve comprehensive strategy for use and leverage of web technology	RoseAnn Laureto
	Foster a culture that creates conditions for faculty and staff to thrive	Formalize a comprehensive strategy for staff development	Dan Nathan
		Implement the customer service initiative	Bernie Biskup
Be a Provider of Choice	Streamline patient flow processes	Examine and address hospital throughput	Jan Spunt
	Develop/grow clinical programs that draw on Medical Center's and Health Science Colleges' strength	Review Health Science Colleges' strategic plans for potential plan alignments	Sheetal Ghayal
	Increase relationships with patients, payers, physicians, and community	Track partnership opportunities with other community providers	Sheetal Ghayal
		Increase retention strategies for patients, payers, and physicians	Jan Baldwin
		Implement the customer service initiative	Bernie Biskup
	Become a leader in patient safety innovations and practices	Achieve recognition by IBHE for Patient Safety Institute	Dr. William Chamberlin
	Develop a comprehensive public awareness campaign	Improve community outreach campaign that is tailored to physicians, payers, and community	Amy Cannady
		Develop a competitive strategy designed to reclaim local market	Bruce Anderson

Appendix VII: Strategic Plan Matrix

Strategic Goals	Strategic Thrusts	Action Plans	Plan Lead
Financial Growth and Operational Efficiencies	Execute a fundraising campaign	Improve formal philanthropy plan in collaboration with the Office of Advancement	Howard Newman
	Increase opportunity for new revenue and efficiencies in use of resources	Increase number of revenue capturing mission viabilities	Robb Micek
	Expand facility to support clinical growth	Improve formal philanthropy plan in collaboration with the Office of Advancement	Howard Newman
		Execution of the Master Facility Plan	David Loffing
	Cash Management and Asset Utilization	Improve strategies for 3rd party financing for capital purchases	Pat O'Leary
		Improve strategies for the reduction of Days in A/R	Pat O'Leary
Aggressively pursue opportunities for expense reduction	Increase number of expense reduction mission viabilities	Robb Micek	
Organizational Compliance	Become a leader in patient safety innovations and practices	Achieve recognition by IBHE for Patient Safety Institute	Dr. William Chamberlin
	Achieve and/or maintain highest standards for all regulatory and accrediting bodies	Utilize comprehensive measurement system to monitor and evaluate compliance with standards	Robb Micek
	Unify the efforts of the MC and the faculty group practices to assure corporate compliance	Perform a joint risk analysis of all billing systems to validate appropriateness of pricing, coding, and reimbursement systems	
Be Nationally Acclaimed as an AMC	Extend marketing initiatives to increase staff/faculty recognition	Formalize Branding/Marketing Strategic Plan	Amy Cannady
	Advance partnerships with Health Science Colleges to achieve "centers of excellence" recognition	Track and monitor initiatives designed to support "Centers of Excellence" recognition	Sheetal Ghayal

Appendix VIII: Strategic Plan Alignment Matrix

Medical Center and HSC Strategic Plan Alignments					
University of Illinois Medical Center		College of Medicine	College of Applied Health Sciences	College of Pharmacy	
Strategic Goals	Strategic Thrusts	Strategic Thrusts	Strategic Thrusts	Strategic Thrusts	
Be an Employer of Choice	Provide an aesthetically pleasing environment	New and renovated educational space	Continue focusing on creating a pleasant and safe working and living environment for all	Continue Scheduled renovation of classrooms and PharmD and Graduate student-support spaces	
	Increase recruitment, retention, and pay strategies	Recruit alumni and community physicians into teaching/interviewing for admissions	Meet the critical demand for new faculty-scholars	Enhance existing faculty succession planning efforts and expand and retain an outstanding and diverse faculty within the College	
	Foster a culture that creates conditions for faculty and staff to thrive	Faculty recruitment, retention, and mentoring	Enhance cultural competency across the spectrum of culture, ethnicity, and disability	Continue and expand annual individualized development plans for faculty	
			Foster faculty and staff success by working with the faculty and staff councils to provide career advancement and enhancement activities	Continue to evaluate the processes and skills needed/used to facilitate staff (and overall College) efficiency and effectiveness	

