LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER AT SHREVEPORT

STRATEGIC PLAN

FY 2023-2024 – FY 2027-2028

Revised
June 10, 2022

Vision Statement:

Our Vision is to be a preeminent academic medical center that transforms health and health care for a diverse population through compassionate and patient-centered care, technologically advanced education, and transformative research.

Mission Statement:

The primary mission of Louisiana State University Health Shreveport is to TEACH, HEAL and DISCOVER, in order to advance the well-being of the State, region, and beyond. LSUHS encompasses the Schools of Medicine, Graduate Studies and Allied Health Professions in Shreveport.
To implement its mission, LSUHS is committed to:
- Prepare learners for careers in health care service, teaching and research using state-of-the-art curricula, methods, and facilities.
- Provide a growing, diverse regional patient population with state-of-the-art clinical care, including a range of tertiary special services.
- Achieve distinction and international recognition for basic science and clinical research programs that contribute to the body of knowledge and practice of science and medicine.
- Utilize research and knowledge to support economic growth and prosperity of the region and State by engaging in productive partnerships with the private sector.
- Foster a culture of diversity and inclusion that promotes mutual respect for all.

Values:

COLLABORATION: We work together to serve our institution, state, nation, and global community.
COMPASSION: We treat others in a caring, empathetic manner and aim to prevent and alleviate human suffering.
EXCELLENCE: We foster a lasting spirit of inquiry and creativity, leading to outstanding evidence-based health care, impactful research and scholarship, and superb teaching.
INNOVATION: We cultivate an ongoing, cooperative process of discovery and translate knowledge for the benefit and service of humanity.
PROFESSIONALISM: We act in accordance with the highest standards of integrity, ethical behavior, and exemplary moral character.
RESPECT: We nurture free and open discourse, listen to new ideas, and value diverse perspectives, experiences, backgrounds, and talents.

Philosophy Statement:

LSUHSC-S aims to inspire and prepare healthcare professionals and biomedical scientist who provide exception clinical care for patients and communities, embrace scientific discovery, become exceptional teachers, contribute to new knowledge about health and disease, and participate in scholarly activities throughout their lives. Graduates will work with others to teach, heal, and discover to improve health and health care in Louisiana and beyond.

The purpose of this strategic plan is to provide direction and an integrative framework for planning and action by our schools and affiliated hospitals in achieving the mission of LSUHSC-S, and to assure an appropriate framework for accountability that is fundamental for continuous improvement within all our constituent programs.

Goals and Objectives:

Goal I: **Increase Opportunities for Student Access and Success**

Objective I-1: *Increase Fall 14th class day headcount enrollment to 1,045 by Fall 2025.*

Link to State Outcome Goals: Youth Education, Better Health, Diversified Economic Growth, and Transparent, Accountable and Effective Government

Strategy I.1.1: Employ effective policies to improve retention and graduation rates.

Strategy I.1.2: Design and implement distance (online) learning courses and programs.

Strategy I.1.3: Enhance effective transfers between and among campuses at all levels.

Strategy I.1.4: Expand undergraduate and graduate/professional degree programs.

Strategy I.1.5: Provide education programs to ensure well-trained workforce.

Strategy I.1.6: Develop partnerships with high schools to prepare students for postsecondary education.

Strategy I.1.7: Enhance student recruitment efforts.

Performance Indicators:

Output: Number of students enrolled in Fall (as of 14th day) at LSUHSC-S

Outcome: Percentage change in the number of students enrolled in Fall (as of 14th day) at LSUHSC-S

Objective I-2: ***Maintain undergraduate, graduate, and professional graduation rates.***

Strategy I.2.1: Develop an early warning system to identify student at risk for failure or dropping.

Strategy I.2.2: Provide additional support to students at key junctures along the path to graduation.

Performance Indicators:

<u>Outcome:</u> 1st to 2nd year retention rate

<u>Outcome:</u> Same institution graduation rate

Objective I-3: ***Maintain the percentage of program completers at all levels each year.***

Strategy I.3.1: Maintain class sizes within financial and physical resource constraints and in compliance with accreditation requirements.

Performance Indicators:

<u>Output:</u> Number of program completers by award level

<u>Outcome:</u> Percentage change in completers by award level from baseline

Objective I-4:   ***Maintain passage rates on licensure and certification exams and workforce foundational skills.***

Strategy I.4.1:   Provide students with knowledge base and learning tools to enable them to assimilate and critically evaluate new information and technologies for the knowledgeable, ethical and compassionate care of their patients.

Strategy I.4.2:   Expand clinical experience with patients into the preclinical years of medical school beginning early in the first year.

Strategy I.4.3:   Incorporate clinically relevant material into the teaching of basic science principles through the use of small group teaching and computer-based simulation to enhance student understanding of the application of these concepts to the practice of medicine.

Strategy I.4.4:   Use body-system based teaching modules in years 1 and 2 to better integrate students' clinical and basic science knowledge and enhance their preparation for third and fourth year clinical rotations.

Strategy I.4.5:   Employ a method by which students at risk for first-time failure of USMLE Step 1 can be identified and directed to structured preparation for this examination.

Strategy I.4.6:   Incorporate sequential examinations using USMLE format into pre-clinical curriculum to provide students a tool for self-assessment of knowledge and give faculty a measure with which to appraise curriculum content.

Strategy I.4.7:   Institute other methods to improve workforce foundational skills and passage rates on licensure and certification exams such as early identification of students needing remediation, individual student counseling, study groups, practice examinations, clinical practice
skill development, and interactive teach by faculty on clinical rotations.

Performance Indicators:

<u>Outcome:</u>   First-time pass rates on licensure/certification exams

Objective I-5:   ***Increase the quantity of our student applicant pool by 2024.***

Strategy I.5.1.1:   Provide a centralized web-based admission system through GradCAS.

Strategy I.5.2.1:   Provide an interdisciplinary program to allow first year students to matriculate into the school of Graduate Studies before choosing a Department and major advisor.

Performance Indicators:

Output: Number of applicants

Outcome: Increase in the number of applicants

Objective I-5.2:　　　*Increase the quality of our student applicant pool by 2024.*

Strategy I.5.2.1:　　Provide a centralized web-based admission system though GradCAS.

Strategy I.5.2.2:　　Provide an interdisciplinary program to allow first year students to matriculate into the School of Graduate Studies before choosing a Department and major advisor.

Performance Indicators:

Output:　　The aggregate GPA and GRE scores of our applicants

Outcome:　　Increase the aggregate GPA and GRE scores of our applicants from 2019 base year

Objective I-5.3:   ***Increase the quality of students that matriculate into the School of Graduate Studies by 2024.***

Strategy I.5.3.1:   Provide a centralized web-based admission system though GradCAS.

Strategy I.5.3.2:   Provide an interdisciplinary program to allow first year students to matriculate into the School of Graduate Studies before choosing a Department and major advisor.

Performance Indicators:

Output: The aggregate GPA and GRE scores of students that matriculate into the School of Graduate Studies

Outcome: An increase in the aggregate GPA and GRE scores of students that matriculate into the School of Graduate Studies

Goal II: **Promote disease prevention and health awareness for LSU Health Sciences Center Shreveport patients and the greater Louisiana community**

Objective II-1: *Maintain cancer screenings in programs supported by the Feist-Weiller Cancer Center through 2024.*

Strategy II.1.1: Support the cancer screenings through the program "Partners in Wellness" with emphasis on preventive care for patients.

Performance Indicators:

Input: Number of screenings requiring follow-up – baseline

Output: Number of screenings requiring follow-up

Outcome: Percent change in number of screenings requiring follow-up

Goal III: **Become a local, national and international leader in research at LSUHSC-S**

Objective III-1:   *Maintain the number of extramural grant applications through 2025.*

Strategy III.1.1:   Encourage faculty to increase research by allowing the portion of their salary that is paid by grants to be re-invested in the department and/or institution.

