



HEALTH MANAGEMENT ASSOCIATES

*LSU Health Sciences Center – Shreveport
Strategic Planning*

PREPARED FOR
LSU HEALTH SCIENCES CENTER – SHREVEPORT FOUNDATION

DECEMBER 18, 2019

*Research and Consulting in the Fields of Health and Human Services Policy, Health Economics
and Finance, Program Evaluation, Data Analysis, and Health System Restructuring*

Table of Contents

INTRODUCTION.....	1
STRATEGIC PLANNING PROCESS	1
PURPOSE OF REPORT	2
BACKGROUND.....	2
School of Graduate Studies.....	2
School of Allied Health Professions	3
Autonomy for LSU Health Sciences Center - Shreveport	3
Shreveport	3
Bossier City	4
Monroe	4
LSUHSC-SHREVEPORT ANALYSIS OF STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS (SWOT)	4
RECOMMENDATIONS	5
STRATEGIC PLANNING MATRIX.....	7
Communication.....	7
Branding.....	9
Academics	12
Research	25
Clinical Excellence	29
Community	31
Organizational Development	34
STRATEGIC PLANNING IMPLEMENTATION AND ACCOUNTABILITY	36
COMMUNICATING THE STRATEGIC PLAN	36
CONCLUSION	37
APPENDICES.....	38
Appendix A - Subcommittee Identification of Strengths and Weaknesses.....	38
Appendix B – Steering Committee Members	42
Appendix C – Stakeholder Interviews	42
Appendix D – Subcommittee Members.....	2

INTRODUCTION

From June 2019 through December 2019, the LSU Health Sciences Center – Shreveport (LSUHSC-S) conducted a strategic planning process. This process was facilitated by Health Management Associates, Inc., (HMA) as part of the ongoing continuous improvement efforts to meet and exceed requirements for the accreditation of LSUHSC-S and its associated schools and programs. Project-related activities and work products conducted as part of this effort culminated in the development of this report. Financial support for the project was provided by the LSUHSC-S Foundation.

STRATEGIC PLANNING PROCESS

The LSUHSC-S is composed of three schools – Medicine, Allied Health and Graduate Studies with 15 degree programs. It also encompasses three Centers of Excellence – Feist-Weiller Cancer Center, Center of Excellence in Arthritis and Rheumatology, and Center of Excellence for Cardiovascular Diseases and Sciences plus two additional centers - Center for Brain Health and the Center for Tissue Engineering and Regenerative Medicine.

The health sciences center is located in North Louisiana and recently formed a new joint venture with the Ochsner Health System to create the Ochsner LSU Health System (OLHS) that manages the clinical operations of the OLHS Academic Medical Center. The OLHS AMC (OLHS AMC) serves as the primary teaching facility for the undergraduate and graduate medical education (GME) programs sponsored by LSUHSC-S.

The strategic planning process undertaken by LSUHSC-S is an overarching plan to set the future direction that will guide more detailed strategic planning within each school, center and program at the health sciences center. The strategic planning process involved a set of activities: establishment of a steering committee composed of senior leadership and community leaders; structured stakeholder interviews; meetings of four sub-committees; and a strategic planning retreat.

The sub-committees are organized around the tripartite mission of health sciences centers that includes Academics, Research and Clinical Activity with the fourth sub-committee focused on the Community served by the health sciences center. The stakeholder interviews and the sub-committee meetings facilitated dialogue on key healthcare industry trends, local and regional issues; an analysis of strengths, weaknesses, opportunities and threats; and the perceptions of select constituencies and stakeholders. Information and data collected from these activities aided in the identification and prioritization of LSUHSC-S overarching goals and activities within a strategic framework that integrates planning, implementation, and evaluation.

PURPOSE OF REPORT

The purpose of this report is to articulate the strategic framework that will guide the implementation of improvements and changes which are the foundation of LSUHSC-S achieving long term success in fulfilling their mission. The approach:

- + Outlines aspirational goals for the institution.
- + Identifies objectives for each goal.
- + Lists the recommendations made by the executive steering committee, sub-committee members, and stakeholders who were interviewed.
- + Provides tactics to allow recommendations to be implemented.

The strategic plan should be reviewed annually to assess performance towards goals, additional opportunities to make continuous improvements in the quality of processes and planned activities as well as any adjustments to strategy that are the result of new information and/or changes in the environment impacting implementation. To be effective the strategic plan must be a living document with accountability assigned for each goal and regular reporting on progress at least quarterly and not kept on a shelf until the annual review.

BACKGROUND

The LSU Health Sciences Center in Shreveport was originally authorized by the Louisiana State Legislature in 1965. It was established as the Louisiana State University School of Medicine at Shreveport. The first dean was Dr. Edgar Hull who served from 1966 until 1973. The first class began in 1969 and consisted of 32 student doctors. Classes were held at the VA Medical Center in Shreveport until 1975 when the current medical education building was completed. Dr. G. E. Ghali was named Chancellor of LSU Health Shreveport in October 2016.

School of Graduate Studies

The same year the School of Medicine was authorized, the School of Graduate Studies was also established. The first class was accepted in 1974. Today the School of Graduate Studies offers 7-degree programs; Doctorate in Philosophy in Biochemistry & Molecular Biology, Cellular Biology & Anatomy, Microbiology & Immunology, Molecular & Cellular Physiology, and Pharmacology, Toxicology, & Neuroscience; a Master in Biomedical Science and a combined MD-Ph.D. program.

School of Allied Health Professions

The School of Allied Health Professions was established in 1977. It initially offered degrees in cardiopulmonary science, speech and language pathology and medical technology. The first class graduated 11 students in 1980. Today, the school offers two bachelor of science degrees – Cardiopulmonary Science and Medical Laboratory Science. They also offer five graduate programs; a Master of Communication Disorders, Occupational Therapy, Physician Assistant Studies and Public Health. The latter is a joint degree program in conjunction with LSU Shreveport. A program offering a Doctor of Physical Therapy is also housed in the school. In addition to the degree programs, the School of Allied Health offers three residency programs. These are available in Neurologic Physical Therapy, Orthopedic Physical Therapy and Wound Management.

Autonomy for LSU Health Sciences Center - Shreveport

Until 2004, the LSUHSC-S was administratively managed by the LSU Health Sciences Center – New Orleans. In 2000, Dr. John C. McDonald was named the first chancellor for the Shreveport health sciences center. Then, in 2004, the LSUHSC-S became a separate administrative campus for the LSU System and was authorized by the Louisiana Legislature. Independent accreditation was achieved in 2009 from the Southern Association of Colleges and Schools.

Shreveport

Shreveport, Louisiana is in Caddo Parish in the Northwest corner of Louisiana where it is bordered by Arkansas to the north and Texas to the West. The city has a population of approximately 188,000 people according to the U.S. Census as of July 1, 2018. In 2010, the population of Shreveport was over 200,000 which indicates a decline over those 8 years of just under 6%.

In Shreveport, 25.7% of the population live at or below the federal poverty level with 12.8% being uninsured. According to Data USA, 35.7% of the population is covered by publicly funded health insurers - with 26.3% of the population covered by Medicaid and 9.4% of the population covered by Medicare.¹

Compared to national trends, Shreveport, has an unusually high number of residents working as Health Diagnosing & Treating Practitioners & Other Technical Occupations (1.58 times higher than expected), Healthcare Support Occupations (1.54 times), and Health Technologists & Technicians (1.54 times).¹

¹ <https://datausa.io/profile/geo/shreveport-la/>

² <http://www.city-data.com/city/Bossier-City-Louisiana.html#b>

³ [http:// https://datausa.io/profile/geo/monroe-la/#health](http://https://datausa.io/profile/geo/monroe-la/#health)

Bossier City

Bossier City, LA is located immediately adjacent to the East of Shreveport. As of 2017, the population is approximately 68,000. Unlike Shreveport with a decline in population, Bossier City has increased their population by 21% since the census was taken in 2000.

Bossier has more people who report living in poverty, 24.3% which is higher than the state average of 19.7%. The population of Bossier City has the majority of its population covered with health insurance at 88.8%. Of these, 39.7% are on employee plans, 18.4% on Medicaid, 6.58% on Medicare, 16% on non-group plans, and 8.13% on military or VA plans. In March 2019, the unemployment rate was 3.5%, just below the Louisiana average of 3.8%. The primary industry is healthcare followed by food and educational services.²

Monroe

Monroe, Louisiana is in the northwest corner of the state. It is the site of the sister hospital to the OLHS Academic Medical Center in Shreveport, OLHS – Monroe Medical Center. The population in Monroe is just over 48,000.

