The Strategic Plan
Of
CURRY Health Center
2009-2014

Presented by CHC Management Team

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Introduction
As outlined in the Montana Board of Regents 2006-2010 Strategic Plan, the Montana University System and thus, The University of Montana will be facing a “perfect storm” of changing, possibly declining student population over the next 7-8 years. Coupling rising higher education costs, decreased state funding and a significant nationwide economic downturn, students and families are being challenged more than ever in making post-secondary education a viable option.

Given these realities, the management team of Curry Health Center has embarked upon a strategic planning process to help guide and direct CHC through this changing environment, striving to maintain quality and relevance as we serve the students of The University of Montana.

The strategic plan contains the following key components:
- Environmental Scan: Strengths, Weaknesses, Opportunities and Threats
- Mission
- Vision statement
- Values statement
- Strategic Initiatives, Strategic Activities and Milestones

These components serve as a guide for the future direction and success of Curry Health Center. As CHC seeks to face the challenges of a changing student population, this strategic plan will help to identify service and funding priorities for the future. With a clear statement of purpose (mission) and an identified picture of success (vision) matched with a living statement of values that will serve as our ethical principles as we face hard and difficult decisions, it is our goal to not just to survive during this time of change but to thrive and lead in providing high quality, affordable and highly valued services to our students and our campus.

Environmental Scan: Strengths, Weaknesses, Opportunities and Threats

To effectively manage change one must first have a clear understanding of the present. Utilizing a S.W.O.T. analysis, the CHC management team developed a clear picture of present conditions within CHC. In doing so, the CHC management team is seeking to be proactive, rather than reactive, agents of change. We seek to build upon our strengths as a strong foundation for change while addressing weaknesses that hinder our ability to aggressively make changes. In understanding the opportunities and threats to CHC operations and services, we can make more informed choices and decisions in addressing needed changes.

The following documents the environmental scan conducted as part of the strategic planning process.
Strengths

Quality Staff
- Committed and motivated staff
- Knowledgeable and well-qualified staff
- Highly-skilled staff
- Strong sense of interdisciplinary teamwork

Student perception of CHC
- Consistent high approval of Budget from SHAC/ASUM
- Consistent high satisfaction survey responses

Location
- Convenient
- Near large parking lot and bus system

Ability to generate revenue
- Ability to adjust FFS to address changing costs
- Ingrained mandatory health fee

Condition of facility
- Updated in past 13 years
- Aggressive maintenance program including funding
- Dedicated housekeeping staff

Relationship with key campus departments
- Work collaboratively with Res. Life, DSS, FSSS, etc.
- Leadership in DAAC
- Strong ties to some academic departments (i.e., crisis work, internships, pharmacy)

Tax exempt status
State-funded malpractice insurance
Closed during academic breaks
- Provides cost-saving to students by decreasing operation expenses

Student focused and service oriented
- Key component of our vision

UM Administration supports CHC
- Support of mandatory health fee
- Support of mental health issues
- Leadership in emergency planning (i.e., pandemic flu)

Efficient internal purchasing process
Effective internal IT support
- Specialized mission-critical software
- Relatively stable network environment

Effective internal housekeeping
- Timely response to housekeeping needs
- Extended service ability (i.e., laundry, lab, contract with CSD/RID)

Quality of services
Accreditation

Construction bond decreasing

Centralized payment process through Business Services

Centralized business processes
- HRS, accounting, AR, budget

Integrated with student insurance program

Accessibility (24-hr, weekend, range of services)

Constantly changing clientele
Weakness

Underutilized Web presence
- Inadequate review/updates by CHC departments
- Undefined campus web standards
- Undefined CHC web standards/practices

Unclear relationship with Intercollegiate Athletics
- How do non-student athletes benefit from this arrangement
- How does this arrangement affect the CHC budget

Inability to empirically state our cost-savings value for students

Underutilization of inpatient services

Decreased utilization of x-ray services
- Large fixed costs don’t allow for reduction of expenses
- How will digital radiography impact utilization?