Strategy III.1.2:   Assemble faculty for research retreats.

Strategy III.1.3:   Provide improved laboratory space and new research facilities.

Strategy III.1.4:   Assist in grant and manuscript preparation and increase awareness of funding research opportunities.

Performance Indicators:

Input: Number of grant applications – baseline is 135 new extramural applications per year

Output: Number of grant applications

Outcome: Percentage change in the number of grant applications

Objective III-2:   ***Maintain the number of invention disclosures through 2025.***

Strategy III.2.1:   The Director of the Office for Sponsored Programs and Technology Transfer (OSPTT) in the Office of Research will systematically communicate with all research faculty and staff to educate the potential inventors of the importance of disclosing new research discoveries.

Strategy III.2.2:   Consider incorporating technology disclosures and issued patents as part of the criteria for promotion/tenure.

Strategy III.2.3:   Encourage entrepreneurship by showcasing high-profile LSUHSC inventors who receive large royalty payments throughout the campus community and challenge their peers to commercialize their inventions.

Performance Indicators:

Input: Number of invention disclosures – baseline – 9 disclosures per year

Output: Number of invention disclosures

Outcome: Percentage change in the number of invention disclosures

Goal IV: **Educate a diverse student body that will provide excellent patient care and contribute meaningful research in the quest for a healthier Louisiana and world.**

Objective IV-1: *To increase the enrollment of academically competitive applicants possessing the essential qualities and unique potentials defined in the School of Medicine Diversity policy.*

Strategy IV.1.1: To maintain the present level of enrollment of Louisiana residents from rural and medically underserved parishes.

Strategy IV.1.2: To establish Admissions criteria that better identify competitive applicants from socioeconomically or educationally disadvantaged backgrounds.

Strategy IV.1.3: To establish Admissions criteria that better delineate evidence of the attributes of leadership and teamwork as well as desirable life experiences in competitive applicants.

Strategy IV.1.4: To conduct an annual training session for all admissions committee members that delineates the features of the holistic review process and elucidates the essential qualities and unique potentials sought in applicants as described in the School of Medicine Diversity policy.

Strategy IV.1.5 To enhance student recruitment strategies and identify funding opportunities to reduce student debt burden.

Performance Indicators:

Output: Number of entering medical students possessing the unique potentials defined in the School of Medicine Diversity policy.

Outcome: Percentage change in first year enrollment of students possessing the unique potentials defined in the School of Medicine Diversity policy.

Objective IV-2: *To deliver education and training programs that meet the needs of underserved and diverse populations of Louisiana.*

Strategy IV.2.1: To seek opportunities to facilitate education and training programs in targeted communities that provide workforce pipelines to medically underserved areas.

Strategy IV.2.2: To provide well-trained physicians in areas of need, especially comprehensive primary care in rural communities.

Strategy IV.2.3: Expand rural training tracks and rural medicine electives.

Performance Indicators:

<u>Outcome:</u>   Percentile rank: percent of graduates practicing in-state

<u>Outcome:</u>   Percentile rank: percent of graduates practicing in rural areas

<u>Outcome:</u>   Percentile rank: percent of graduates practicing in underserved areas

<u>Outcome:</u>   Percentile rank: percent of graduates practicing in primary care medicine

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER AT SHREVEPORT

APPENDIX TO STRATEGIC PLAN

Performance Indicator Documentation

FY 2023-2024 – FY 2027-2028

Revised
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Program: Louisiana State University Health Sciences Center Shreveport

Objective I-1: Increase Fall 14th class day headcount enrollment to 1,045 Fall 2025.

Indicators: Number of students enrolled in Fall (as of 14th day) at LSUHSC-S

LaPAS PI Code: 15214

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: Output
Level: Supporting

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

The indicator provides valid and reliable measurement of the number of students enrolled at LSUHSC-S. The IT Group at LSUHSC assures that adequate procedures for the design, development, and testing of queries are followed.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

The indicator will be used in ongoing planning and systematic review of relevant institutional goals and objectives and demonstrate the effectiveness of related strategies.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes - The indicator clearly identifies what is being measured.
No.

5) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

The source of data is the annual IPEDS Enrollment survey, which is derived from internal PeopleSoft reports.

6) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation

consistent? If not, why not?

The indicator is a headcount and requires no calculation.

7) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Aggregated - The indicator is an aggregated headcount of all schools/programs at LSUHSC-S.

8) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

The indicator has no weaknesses for stated objective.

9) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

NO.
LSUHSC's IT Group assures that adequate procedures for the design, development, and testing of queries are followed. Data reports are sufficiently reliable based on a combination of assessments information system controls.

10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Review and analysis of data done by Director of Institutional Planning, Jeffrey D. Howells (phone 318-675-8152; email jeffrey.howells@lsuhs.edu).

Program: LSU Health Sciences Center – Shreveport

Objective I-1: Increase Fall 14th class day headcount enrollment to 1,045 by Fall 2025.

Indicators: Percent change in the number of students enrolled in Fall (as of 14th day) at LSUHSC-S

LaPAS PI Code: 24948

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: Outcome
Level: Supporting

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

The indicator provides valid and reliable measurement of the number of students enrolled at LSUHSC-S and the percentage change from baseline. LSUHSC assures that adequate procedures for the design, development, and testing of queries are followed.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

The indicator will be used in ongoing planning and systematic review of relevant institutional goals and objectives and demonstrate the effectiveness of related strategies.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes - The indicator clearly identifies what is being measured.
No.

5) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

The source of data is the annual IPEDS Enrollment survey, which is derived from internal PeopleSoft reports.

6) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard

calculation used by the National Highway Traffic Safety Administration). Provide the formula or

other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Calculated percent change, subtract the baseline enrollment headcount from the current year enrollment headcount and divide by enrollment headcount in the baseline year.

7) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Aggregated -- The indicator is an aggregated for all schools/programs at LSUHSC-S.

8) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

The indicator has no weaknesses for stated objective.

9) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

NO.
LSUHSC's IT Group assures that adequate procedures for the design, development, and testing of queries are followed. Data reports are sufficiently reliable based on a combination of assessments information system controls.

10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Review and analysis of data done by Director of Institutional Planning, Jeffrey D. Howells (phone 318-675-8152; email jeffrey.howells@lsuhs.edu).

Program: LSU Health Sciences Center – Shreveport

Objective I-2: Maintain undergraduate, graduate, and professional graduation rates.

Indicator: 1ˢᵗ to 2ⁿᵈ Year Retention Rate

LaPAS PI Code: 15244

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: Outcome
Level: Supporting

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

The indicator provides valid and reliable measurement of the retention of students from first to second year at LSUHSC-S. The LSUHSC's IT Group assures that adequate procedures for the design, development, and testing of queries are followed.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

The indicator will be used in ongoing planning and systematic review of relevant institutional goals and objectives and demonstrate the effectiveness of related strategies.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes - The indicator clearly identifies what is being measured.
No.

5) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

The source of data is an internal PeopleSoft report.

6) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Number of first-time, full-time, degree-seeking students enrolled in the prior academic year that was retained (enrolled) at the same institution in the current academic year.

7) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Disaggregate – The indicator is a disaggregated rate by school/program.

8) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

The indicator has no weaknesses for stated objective.

9) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

NO.
LSUHSC's IT Group assures that adequate procedures for the design, development, and testing of queries are followed. Data reports are sufficiently reliable based on a combination of assessments information system controls.

10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Review and analysis of data done by Director of Institutional Planning, Jeffrey D. Howells (phone 318-675-8152; email jeffrey.howells@lsuhs.edu).

Program: LSU Health Sciences Center – Shreveport

Objective I-2: Maintain undergraduate, graduate, and professional graduation rates.