The city has an uninsured rate of 13.6% falling from 19.7% with the expansion of Medicaid in Louisiana. Monroe has a median household income of \$29,000 well below the U.S. average of just over \$60,000 and far below the state average of approximately \$46,000. The OLHS hospital in Monroe is dependent on the LSUHSC-Shreveport to support specialty services with faculty and healthcare trainees.

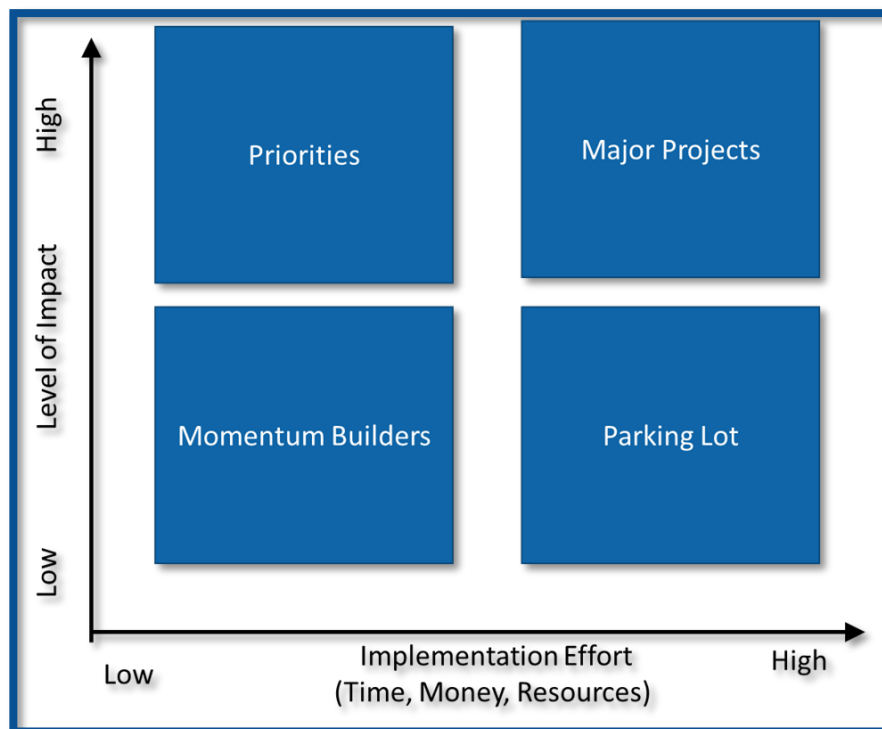
LSUHSC-SHREVEPORT ANALYSIS OF STRENGTHS, WEAKNESSES, OPPORTUNITIES AND THREATS (SWOT)

During the strategic planning process, each subcommittee performed an analysis that identified strengths, weaknesses, opportunities and threats (SWOT) in their area of expertise as it related to the overall health sciences center. It is critical to ensure that these groups' collective knowledge, experience, and ideas are incorporated into the overall strategic approach. As the subcommittees reflected on these strategies, the focus incorporated community need and trends, capacity for change, what is attainable, factors impacting on sustainability (internal or external) and realistic alignment with the mission and organizational capabilities.

The strengths and weaknesses identified that led to recommendations from the subcommittees can be found in [Appendix A](#).

RECOMMENDATIONS

As the four subcommittees completed their work, based on the SWOT analysis, recommendations were made to inform the strategic planning and improve the performance and culture of the health sciences center based on the institutions mission. Many of the recommendations were consistent across subcommittees validating the need for these to be addressed either because of a needed change or a need for improved communication to faculty, staff and the community to articulate the work already being done at the health sciences center. Because of the redundancy, the HMA team consolidated the recommendations into 18 areas. These were presented to the steering committee at the Strategic Planning Retreat and ranked using a matrix that considered the resources required to implement the recommendation against the amount of impact it would have.



The recommendations are listed below, and color coded to identify where the steering committee placed them on the matrix above.

Priorities are listed in red.	Major Projects are listed in blue.
Momentum Builders are listed in green.	Parking Lot items are listed in black.

1. Develop and implement a comprehensive external and internal communication plan
2. Invest resources to enhance marketing to community, current and new stakeholders, and other constituencies through formal marketing plan that addresses local, regional, state and national markets
3. Expand community access to prevention and screening services by partnering with other entities to leverage and align resources (e.g. faith-based and community-based organizations)
4. Establish academic partnership and strategic relationships (other schools, shared recruitment and programs)
5. Establish research partnership and strategic relationships (shared research infrastructure and funding)
6. Create a formal faculty training, recruitment, development and evaluation program in context of departmental and individual goals
7. Develop a student recruitment and retention program to improve the quality of life and assure academic and career success (The steering committee placed these on the line between priorities and major projects.)
 - a. Admissions
 - b. Recruitment and Lifestyle
8. Develop a comprehensive space needs and resources assessment
 - a. Master Facilities Plan
 - b. Infrastructure
9. Address community health needs
10. Address clinical services expansion
11. Incorporate actions to increase diversity representation into recruitment and retention of students and faculty
12. Explore establishing a dental school to address the lack of access to dentistry
13. Explore establishing a graduate nursing school to address workforce needs
14. Develop a data management plan for the entire institution
 - a. Consider legislative requirements
15. Develop bioinformatics resources for the entire institution (Incorporate with recommendation 5.)
16. Incorporate interdisciplinary and collaborative concepts and opportunities in the curriculum and learning objectives (Incorporated with recommendation 7.)
17. Incorporate cross-training and team-based competencies including consulting etiquette, working with diverse groups (Incorporate with recommendation 7.)
18. Leverage Ochsner EHR and other clinical data for research and developing health resources targeted for the Shreveport area (Incorporate with recommendation 5.)

STRATEGIC PLANNING MATRIX

Based on the outcome of the Strategic Planning Retreat and subsequent feedback from steering committee members, the following Goals, Objectives and Activities were identified. They are grouped by Core Areas to simplify tracking for implementation and accountability.

Communication

The ability to adequately and effectively communicate is one of the greatest challenges of large organizations such as the LSUHSC-S. Due to the large numbers of employees and geographically distant working sites, assuring that faculty, employees and students receive necessary information requires utilizing varied forms of communication across multiple types of media. One of the major themes among stakeholders was the desire for more targeted communication to understand the new operations with the joint venture.

Core Area 1: Communication				
Objective 1.1: Develop and implement a comprehensive internal communication plan.				
		Outcome Measures		
Activities	Process (Output) Measures	Short-Term	Long-Term	Anticipated Impact
Activity 1.1.01: Assign responsibility/accountability for development of the plan, including an established structure for meeting communication objectives and evaluation of effectiveness	Leadership responsible for oversight of communication improvement plan identified.	Develop one-page guideline for email communications including distribution categories.	Accountable leaders will demonstrate improvements in communications through in-person meetings, email and other forms of communication	Improved communication will result in increased awareness of activities/programs at the HSC.
Activity 1.1.02: Establish and maintain accurate contact roster including phone directory	Email and phone roster for the LSUHSC-S is updated at least semi-annually.		Personnel rosters will be up to date with currently employed staff and faculty; phone numbers and email	Improved communication among employees with accurate contact information.

			addresses will be accurate.	
Activities	Process (Output) Measures	Short-Term	Long-Term	Anticipated Impact
Activity 1.1.03: Re-establish regularly scheduled internal “Town Hall” meetings and/or other means of regular internal communication to support transparency and cohesiveness	The Chancellor and/or Senior Leadership hold and participate in a LSUHSC-S-wide Town Hall meeting at least quarterly.		Town Hall meetings will be held quarterly, minutes will be available on the intranet and feedback will be provided to all staff.	Better informed faculty and staff.
Activity 1.1.04: Defined standards for email communications	Email guidelines are adopted for critical communications.		<p>1. All staff will acknowledge receipt of adopted email policies for:</p> <ul style="list-style-type: none"> • Email Etiquette • Sending Large Scale Communications <p>2. Leadership will adopt a written guideline for email communication style that disseminates critical information that is easily recognized and tracks receipt and read of communication.</p>	More manageable email volumes with fewer unnecessary mass communications that are never opened or read.

Branding

The historical branding paradigm focused on visibility, fundraising and managing competition. In some contexts that remains true with some significant changes. In the public and not-for-profit sectors of health and education, branding includes galvanizing community support to deliver the mission as well as aiding in organizational transformation to meet evolving expectations and challenges. Successful branding efforts result in increased trust and loyalty, increased access to potential partners and fundraising sources as well as engagement of a wide range of constituencies. Branding builds upon, through critical communications, key strengths while gathering support for new growth and expanded capabilities. This domain reflects the concerns, considerations and recommendations articulated by representative stakeholders during the strategic planning process.