Unclear department goals
- Fail to establish measurable outcomes from goals

Lack of central IT direction & support (campus-based)
- Slow campus networks
- Slow response time to problems
- Lack of campus IT strategic plan
- Lack of integration of SA into IT processes

Closed during noon hour

Part-time workers with benefits
- Increases cost per hour

Closed during academic breaks
- Creates breaks in care
- Adversely affects patient satisfaction with CHC

Difficulty in communicating with International students

Difficult recruitment process
- Cumbersome campus hiring process
- Small and weak employment pools
- Non-competitive base wages for most positions

Lack of employee training plan

Lack of strategic plan

Outreach redundancy
- Three departments provide alcohol outreach programs

Confusing pricing practices

Confusing insurance billing practices

Lack of prioritization of services
- “Be everything to everyone at all times” attitude

Closed Shop (non-competitive) Facility Services for facility maintenance

Large Stakeholder groups
- Students, Parents, Campus Departments, UM Admin, BOR, OCHE, other campuses

Restrictive compensation & retention system

Biennial Budget process

Shared capital pooling

Budget reserves jeopardized

Academic terms create downtime

Limited space & building expansion opportunities

Constantly changing clientele
Opportunities

Proactive planning
- Allows for directed change, not reactionary change
- Allows for change in work force by attrition, not termination
- Allows for better outcome based goal planning
- Allows better and more timely communication with students

Expand services to faculty & staff (and families)

Expansion of College of Technology

Electronic billing for student insurance plan

Competitive marketing
- Allows for demonstrated value of services
- Educational opportunity from mission

Prioritization of services
- Clear vision to respond to environment changes
- Clear directive in delegation of resources

Document empirically the value of services

Improved technology options
- EMR, voice recognition, digital x-ray

Bond reduction in Fiscal Year 2010

Change in campus leadership
Threats

Increase in minimum wage
- Wage compression with increased minimum wages

Declining enrollment
- Decreased health fee revenue
- Decreased student hiring pools
- Decreased service demands (i.e., layoffs)

Inflation
- More difficult for students/families to finance higher ed costs

National Health Care
- Potential change in reimbursement structures that do not favor HMO model
- Potential changes in mandatory interactions with insurance assignment
- Outsourcing

Future job force availability
- Increased costs to hire/retain qualified staff
- Inability to compete with private sector for incentives

Campus administrative mandates
- Across-the-board cuts,
- Mandated program retention
- Increased operation costs (i.e., admin assessment, port fees, cost shifting)

Unfunded mandates to provide services

Difficult recruitment/hiring process

National Recession

Outsourcing
- This will come without warning and we will have only days to react

Construction bond extension
- Extended fixed expense for 25 years (about $45,000 per year)

Changes in academic calendar (i.e., wintersession; semester vs. quarters)

Distance Learning

Changing student demographics

Change in campus leadership

Malpractice legal actions
Mission Statement

Curry Health Center is the primary health care provider for the students of the University of Montana. We fulfill our campus role of promoting student success by:

- Providing direct health care to students
- Enhancing personal health and development
- Supporting the campus community through education and public health activities
- Providing a variety of learning opportunities for students

Vision Statement

Curry Health Center will be a leading force for creating a healthy campus where:

- Injury or illness will not prevent academic success
- Students engage in healthy and protective behaviors
- Diversity is valued
- Mutual respect is the norm
- Students are wise consumers of health care
- Value and satisfaction are demonstrated

Values

When we have tough decisions to make, we will always err on the side of those things that we value, which are:

- **People**
- **Quality**
- **Economic stewardship**
- **Campus membership**
- **Accessibility**

People

We recognize that we provide a service of people helping and caring for other people. We strive to treat those we serve and those who serve on our behalf with compassion, dignity, and respect. We value our unique relationship with students. We demonstrate our commitment to people by:

* Considering the impact of our decisions on people.
* Honest and direct dialogue
* Understanding that people working together create a greater good
* Encouraging individual growth and development
* Promoting an environment of individual responsibility
Quality
Curry Health Center values excellence in all of its endeavors. We recognize the rapidly changing nature of health care and seek to remain up to date and evidence based. We achieve this through:
* Providing high touch care in a high tech environment
* A commitment to ongoing professional development
* Adhering to the highest ethical standards including confidentiality and privacy.
* Inviting and encouraging individuals to participate in addressing their health needs
* A clean and safe work environment
* An organized work environment

Economic stewardship
Curry Health Center values affordable health care without compromises in quality. We are entrusted with the sustainability of cost effective and efficient health care services on campus. We achieve this by:
* Working collaboratively with stakeholders to establish services and resource priorities
* Transparency of financial operations
* Using funds wisely and conservatively with an emphasis on needs that may be reasonably met in a campus environment
* Creating flexibility to respond to evolving needs through well thought planning

Campus Membership
We recognize that we are a part of a larger, diverse academic organization. We commit to promoting a healthy campus through collaboration and sharing of our expertise. We achieve this through:
* Responsiveness
* Accountability
* Leadership
* Commitment to life-long learning
* Supporting student success
* Guidance and participation in public health matters