Appendix VIII: Strategic Plan Alignment Matrix

Medical Center and HSC Strategic Plan Alignments					
University of Illinois Medical Center		College of Medicine	College of Applied Health Sciences	College of Pharmacy	
Strategic Goals	Strategic Thrusts	Strategic Thrusts	Strategic Thrusts	Strategic Thrusts	
Be a Provider of Choice	Streamline patient flow processes				
	Develop/grow clinical programs that draw on Medical Center's and Health Science Colleges' strength	Focus on Four	Generate new revenue by creating practice plans	Export/license clinical models to other locations	
		Funded NIH Clinical Translation Research Center and CTO	Enhance the distribution of our translational research to the community	Develop research platforms and programs with recognition of the research interests of key funding agencies such as the NIH roadmap, the National Science Foundation and others.	
		Funded Comprehensive Cancer Center		Expand existing efforts and develop a multidisciplinary clinical trials center with other UIC health science colleges.	
	Increase relationships with patients, payers, physicians, and community	Grow Primary Care	Generate new revenue by creating practice plans	Expand effective commercialization of College research efforts through appropriate disclosures, patents and licensing. Work with faculty to facilitate the early recognition of commercialization opportunities.	
		Increase Medicare Patients		Export/license clinical models to other locations	
		Increase Satellite Clinics within Five		Pursue partnerships with organizations outside of UIC and UIMCC that will increase reimbursement while expanding high levels of pharmaceutical care	
	Become a leader in patient safety innovations and practices	Urban Health curriculum and institute	Enhance the distribution of our translational research to the community	Expand existing efforts and develop a multidisciplinary clinical trials center with other UIC health science colleges.	
	Develop a comprehensive public awareness campaign	Increase Satellite Clinics within Five	Generate new revenue by expanding our distance, continuing, and executive education offerings	Document and publish the impacts of such services on patient health	

Appendix VIII: Strategic Plan Alignment Matrix

Medical Center and HSC Strategic Plan Alignments				
University of Illinois Medical Center		College of Medicine	College of Applied Health Sciences	College of Pharmacy
Strategic Goals	Strategic Thrusts	Strategic Thrusts	Strategic Thrusts	Strategic Thrusts
Financial Growth and Operational Efficiencies	Execute a fundraising campaign	Philanthropy	Generate new revenue by building a first-rate development operation	Develop and achieve effective philanthropy program (and fund-raising targets) in concert with the College's Sesquicentennial Development Committee, the Campus Central Development Office and the University of Illinois Foundation
		Private foundations		Obtain endowed funding for at least two endowed chairs and two professorships
	Increase opportunity for new revenue and efficiencies in use of resources	Industry sponsored	Generate revenue through internal reallocation	Expand effective commercialization of College research efforts through appropriate disclosures, patents and licensing.
		Entrepreneurs		
	Expand facility to support clinical growth	New and renovated educational space	Strengthen our basic and applied research enterprise	Continue Scheduled renovation of classrooms and PharmD and Graduate student-support spaces
	Cash Management and Asset Utilization		Generate revenue through internal reallocation	Develop an integrated financial model for the College, which integrates, operations, capital needs and strategic investments and compares potential investments against anticipated revenue streams
Aggressively pursue opportunities for expense reduction				

Appendix VIII: Strategic Plan Alignment Matrix

Medical Center and HSC Strategic Plan Alignments				
University of Illinois Medical Center		College of Medicine	College of Applied Health Sciences	College of Pharmacy
Strategic Goals	Strategic Thrusts	Strategic Thrusts	Strategic Thrusts	Strategic Thrusts
Organizational Compliance	Become a leader in patient safety innovations and practices	Urban Health curriculum and institute	Enhance the distribution of our translational research to the community	Expand existing efforts and develop a multidisciplinary clinical trials center with other UIC health science colleges.
	Achieve and/or maintain highest standards for all regulatory and accrediting bodies			
	Unify the efforts of the MC and the faculty group practices to assure corporate compliance			
Be Nationally Acclaimed as an AMC	Extend marketing initiatives to increase staff/faculty recognition		Generate new revenue by expanding our distance, continuing, and executive education offerings	Continually revise annual marketing plan through faculty-lead ad-hoc committee
	Advance partnerships with Health Science Colleges to achieve "centers of excellence" recognition	Specialty Volume Focus on Four	Generate new revenue by creating practice plans	Build on the existing centers and themes of research strength within the College including existing programs and capabilities within areas such as: Natural products and botanicals, cancer, infectious diseases/organisms, biotechnology, women's health, patient safety/medication safety, pharmacoconomics/health outcomes
				Collaborate with researchers in other departments, colleges, UIMCC, campuses, universities and with industry to expand the College research agenda in a manner consistent with the other goals within this section