Core Area 2: Branding

Objective 2.1: Establish a marketing plan that informs the community, the state and the region about the HSC educational programs, cutting-edge research and clinical excellence.

		Outcome Measures		
Activities	Process (Output) Measures	Short-Term	Long-Term	Anticipated Impact
Activity 2.1.01: Improve Website functionality and design upgrades	1. Website redesign completed by end of 2020 calendar year. 2. Website shows increase in number of hits from external IP addresses. 3. Increase the number of earned media references to the HSC-S. 4. Increase the social media presence of the HSC 5. Following completion of website upgrade, share links among community partners	Approval for new position and hire a marketing professional to oversee the marketing plan.	Develop and implement a strategic marketing plan for each school and cross cutting areas of academics and research.	Enhance the reputation of the HSC in the community and beyond.

Activities	Process (Output) Measures	Short-Term	Long-Term	Anticipated Impact
Activity 2.1.02: Expand access to and use of Social Media by internal stakeholders and target audiences		1. Assign an employee to manage social media for the HSC. 2. Identify 3 social media venues for implementation in first quarter 2020 (LinkedIn, Twitter, Facebook, others) 3. Develop policies and procedures around the use of Social Media when done on behalf of LSUHSC-S		Improved employee satisfaction and ability to support/promote the Health Sciences Center.
Activity 2.1.03 Leverage existing community outreach activities by systematically tracking and publicizing them and sharing educational and promotional content. Establish mechanism for coordination and promotion of community activities, including inventory of current “one-offs” and create a structure, e.g. a “speakers bureau,” to optimize marketing impact, publication of activities, incorporating social media tools		Establish 2020 web calendar for community activities.		Greater connection with the community served.
Activity 2.1.04 Cultivate existing and target new “non-health care” partnerships in the community to build brand awareness and leverage support, e.g. Chamber of Commerce etc.				

Activities	Process (Output) Measures	Short-Term	Long-Term	Anticipated Impact
Activity 2.1.05 Develop and promote the “brand” which incorporates the value proposition of the institution within each of its missions and optimizes the Joint Venture brand		Integrate with marketing strategy	Collaborate on a marketing plan with OLHS through the joint-management board	
Activity 2.1.06 Opportunity to further develop the clinical “brand” for clinical excellence and associated value proposition to expand/enhance patient base beyond the safety net to support sustainability		Integrate publication of “best in class” programs, providers etc. with PR/Marketing strategy in 1 st quarter		
Activity 2.1.07 Research: Systematically promote “wins” with obtaining grants and impact of research projects		Develop a process to promote internal awareness of grant submissions and awards.	Leverage internal process to develop a process to promote external awareness of grant submissions and awards.	
Activity 2.1.08 Publicize academic specific activities and impact, and “where are they now” stories, of students in all areas (Medical, Graduate Medical Education, Graduate School, Allied Health)		Consider use of regional/LA public access radio for human interest and best practice stories		
Activity 2.1.09 Develop and promote the “brand” which incorporates the value proposition of the institution within each of its missions and optimizes the Joint Venture brand	1. LSUHSC-S brand will be recognized throughout the state and region as a top tier academic institution 2. OLHS will be synonymous with excellent clinical care throughout the state and region.			

Academics

The primary mission of the LSUHSC-S is to educate the future healthcare workforce for the state of Louisiana. The academic priorities include improving the curriculum and retaining outstanding faculty to assure an excellent education allowing learners to practice with a high level of satisfaction in their chosen field. LSUHSC-S academic programs strive for all students in clinical programs to obtain licensure, achieve board-certification and provide care in a culturally competent manner to diverse populations. It is also important in today's healthcare landscape that students understand how to work as part of an interdisciplinary team to care for patients across the continuum of care, use health information technology effectively and learn how to participate in continuous quality improvement activities.

Core Area 3: Academics

Objective 3.1: Achieve academic excellence by promoting learner-centered education throughout all programs

		Outcome Measures		
Activities	Process (Output) Measures	Short-Term	Long-Term	Anticipated Impact
Activity 3.1.01: Establish active, ongoing curricular development incorporating information from the validated learner satisfaction sources, benchmarked curricular outcomes to achieve regulatory body requirements, graduate and employer surveys and competitiveness in the state and national markets	1. Perform an annual review of all curricula of degree programs across the health science center 2. Enhance practice of continuous quality improvement to evaluate and strategically enhance curricula 3. USMLE Scores for medical students will demonstrate an upward trend in scoring on Step 1 and Step 2 4. Graduation rates for students in all schools will demonstrate an upward trend annually. 5. First time pass-rates for licensure of students in allied health programs will meet or exceed 95% in 2 years.	1. Review of current curricula in "best practice" academic centers 2. Curriculum review will address any gaps in preparation for passing boards or graduation on time and allow appropriate allocation of resources based on a continuous needs assessment. 3. Establish timeline and priority areas for	1. All programs will achieve licensure exam pass rates and graduation rates of 100% for each discipline. 2. USMLE consistently exceed national average and LSUHSC targets on Step 1 and 2 by 2025. 3. The curriculum review will perform continuous quality improvement to evaluate and strategically enhance curricula to address any variances to meetings targets. Deficiencies will	1. Academic excellence for the entire student body that assures success in chosen careers. 2. Continuous alignment of curriculum with content of Board exams and clinical practice of today's healthcare system in Louisiana and across the country. 3. Leverage and organize existing academic and student programs for integration, efficiencies, and

	6. The school of medicine will demonstrate improvement in survey results among students on the Independent Student Analysis (ISA)	curriculum review 2020-2024. 4. USMLE pass rates will be no less than 3 percentage points below the national average by 2022	be analyzed and followed with an action plan for improvement annually. 4. Measurement will include: <ul style="list-style-type: none"> Validated learner satisfaction sources Graduate and employer surveys Competitiveness in state and national markets 	shared responsibilities across schools.
Activities	Process (Output) Measures	Short-Term	Long-Term	Anticipated Impact
Activity 3.1.02: Expand and enhance curricula in new and emerging areas		Emphasize active, engaged, self-directed and contextual learning that promotes continuous development of lifelong learning skills	Include interprofessional education, translational science, prevention, safety and community/population health across all curricula	
Activity 3.1.03: Offer more courses that expose students to the health information technology they will use as clinicians.	Include hands-on training on electronic health records, remote monitoring and other advanced technology systems in a specific number of courses.			

Activities	Process (Output) Measures	Short-Term	Long-Term	Anticipated Impact
Activity 3.1.04: Create opportunities for interprofessional education	Increase the number of required curricular experiences with other health professionals and students to develop interpersonal and communication skills (ICS)	<p>1. Develop and enhance collaborative multidisciplinary and inter-professional accreditations and regulatory requirements to meet current and future workforce demands</p> <p>2. Expand interprofessional community/population healthcare experiences designed to enhance experiences for learners</p>		
Activity 3.1.05: Focus healthcare learners on collaborative care models and team-based care activities during clinical rotations	Add one or more core courses on collaborative care models and offer them to students in all programs.			
Activity 3.1.06: Raise national profile.	<p>1. Increase number of U.S. Medical School Graduates in GME programs</p> <p>2. Maintain level of retention of LSUHSC-S graduates for residency, fellowship, and faculty positions</p>			

	<p>3. Maintain level of affordability for health professions educations</p> <p>4. Increase number of scholarships offered for recruitment based on diversity and merit</p> <p>5. Track and increase national recognition from National Organizations (e.g. NCI, Level 1 Trauma, TJC recognized programs such as Comprehensive Stroke.)</p>			
Objective 3.2: Enhance faculty recruitment efforts and program expansion by partnering with graduates of LSUHSC-S programs and other institutions of higher education				
		Outcome Measures		
Activities	Process (Output) Measures	Short-Term	Long-Term	Anticipated Impact
Activity 3.2.01: Establish new partnerships and strategic relationships with other schools to build linkages that support the flow of best-in-class faculty candidates with a diversity mix that reflects the communities served. In addition, linkages to other academic entities can foster sharing of knowledge and new approaches to education.	<p>1. Increase number of joint appointments with area schools of higher education</p> <p>2. Increase number of qualified candidates for faculty and research positions</p> <p>3. Increase the number of diversity candidates applying and interviewing for positions at LSUHSC-S.</p>	VC of Academic Affairs and Provost will establish a structure to collaborate with peers at LSU-S, LA Tech, Southern and Grambling.	<p>1. Increase the number of partnerships with schools of higher education</p> <p>2. Increased diversity of faculty and leaders at LSUHSC – Shreveport</p> <p>3. Joint recruitment efforts across the region for dual appointment faculty.</p>	<p>1. World-class diverse faculty across schools at LSUHSC-S</p> <p>2. Strong partnerships with other higher ed institutions that enhances the quality of programming at LSUHSC-S</p>