Accessibility
Curry Health Center values access to health care for all of our constituents. Accordingly, we strive to minimize obstacles to care, be they financial, psychological, physical, or attitudinal. We are dedicated to welcoming all members of the campus community and being available to them in their time of need. We achieve this through our dedication to:
* Fairness and kindness
* Professionalism
* Ethical practices
* Convenience
* Facility safety
* Respect for differences
Implementation and Review

As a component of the biennial budget process and during all budget and operation reviews, the CHC management team along with unit supervisors, will consult and utilize the CHC Strategic Plan as a key control tool for decision-making. The CHC 2009-2014 Strategic Plan will be reviewed by the CHC management team each January and June for the plan’s lifecycle. The CHC Annual Report to the Vice President of Student Affairs will include a status report of the CHC Strategic Plan.
Strategic Initiatives

The management team of Curry Health Center developed six categories or “pillars” for strategic initiatives. Each strategic pillar represents a core component of CHC operations and helps to insure that CHC management maintains a balanced approach when making decisions and addressing change issues. In each strategic pillar, there are specific identified core initiatives along with specific action plans. Combined, the management team of Curry Health Center has developed eighteen initiatives in this strategic plan.

The six strategic pillars are:
- Operations – four initiatives (O1.0 – O4.0)
- Financial – two initiatives (F1.0 – F2.0)
- People – two initiatives (P1.0 – P2.0)
- Service – four initiatives (S1.0 – S4.0)
- Quality – three initiatives (Q1.0 – Q3.0)
- IT Planning – three initiatives (IT1.0 – IT3.0)