Appendix IX: Strategic Plan Resource Matrix

Action Plans	Project Leads	Operating Resources Required				Capital Resources Required	Timeframe		Resource Acquisition Strategy	
		Staff	Tech	Training & Education	Other Operating		Non-Recurring	Recurring	Funded through current base	Requires New Resources
Execution of the Master Facility Plan	David Loffing	N	N		N	X	X			X
Aesthically Improving the Medical Center	David Loffing	N	N		N	X	X			X
Web Outreach	Rose Ann Laureto	N	N	N	N	X	X			X
Comprehensive Staff Development	Dan Nathan	E	N	N	E	X	X			X
Customer Service Initiative	Bernie Biskup	E	N	N	N	X	X			X
Medical Center Throughput	Jan Spunt	N	N				X			X
Retention Strategies for Patients, Payers, and Physicians	Jan Baldwin									
Patient Safety Institute Recognition	Dr. Chamberlin	E					X		X	
Community Outreach Campaign	Amy Cannady	E	E					X	X	
Campaign for Medicine Philanthropy Plan	Howard Newman	E			E			X	X	
Revenue and Expense Mission Viability Initiatives	Robb Micek	E						X	X	
Strategies for 3rd Party Financing for Capital Purchases	Pat O'Leary									
Strategies to Reduce Days in A/R	Pat O'Leary		N		N			X		X
Comprehensive Measurement System	Robb Micek	E	N				X			X
Joint Risk Analysis of all Billing Systems										

N= New
E = Existing

Appendix IX: Strategic Plan Resource Matrix

Action Plans	Project Leads	Operating Resources Required				Capital Resources Required	Timeframe		Resource Acquisition Strategy	
		Staff	Tech	Training & Education	Other Operating		Non-Recurring	Recurring	Funded through current base	Requires New Resources
Marketing Strategic Plan	Amy Cannady	N	E		N			X		X
Track MC and HSCs Partnership Opportunities	Sheetal Ghayal	E	E					X	X	
MC and HSCs' Strategic Plan Mapping	Sheetal Ghayal	E	E				X		X	
Track Community Partnership Opportunities	Sheetal Ghayal	E	E					X	X	
Business Development	Bruce Anderson									

Action Plan: Includes the specific activities that enable/contribute to the successful attainment of strategic thrusts

Operating Resources - Staff: Will require investment in staff to implement (e.g., faculty, academic professionals, classified).

Operating Resources - Technology: Will require investment in technology solutions (e.g., hardware, software) to implement.

Operating Resources - Training: Will require investment in staff training and education to implement (e.g., conferences, coursework).

Operating Resources - Other Operating: Will require investment in other operating costs to implement (e.g., equipment, supplies).

Capital Resources: Will require investment in capital resources to implement (e.g., facilities).

Timeframe - Non Recurring: Resources needed to implement the thrust will be one-time or other finite period.

Timeframe - Recurring: Resources needed to implement the thrust will be ongoing part of base.

Resource Acquisition Strategy - Funded Through Current Base: Resources needed to implement thrust funded through base re-allocation.

Resource Acquisition Strategy - Requires New Resources: Will require new incremental resources to implement (e.g., tuition, state funds, private).

N= New
E = Existing

Appendix X: New Resources

New Resources Requested										
Project	Staff	Quantify	Tech	Quantify	Training	Quantify	Capital Resource	Quantify	Other Operating	Quantify
Facility Master Plan	Equipment Planner	\$75,000-90,000	Workstation	\$ 3,000			Hospital Infills	\$ 54,000,000		
	Admin. Assistant	\$40,000-60,000	Plotter	\$ 5,000			Clinical Tower	\$ 371,000,000		
	Hospital Facility Manager	\$ 20,000								
	Hospital Project Manager	\$ 95,000					OCC	\$ 4,000,000		
Medical Center Aesthetics	Project Mgr/ Architect	\$75,000-90,000	FAMIS	\$ 10,000			Building supplies (signage, paint)	\$ 3,000,000	Interior designer	\$ 8,000
	Admin. Assistant	\$40,000-60,000	AutoCAD workstation	\$ 5,000					Signage consultant	\$ 6,000
									Landscape designer	\$ 6,000
								Office supplies	\$ 1,440	
Web Outreach	Content Specialist	TBD	Hardware Software	TBD TBD	Class Conference	TBD TBD				
Staff Development			Laptops	\$ 1,600	Videos	\$ 4,000				
			Projectors	\$ 310						
			Cables	\$ 1,000						
Customer Service			Computer Supplies	\$ 1,515	Videos	\$ 4,312			Projector screens	\$ 486
			Projector	\$ 309	Pins	\$ 5,000			Supplies	\$ 517
			Cables	\$ 1,708	Books	\$ 3,700			Mic	\$ 2,330
				\$ 58	Props	\$ 306				
Hospital Throughput	Consultants	\$ 60,000	Bed Mgmt System	\$ 1,500,000						
Reduction in A/R Days			Software	\$ 5,000					Imaging Costs	\$1500/mo
Measurement System			Decision Support Software	\$ 438,750						
			Server Hardware	\$ 256,000						
Marketing	Consultant	\$ 25,000							Other opr.	\$ 800,000
Estimated Totals	Staff	\$315,000-350,000	Tech	\$ 2,229,251	Training	\$ 17,318	Capital Res.	\$ 432,000,000	Other Opr.	\$ 826,273