Indicator: Same Institution Graduation Rate

LaPAS PI Code: New

Data Source: PeopleSoft

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: Outcome
Level: Supporting

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

The indicator provides valid and reliable measurement of the retention of same institution graduation rate at LSUHSC-S. The IT Group at LSUHSC-S assures that adequate procedures for the design, development, and testing of queries are followed.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

The indicator will be used in ongoing planning and systematic review of relevant institutional goals and objectives and demonstrate the effectiveness of related strategies.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes - The indicator clearly identifies what is being measured.
No.

5) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

The source of data is an internal PeopleSoft report.

6) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or

other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Number of entering first year, full-time students in the given cohort that complete program within normal length of program divided by total number of entering first year, full-time students in the given cohort.

7) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Disaggregate – The indicator is a disaggregated rate by school/program.

8) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

The indicator has no weaknesses for stated objective.

9) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

NO.
LSUHSC's IT Group assures that adequate procedures for the design, development, and testing of queries are followed. Data reports are sufficiently reliable based on a combination of assessments information system controls.

10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Review and analysis of data done by Director of Institutional Planning, Jeffrey D. Howells (phone 318-675-8152; email jeffrey.howells@lsuhs.edu).

Program: LSU Health Sciences Center – Shreveport

Objective I-3: Maintain the percentage of program completers at all levels each year.

Indicator: Number of program completers by award level

LaPAS PI Code: New

Data Source: IPEDS Completions survey, which derived from internal PeopleSoft report.

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: Output
Level: Supporting

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

The indicator provides valid and reliable measurement of the number of completers by award level at LSUHSC-S. The LSUHSC's IT Group assures that adequate procedures for the design, development, and testing of queries are followed.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

The indicator will be used in ongoing planning and systematic review of relevant institutional goals and objectives and demonstrate the effectiveness of related strategies.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes - The indicator clearly identifies what is being measured.
No.

5) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

The source of data is the annual IPEDS Completions survey, which is derived from internal PeopleSoft reports.

6) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard

calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Number of completers by award level.

7) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Disaggregate – The indicator is a disaggregated rate by school and award level.

8) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

The indicator has no weaknesses for stated objective.

9) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

NO.
LSUHSC's IT Group assures that adequate procedures for the design, development, and testing of queries are followed. Data reports are sufficiently reliable based on a combination of assessments information system controls.

10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Review and analysis of data done by Director of Institutional Planning, Jeffrey D. Howells (phone 318-675-8152; email <u>jeffrey.howells@lsuhs.edu</u>).

Program: LSU Health Sciences Center – Shreveport

Objective I-3: Maintain the percentage of program completers at all levels each year.

Indicator: Percentage change in completers by award level from baseline

LaPAS PI Code: New

Data Source: IPEDS

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: Outcome
Level: Supporting

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

The indicator provides valid and reliable measurement of the retention of students from first to second year at LSUHSC-S.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

The indicator will be used in ongoing planning and systematic review of relevant institutional goals and objectives and demonstrate the effectiveness of related strategies.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes - The indicator clearly identifies what is being measured.
No.

5) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

The source of data is the annual IPEDS Completions survey, which is derived from internal PeopleSoft reports.

6) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or

other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Calculated percent change, subtract the number of baseline completers from the number in the current year and divide by number in the baseline year, calculated for each award level.

7) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Disaggregate – The indicator is a disaggregated rate by school and award level.

8) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

The indicator has no weaknesses for stated objective.

9) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

NO.
LSUHSC's IT Group assures that adequate procedures for the design, development, and testing of queries are followed. Data reports are sufficiently reliable based on a combination of assessments information system controls.

10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Review and analysis of data done by Director of Institutional Planning, Jeffrey D. Howells (phone 318-675-8152; email jeffrey.howells@lsuhs.edu).

Program: LSU Health Sciences Center – Shreveport

Objective I-4: Maintain passage rates on licensure and certification exams and workforce foundational skills.

Indicator: First-time pass rates on licensure/certification exams

LaPAS PI Code: New

Data Source: Medical Curriculum Council at LSUHSC-S

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: Outcome
Level: Supporting

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

These standardized exams provide validated national benchmarks and are important tools used to evaluate the effectiveness of the curriculum.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

These indicators will be used in ongoing curriculum planning and review processes to bring about continuing improvement.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes.
USMLE= United States Medical Licensing Examination.

5) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

The source of data for the indicator is the National Board of Medical Examiners (NBME). Data is reported annually when all yearly cohort scores are available and national pass rates have been calculated for that year by the NBME. For each examination, the composite of results for a yearly cohort is reported to the School of Medicine by the NBME 6-8 weeks after the entire cohort has taken that examination.

6) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Standard calculation: $A/B \geq (A'/B') - 3$
Where,
A = total LSUHSC-S first-time test passers
B = total LSUHSC-S first-time test takers
A' = total national first-time test passers
B' = total national first-time test takers

7) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Disaggregated -- Indicator represents LSUHSC-S student cohorts and cannot be broken down further.

8) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

The indicator has no weaknesses for stated objective.

9) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No.
The results are maintained and reviewed by the School of Medicine and its Medical Curriculum Council.

10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

USMLE data collection done by Jeffrey D. Howells, Executive Director of Academic Affairs (phone 318-675-8152, e-mail jeffrey.howells@lsuhs.edu) and the Medical Curriculum Council (MCC). The information will be submitted to the LSUHSC-S Budget Office Senior Financial Analyst, Felicia Jacobs (phone 318-675-6804; fax 318-675-8412; email felicia.jacobs@lsuhs.edu).

Program: LSU Health Sciences Center – Shreveport

Objective I-5.1: Increase the quantity of student applicant pool by 2021.

Indicator: Number of applicants

LaPAS PI Code: New

Data Source: Database in Office of Graduate Studies

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: Output
Level: Supporting

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

This indicator will measure the number of applicants. This measure is an indicator of interest in attending graduate school at LSUHSC-Shreveport.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Results will be used to assess interest in our graduate program.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.
Yes.
No.

5) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

GradCAS database and internal database used to track the number of applicants. Numbers will be obtained once a year at the start of the academic year in August.

6) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Count the total number of applicants. Values for each year are compared to values from the previous years.

7) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Disaggregate.

8) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No real weaknesses

9) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No.
The information is obtained through the GradCAS database and internal database. Reports are sufficiently reliable based on a combination of assessments information system controls.

10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

The Office of Graduate Studies will be responsible for data collection, analysis and quality. Contact information for the Office of Graduate studies is Associate Dean for School of Graduate Studies Kelly Tatchell, PhD, (phone 318-675-7572; fax 318-675-4343; email kelly.tatchell@lsuhs.edu).

Program: LSU Health Sciences Center – Shreveport

Objective I-5.1: Increase the quantity of our student applicant pool by 2024.

Indicator: Increase in the number of applicants

LaPAS PI Code: New

Data Source: Database in Office of Graduate Studies

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: Outcome
Level: Supporting

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

This indicator will measure the number of applicants. This measure is and indicator of interest in attending graduate school at LSUHSC-Shreveport.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Results will be used to assess interest in our graduate program.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.
Yes.
No.

5) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

GradCAS database and internal database used to track the number of applicants. Numbers will be obtained once a year at the start of the academic year in August.

6) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Count the total number of applicants. Values for each year are compared to values from the previous years. The baseline will be the 2018-2019 academic year.

7) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Disaggregated.

8) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No real weaknesses

9) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No.
The information is obtained through the GradCAS database and internal database. Reports are sufficiently reliable based on a combination of assessments information system controls.

 10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

The Office of Graduate Studies will be responsible for data collection. Contact information for the Office of Graduate studies is Associate Dean for School of Graduate Studies Kelly Tatchell, PhD, (phone 318-675-7572; fax 318-675-4343; email kelly.tatchell@lsuhs.edu).