**Curry Health Center Strategic Plan 2009 - 2015**

<table>
<thead>
<tr>
<th>Start Date</th>
<th>Due Date</th>
<th>Operations</th>
<th>Implementation Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/1/2008</td>
<td>12/1/2009</td>
<td>O1.0</td>
<td>Implement an electronic health record (EHR) across Curry Health Center</td>
</tr>
<tr>
<td>10/15/2008</td>
<td></td>
<td>O1.1</td>
<td>Complete research of available EHR systems, to include webinar presentations as appropriate, to determine needed specifications for RFP development.</td>
</tr>
<tr>
<td>11/15/2008</td>
<td></td>
<td>O1.2</td>
<td>Complete RFP for EHR system and submitted completed paperwork to purchasing for bid.</td>
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<tr>
<td>12/1/2008</td>
<td></td>
<td>O1.3</td>
<td>Identify funding source for purchase of EHR system, hardware, servers and other identified system needs.</td>
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<tr>
<td>12/1/2008</td>
<td>12/1/2008</td>
<td>O1.4</td>
<td>Select vendor from EHR bidding process</td>
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<tr>
<td>12/1/2008</td>
<td></td>
<td>O1.5.1</td>
<td>Identify superusers</td>
</tr>
<tr>
<td>5/8/2009</td>
<td></td>
<td>O1.5.2</td>
<td>Train superusers</td>
</tr>
<tr>
<td>1/1/2009</td>
<td></td>
<td>O1.5.2</td>
<td>Identify what personnel are needed for hardware/software support</td>
</tr>
<tr>
<td>1/1/2009</td>
<td></td>
<td>O1.5.3</td>
<td>Identify communication plan to keep all staff informed of implementation process.</td>
</tr>
<tr>
<td>5/8/2009</td>
<td></td>
<td>O1.5.4</td>
<td>Staff training</td>
</tr>
<tr>
<td>1/15/2009</td>
<td></td>
<td>O1.5.5</td>
<td>Software installation</td>
</tr>
<tr>
<td>5/8/2009</td>
<td></td>
<td>O1.5.6</td>
<td>Determine “go-live” date</td>
</tr>
<tr>
<td>5/8/2009</td>
<td></td>
<td>O1.5.7</td>
<td>Develop staffing plan to accommodate start-up learning curve</td>
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<tr>
<td>5/8/2009</td>
<td></td>
<td>O1.5.8</td>
<td>Develop feedback loop to address issues that arise during orientation</td>
</tr>
<tr>
<td>4/1/2009</td>
<td></td>
<td>O1.5.9</td>
<td>Develop QI plan to monitor progress of Practice Management implementation.</td>
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<tr>
<td>Date</td>
<td>Task Description</td>
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<tr>
<td>10/1/2008</td>
<td>12/1/2009</td>
<td>O1.6</td>
<td>Implement Electronic Health Record Module</td>
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<tr>
<td>12/1/2008</td>
<td>O1.6.1</td>
<td>Identify superusers</td>
<td></td>
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<tr>
<td>12/1/2009</td>
<td>O1.6.2</td>
<td>Train superusers</td>
<td></td>
</tr>
<tr>
<td>12/1/2009</td>
<td>O1.6.3</td>
<td>Identify what personnel are needed for hardware/software support</td>
<td></td>
</tr>
<tr>
<td>12/1/2009</td>
<td>O1.6.4</td>
<td>Identify champions to develop:</td>
<td></td>
</tr>
<tr>
<td>12/1/2009</td>
<td>O1.6.4.1</td>
<td>Templates</td>
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<td>12/1/2009</td>
<td>O1.6.4.2</td>
<td>Flow processes</td>
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<td>12/1/2009</td>
<td>O1.6.4.3</td>
<td>Feed back loops to appropriate channels</td>
<td></td>
</tr>
<tr>
<td>12/1/2009</td>
<td>O1.6.5</td>
<td>Identify communication plan to keep all staff informed of implementation process.</td>
<td></td>
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<tr>
<td>12/1/2009</td>
<td>O1.6.6</td>
<td>Complete staff training</td>
<td></td>
</tr>
<tr>
<td>12/1/2009</td>
<td>O1.6.7</td>
<td>Determine &quot;go-live&quot; date</td>
<td></td>
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<tr>
<td>12/1/2009</td>
<td>O1.6.8</td>
<td>Determine scheduling changes during implementation</td>
<td></td>
</tr>
<tr>
<td>12/1/2009</td>
<td>O1.6.8.1</td>
<td>How many visits per hour</td>
<td></td>
</tr>
<tr>
<td>12/1/2009</td>
<td>O1.6.8.2</td>
<td>How long a period to extend limited scheduling</td>
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</tr>
<tr>
<td>9/1/2009</td>
<td>O1.7</td>
<td>Develop implementation and transition plan</td>
<td></td>
</tr>
<tr>
<td>9/1/2009</td>
<td>O1.7.1</td>
<td>Develop flow charts for key processes</td>
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<tr>
<td>9/1/2009</td>
<td>O1.7.2</td>
<td>Maintain MedPro functionality during transition</td>
<td></td>
</tr>
<tr>
<td>4/1/2009</td>
<td>O1.8</td>
<td>Write and implement clinic system security rights &amp; protocols</td>
<td></td>
</tr>
<tr>
<td>12/1/2009</td>
<td>O1.9</td>
<td>Implement Voice-Recognition functions and policies</td>
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<tr>
<td>10/1/2008</td>
<td>7/1/2010</td>
<td>O2.0</td>
<td>Develop and implement better reporting functions</td>
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<tr>
<td>7/1/2010</td>
<td>O2.1</td>
<td>Develop process to demonstrate value of services</td>
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<tr>
<td>1/1/2010</td>
<td>O2.2</td>
<td>Develop resource management reports</td>
<td></td>
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<tr>
<td>5/1/2009</td>
<td>O2.3</td>
<td>Identify and develop mission critical reports</td>
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<tr>
<td>4/1/2009</td>
<td>O2.3.1</td>
<td>Create master list of all current reports across departments</td>
<td></td>
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<tr>
<td>6/30/2009</td>
<td>O2.3.2</td>
<td>Identify which reports are necessary, which can be eliminated</td>
<td></td>
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<tr>
<td>9/1/2009</td>
<td>O2.3.3</td>
<td>Identify how reports will be used or distributed</td>
<td></td>
</tr>
<tr>
<td>6/1/2010</td>
<td>O3.0</td>
<td>Assess/Expand staff security plan</td>
<td></td>
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<tr>
<td>6/1/2010</td>
<td>O4.0</td>
<td>Implement Digital Radiography across appropriate divisions</td>
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<tr>
<td>10/1/2009</td>
<td>6/1/2010</td>
<td>O4.1</td>
<td>Digital X-ray Medical Acquisition</td>
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<tr>
<td>6/1/2010</td>
<td>O4.1.1</td>
<td>Finalize specification requirements</td>
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<td>3/1/2010</td>
<td>O4.1.1.1</td>
<td>O4.1.1.1.1</td>
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<td>3/1/2010</td>
<td>O4.1.1.2</td>
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<tr>
<td>3/1/2010</td>
<td>O4.1.1.3</td>
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<tr>
<td>3/1/2010</td>
<td>O4.1.1.4</td>
<td></td>
<td></td>
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<tr>
<td>4/1/2010</td>
<td>O4.1.1.2</td>
<td>Write RFP</td>
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</tr>
<tr>
<td>4/1/2010</td>
<td>O4.1.1.3</td>
<td>Identify funding source</td>
<td></td>
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<tr>
<td>4/1/2010</td>
<td>O4.1.1.4</td>
<td>RFP out to bid</td>
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</tr>
<tr>
<td>5/1/2010</td>
<td>O4.1.1.5</td>
<td>Choose system</td>
<td></td>
</tr>
</tbody>
</table>
Operations (cont.)