Appendix XI: Action Plan Project Gantt Chart

ID		Task Name	Duration	Start	Finish
1	✓	ID of actions	17 days	Thu 2/2/06	Fri 2/24/06
2	✓	Assignment of Project Leads	0 days	Fri 2/24/06	Fri 2/24/06
3		Execution of the Master Facility Plan	1275 days	Wed 3/1/06	Fri 1/7/11
18		Aesthically Improving the Medical Center	613 days	Wed 3/1/06	Wed 6/25/08
27		Web Outreach	465 days	Wed 3/1/06	Sat 12/1/07
49		Comprehensive Staff Development	151 days	Fri 2/24/06	Wed 9/20/06
59		Customer Service Initiative	552 days	Tue 11/1/05	Sat 12/1/07
78		Medical Center Throughput	180 days	Tue 9/20/05	Thu 5/25/06
87		Retention Strategies for Patients, Payers, and Physicians	25 days	Wed 3/1/06	Mon 4/3/06
92		Patient Safety Institute Recognition	178 days	Wed 3/1/06	Tue 10/31/06
100		Community Outreach Campaign	332 days	Wed 3/1/06	Fri 6/1/07
114		Campaign for Medicine Philanthropy Plan	1828 days	Fri 2/24/06	Fri 2/15/13
131		Revenue and Expense Mission Viability Initiatives	353 days	Wed 3/1/06	Sat 6/30/07
140		Strategies for 3rd Party Financing for Capital Purchases	25 days	Wed 3/1/06	Mon 4/3/06
145		Strategies to Reduce Days in A/R	527 days	Fri 7/1/05	Sat 6/30/07
162		Comprehensive Measurement System	185 days	Wed 3/1/06	Thu 11/9/06
172		Joint Risk Analysis of all Billing Systems	25 days	Wed 3/1/06	Mon 4/3/06
177		Marketing Strategic Plan	352 days	Wed 3/1/06	Fri 6/29/07
187		Track MC and HSCs Partnership Opportunities	112 days	Wed 3/1/06	Tue 8/1/06
194		MC and HSCs' Strategic Plan Mapping	34 days	Wed 3/1/06	Fri 4/14/06
201		Track Community Partnership Opportunities	112 days	Wed 3/1/06	Tue 8/1/06
208		Business Development	28 days	Fri 2/24/06	Mon 4/3/06

Endnotes

- ¹ “Budget Reporting Monthly (BRM),” University of Illinois Medical Center June 2005.
- ² University of Illinois at Chicago College of Medicine website. 22 April 2005
<http://www.uic.edu/depts/mcam/about.shtml>.
- ³ “The Economic Impact of Chicago’s Hospitals on the Metropolitan Chicago Area,” Metropolitan Chicago Healthcare Council 2005.
- ⁴ “Chicago Market Environmental Assessment,” Metropolitan Chicago Healthcare Council Oct. 2004.
- ⁵ “State and County Quick Facts,” U.S. Census Bureau, <http://quickfacts.census.gov/qfd/states/17/17031lk.html>.
- ⁶ “Chicago Market Environmental Assessment,” Metropolitan Chicago Healthcare Council Oct. 2004.
- ⁷ “Chicago Market Environmental Assessment,” Metropolitan Chicago Healthcare Council Oct. 2004.
- ⁸ “Chicago Market Environmental Assessment,” Metropolitan Chicago Healthcare Council Oct. 2004.
- ⁹ “Chicago Market Environmental Assessment,” Metropolitan Chicago Healthcare Council Oct. 2004.
- ¹⁰ “Chicago Market Environmental Assessment,” Metropolitan Chicago Healthcare Council Oct. 2004.
- ¹¹ “Access to Excellence,” UIC Strategic Plan Dec. 2005.
- ¹² “Access to Excellence,” UIC Strategic Plan Dec. 2005.
- ¹³ “Access to Excellence,” UIC Strategic Plan Dec. 2005.
- ¹⁴ “Chicago Market Environmental Assessment,” Metropolitan Chicago Healthcare Council Oct. 2004.
- ¹⁵ “Illinois Teaching Hospitals: Facts and Figures,” Illinois Hospital Association, 18 Jan 2006
<http://www.ihatoday.org/about/facts/teachhosp.htm>.
- ¹⁶ “Volume Projection/Strategic Facilities Planning,” Navigant/Tiber Consulting Nov. 2005
- ¹⁷ “Access to Excellence,” UIC Strategic Plan Dec. 2005.
- ¹⁸ “The Economic Impact of Chicago’s Hospitals on the Metropolitan Chicago Area,” Metropolitan Chicago Healthcare Council 2005.