Activity 3.2.02: Establish a plan to recruit and retain faculty researchers in key areas of research strength.		Increase number of faculty researchers in: <ul style="list-style-type: none"> •Cardiovascular disease •Cancer •Brain health •Drug addiction •Tissue engineering and regenerative medicine •Arthritis and rheumatology research. 		
Objective 3.3: Establish and Expand Schools and Programs to Meet Local, State and Regional Needs				
		Outcome Measures		
Activities	Process (Output) Measures	Short-Term	Long-Term	Anticipated Impact
Activity 3.3.01: Identify financial and infrastructure needs for currently planned growth and future expansion.	1. Establish estimated budget for each area. 2. Identify resources available to accomplish priorities. 3. Identify additional resources required and sources of funding.			Required resources for growth and expanded programs are identified and prioritized.
Activity 3.3.02: Explore establishing a dental school to address the lack of access to dentistry	1. Establish steering committee responsibility for dental school. 2. Establish action plan for dental school and ancillary dental programs	1. Establish champion with responsibility for planning. 2. Develop programs and curriculum for	Implement over 3-5 years	Increase availability of dental professional in Louisiana and adjacent states.

		dental schools based on accreditation standards and needs identified.		
Activity 3.3.03: Establish dual degree programs to meet future healthcare system needs.	Conduct feasibility study on a range of dual degree programs targeted to address identified healthcare workforce need.			
Activities	Process (Output) Measures	Short-Term	Long-Term	Anticipated Impact
Activity 3.3.04 Explore establishing a graduate nursing school to address workforce needs	Building on feasibility study establish action plan for graduate nursing school to address workforce and faculty gaps.	Establish champion with responsibility for planning	Implement over 3-5 years	Increase availability nursing faculty and mid-level providers
Activity 3.3.05 Increase diversity among LSUHSC-S leadership positions, faculty staff and students.	Develop and implement a comprehensive diversity plan that is integrated into all strategic plans across all schools, programs and departments.	Identify diversity targets.		Make LSUHSC-S leadership, faculty, staff and student body more reflective of the population of North Louisiana.
Activity 3.3.06: Increase School of Medicine class size to 200 students	<ol style="list-style-type: none"> 1. Identify infrastructure gaps to support 200 students 2. Identify additional classroom and lab space to support 3. Identify additional training sites for UGME 		Collaborate with Ochsner Health System to create additional training/education sites on the OHS campus in New Orleans or other sites in Louisiana	
Activity 3.3.07 Expand programs in School of Allied Health and Graduate Studies	1. In collaboration with JV partner, create extension campus for Physical Therapy.			

	2. Develop program in Informatics			
Objective 3.4 Develop a student recruitment and retention program to improve the quality of life and assure academic and career success.				
		Outcome Measures		
Activities	Process (Output) Measures	Short-Term	Long-Term	Anticipated Impact
Activity 3.4.01: Vet opportunities to develop shared recruitment, and mentoring/internship, programs with other local and regional higher education institutions and “pipeline” locations, e.g. high schools and community and technical colleges	1. Create opportunities for interprofessional education demonstrating 2. Focus healthcare learners on collaborative care models and team-based care activities during clinical rotations. 3. Demonstrate a yearly upward trend in recruitment of under-represented minorities in degree programs across all schools.		Formal mentorship program with area high schools and community/technical colleges.	
Activities	Process (Output) Measures	Short-Term	Long-Term	Anticipated Impact
Activity 3.4.02: In collaboration with the academic community and the student body, develop a career counseling and career advising network of alumni and other professionals to assist graduates in transitioning to their chosen professional career.	1. Track the number of medical students who match in their chosen field post-graduation 2. Track the number of medical students who match within their top three choices for residency programs.	Demonstrate year over year improvement in match rates		
Activity 3.4.03: Improve academic-standing of student body	1. Improve matriculant and graduate academic profile a. Average MCAT scores for entering School of Medicine Classes will show an upward trend	Attract an increased number of higher performing applicants to improve the pool		

	<p>b. Improved performance on percent of first-time pass-rate on licensing exams for all health professions</p> <p>c. Average GPA of entering classes in all schools will increase annually</p>	of candidates for all programs		
--	---	--------------------------------	--	--

Objective 3.5: Provide training on grantsmanship, grant writing, value-based purchasing, etc. to support early career faculty.				
		Outcome Measures		
Activities	Process (Output) Measures	Short-Term	Long-Term	Anticipated Impact
Activity 3.5.01: Formalize involvement of the Vice Chancellor for Research during the recruitment process for faculty.	1. Stabilize faculty workforce 2. Increase diversity representation on faculty	Evaluate and revise as needed current process, inclusion and oversight for recruitment/retention. Include as priority performance metric.	1. Annual and more frequent evaluation of recruitment & retention program. 2. Increase competition for faculty positions from a national perspective and based on brand (excellence)	1. Increased faculty success in obtaining grants. 2. Improved faculty satisfaction leading to higher retention rates.
Activity 3.5.02: Develop a mentorship program for junior faculty desiring to be involved in research composed of senior researchers with established grant funding.				Increased number of faculty who are successful in receiving grant awards.
Activity 3.5.03: Provide on-going professional education for faculty in new and upcoming trends in healthcare and health education. Incorporate in the onboarding process.				

Objective 3.6.: Assure excellence in teaching through faculty development programs and evaluation.				
		Outcome Measures		
Activities	Process (Output) Measures	Short-Term	Long-Term	Anticipated Impact
Activity 3.6.01: Review current evaluation tools used to evaluate faculty		Identify and incorporate national best practices.		Evaluation of faculty will reflect goals and progress toward achievement of these goals.
Activity 3.6.02: Formalize the annual evaluation process for all faculty		1. Establish expectations for faculty that define teaching excellence and link to objective evaluation process 2. Develop a process in which significant, defined contributions to the educational mission are rewarded in a manner fiscally equivalent to that of clinical service 3. Utilize academic contributions to the pathway for academic advancement and tenure.		Increase reputation for competitive high standards.

Activity 3.6.03: Establish measurable goals for all faculty and staff on employment and annually to be used during the annual evaluation process.				
Activity 3.6.04: Increase faculty development activities and opportunities	Provide internal or external opportunities for faculty development around: <ul style="list-style-type: none"> • Curriculum design • Use of Advanced IT educational tools • Simulation activities • Interprofessional education, learning and assessment • Leadership; • Evaluation of employee/faculty performance 			
Objective 3.7: Create dynamic succession plans for educational leadership to ensure on-going program success and quality educators.				
		Outcome Measures		
Activities	Process (Output) Measures	Short-Term	Long-Term	Anticipated Impact
3.7.01: Assess current and future needs for faculty to deliver the educational mission.	1. Create a transparent recruitment plan that ensures a strong and diverse teaching faculty. 2. Identify future leaders for all education leadership positions			

Objective 3.8: Grow the number of faculty with long-term commitment to achieving academic excellence and conducting research through faculty development and recruitment.

		Outcome Measures		
Activities	Process (Output) Measures	Short-Term	Long-Term	Anticipated Impact
Activity 3.8.01: Review current complement of tenured vs. non-tenured faculty to determine areas with gaps in tenured faculty.	Office of Academic affairs will present a report to the Chancellor and Senior Leadership	Establish action plan for 2020-2022.	Dependent on short term action plan and outcomes achieved.	Improved balance/mix between tenured and non-tenured faculty.
Activity 3.8.02: Develop plan to recruit outstanding faculty in areas where gaps of tenured faculty are identified.	Define characteristics and qualifications that denote "outstanding"	Establish action plan for 2020-2022		
Activity 3.8.03: Development of a formal faculty orientation (Already developed by GME office and is ongoing.)	1. Conduct internal survey/evaluation post orientation and at 12 mos. employment. 2. Formal faculty orientation program is implemented by determined date.	1. High satisfaction scores on faculty satisfaction survey. 2. Improve faculty availability in select specialties and PC.	Lower turnover in faculty positions.	More satisfied faculty are retained and foster a more stable and satisfied community of educators that translates into better instruction.