10/1/2008 2/15/2009 O4.2 Digital X-ray Dental

1/1/2009 O4.2.1 Acquisition
10/29/2008 O4.2.1.1 Finalize specification requirements
10/29/2008 O4.2.1.1.1
10/29/2008 O4.2.1.1.2
10/29/2008 O4.2.1.1.3
10/29/2008 O4.2.1.1.4
10/29/2008 O4.2.1.2 Write RFP
10/1/2008 O4.2.1.3 Identify funding source
11/1/2008 O4.2.1.4 RFP out to bid
12/15/2008 O4.2.1.5 Choose system

2/15/2009 O4.2.2 Installation
2/15/2009 O4.2.2.1 Determine timing of
2/15/2009 O4.2.2.2 Determine resource needs
2/15/2009 O4.2.3 Training
2/15/2009 O4.2.3.1 Determine Impact on:

Financial

10/1/2008 1/1/2009 F1.0 Develop and implement comprehensive budget/fiscal process plan

1/1/2009 F1.1 Clearly define what services are covered by the CHC Health Fee
11/1/2008 F1.1.1 Review across all services to identify what we currently say is covered by CHC Health Fee
11/1/2008 F1.1.2 Correlate cost of services to what we say the CHC Health Fee covers
12/1/2008 F1.1.3 Develop plan for health fee changes based upon Indexing
12/1/2008 F1.1.3.1 Identify appropriate consumer price indexes
1/1/2009 F1.1.4 Develop long range health fee plan
12/1/2008 F1.1.4.1 Determine philosophy
1/1/2009 F1.2 Define what Campus Program Health Fee (CPHS) covers
11/1/2008 F1.2.1 Review and identify services and programs which are available to students not paying health fee
11/1/2008 F1.2.2 Review and identify costs of services/programs to non-health fee paying students
1/1/2009 F1.2.3 Develop long range CPHS plan
12/1/2008 F1.2.3.1 Determine philosophy
1/1/2009 F1.3 Clearly define a Fee For Service strategy to determine charge amounts
11/1/2008 F1.3.1 Define fee for service standards (including access, pricing structure, etc.)
1/1/2009 F1.4 Define utilization plan for Foundation Account (Parent's Fund)
1/1/2010 F1.5 Define expenditure priorities
10/1/2008 F1.5.1 Utilize a defined proposal system for new initiatives
1/1/2009 F1.5.2 Define process for Requests for Budget changes
1/1/2010 F1.5.3 Define a strategy to address budget shortfalls
1/1/2010 F1.5.4 Define a strategy to address excess budget resources
1/1/2009 F1.6 Develop Bond sunset plan
Financial (cont.)

10/1/2009  F1.7  Develop long range capital/facility plan
3/1/2009   F1.7.1  Establish replacement cycle for all equipment
9/1/2009   F1.7.2  Develop workstation upgrade plan
7/1/2009   F1.7.2.1  Inventory current workstation status
9/1/2009   F1.7.2.2  Develop standard rotation/upgrade priorities
7/1/2009   F1.7.3  Establish repair/replacement cycle for facility repairs
6/1/2009   F1.7.4  Establish pool for emergency/urgent needs (i.e. roof, HVAC, etc.)
10/1/2009  F1.7.5  Establish preliminary 5 year facility needs/upgrades list
10/1/2009  F1.7.6  Establish annual process to review/update/change long range facility plan
5/1/2009   F1.7.6.1  Develop and implement an annual facility action plan, including funding
7/1/2009   F1.8  Develop long range fund balance plan
7/1/2010   F2.0  Implement CHC pricing information on CHC web site
6/30/2009  F2.1  Complete review of prices prior to upload in new EHR
1/1/2010   F2.2  Develop link from chargemaster to web for real time pricing information

People

10/1/2008  12/30/2008  P1.0  Develop internal communication processes & procedures to inform staff about changes
12/1/2008  P1.1  Survey staff on use of e-mail, voice mail, intranet utilization, bulletin boards, etc.
12/30/2008 P1.1.1  Supervisors determine best procedure for their respective groups and report upward
12/30/2008 P1.1.2  Management team determine best procedure for dissemination to supervisors
12/30/2008 P1.2  Develop standard procedure for information dissemination
12/30/2008 P1.2.1  Determine method where certainty of communication is needed