Program: LSU Health Sciences Center – Shreveport

Objective I-5.2: Increase the quality of student applicant pool by 2024.

Indicator: The aggregate GPA and GRE scores of LSUHSC-S applicants.

LaPAS PI Code: New

Data Source: Database at GradCAS and in the Office of Graduate Studies.

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: Outcome
Level: Supporting

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

This indicator will measure the quality of applicants.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Results will be used to track the quality of applicants.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes.
No.

5) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

GradCAS database and internal database used to track the quality of applicants. Numbers will be obtained once a year at the start of the academic year in August.

6) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Calculate the average GRE and GPA for all applicants. Values for each year are compared to values from the previous years.

7) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Aggregate.

8) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No real weaknesses – These indicators are standard metrics used to measure the quality of applicants for graduate school.

9) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No.
The information is obtained through the GradCAS database and internal database. Reports are sufficiently reliable based on a combination of assessments information system controls.

10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

The Office of Graduate Studies will be responsible for data collection, analysis and quality. Contact information for the Office of Graduate studies is Associate Dean for School of Graduate Studies Kelly Tatchell, PhD, (phone 318-675-7572; fax 318-675-4343; email kelly.tatchell@lsuhs.edu).

Program: LSU Health Sciences Center – Shreveport

Objective I-5.2: Increase the quality of our student applicant pool by 2024.

Indicator: Increase in the aggregate GPA and GRE scores of our applicants

LaPAS PI Code: New

Data Source: Database at GradCAS and in the Office of Graduate Studies

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: Outcome
Level: Supporting

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

This indicator will measure the quality of applicants.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Results will be used to track the quality of applicants.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.
Yes.
No.

5) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

GradCAS database and internal database used to track the quality of applicants. Numbers will be obtained once a year at the start of the academic year in August.

6) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Calculate the average GRE and GPA for all applicants. Values for each year are compared to values from the previous years. The baseline will be the 2018-2019 academic year.

7) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Aggregate.

8) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No real weaknesses – These indicators are standard metrics used to measure the quality of applicants for graduate school.

9) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No.
The information is obtained through the GradCAS database and internal database. Reports are sufficiently reliable based on a combination of assessments information system controls.

10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

The Office of Graduate Studies will be responsible for data collection, analysis and quality. Contact information for the Office of Graduate studies is Associate Dean for School of Graduate Studies Kelly Tatchell, PhD, (phone 318-675-7572; fax 318-675-4343; email kelly.tatchell@lsuhs.edu).

Program: LSU Health Sciences Center – Shreveport

Objective I-5.3: Increase the quality of students that matriculate into the School of Graduate Studies by 2024.

Indicator: The aggregate GPA and GRE scores of students that matriculate into the School of Graduate Studies

LaPAS PI Code: New

Data Source: Database in Office of Graduate Studies.

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: Outcome
Level: Supporting

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

This indicator will measure the quality of LSUHSC-S Graduate Studies matriculating class.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Results will be used to track the quality of LSUHSC-S Graduate Studies matriculating class.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes.
No.

5) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

GradCAS database and internal database used to track the quality of students that matriculate into LSUHSC-S programs. Numbers will be obtained once a year at the start of the academic year in August.

6) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Calculate the average GRE and GPA for all matriculating students. Values for each year are compared to values from the previous years.

7) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Aggregate.

8) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No real weaknesses – These indicators are standard metrics used to measure the quality of applicants for graduate school.

9) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No.
The information is obtain through the GradCAS database and internal database.

10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

The Office of Graduate Studies will be responsible for data collection, analysis and quality. Contact information for the Office of Graduate studies is Associate Dean for School of Graduate Studies Kelly Tatchell, PhD, (phone 318-675-7572; fax 318-675-4343; email kelly.tatchell@lsuhs.edu).

Program: LSU Health Sciences Center – Shreveport

Objective I-5.3: Increase the quality of students that matriculate into the School of Graduate Studies by 2024.

Indicator: An increase in the aggregate GPA and GRE scores of students that matriculate into   the School of Graduate Studies

LaPAS PI Code: New

Data Source: Database in Office of Graduate Studies

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: Outcome
Level: Supporting

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

This indicator will measure the quality of our matriculating class.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Results will be used to track the quality of our matriculating class.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.
Yes.
No.

5) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

GradCAS database and internal database used to track the quality of students that matriculate into our programs. Numbers will be obtained once a year at the start of the academic year in August.

6) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Calculate the average GRE and GPA for all matriculating students. Values for each year are compared to values from the previous years. The baseline will be the 2018-2019 academic year.

7) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Aggregate.

8) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No real weaknesses – These indicators are standard metrics used to measure the quality of applicants for graduate school.

9) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No.
The information is obtained through the GradCAS database and internal database. Reports are sufficiently reliable based on a combination of assessments information system controls.

10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

The Office of Graduate Studies will be responsible for data collection, analysis and quality. Contact information for the Office of Graduate studies is Associate Dean for School of Graduate Studies Kelly Tatchell, PhD, (phone 318-675-7572; fax 318-675-4343; email kelly.tatchell@lsuhs.edu).

Objective II-1: Maintain cancer screenings in programs supported by the Feist-Weiller Cancer Center through 2024.

Indicator: Number of Screenings requiring follow-up – baseline

LaPAS PI Code: 23222

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: Input
Level: Supporting

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

It is a measure of activity used to promote disease prevention and health awareness for LSUHSC patients and the greater Louisiana community.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

It is an activity used to pursue the mission of excellent patient care, patient education and research. The cancer screenings promote disease prevention care and assist the medical professionals in determining the path of treatment for the patients while making the most efficient use of the treatment resources.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes.
No.

5) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

The source is internal database on patient visits. This information is gathered monthly.

6) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Daily screenings are performed and logged to produce monthly reports. The total number of screenings requiring follow-up is compared to the prior year to determine the percentage change.

7) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

It is an aggregate of the patient visits for screenings requiring follow-up compared to the prior year.

8) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

N/A

9) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

Yes.
The Office of the Legislative Auditor verified the accuracy and source of information reported for a particular year.

10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

LSUHSC-Shreveport Partners in Wellness Office is responsible for collection, analysis and quality of data. The information will be submitted to the LSUHSC-S Budget Office (phone 318-675-7621; fax 318-675-8412; email mary.edwardsavant@lsuhs.edu).

Program: LSU Health Sciences Center – Shreveport

Objective II-1: Maintain cancer screenings in programs supported by the Feist-Weiller Cancer Center through 2024.

Indicator: Number of Screenings requiring follow-up

LaPAS PI Code: 23222

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: Output
Level: Supporting

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

It is a measure of activity used to promote disease prevention and health awareness for LSUHSC patients and the greater Louisiana community.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

It is an activity used to pursue the mission of excellent patient care, patient education and research. The cancer screenings promote disease prevention care and assist the medical professionals in determining the path of treatment for the patients while making the most efficient use of the treatment resources.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes.
No.

5) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

The source is internal database on patient visits. This information is gathered monthly.

6) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Daily screenings are performed and logged to produce monthly reports. The total number of screenings requiring follow-up is compared to the prior year to determine the percentage change.

7) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

It is an aggregate of the patient visits for screenings requiring follow-up compared to the prior year.

8) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

N/A

9) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

Yes.
The Office of the Legislative Auditor verified the accuracy and source of information reported for a particular year.

10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

LSUHSC-Shreveport Partners in Wellness Office is responsible for collection, analysis and quality of data. The information will be submitted to the LSUHSC-S Budget Office (phone 318-675-7621; fax 318-675-8412; email mary.edwardsavant@lsuhs.edu).

Program: LSU Health Sciences Center – Shreveport

Objective II-1: Maintain cancer screenings in programs supported by the Feist-Weiller Cancer Center through 2024.