Objective 3.9: Assure a competitive employment package to attract faculty and staff to LSUHSC-S

		Outcome Measures		
Activities	Process (Output) Measures	Short-Term	Long-Term	Anticipated Impact
Activity 3.9.01: Perform a market survey to compare salaries and benefits to similar positions in the local community, state, and region.	Market survey every 2 years Quantitative data and insight into LSUHSC-S total compensation and benefits vs that of benchmarked competitors	1. Delineate trends and innovations in other academic centers. 2. Identify innovation that is specific and sensitive to the	Maintain competitive position in faculty market	LSUHSC-S uses current market data to inform its offers to prospective faculty and compensation structure to retain quality faculty.

		community and health science center culture.		
Objective 3.10: Develop/enhance a student mentoring program within each school that assigns a student or small group of students to a faculty member for the duration of their program.				
		Outcome Measures		
Activities	Process (Output) Measures	Short-Term	Long-Term	Anticipated Impact
Activity 3.10.01: Consider establishing a “college” program within the SOM that assigns students to a smaller cohort. (Multiple examples of this can be found across the country – Hopkins has 4 colleges that are named for distinguished graduates or faculty, have mascots and logos and engage in competitions among the students to build community.)	1. Assign a champion to explore the “college” concept. 2. Identify 3 – 4 leaders among the faculty to take charge of each college.	Decision to develop college concept	Establishment of college concept with leadership structure and implementation complete.	Better student satisfaction, sense of community and support leading to improved mental health during education.
Objective 3.11: Assure Campus-wide Shared Services optimally perform to support the institution				
		Outcome Measures		
Activities	Process (Output) Measures	Short-Term	Long-Term	Anticipated Impact
3.11.01: Evaluate campus shared services to identify opportunities for streamlining and efficiencies and to assure campus needs are being met.	1. Evaluate Departments: <ul style="list-style-type: none"> • Human Resources • Finance • IT • Facilities 2. Consider departments that can be expanded to provide campus-wide service without redundant administrative functions. e.g. Diversity Affairs			

Research

The LSUHSC-S has a strong research component that has grown over the past four years under new senior leadership. Some key research infrastructure gaps persist and numerous strengths and assets throughout the institution have yet to be leveraged to benefit LSUHSC-S research and accelerate its growth. The hospitals affiliated with the health sciences center care for diverse rural and minority populations who are willing to participate in research on health conditions for which there is a high level of interest regionally, statewide and nationally. These are important areas of study to assure that culturally appropriate protocols are available for prevention and treatment of disease. Top level researchers have been recruited to Shreveport and require appropriate research infrastructure to retain them, mentor promising junior researchers and recruit additional world-class researchers to LSUHSC-S.

Core Area 4: Research

Objective 4.1: Develop partnerships to design and implement research to align limited resources and leverage varied partner strengths

		Outcome Measures		
Activities	Process (Output) Measures	Short-Term	Long-Term	Anticipated Impact
Activity 4.1.01: Identify potential partners to create a multi-institutional collaboration or consortium.		Complete multi-institutional strategy and action plan to create Ochsner- LSUHSC research collaboration & strategy	Delineate potential partner list	
Activity 4.1.02: Explore a partnership for Bioinformatics to address critical research need for this expertise		Define desirable characteristics & operating framework to be achieved		
Activity 4.1.03: Focus recruitment efforts on mid-career researchers.				

Objective 4.2: Develop business plan for attracting capital/private venture investment related to research

		Outcome Measures		
Activities	Process (Output) Measures	Short-Term	Long-Term	Anticipated Impact
Activity 4.2.01 Develop business plan for research enterprise to work with industry, corporations and foundations to invest capital in research projects at LSUHSC-S	1. Monthly contact with potential partners. 2. Increased funding from non-governmental sources.	Assign responsible person to create business plan and oversee implementation.	Actionable business plan that creates sustainable partnerships to support research.	Diversify and increase financial support for research enterprise.

Objective 4.3: Build on existing research to further align with population health needs of the region and issues endemic to rural health care.

		Outcome Measures		
Activities	Process (Output) Measures	Short-Term	Long-Term	Anticipated Impact
Activity 4.3.01 Review OLHS University Hospital Shreveport and Monroe Medical Center CHNAs to identify major health needs of the population they serve.	1. Develop demographic profile 2. Develop needs profile and incidence patterns 3. Delineate existing community& health resources in high need and gap areas	Conduct community needs study	Establish parameters for system-wide community needs assessment process, frequency and timeline.	Drive program development, increased scientific and business community engagement & new revenue streams
Activity 4.3.02 Build research activity around identified population needs	1. Link research funding and projects to top 3 needs area 2. Establish data warehouse to support trend analysis and benchmarking	Coordinate with business plan for research.	Establish environmental scanning process to include Community Health Needs Assessment and private and government funding available	Establish brand for excellence in research that is population based

Objective 4.4 LSUHSC-Shreveport will be a national leader in research activity focused on rural, underserved and minority populations

		Outcome Measures		
Activities	Process (Output) Measures	Short-Term	Long-Term	Anticipated Impact
Activity 4.4.01: Develop a strategy to increase the number of research opportunities focused on special population served by the LSUHSC-S.	<ol style="list-style-type: none"> 1. Increase the number of minority research subjects included in clinical research. 2. Publish & present results of work via appropriate professional vehicles. 	Increase in funding and number of research grants to support minority population healthcare issues.	Ongoing environmental scans to identify trends and changing patterns that require address.	Increased funding to support minority research.
Activity 4.4.02: Leverage world class research to focus on specific health services research for the region.	<ol style="list-style-type: none"> 1. Fundraising 2. Publications 3. Collaborative projects with other entities 	Identify new potential partners for research and funding.	<ol style="list-style-type: none"> 1. Coordinate environmental scanning activities. 2. Seek national designation as COE for at least one center at LSUHSC-S 3. NCI designation 	Improve the health of the region through targeted research.
Objective 4.5 LSUHSC-Shreveport achieve greater distinction in research and scholarly activity				
		Outcome Measures		
Activities	Process (Output) Measures	Short-Term	Long-Term	Anticipated Impact
Activity 4.5.01 LSUHSC-Shreveport will increase NIH funding	Increase NIH funding by 50% by 2023. Create patient advisory boards and focus groups from rural areas.	Number of clinical studies leveraging the OLHS EHR clinical data for Shreveport and Monroe		
Activities	Process (Output) Measures	Short-Term	Long-Term	Anticipated Impact

Activity 4.5.02 LSUHSC-Shreveport will increase the number of successful patents	Increase the number of successful patents by 50% by 2023.			
---	---	--	--	--

Clinical Excellence

The joint venture with the Ochsner Health System that created Ochsner LSU Health System is bringing financial stability to the LSUSHC-S and improved operations in the academic medical center that supports clinical training. Enhancing faculty engagement will lead to improved quality in the clinical care and outstanding clinical activity to train residents and students across all the schools.

Core Area 5: Clinical Excellence				
Objective 5.1: Support and Collaborate with OLHS for Clinical Service Expansion				
Activities	Process (Output) Measures	Short-Term	Outcome Measures	
			Long-Term	Anticipated Impact
Activity 5.1.01: Expand clinical service through the Joint Venture as identified in the OLHS strategic plan through quality faculty recruitment, identifying or developing strong leadership:	1. Enhance visibility and brand of clinical excellence 2. Expand programs in defined gap areas	Clarify gap areas Delineate current internal strengths & build upon	New program develop that reflects community need	Increase access in gap areas.
Activity 5.1.02: Build on clinical relationship with health systems e.g. Shriners, Christus				Increased collaboration and leveraging resources.
Activity 5.1.03: Build on opportunities with Monroe (DM, HTN, Cancer, Pharmacy)			Increase and enhance population health activities designed specifically for the communities served.	Improve the health of the population served by OLHS – Monroe Medical Center.

Objective 5.2: Develop a model of care that integrates Behavioral Health, Primary Care, and team-based care and embed into curriculum				
Activities	Process (Output) Measures	Outcome Measures		
		Short-Term	Long-Term	Anticipated Impact
Activity 5.2.01 Review and revise model of care to be competitive/consistent with industry best practices.	1. Review industry best practices care models in academic and delivery systems 2. Incorporate constructs of interdisciplinary collaborative practice	Research models Identify model for development and implementation	Implement and evaluate process and care impacts	1. Improve customer focus 2. Reinforce efficiency thru interdisciplinary collaboration 3. Control cost
Objective 5.3: Create programs to address population health and public health crises such as obesity, diabetes, opioid and other substance use disorders, suicide, adolescent pregnancy and geriatrics.				
Activities	Process (Output) Measures	Outcome Measures		
		Short-Term	Long-Term	Anticipated Impact
Activity 5.3.1 Educate community constituencies and stakeholders on population health and crisis level issues.	1. Population health strategy which is inter-institutional and collaborative 2. Diminish health disparities as measured thru increased access and decreased incidence	Begin dialogue specific to population health issues with influential constituencies	Establish collaborative to implement population health strategy.	1. Improve population health 2. LSUHSC branded as champion of population health
Objective 5.4: Model achieving the quadruple aim in healthcare for learners				
Activities	Process (Output) Measures	Outcome Measures		
		Short-Term	Long-Term	Anticipated Impact
Activity 5.4.01: Learners will engage in efforts to reduce barriers to patient: provider relationships through efficiencies derived from team-based care delivery and effective communication strategies.				
Activity 5.4.02 – Demonstrate improvements in patient experience	Faculty clinicians will achieve a star rating of 4.5 or greater on the CG CHAPS scoring from CMS.			