5/15/08    6/1/2009  P2.0  Develop Personnel Plan
10/1/2008  1/1/2011  P2.0  Develop Personnel Plan
6/1/2009   P2.1  Review/revise position descriptions to reflect current expectations of roles, including behavioral expectations.
6/1/2009   P2.1.2  Submit to HR for review and reclassification, if necessary
6/1/2009   P2.1.3  Revise Perf Review form to reflect CHC-specific role expectations and goals as appropriate
6/1/2009   P2.2  Develop review process for determining new hire needs (including replacement positions due to turnover)
6/1/2009   P2.2.1  Dept mgr to document need for proposed changes; submit to management for discussion.
6/1/2009   P2.2.1.1  Develop standard form for hire review
6/1/2009   P2.2.1.2  Review budget implications
6/1/2009   P2.2.1.3  Identify impact on services if position is not filled
6/1/2009   P2.2.1.4  Review if the duties of the position are a duplication of services, or could be covered by another position
1/30/2009  P2.3  Develop and implement personnel file/documentation processes
12/1/2008  P2.3.1  Create a list of documents that should be retained in personnel file
12/1/2008  P2.3.2  Identify the length of time each of these documents will be retained
1/30/2009  P2.3.3  Identify how long CHC will retain personnel files of former employees
7/1/2011   P2.4  Address diversity in hiring
7/1/2011   P2.4.1  Identify recruitment strategies that have been shown to increase diverse applicants
People (cont.)

8/30/2009 P2.5 Develop plan to provide CHC staff inclusion in campus events
8/30/2009 P2.5.1 Annually identify appropriate campus events for CHC staff inclusion
8/30/2009 P2.5.2 Create a coverage or closure strategy for recurring or unique events for individuals or groups of staff.
8/30/2009 P2.5.3 Refine needs & Develop a policy covering staff attendance/participation in campus events
12/1/2010 P2.6 Develop and implement recruitment and retention plan
7/1/2009 P2.6.1 Better documentation of non-monetary benefits of employment
7/1/2009 P2.6.2 HRS collaboration on personnel reports (i.e., turnover rates)
12/1/2010 P2.6.3 Develop customer service incentives
12/1/2010 P2.6.3 Identify ways to create an employee friendly climate
12/1/2010 P2.6.3.1 Encourage and support employees in pursuing projects in their interest areas.
12/1/2010 P2.6.3.2 Explore non-monetary incentives to support and acknowledge employee success.
12/1/2010 P2.6.4 Implement a system to assure fair consideration of bonuses for deserving employees.
1/1/2011 P2.7 Professional development/training plan
1/1/2009 P2.7.1 Complete assessment of educational requirements by department
1/1/2009 P2.7.2 Determine distribution strategy for each index code
1/1/2009 P2.7.3 Determine budgeting amounts to address needs of each index code.
1/1/2011 P2.7.4 Define and develop CE funding targets

Service

1/1/2010 6/1/2010 S1.0 Develop comprehensive CHC marketing plan
1/15/2010 S1.1 Create Marketing committee
3/1/2010 S1.2 Identify key marketing goals
4/1/2010 S1.2.1 Identify target groups
5/1/2010 S1.2.2 Identify desired outcomes and timelines
6/1/2010 S1.3 Identify key marketing media priorities (i.e., Kaimin, web, radio/tv, newspapers, special editions, etc.)
1/1/2009 8/1/2010 S2.0 Define CHC service model
7/1/2010 S2.1 Define medical clinic model and objectives
10/1/2010 S2.1.1 Define medical weekend and after-hours model and objectives
10/1/2010 S2.1.2 Define inpatient/outpatient holding scope and services
7/1/2010 S2.2 Define counseling model and objectives
10/1/2010 S2.2.1 Develop APA approved internships
7/1/2010 S2.3 Define CHC outreach priorities and activities
7/1/2010 S2.4 Define dental model and objectives
7/1/2010 S2.5 Define SOS model and objectives
7/1/2010 S2.6 Define SARC model and objectives
7/1/2010 S2.7 Define HE model and objectives
7/1/2010 S2.8 Define Student Insurance model and objectives
10/1/2010 S2.8.1 Develop insurance billing procedures
10/1/2010 S2.8.2 Develop automated insurance billing for student insurance participants
10/1/2010 S2.8.3 Develop and document campus insurance objectives
7/1/2010 S2.9 Explore extending services to additional populations (faculty, staff, spouses)
7/1/2010 S2.10 Develop service plan for COT students
Service (cont.)