Indicator: Percent change in number of screenings requiring follow-up

LaPAS PI Code: New

Data Source: Internal Database in Partners in Wellness

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: Output
Level: Key

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

It is a measure of activity used to promote disease prevention and health awareness for LSUHSC patients and the greater Louisiana community.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

It is an activity used to pursue the mission of excellent patient care, patient education and research. The cancer screenings promote disease prevention care and assist the medical professionals in determining the path of treatment for the patients while making the most efficient use of the treatment resources.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes.
No.

5) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

The source is internal database on patient visits. This information is gathered monthly.

6) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Daily screenings are performed and logged to produce monthly reports. The total number of screenings is compared to the prior year to determine the percentage change.

7) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Aggregate.

8) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

N/A

9) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

Yes.
The Office of the Legislative Auditor verified the accuracy and source of information reported for a particular year.

10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

LSUHSC-Shreveport Partners in Wellness Office is responsible for collection, analysis and quality of data. The information will be submitted to the LSUHSC-S Budget Office (phone 318-675-7621; fax 318-675-8412; email mary.edwardsavant@lsuhs.edu).

Program: LSU Health Sciences Center – Shreveport

Objective III-1: Maintain the number of extramural grant applications through 2025.

Indicator: Number of grant applications – baseline is 135 new extramural applications per year

LaPAS PI Code: New

Data Source: Internal Database Shreveport Office of Sponsored Programs and Technology Transfer in the Office of Research

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: Input
Level: Supporting

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

It is a measure of productivity of faculty in seeking funding for sponsored research. This is a measure of research productivity in the Louisiana key economic growth area of Health Care. Comparable data from peer institutions are not available.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Management will be able to determine the current number and types of applications and concentrate on supporting efforts on various research areas where funding might be available.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes.
No.

5) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

The LSUHSC Shreveport Office of Sponsored Programs and Technology Transfer in the Office of Research maintains databases of grant applications. This information can be reported on an state fiscal year basis. Information is gathered continuously as grant application deadlines occur throughout the year. Information is up-to-the minute when an application is submitted and is added to the database.

6) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Average number of invention disclosures (9) in the 3-year period including FY 2019-2020, FY2020-2021, and FY2021-2022 compared to average number of disclosures submitted in the next 3-year fiscal years 2023, 2024, and 2025.

7) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Aggregate.

8) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

N/A

9) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No.
Institutional and Sponsor policies require that all grant applications are submitted through the LSUHSC Shreveport Office of Sponsored Programs and Technology Transfer (OSPTT). The OSPTT in the Office of Research maintains databases of grant applications. Thus all applications can be entered into the database.

10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

LSUHSC-Shreveport Office of Sponsored Programs and Technology Transfer in the Office of Research is responsible for collection, analysis and quality of data.

Program: LSU Health Sciences Center – Shreveport

Objective III-1: Maintain the number of extramural grant applications through 2025.

Indicator: Number of grant applications

LaPAS PI Code: New

Data Source: Internal Database Shreveport Office of Sponsored Programs and Technology Transfer in the Office of Research

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: Output
Level: Supporting

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

It is a measure of productivity of faculty in seeking funding for sponsored research.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Management will be able to determine the current number and types of applications and concentrate on supporting efforts on various research areas where funding might be available.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes.
No.

5) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

The LSUHSC Shreveport Office of Sponsored Programs and Technology Transfer in the Office of Research maintains databases of grant applications. This information can be reported on an state fiscal year basis. Information is gathered continuously as grant application deadlines occur throughout the year. Information is up-to-the minute when an application is submitted and is added to the database.

6) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Average number of invention disclosures (9) in the 3-year period including FY 2019-2020, FY2020-2021, and FY2021-2022 compared to average number of disclosures submitted in the next 3-year fiscal years 2023, 2024, and 2025.

7) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Aggregate.

8) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

N/A

9) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No.
Institutional and Sponsor policies require that all grant applications are submitted through the LSUHSC Shreveport Office of Sponsored Programs and Technology Transfer (OSPTT). The OSPTT in the Office of Research maintains databases of grant applications. Thus all applications can be entered into the database.

10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

LSUHSC-Shreveport Office of Sponsored Programs and Technology Transfer in the Office of Research is responsible for collection, analysis and quality of data.

Program: LSU Health Sciences Center – Shreveport

Objective III-1: Maintain the number of extramural grant applications through 2025.

Indicator: Percentage change in the number of grant applications

LaPAS PI Code: New

Data Source: Internal Database Shreveport Office of Sponsored Programs and Technology Transfer in the Office of Research

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: Outcome
Level: Supporting

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

It is a measure of productivity of faculty in seeking funding for sponsored research. It is anticipated that increased quality applications for funding will lead to increased sponsored research funding.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Management will be able to determine the current number and types of applications and concentrate on supporting efforts on various research areas where funding might be available.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes.
No.

5) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

The LSUHSC Shreveport Office of Sponsored Programs and Technology Transfer in the Office of Research maintains databases of grant applications. This information can be reported on an state fiscal year basis. Information is gathered continuously as grant application deadlines occur throughout the year. Information is up-to-the minute when an application is submitted and is added to the database.

6) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Average number of invention disclosures (9) in the 3-year period including FY 2019-2020, FY2020-2021, and FY2021-2022 compared to average number of disclosures submitted in the next 3-year fiscal years 2023, 2024, and 2025.

7) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Aggregate.

8) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.
N/A

9) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No.
Institutional and Sponsor policies require that all grant applications are submitted through the LSUHSC Shreveport Office of Sponsored Programs and Technology Transfer (OSPTT). The OSPTT in the Office of Research maintains databases of grant applications. Thus all applications can be entered into the database.

10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

LSUHSC-Shreveport Office of Sponsored Programs and Technology Transfer in the Office of Research is responsible for collection, analysis and quality of data. The information will be submitted to the LSUHSC-S Budget Office Senior Financial Analyst, Felicia Jacobs (phone 318-675-6804; fax 318-675-8412; email <u>felicia.jacobs@lsuhs.edu</u>).

Program: LSU Health Sciences Center – Shreveport

Objective III-2: Maintain the number of invention disclosures through 2025.

Indicator: Number of invention disclosures – baseline – 9 disclosures per year

LaPAS PI Code: New

Data Source: Internal Database Shreveport Office of Sponsored Programs and Technology Transfer in the Office of Research

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: Input
Level: Supporting

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

It is a measure of the quality of novel discoveries resulting from research and productivity of faculty in developing invention disclosures. This is a measure of technology transfer activity and research productivity in the Louisiana key economic growth area of Health Care. Comparable data from peer institutions (as defined using federal research grants and contracts data) are found in the annual report from the Association of University Technology Managers (AUTM).

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Management will be able to focus resources on areas of research with greater potential for technology transfers.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes.
No.

5) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

The Office of Sponsored Programs and Technology Transfer maintains a database of invention disclosures for annual (fiscal year) reporting. Faculty who develop intellectual property contact the OSPTT and complete disclosure forms. There is no set deadline or time frame.

6) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Average number of invention disclosures (9) in the 3-year period including FY 2019-2020, FY2020-2021, and FY2021-2022 compared to average number of disclosures submitted in the next 3-year fiscal years 2023, 2024, and 2025.

7) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Aggregate.

8) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

N/A

9) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

Yes by Internal Audits and LSU System Audits. There were no findings from this audit. The LSUHSC Shreveport Office of Sponsored Programs and Technology Transfer in the Office of Research maintains a database of invention disclosures.

10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

LSUHSC-Shreveport Office of Sponsored Programs and Technology Transfer in the Office of Research is responsible for collection, analysis and quality of data. The information will be submitted to the LSUHSC-S Budget Office Senior Financial Analyst, Felicia Jacobs (phone 318-675-6804; fax 318-675-8412; email <u>felicia.jacobs@lsuhs.edu</u>). The information will also be shared with the LSU System Office. Data are also maintained on the National Association of University Technology Managers (AUTM) database.