Community

LSUHSC-C is deeply embedded in and respected by the communities which it serves and consistently seen as a tremendous asset. Its significant contributions to the economy and assurance of safety net healthcare are consistently touted as its critical contributions to the area. Strategic planning and implementation moving forward presents opportunities to build on these contributions by further aligning with local, regional and state business, healthcare, and academic entities to align strategic goals and resources across organizations. Partnering with these entities external to LSUHSC-S can expand its capacity to address population health concerns, attract and retain faculty and student recruits, and leverage research dollars.

Core Area 6: Community

Objective 6.1: Expand community access to prevention and screening services by partnering with other entities to leverage and align resources (e.g. faith-based and community-based organizations)

Activities	Process (Output) Measures	Outcome Measures		
		Short-Term	Long-Term	Anticipated Impact
Activity 6.1.01 Build on relationships with community based organizations.	1. Enhance working relationships and number of formalized relationships 2. Increase number of community partners engaged annually to collaborative on health initiatives. 3. Increase number of prevention and community screenings held annually	Identify and assign accountability for staff to coordinate and track community screening	1. Demonstrated increase in number of community events held annually that are market with the LSUHSC-S brand 2. Increase/continued growth in number of community partners, especially non-health system organizations	Larger presence in the community with greater number of events

<p>Activity 6.1.02: Develop a high-level plan to engage community leaders such as LSUHSC-S Foundation Board Members, Chamber of Commerce, and others to help host student recruits for LSUHSC-S</p> <p>Activity 6.1.03: Develop a high-level plan to engage community leaders such as LSUHSC-S Foundation Board Members, Chamber of Commerce, and others to help host student recruits and faculty for LSUHSC-S</p>	<p>1. Establish a committee that includes Dean of Student Affairs, Admissions and current students and faculty to participate in planning.</p> <p>2. A targeted number of recruiting Hosts is identified and maintained for the next academic year.</p> <p>3. A documented set of satisfaction criteria that is used to identify students most likely to respond positively to LSUHSC community assets and student culture.</p>	<p>Number of students who are successfully matched to a local host each academic year.</p>	<p>Number of students who report they are satisfied or highly satisfied on surveys</p>	<p>LSUHSC-S will attract additional qualified candidates to their academic programs.</p>
Objective 6.2 Create additional access points of care, especially for basic screening (i.e. mobile screening vans and care compacts.)				
Activities	Process (Output) Measures	Outcome Measures		
<p>Activity 6.2.01: Organize and centralize multiple student and faculty volunteer activities that provide community health and wellness services to people in the community.</p>	<p>1. Update community needs assessment including identification of underserved areas</p> <p>2. Create and continuously update a list of community health and wellness activities that LSUHSC student and staff support.</p>	<p>1. Identify underserved and areas of high risk for health disparities</p> <p>2. Comprehensive view of all community health and wellness capacity.</p>	<p>Structure and process to add and modify programs as community health needs change and grow.</p>	<p>1. Improve early identification of health issues and access to treatment.</p> <p>2. Decrease incidence of risk that leads to high cost.</p> <p>3. Better alignment of LSUHSC-S programs with the current needs of its community and region.</p>

Activity 6.2.02: Establish more community-based clinical and health promotion programs.	Leverage Ochsner EHR data to align community health and wellness programs with needs of the community and region.			
Objective 6.3: Develop/enhance a student mentoring program within each school that assigns a student or small group of students to a faculty member for the duration of their program.				
		Outcome Measures		
Activities	Process (Output) Measures	Short-Term	Long-Term	Anticipated Impact
Activity 6.3.01: Consider establishing a “college” program within the SOM that assigns students to a smaller cohort. (Multiple examples of this can be found across the country – Hopkins has 4 colleges that are named for distinguished graduates or faculty, have mascots and logos and engage in competitions among the students to build community.)	<ol style="list-style-type: none"> 1. Assign a champion to explore the “college” concept. 2. Identify 3 – 4 leaders among the faculty to take charge of each college. 	Decision to develop college concept	Establishment of college concept with leadership structure and implementation complete.	Better student satisfaction, sense of community and support leading to improved mental health during education.

Organizational Development

Throughout the discussions of strategy with stakeholders and representative constituencies, there was a constant theme of the importance of the facility in creating an environment that is safe, facilitates learning and research and is conducive to both the perception and reality of high performance and quality. Across the industry researchers, policymakers and providers have intensified efforts to understand and change organizational conditions, functional components and processes that advance best in class clinical practice, technology, education and safety. In addition, an environment that contributes to a perception of state-of-the-art management and work-flow efficiencies builds the confidence of the community served, faculty and staff at all levels. In addition, facility planning should include an ambience that promotes critical thinking and an environment conducive to healing and productivity. This domain includes ideas incorporated from the LSUHSC strategic planning process and the recommendation to embark upon a collaborative effort that will result in an executable master plan for facilities and the environment over the next 3-5 years.

Core Area 7: Organizational Development - Facilities

Objective 7.1: Facility upgrades that address patient safety and patient flow and develop an aesthetically pleasing environment that will enhance perception of a quality-focused institution and enhance the educational experience of learners

Activities	Process (Output) Measures	Outcome Measures		
		Short-Term	Long-Term	Anticipated Impact
Activity 7.1.01: Delineate need/facility requirements	1. Evaluate processes and effectiveness of environmental safety program. 2. Update facilities plan for 2020 thru 2022 3. Establish quality metrics/monitoring and risk program specific to environmental safety.			Establish state-of-the-art facility based on function, safety and positive appeal to users.

Objective 7.2: Develop a master plan that inventories existing space and related infrastructure elements and determines a budgeting and allocation methodology to reduce costs, increase efficiencies, and improve faculty morale				
		Outcome Measures		
Activities	Process (Output) Measures	Short-Term	Long-Term	Anticipated Impact
Activity 7.2.01: Assign a committee to develop a master plan for the LSHHSC-S that is representative of a broad group of stakeholders	May need to hire a consulting firm that specializes in academic infrastructure to guide the process of master facility planning with credentials in environmental safety and disaster planning.	Develop RFP Open RFP process by end of 1 st quarter 2020 Select vendor by June 2020	Optimize space utilization in keeping with the priorities of the health sciences center.	Improved use of space and increased faculty/employee satisfaction in their work environment.
Activity 7.2.02: Create a Master Facility Plan	Creation of a Master Plan			LSUHSC-S implements a Facilities Master Plan that aligns and evolves in a consistent manner with the LSUHSC strategic plan.
Activity 7.2.03: Socialize the Master Facility Plan in a transparent manner that actively engages stakeholder and solicits input on future use and development of facilities.				
Activity 7.2.04: Establish a plan to increase research space development and utilization				

STRATEGIC PLANNING IMPLEMENTATION AND ACCOUNTABILITY

Healthcare and healthcare education are dynamic processes, continually changing over time. The body of knowledge is constantly expanding, and new delivery methods and techniques must be adopted and taught to remain at the leading edge of education, research and clinical care. Like the changing healthcare landscape, a relevant strategic plan must be flexible enough to adapt to the changing environment. The steering committee along with sub-committee members and interviewed stakeholders provided valuable insight and tremendous effort to create the strategic plan outlined in this document. As with any plan that is put on paper, the true benefit will only be realized by implementation of the strategies outlined during the planning process. As LSUHSC-Shreveport moves into the implementation phase of the strategic plan, the following is offered as a possible method to assure ongoing accountability and progress toward achieving the goals.

Of primary importance is establishing accountable leaders for the strategic plan implementation. The Strategic Planning Steering Committee members who are employed by LSUHSC-Shreveport would form the nidus of the ongoing steering committee. Each member of the committee should be assigned (or volunteer) responsibility for one or more of the Core Areas in the plan. The specific activities outlined to achieve progress in each core area can be assigned to other members of the LSUHSC-S faculty and staff with the steering committee member maintaining overall ownership of the Core Area.