10/1/2008 7/1/2011 S3.0 Develop Campus & Community/CHC service plan
7/1/2011 S3.1 Review and formalize business relationships/services with univeristy depts
7/1/2009 S3.1.1 Develop integrated Pharmacy/CHC service plan
7/1/2011 S3.1.2 Develop FSW transition plan
7/1/2009 S3.1.3 Dining/nutritionist plan
9/30/2008 S3.1.4 Aux Rental (Rural Institute/CSD)
7/1/2009 S3.1.5 Intercollegiate Athletics/ATC
9/30/2008 S3.1.6 Develop and implement temporary space plan
4/1/2009 S3.2 Review and formalize academic relationships/services with academic depts
4/1/2009 S3.2.1 Develop and implement plan regarding teaching
4/1/2009 S3.2.2 Develop process for applying for teaching time
4/1/2009 S3.2.3 Develop process for evaluating program requests
4/1/2009 S3.2.3.1 Establish criteria for eligible programs
4/1/2009 S3.2.4 Determine time allocation
4/1/2009 S3.2.5 Develop evaluation tools
4/1/2009 S3.2.6 Establish scheduling system
4/1/2009 S3.2.7 Research rotation opportunities for medical interns, PA trainees, APRN, RN, etc.
7/1/2011 S3.3 Review and formalize evaluation process for CHC involvement with community activities/services
7/1/2011 S3.3.1 Develop process & criteria for approval from management
7/1/2011 S3.3.2 Determine time allocation
7/1/2011 S3.3.3 Establish community connections of importance
7/1/2011 S3.3.4 Determine criteria for assessing value to CHC/UM
7/1/2011 S3.3.5 Determine important connections
7/1/2011 S3.3.6 Assign responsibility to CHC staff member/office

6/1/2010  S4.0 Develop medical withdrawal service plan
1/1/2010  S4.1 Clearly define CHC scope and role in campus process of medical withdrawal
3/1/2010  S4.2 Complete assessment of current model to scope and needs of campus
5/1/2010  S4.3 Complete review/propose changes to current services to better tailor to campus/students needs as appropriate.