Program: LSU Health Sciences Center – Shreveport

Objective III-2: Maintain the number of invention disclosures by 2% through 2025.

Indicator: Number of invention disclosures

LaPAS PI Code: New

Data Source: Internal Database Shreveport Office of Sponsored Programs and Technology Transfer in the Office of Research

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: Output
Level: Supporting

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

It is a measure of the quality of research and productivity of faculty in developing invention disclosures.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Management will be able to focus resources on areas of research with greater potential for technology transfers.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes.
No.

5) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

The Office of Sponsored Programs and Technology Transfer maintains a database of invention disclosures for annual (fiscal year) reporting. Faculty who develop intellectual property contact the OSPTT and complete disclosure forms. There is no set deadline or time frame.

6) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Average number of invention disclosures (9) in the 3-year period including FY 2019-2020, FY2020-2021, and FY2021-2022 compared to average number of disclosures submitted in the next 3-year fiscal years 2023, 2024, and 2025.

7) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

N/A

8) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Aggregate.

9) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

Yes by Internal Audits and LSU System Audits. There were no findings from this audit. The LSUHSC Shreveport Office of Sponsored Programs and Technology Transfer in the Office of Research maintains a database of invention disclosures.

10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

LSUHSC-Shreveport Office of Sponsored Programs and Technology Transfer in the Office of Research is responsible for collection, analysis and quality of data. The information will be submitted to the LSUHSC-S Budget Office Senior Financial Analyst, Felicia Jacobs (phone 318-675-6804; fax 318-675-8412; email <u>felicia.jacobs@lsuhs.edu</u>). The information will also be shared with the LSU System Office. Data are also maintained on the National Association of University Technology Managers (AUTM) database.

Program: LSU Health Sciences Center – Shreveport

Objective III-2: Maintain the number of invention disclosures by 2% through 2025.

Indicator: Percent change in the number of invention disclosures

Data Source: Internal Database Shreveport Office of Sponsored Programs and Technology Transfer in the Office of Research

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: Outcome
Level: Supporting

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

It is a measure of the quality of research and productivity of faculty in developing invention disclosures.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Management will be able to focus resources on areas of research with greater potential for technology transfers.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes.
No.

5) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

The Office of Sponsored Programs and Technology Transfer maintains a database of invention disclosures for annual (fiscal year) reporting. Faculty who develop intellectual property contact the OSPTT and complete disclosure forms. There is no set deadline or time frame.

6) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Average number of invention disclosures (9) in the 3-year period including FY 2019-2020, FY2020-2021, and FY2021-2022 compared to average number of disclosures submitted in the next 3-year fiscal years 2023, 2024, and 2025.

7) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Aggregate.

8) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

N/A

9) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

Yes by Internal Audits and LSU System Audits. There were no findings from this audit. The LSUHSC Shreveport Office of Sponsored Programs and Technology Transfer in the Office of Research maintains a database of invention disclosures.

10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

LSUHSC-Shreveport Office of Sponsored Programs and Technology Transfer in the Office of Research is responsible for collection, analysis and quality of data. The information will be submitted to the LSUHSC-S Budget Office Senior Financial Analyst, Felicia Jacobs (phone 318-675-6804; fax 318-675-8412; email felicia.jacobs@lsuhs.edu). The information will also be shared with the LSU System Office. Data are also maintained on the National Association of University Technology Managers (AUTM) database.

Program: LSU Health Sciences Center – Shreveport

Objective IV-1: To increase the enrollment of academically competitive applicants possessing the essential qualities and unique potentials defined in the School of Medicine Diversity policy.

Indicator: Number of entering medical students possessing the unique potentials defined in the School of Medicine Diversity policy.

LaPAS PI Code: New

Data Source: Integrated Postsecondary Education Data System (IPEDS)

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: Output
Level: Supporting

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Indicator provides valid enrollment figures.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Indicator will be used in ongoing planning and review of related strategies resulting in continuing improvement and achievement of objective and goal.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes.
No.

5) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

The source of data for the indicator is annual IPEDS Enrollment survey, which is validated by internal PeopleSoft reports.

6) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

The indicator requires no calculation, just a headcount.

7) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Disaggregated -- Indicator represents LSUHSC-S student cohorts and cannot be broken down further.

8) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

The indicator has no weaknesses for stated objective.

9) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No. The numbers are maintained and reviewed by the University and submitted to the Integrated Postsecondary Education Data System (IPEDS).

10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Enrollment data is compiled and maintained by the Office of Institutional Planning Executive Director of Academic Affairs, Jeff Howells, (phone 318-675-8152, email jeffrey.howells@lsuhs.edu). Student Diversity review and analysis is completed by the Office of Diversity Affairs (Assistant Dean of Diversity Affairs, Toni Thibeaux, Ph.D. (phone 318-675-5050; email toni.thibeaux@lsuhs.edu).

Program: LSU Health Sciences Center – Shreveport

Objective IV-1: To increase the enrollment of academically competitive applicants possessing the essential qualities and unique potentials defined in the School of Medicine Diversity policy.

Indicator: The percentage change in first year enrollment of students possessing the unique potentials defined in the School of Medicine Diversity policy.

LaPAS PI Code: New

Data Source: Integrated Postsecondary Education Data System (IPEDS)

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: Outcome
Level: Supporting

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Indicator provides percentage change in first year enrollment of students possessing the unique potentials defined in the School of Medicine Diversity policy based on valid and reported enrollment figures.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Indicator will be used in ongoing planning and review of related strategies resulting in continuing improvement and achievement of objective and goal.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes.
No.

5) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

The source of data for the indicator is annual IPEDS Enrollment survey, which is validated by internal PeopleSoft reports.

6) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Standard calculation:
Percent change = (current enrollment – previous enrollment) / previous enrollment

7) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Disaggregated -- Indicator represents LSUHSC-S student cohorts and cannot be broken down further.

8) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

The indicator has no weaknesses for stated objective.

9) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No. The numbers are maintained and reviewed by the University and submitted to the Integrated Postsecondary Education Data System (IPEDS).

10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Enrollment data is compiled and maintained by the Office of Institutional Planning Executive Director of Academic Affairs, Jeff Howells, (phone 318-675-8152, email jeffrey.howells@lsuhs.edu). Student Diversity review and analysis is completed by the Office of Diversity Affairs (Assistant Dean of Diversity Affairs, Toni Thibeaux, Ph.D. (phone 318-675-5050; email toni.thibeaux@lsuhs.edu).

Program: LSU Health Sciences Center – Shreveport

Objective IV-2: To deliver education and training programs that meet the needs of underserved and diverse populations of Louisiana.

Indicator: Percentile Rank: percent of graduates practicing in-state

LaPAS PI Code: New

Data Source: Association of American Medical Colleges (AAMC)

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: Outcome
Level: Supporting

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Indicator provides percentile rank among all fully LCME accredited medical schools of graduates practicing in-state.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Indicator will be used in ongoing planning and review of related strategies resulting in continuing improvement and achievement of objective and goal.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes.
No.

5) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

The source of data for the indicator is the annual Association of American Medical Colleges (AAMC) Missions Management Tool (MMT).

6) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Standard calculation:
The practice location for a given year is taken from the American Medical Association Physician Masterfile for physicians providing direct patient care who graduated approximately 9 to 13 years prior. The practice state is compared with the state in which the medical school of graduation is located. The MMT's customized benchmark tables arrays decile distributions and the medical school's values are displayed in highlighted boxes at their relative percentile ranking.

7) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Disaggregated -- Indicator represents LSUHSC-S School of Medicine graduates for a specific timeframe and cannot be broken down further.

8) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

The indicator has no weaknesses for stated objective.

9) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No. The MMT incorporates multiple sources of information, specifically the Physician Masterfile for this indicator. The Physician Masterfile includes education, training, and professional certification information. The Physician Masterfile includes current and historical data for more than 1.1 million physicians and residents in the United States. For example, fewer than 0.4 percent of the graduates from academic year 2000-2001 through 2004-2005 are not represented in the AMA Physician Masterfile.

10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Enrollment data is compiled and maintained by the Office of Institutional Planning Executive Director of Academic Affairs, Jeff Howells, (phone 318-675-8152, email jeffrey.howells@lsuhs.edu). Student Diversity review and analysis is completed by the Office of Diversity Affairs (Assistant Dean of Diversity Affairs, Toni Thibeaux, Ph.D. (phone 318-675-5050; email toni.thibeaux@lsuhs.edu).

Program: LSU Health Sciences Center – Shreveport

Objective IV-2: To deliver education and training programs that meet the needs of underserved and diverse populations of Louisiana.

Indicator: Percentile Rank: percent of graduates practicing in rural areas

LaPAS PI Code: New

Data Source: Integrated Postsecondary Education Data System (IPEDS)

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: Outcome
Level: Supporting

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Indicator provides percentile rank among all fully LCME accredited medical schools of graduates practicing in rural areas.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Indicator will be used in ongoing planning and review of related strategies resulting in continuing improvement and achievement of objective and goal.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes.
No.

5) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

The source of data for the indicator is the annual Association of American Medical Colleges (AAMC) Missions Management Tool (MMT).

6) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Standard calculation:
The practice location for a given year is taken from the American Medical Association Physician Masterfile for physicians providing direct patient care who graduated approximately 9 to 13 years prior. The practice state is compared with the state in which the medical school of graduation is located. The MMT's customized benchmark tables arrays decile distributions and the medical school's values are displayed in highlighted boxes at their relative percentile ranking.

7) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Disaggregated -- Indicator represents LSUHSC-S School of Medicine graduates for a specific timeframe and cannot be broken down further.

8) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

The indicator has no weaknesses for stated objective.

9) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No. The MMT incorporates multiple sources of information, specifically the Physician Masterfile for this indicator. The Physician Masterfile includes education, training, and professional certification information. The Physician Masterfile includes current and historical data for more than 1.1 million physicians and residents in the United States. For example, fewer than 0.4 percent of the graduates from academic year 2000-2001 through 2004-2005 are not represented in the AMA Physician Masterfile.

10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Data collection and analysis is completed by the Office of Institutional Planning (Director: Jeff Howells, tel: 318-675-8152, email: jeffrey.howells@lsuhs.edu).

Program: LSU Health Sciences Center – Shreveport

Objective IV-2: To deliver education and training programs that meet the needs of underserved and diverse populations of Louisiana.

Indicator: Percentile Rank: percent of graduates practicing in underserved areas

LaPAS PI Code: New

Data Source: Integrated Postsecondary Education Data System (IPEDS)

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: Outcome
Level: Supporting

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Indicator provides percentile rank among all fully LCME accredited medical schools of graduates practicing in underserved areas.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Indicator will be used in ongoing planning and review of related strategies resulting in continuing improvement and achievement of objective and goal.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes.
No.

5) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

The source of data for the indicator is the annual Association of American Medical Colleges (AAMC) Missions Management Tool (MMT).

6) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Standard calculation:
The practice location for a given year is taken from the American Medical Association Physician Masterfile for physicians providing direct patient care who graduated approximately 9 to 13 years prior. The practice state is compared with the state in which the medical school of graduation is located. The MMT's customized benchmark tables arrays decile distributions and the medical school's values are displayed in highlighted boxes at their relative percentile ranking.

7) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Disaggregated -- Indicator represents LSUHSC-S School of Medicine graduates for a specific timeframe and cannot be broken down further.

8) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

The indicator has no weaknesses for stated objective.

9) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No. The MMT incorporates multiple sources of information, specifically the Physician Masterfile for this indicator. The Physician Masterfile includes education, training, and professional certification information. The Physician Masterfile includes current and historical data for more than 1.1 million physicians and residents in the United States. For example, fewer than 0.4 percent of the graduates from academic year 2000-2001 through 2004-2005 are not represented in the AMA Physician Masterfile.

10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Enrollment data is compiled and maintained by the Office of Institutional Planning Executive Director of Academic Affairs, Jeff Howells, (phone 318-675-8152, email jeffrey.howells@lsuhs.edu). Student Diversity review and analysis is completed by the Office of Diversity Affairs (Assistant Dean of Diversity Affairs, Toni Thibeaux, Ph.D. (phone 318-675-5050; email toni.thibeaux@lsuhs.edu).

Objective IV-2: To deliver education and training programs that meet the needs of underserved and diverse populations of Louisiana.

Indicator: Percentile Rank: percent of graduates practicing in primary care medicine

Data Source: Integrated Postsecondary Education Data System (IPEDS)

1) What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General Performance Information?)

Type: Outcome
Level: Supporting

2) What is the rationale for the indicator? (Why was this indicator selected? Is it a valid measure of performance targeted in this objective? How does it help tell your performance story?)

Indicator provides percentile rank among all fully LCME accredited medical schools of graduates practicing in primary care medicine.

3) How will the indicator be used in management decision making and other agency processes? Will the indicator be used only for internal management purposes or will it also surface for performance based budgeting purposes?

Indicator will be used in ongoing planning and review of related strategies resulting in continuing improvement and achievement of objective and goal.

4) Does the indicator name clearly identify what is being measured? Does the indicator name contain jargon, acronyms or initializations or unclear terms? If so, clarify or define them.

Yes.
No.

5) What is the source of data for the indicator? (Examples: Internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (For example: Is the information gathered on a monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Are frequency and timing of collection and reporting consistent?)

The source of data for the indicator is the annual Association of American Medical Colleges (AAMC) Missions Management Tool (MMT).

6) How is the indicator calculated? Is this a standard calculation? (For example: highway death rate is the number of highway fatalities per 100,000,000 miles driven. This rate is a standard calculation used by the National Highway Traffic Safety Administration). Provide the formula or other method used to calculate the indicator. If a nonstandard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?

Standard calculation:
The practice location for a given year is taken from the American Medical Association Physician Masterfile for physicians providing direct patient care who graduated approximately 9 to 13 years prior. The practice state is compared with the state in which the medical school of graduation is located. The MMT's customized benchmark tables arrays decile distributions and the medical school's values are displayed in highlighted boxes at their relative percentile ranking.

7) Is the indicator aggregated or disaggregated? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Disaggregated -- Indicator represents LSUHSC-S School of Medicine graduates for a specific timeframe and cannot be broken down further.

8) Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

The indicator has no weaknesses for stated objective.

9) Has the indicator been audited by the Office of the Legislative Auditor? If so, with what result? If not, how can you assure that the indicator is valid, reliable, and accurately reported?

No. The MMT incorporates multiple sources of information, specifically the Physician Masterfile for this indicator. The Physician Masterfile includes education, training, and professional certification information. The Physician Masterfile includes current and historical data for more than 1.1 million physicians and residents in the United States. For example, fewer than 0.4 percent of the graduates from academic year 2000-2001 through 2004-2005 are not represented in the AMA Physician Masterfile.

10) Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and email address).

Enrollment data is compiled and maintained by the Office of Institutional Planning Executive Director of Academic Affairs, Jeff Howells, (phone 318-675-8152, email jeffrey.howells@lsuhs.edu). Student Diversity review and analysis is completed by the Office of Diversity Affairs (Assistant Dean of Diversity Affairs, Toni Thibeaux, Ph.D. (phone 318-675-5050; email toni.thibeaux@lsuhs.edu).