Frequent meetings by the Core Area activity workgroups should occur no less than monthly and may require meetings as frequently as every week during some phases of implementation. The steering committee should be convened by the Chancellor at least quarterly. During these quarterly meetings, reports should be provided on the progress being made in each core area. Timelines should be established, and obstacles and barriers outlined. The steering committee would be charged with assisting in mitigating any barriers to achieving the desired goals. Also, the steering committee will be responsible for assessing the ongoing needs in each core area. It is anticipated that over time, the priorities of the institution may change or as goals are achieved, new opportunities will surface. Ongoing review of the strategic plan will allow the institution to decide when updates to the plan are indicated or an entire new strategic planning process should be undertaken.

COMMUNICATING THE STRATEGIC PLAN

A strategic plan acts as the guidepost for the entire institution. Broad dissemination of the final plan is necessary to assure that faculty and staff understand the direction the health science center is going, and all their work should be focused on achieving the goals laid out in the strategic plan. HMA suggests that a communication campaign be initiated in January 2020. Town Hall meetings with the Chancellor should be scheduled to allow as many as possible to hear about the strategic plan directly from the leader of the LSUHSC-Shreveport Campus.

Following the Town Hall meetings, the strategic plan should be posted on the website. Email communications should be directed to all staff urging them to become familiar with the plan. During the first quarter of calendar year 2020, each departmental staff meeting should include the strategic plan on their agenda. Managers should be required to utilize the strategic plan in setting goals for each employee for the coming year and during annual evaluations performance should be measured based on an employee's ability to help achieve the goals of the strategic plan.

CONCLUSION

The LSUHSC-Shreveport has adopted an ambitious and actionable strategic plan for the entire institution. Along with striving for excellence in the traditional tripartite mission of education, clinical care and research, the planning process has outlined four additional core areas that are being addressed to fulfill the broader mission of serving the community and solidifying the position of the health sciences center in the state. These include communication, branding, community, and organizational development to address facility challenges. Achieving the strategic goals set forth in the plan will assure ongoing success for the LSUHSC-Shreveport.

APPENDICES

Appendix A - Subcommittee Identification of Strengths and Weaknesses

Academic

Strengths

- + Allied health is a major strength. The three schools built into one institution brings talent and resources together to build on individual strengths.
- + Strength of physicians in graduate medical education with residency programs. Growth is evidenced in programs such as neurology and immunology.
- + State support for new medical education and wellness building. New and improved facilities are critical to function, new technology as well as perception of quality.
- + We are unique due to our geographic location and the broad scope of our programs' drawing from three states.
- + Commitment of community leaders – from chamber of commerce throughout the school (LSUHSC). There is a connection to the community, many physicians throughout the state are trained at LSU. Commitment is consistent across all levels of the organization.
- + Collective understanding of the imperative to continue working together collaboratively to move forward for the benefit of school and community.
- + Student performance is a major strength, board pass rates (hard metrics) are excellent – 92% pass rates overall for medical students. GME pass rates even higher- more like 95%.

Weaknesses

- + Don't market ourselves well; strengths not well enough known outside of LSUHSC environment.
- + Shortage of faculty, basic science faculty has dwindled. New faculty not going on tenure track, including some chairs. Base pay is well below MGMA averages. Includes medical school and allied health salaries. Issues between clinical duties and teaching RVUs.
- + Communications from state on budget and other negative news makes recruitment difficult.
- + Limited numbers of faculty both clinical and basic sciences – and lecturers not always prepared – for example cardiology is one of the areas targeted for improvement.
- + Significant facility infrastructure needs that require attention. We are going to increase to 200 med students from 150 in the gross anatomy lab, yet lab is at capacity – (working with administration to expand). Space limitations stifle growth. Some faculty don't even have cubicles. Need parking garage.
- + In Allied Health, some schools are limited by regulation as to how many students can come from out of state, difficult to select based on best candidates.

Clinical

Strengths

- + Geographic location of the LSUHSC limits competition from other institutions for students at the medical school, graduate school, and allied health; also limits competition for patients.
- + The central location is a factor supporting growth and attracting patients. LSUHSC pulls patients from Dallas area to Shreveport.
- + Workforce engine (both employer and supplier) for Northern Louisiana.
- + Referral center for second opinions and problems that can't be addressed in smaller communities with limited access to the full spectrum of care and services.
- + Some of the programs, like cardiovascular, are nationally recognized and there is still opportunity to grow and build on current strength.
- + Quality of practitioners with significant strengths in teaching, training, and education essential for the future of healthcare in the state and beyond.
- + Comprehensive array of medical services and expertise that are not available in other areas of the state and outlying communities.
- + Joint Venture is building on the strength of the two partners collectively. LSUHSC would not be sustainable if the corporate partnership did not occur and strengthen ability to grow and invest in future.
- + Diversity of the medical problems that you see at this institution that you don't see in other areas of the country (provides excellent clinical training).

Weaknesses

- + Shreveport does not provide the student life/quality of life that many students seek.
- + Monroe has significant clinical staffing needs and has challenging recruitment issues specific to that location.
- + Distance between the two hospitals can be a challenge to collaboration due to travel time.
- + The health system and hospitals are still viewed as only providing care to the poor, those with very specialized needs or who require second opinions. Need to convey that LSUHSC can provide care and service to inclusive constituencies. There is a comprehensive range of specialties that can meet diverse needs.
- + Need to build up sub-specialties in Monroe for those coming from the East. Need to build the perception and reality that Monroe can be a substantial stopping point for patients from other areas. Priorities to be developed would be subspecialties such as Gastro-oncology, oncology and general surgery.
- + Reimbursement methodologies from fee-for-service to value-based-purchasing should be taught to students and faculty. Faculty should be well versed so that they can train and incorporate relevant information into the classroom as it applies to practice.
- + Teaching methods and content can be upgraded to incorporate recent gains in knowledge, technology and approach to managing the business side of medicine.

Research

Strengths

- + Leadership support of advancing research – they are very much behind growing and expanding research, including financial support, protecting clinical faculty time to do research, and hiring people to do the research.
- + Administration is trying to streamline the compliance process to allow research to be done.
- + Improved IRB process; now much more streamlined and personnel more helpful.
- + Cardiovascular and Cancer Centers
- + Institutional grant for bridge funding is a big help to ensure that work is not disrupted while waiting for funding renewals; this could be increased.
- + Patient population, especially from a cancer research perspective. With the immune-oncology explosion, the interested and willing patient population of N. LA can be leveraged to participate in research.
- + Ability and history of reaching out to community and rural areas.
- + Ability to partner with other institutions such as LA Tech and LSUS to create a new center.
- + World Class researchers. May not yet have the depth but have some real stars.

Weaknesses

- + Lack of support for research infrastructure (Support departments understaffed).
 - HR, travel, grants office, accounting support all lacking
 - Not much statistical support to drive research processes
- + No data management plan.
- + Clinician scientists, especially early career, are challenged with grant writing and grantsmanship. Junior faculty come to senior faculty for this training. Senior researchers do not have time to mentor as much as is needed by junior faculty.
- + Focus on clinical activity – sense that “I can’t take that time off” away from patients or clinical productivity.
- + Missing mid-career researchers. Need a recruitment system in place to replace those who are retiring.
- + Leadership needs to hire chairs who are researchers as well as clinicians if they want to improve clinical research. Group notes it is seeing a move toward this over the last 5 years.
- + Growth in research requires strength outside the Centers. CV and Cancer have large endowments, other areas limited by lack of funding.
- + Little awareness of our research strength and achievement in North Louisiana.
- + Need for bioinformatics, had costly program with LSUS for bioinformatics support and we didn’t get what we needed.
- + Re: diversity - we are challenged in some programs in finding diverse recruits and have difficulty attracting African Americans to PT.

Community

Strengths

- + Economic Asset to the Community and to the Region
 - Large employer of highly paid professional positions and associated source of intellectual capital for the region; enhances the community's overall potential to attract other business development.
 - Opportunity to leverage research for private venture investment.
 - Opportunity to further develop "brand" and associated value proposition to expand/enhance patient base to patients with a funding source; Increasing patient census would improve position for legislative funding and attract other forms of investment/funding.
- + Confidence and pride in the clinical services provided
 - Services to people who otherwise wouldn't have access
 - Trauma and burn center especially recognized as quality assets
- + Sees the medical school as a source of pride for, and asset to, the community

Weaknesses

- + Need to better collaborate with other institutions – missing opportunities
 - for research that leverages and aligns limited resources to enhance the overall region's ability to obtain research grants and to attract talent;
 - to combine resources with other institutions to plan and support recruitment programs for students;
 - expand prevention and screening programs in partnership with other organizations to improve access to community members;
 - for hospitals/health system partnerships that would enhance the region's ability to meet patient needs and develop a regional presence in healthcare services – as a "destination" for quality health care.
- + Need to Improve Facilities and Infrastructure - Acknowledgment of the significant capital investment that is required but facilities/infrastructure need updating/modernizing as they currently detract from the opportunity to be perceived – and function – as a quality-focused institution. In addition to better serving the community, would also make the institution more attractive to patients with a payment source.
- + Limited public awareness of schools other than medical; and of research and other assets/contributions.