Quality

9/1/2010  6/1/2011 Q1.0 Rebuild CHC Intranet
6/1/2011  Q1.1 Develop standard intranet template
6/1/2011  Q1.2 Rebuild policy/procedure navigation on intranet
6/1/2011  Q1.3 Configure intranet for broadcasts of webinars and pod casts
10/1/2008 5/15/2009 Q2.0 Develop and implement an overall CHC policy/procedure/protocol process
5/15/2009 Q2.1 Eliminate non-policies from policy site and update P&P manual
1/1/2009  Q2.1.1 Complete review of departmental P&Ps and archive old or unused P&Ps
3/1/2009  Q2.1.2 Review and revise P&Ps not updated in past 3 years
5/1/2009  Q2.1.3 Review remaining P&P for updating
11/1/2008 Q2.2 Develop standardized templates for policy/procedure and protocols, including definitions of each.
8/30/2008 Q2.2.1 Present template to management team for approval
<table>
<thead>
<tr>
<th>Date</th>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/30/2009</td>
<td>Q2.3</td>
<td>Agree on flow of new or revised policies from inception to final approval:</td>
</tr>
<tr>
<td>10/15/2008</td>
<td>Q2.3.1</td>
<td>Identify who may initiate an new p/p or revision of existing p/p</td>
</tr>
<tr>
<td>11/1/2008</td>
<td>Q2.3.2</td>
<td>Identify what formats are appropriate for p/p/p updating</td>
</tr>
<tr>
<td>12/1/2008</td>
<td>Q2.3.3</td>
<td>Identify process for presenting proposed p/p/p for approval to proceed with creation/update.</td>
</tr>
<tr>
<td>1/1/2009</td>
<td>Q2.3.4</td>
<td>Identify what types of p/p/p are approved by whom within the structure of the organization</td>
</tr>
<tr>
<td>2/1/2009</td>
<td>Q2.3.5</td>
<td>Identify process for approval of p/p/p and uploading to electronic P&amp;P website for general access.</td>
</tr>
<tr>
<td>12/30/2008</td>
<td>Q2.4</td>
<td>Review and update internal business/purchasing policies in correlation with Internal Audit self-assessment</td>
</tr>
<tr>
<td>12/1/2008</td>
<td>Q2.5</td>
<td>Develop new structure for P&amp;P manual</td>
</tr>
<tr>
<td>10/30/2008</td>
<td>Q2.5.1</td>
<td>Establish criteria for file names</td>
</tr>
<tr>
<td>10/30/2008</td>
<td>Q2.5.2</td>
<td>Discuss current and potential system at management team</td>
</tr>
<tr>
<td>9/30/2008</td>
<td>Q2.5.3</td>
<td>Determine potential for a mirror P&amp;P manual to use during P&amp;P review</td>
</tr>
<tr>
<td>10/1/2008</td>
<td>3/10/2009</td>
<td>Development Accreditation/Assessment plan</td>
</tr>
<tr>
<td>2/1/2009</td>
<td>Q3.4</td>
<td>Accreditation</td>
</tr>
<tr>
<td>9/30/2008</td>
<td>Q3.4.1</td>
<td>Complete and submit application</td>
</tr>
<tr>
<td>9/30/2008</td>
<td>Q3.4.1.1</td>
<td>Identify QI studies for submission with application</td>
</tr>
<tr>
<td>9/30/2008</td>
<td>Q3.4.2</td>
<td>Review/update pertinent policies/procedures</td>
</tr>
<tr>
<td>1/30/2009</td>
<td>Q3.4.3</td>
<td>Complete self-assessment tool.</td>
</tr>
<tr>
<td>12/30/2008</td>
<td>Q3.4.3.1</td>
<td>Review and address deficiencies and consultative comments from last accreditation</td>
</tr>
<tr>
<td>10/15/2008</td>
<td>Q3.4.3.2</td>
<td>Assign chapters/sections to be completed</td>
</tr>
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<td>11/15/2008</td>
<td>Q3.4.3.2.1</td>
<td></td>
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<tr>
<td>12/30/2008</td>
<td>Q3.1</td>
<td>Student surveys (including satisfaction, utilization, quality, etc.)</td>
</tr>
<tr>
<td>9/30/2008</td>
<td>Q3.1.1</td>
<td>Develop survey tool</td>
</tr>
<tr>
<td>12/1/2008</td>
<td>Q3.1.2</td>
<td>Conduct survey</td>
</tr>
<tr>
<td>12/30/2008</td>
<td>Q3.1.3</td>
<td>Tally and report results; determine actions</td>
</tr>
<tr>
<td>2/1/2009</td>
<td>Q3.3</td>
<td>Benchmarking data</td>
</tr>
<tr>
<td>10/1/2008</td>
<td>Q3.3.1</td>
<td>Determine at least 2 items to benchmark</td>
</tr>
<tr>
<td>2/1/2009</td>
<td>Q3.3.2</td>
<td>Implement benchmarking</td>
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<tr>
<td>2/1/2009</td>
<td>Q3.2</td>
<td>Employee surveys</td>
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<tr>
<td>9/30/2008</td>
<td>Q3.2.1</td>
<td>Develop survey tool</td>
</tr>
<tr>
<td>12/12/2008</td>
<td>Q3.2.2</td>
<td>Conduct survey</td>
</tr>
<tr>
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<td>Q3.2.3</td>
<td>Tally and report results; determine actions</td>
</tr>
<tr>
<td>2/1/2009</td>
<td>Q3.2.4</td>
<td>Develop on-going survey process</td>
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<tr>
<td>4/1/2009</td>
<td>IT1.0</td>
<td>Write and implement network security rights &amp; protocols</td>
</tr>
<tr>
<td>4/1/2009</td>
<td>IT1.1</td>
<td>Review with ITO current network security rights &amp; protocols</td>
</tr>
<tr>
<td>4/1/2009</td>
<td>IT1.2</td>
<td>Review with SAIT current network security rights &amp; protocols</td>
</tr>
<tr>
<td>4/1/2009</td>
<td>IT2.0</td>
<td>Work with VPSA to define SAIT and CHC IT relationship</td>
</tr>
<tr>
<td>4/1/2009</td>
<td>IT2.1</td>
<td>Develop written service agreement contracts with SAIT</td>
</tr>
<tr>
<td>7/1/2009</td>
<td>IT3.0</td>
<td>Rebuild CHC internet site on CMS platform</td>
</tr>
<tr>
<td>1/1/2010</td>
<td>IT3.1</td>
<td>Implement web navigation changes</td>
</tr>
<tr>
<td>1/1/2010</td>
<td>IT3.2</td>
<td>Define CHC web standards</td>
</tr>
<tr>
<td>1/1/2010</td>
<td>IT3.3</td>
<td>Review and implement 508 accessibility compliance on CHC site</td>
</tr>
</tbody>
</table>