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER AT SHREVEPORT

APPENDIX TO STRATEGIC PLAN

Process Documentation

FY 2023-2024 – FY 2027-2028

Revised
June 10, 2022

1) Identification of Principal Clients and Users and the specific service or benefit derived by such persons or organizations:

Clients and Users	Service or Benefit
Students	Education and preparation for well-paying jobs
Postgraduate Trainees	Training and preparation for well-paying jobs
Health Care Practitioners	Continuing Education and Community Outreach
General Public	Outreach and General Health Education
General Public	Benefits from discoveries derived from biomedical research
Patients	Health care and well-being

2) Identification of potential external factors that are beyond the control of the entity and that could significantly affect the achievement of its goals or objectives:

Funding constraints from local, state, and federal government and non-governmental entities impact education, research, patient care services and community outreach programs.

The level of preparation of students in elementary and secondary levels of education prior to enrollment at LSUHSC-S impacts their academic success and progress. This is mitigated by maintaining high standards for admission. The effectiveness of instruction is affected by the quality of our students.

The severity of illness and number of patients who present themselves at our facilities is impacted by lifestyles and living conditions that are beyond our control. Our ability to provide care is compromised by the number of patients that need to be treated.

3) The statutory requirements or other authority for each goal of the plan:

All of the goals in the plan are related to our constitutional authority in Article 8, Section 7 and Louisiana Revised Statutes 17:1519, 17:3215 and 17:3351.

4) The program evaluation used to develop objectives and strategies:

Our primary source for objectives and strategies is a self-assessment process. Senior administrative staff and key faculty at each professional school work to identify areas of significant accomplishment, areas of improvement, and areas of commitment to change within their programs. These findings were discussed and used to develop goals and objectives that the Institution as a whole can strive to achieve.

In addition to this self-assessment process, the preparation and self-study that the LSU Health Sciences Center undergoes to maintain Southern Association of Schools and Colleges (SACS) accreditation was used in planning. SACS requires formal planning and follow-up as integral portions of the accreditation process. Other sources include strategic planning and accreditation efforts at each professional school and the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) planning processes and site visits that the hospital undergoes periodically.

5) Identification of primary persons who will benefit from or be significantly affected by each objective within the plan:

> **Objective I-1:** Increase Fall 14th class day headcount enrollment to 1,045 by Fall 2025.
>
> **Objective I-2:** Maintain undergraduate, graduate, and professional graduation rates.
>
> **Objective I-3:** Maintain the percentage of program completers at all levels each year.
>
> **Objective I-4:** Maintain passage rates on licensure and certification exams and workforce foundational skills.
>
> **Objective I-5:** Increase the quantity of our student application pool by 2021.
>
> **Objective I-5.2:** Increase the quality of our student applicant pool 2021.
>
> **Objective I-5.3:** Increase the quantity of students that matriculate into the School of Graduate Studies.

This objective is intended to ensure that the patients received the highest quality of service.

> **Objective II-1:** Maintain cancer screenings in programs supported by the Feist-Weiller Cancer Center through 2021.

This objective is intended to benefit students, patients, health practitioners and the general public. The benefits include increased community health awareness, better understanding of health issues and economic development via technology transfers.

> **Objective III-1:** Maintain the number of extramural grant applications through 2025.
>
> **Objective III-2:** Maintain the number of invention disclosures through 2025.

Increasing research productivity benefits our students and faculty through scientific discoveries and resultant solutions to health problems as well as adding to our base of knowledge and understanding and health advancements for all Louisiana citizens. Our ability to grow and be competitive as an international research center - attracting the best research faculty, receiving our share of federal funding, and providing financial stability through patents and licenses - is dependent on meeting these objectives.

> **Objective IV-1:** To increase the enrollment of academically competitive applicants possessing the essential qualities and unique potentials defined in the School of Medicine Diversity policy.
>
> **Objective IV-2**: To deliver education and training programs that will meet the needs of underserved and diverse populations of Louisiana.

All clients and users – students, health care practitioners and patients - benefit from a diverse education and healthcare environment. The state economic health is strengthened by a balanced representation of local minorities in healthcare professions.

6) How will duplication of effort be avoided when the operations of more than one program are directed at achieving a single goal, objective or strategy?

LSUHSC-S is considered a single program.

7) What are the validity, reliability, and appropriateness of *each* performance indicator and what methods are used to verify and validate the performance indicators as relevant measures of each program's performance?

Please refer to the attached *Performance Indicator Documentation Appendix*.

8) Describe how each performance indicator will be used in management decision making and other agency processes:

Please refer to the attached *Performance Indicator Documentation Appendix*.

9) Components of *Louisiana: Vision 2020*, the state's twenty-year master plan for economic development, must be incorporated, to the maximum extent practicable, into the strategic plan. A table cross-referencing components of plan with components of *Louisiana: Vision 2020* must be included.

Not applicable [replaced with *Louisiana: State Outcome Goals*, see #10]

10) Components of *Louisiana: State Outcome Goals*, the state's nine outcome goals that matter most to the citizens, should be incorporated, to the maximum extent practicable, into the strategic plan. Appendix referencing components of strategic plan with components of *Louisiana: State Outcome Goals* is included.

Please refer to the attached Louisiana: State Outcome Goals Appendix

11) Strategies for development and implementation of human resource policies that benefit women and children must be included.

Family and Medical Leave Act of 1993 [Administrative Directive 2.8.8]
According to the agency administrative directive 2.8.8, the purpose of the Family and Medical Leave Act of 1993 is intended to allow employees to balance their work and family life by taking reasonable unpaid leave for medical reasons, for the birth or adoption of a child, and for the care of a child, spouse, or parent who has a serious health condition. The Act is intended to balance the demands of the workplace with the needs of families, to promote the stability and economic security of families, and to promote national interest in preserving family integrity. It was intended that the Act accomplish these purposes in a manner consistent with the Equal Protection Clause of the Fourteenth Amendment in minimizing the potential for employment discrimination on the basis of sex, while promoting equal employment opportunity for men and women.

Non Discrimination Policy [Administrative Directive 6.2]

According to the agency administrative directive 6.2, the purpose of the nondiscrimination policy is as follows: "The Louisiana State University System assures equal opportunity for all qualified persons without regard to race, color, religion, sex, national origin, age, handicap, marital status, or veteran's status in the admission to, participation in, or employment in its programs and activities."

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER AT SHREVEPORT

APPENDIX TO STRATEGIC PLAN

LINKS TO THE
LOUISIANA CHILDREN'S CABINET

FY 2023-2024 – FY 2027-2028

Revised
June 10, 2022

Children's Cabinet Vision Statement:

Louisiana will be a state where all children and youth can reach their full potential.

Children's Cabinet Mission Statement:

Leading the integration of services and effective utilization of resources to produce measurable outcomes in the physical, social, emotional and educational needs of all children in Louisiana

Goal IV: To achieve a diverse and inclusive student body from an applicant pool of predominantly Louisiana residents

Objective IV-1: To increase the enrollment of academically competitive applicants possessing the essential qualities and unique potentials defined in the School of Medicine Diversity policy

Links to Louisiana Children's Cabinet:

Goal 1: To effectively and efficiently utilize monetary, human, and organizational resources.

Objective 1.1: Accurately identify and maintain a catalog of existing programs and their resources.

Strategy 1.1: Work with local planning boards to identify programs and resources provided at the community level.

Strategy 1.2: Identify programs and initiatives that can be coordinated to maximize available resources.

Goal 2: To achieve measurable improvements in the outcomes of all children in Louisiana

Objective 2.1: Implement strategies to elevate the status of children through delivery of services with a particular emphasis on prevention efforts.

Strategy 2.1: Promote the highest quality education at every state of Development.

Strategy 2.2: Assist children to remain in their home and communities, increasing stability and safety.

Strategy 2.3: Identify and utilize culturally sensitive best practices to reduce disparities among children and youth.