Appendix B – Steering Committee Members

+ Dr. G. E. Ghali	+ Dr. Les Johnson	+ Katy Merriman
+ Dr. David Lewis	+ Dr. Sharon Dunn	+ Shane Bridges
+ Dr. Charles Fox	+ Dr. Debbie Chandler	+ Don Lawhorn
+ Dr. Chris Kevil	+ Jeff Reynolds	+ Kevin Flood
+ Dr. Jane Eggerstedt	+ Jeannine Hinton	+ Jeff Howells
+ Dr. Leo Seoane	+ Pete November	

Appendix C – Stakeholder Interviews

- + HMA conducted 27 structured telephone interviews with individuals determined by the Steering Committee
 - 27 of 30 recommended interviews were conducted – a 90% Interview Completion Rate
- + The Interview Guide was designed to obtain internal and external perspectives about LSUHSC-S, its institutional missions and recommendations for its future.
- + Interviews compiled perspectives on current and potential programs and services, organizational culture and infrastructure for students and staff, positioning in the emerging health education landscape, and how LSUHSC-S might respond to current and future challenges and opportunities.
 - **Faculty Senate:** Michelle Arnold, PhD, Assistant Professor, Department of Microbiology & Immunology and Heather Anderson, EdD, CCC-SLP, Clinical Assistant Professor of Communication Disorders
 - **LSU Health Sciences Foundation Board:** Tom Ostendorff, III, Development Committee Chair
 - **LSU Board of Supervisors:** R. Wayne Brown, Valencia S. Jones, James W. Moore, and Mary Werner (Chair)
 - **Hospital Leadership:** Chuck Daigle, CEO, Ochsner LSU Health System – North Louisiana and Sheree Stephens, VP Quality & CNO, Ochsner LSU Health System - Shreveport
 - **Community Stakeholders:** John E. Atkins, Caddo Parish Commissioner; William M. Comegys, Attorney at Law; Timothy J. Magner, EdD, President, Greater Shreveport Chamber of Commerce; Jason Cobb, CEO, Rapides Regional Medical Center; Gabrielle Juneau, CEO, Central Louisiana Area Health Education Center; Bill Cassidy, MD, U.S. Senator; Marianne Comegys, MLA, Alumni Relations, LSU Health Sciences Foundation
 - **LSUHSC-S Employees:** Kenny Brown, CIO; Shelia Faour, CFO; Ed Jones, HR Director
 - **LA Board of Regents:** Wilbert Pryor and Claudia Adley
 - **Learners:** Caleb Dupre, MD, Resident Council Member at Large; Abhishek Haritha, MD, Resident Council Member at Large; Spencer Reynolds, MD, Resident Council Member at Large; Tierra Range, Medical Student; Anna Gould, PA Student; Samantha Murphy, Graduate Student; Kristie Tso, President of the Student Body Executive Council

Appendix D – Subcommittee Members

Academic

- + **Lauren Beal, MD** – Clinical Associate Professor and Residency Program Director, Department of Internal Medicine and Pediatrics
- + **Steve Conrad, MD** – Professor, Department of Emergency Medicine
- + **Marc Gibson** – Director of Facility Planning
- + **Norman Harris, PhD**, Professor and Chairman, Department of Molecular and Cellular Physiology, School of Graduate Studies
- + **Johnette Magner, PhD** - Patient
- + **Jay Marion, MD**, Associate Dean for Academic Affairs and Professor, Department of Medicine
- + **Kevin McCarthy, PhD** – Professor and Chairman, Department of Cellular Biology and Anatomy
- + **Diana Merendino, DPT, RRT, PT, RRT-NPS, RPFT, FAARC** – Program Director, Clinical Associate Professor of Cardiopulmonary Science, School of Allied Health Professions
- + **Alexandra Morgan, MSIII** – Student Member, School of Medicine
- + **Leisa Oglesby** – Executive Director of Medical Services, Designated Institutional Official
- + **Jill Rush-Kolodzey, MD, DrPH**, Master of Public Health Degree Program Director, School of Allied Health Professions
- + **Karen Stokes, PhD**, Associate Professor and Graduate Program Director, Department of Molecular and Cellular Physiology, School of Graduate Studies, and Assistant Director of the Center for Cardiovascular Diseases and Sciences
- + **Kelly Tatchell, PhD**, Associate Dean, School of Graduate Studies and Professor, Department of Biochemistry
- + **Kristie Tso** - President of the Student Body Executive Council

Clinical

- + **Vincent “Butch” Adolph, MD, FACS**, Regional Medical Director for North Louisiana & Lake Charles Ochsner Health System
- + **Richard Cavell, MD**, Chief Medical Officer, Ochsner LSU Health Monroe
- + **Kirandeep Chahal, MD** – Vice President, Resident Council, PGY3 – Internal Medicine
- + **Chuck Daigle**, CEO, Ochsner LSU Health System – North Louisiana
- + **Randy Davidson** – Assistant Vice Chancellor for Finance and Administration
- + **Stanley McCallon, PT, DPT**, Assistant Dean of Clinical Affairs and Outreach, Associate Professor of Physical Therapy, Certified Wound Specialist, School of Allied Health Professions
- + **Pete November**, Executive Vice President, Ochsner Health System
- + **James Patterson, II, MD, PhD** – Professor and Chairman, Department of Psychiatry & Behavioral Medicine
- + **Wanda Thomas, MD** – Associate Clinical Professor, Department of Pediatrics
- + **Robert Walter, MD, MPH, FCCP** – Associate Professor, Department of Medicine and Section Chief, Pulmonary and Critical Care Medicine
- + **R. Keith White, MD, FACS** – Professor and Chairman, Department of Surgery
- + **Trent Wierick, PT, DPT, TPI** – Patient

Community

- + **Lisa Babin**-Executive Director of Public Affairs, Communication & Development LSU Health Shreveport
- + **Shane Bridges** – Director, LSU Health Shreveport Foundation
- + **Doug Efferson** – Executive Director, Northwest Louisiana Human Services District, Louisiana Department of Health
- + **Kevin Flood** – President and CEO, LSU Health Shreveport Foundation
- + **Nick Huckaby, PT, DPT** – Director of Rehabilitation, Christus Shreveport-Bossier Health System
- + **Markey Pierre, DBA** – President and Managing Partner, Southern Strategy Group of North Louisiana
- + **Lane Rosen, MD** – Medical Director of Radiation Oncology, Willis Knighton Health System
- + **Ray Snow** – Patient
- + **Suzanne Tinsley, PT, PhD**, Assistant Dean of Development, School of Allied Health, Associate Professor of Physical Therapy and Co-Director of the LSU Health Shreveport Center for Brain Health
- + **Willie White, MPH** – CEO, David Raines Community Health Center
- + **Martha Whyte, MD**- Medical Director, Region 7, LA Department of Health, Office of Public Health

Research

- + **Connie Arnold, PhD**, Professor, Department of Medicine and Feist-Weiller Cancer Center
- + **Steven Bailey, MD, MScAI, FACC, FACP**, Professor and Chairman, Department of Medicine
- + **Ross P. Barrett**, Co-founder of Lagniappe Labs, LLC and Managing General Partner, Big Ventures Management, LLC
- + **Sumeet Dua, PhD**, Associate Vice President for Research and Partnerships, Professor of Computer Science and Cyber Engineering, Louisiana Tech University
- + **Daniel Flowers, PT, DPT**, Assistant Professor of Physical Therapy, School of Allied Health Professions
- + **Cliff Frilot, PhD, MBA, PE**, Assistant Dean of Research and Professor of Physical Therapy, School of Allied Health Professions
- + **Cherie-Ann Nathan, MD**, Professor and Chairman, Department of Otolaryngology
- + **Wayne Orr, PhD**, Director, Center for Cardiovascular Diseases and Sciences; Professor and Director, Division of Research, Department of Pathology
- + **James Patterson, II, MD**, Professor and Chairman, Department of Psychiatry and Behavioral Medicine
- + **Chris Pattillo, Ph.D.**, Assistant Professor, Department of Physiology
- + **Martin Sapp, PhD**, Professor and Chairman, Department of Microbiology
- + **TBD October 2019** - Ochsner Associate Dean for Research (Interim Dr. Leo Seoane)