

The Strategic Plan

Of



2009-2014

Presented by CHC Management Team

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The Strategic Plan of Curry Health Center

2009-2014

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)

Start Date	Due Date	Curry Health Center Strategic Plan 2009 - 2015	
		Operations	
3/1/2008	12/1/2009	O1.0	Implement an electronic health record (EHR) across Curry Health Center
	10/15/2008	O1.1	Complete research of available EHR systems, to include webinar presentations as appropriate, to determine needed specifications for RFP development.
	11/15/2008	O1.2	Complete RFP for EHR system and submitted completed paperwork to purchasing for bid.
	12/1/2008	O1.3	Identify funding source for purchase of EHR system, hardware, servers and other identified system needs.
	12/1/2008	O1.4	Select vendor from EHR bidding process
	5/8/2009	O1.5	Implement Practice Management portion of EHR
	12/1/2008	O1.5.1	Identify superusers
	5/8/2009	O1.5.2	Train superusers
	1/1/2009	O1.5.2	Identify what personnel are needed for hardware/software support
	1/1/2009	O1.5.3	Identify communication plan to keep all staff informed of implementation process.
	5/8/2009	O1.5.4	Staff training
	1/15/2009	O1.5.5	Software installation
	5/8/2009	O1.5.6	Determine "go-live" date
	5/8/2009	O1.5.7	Develop staffing plan to accommodate start-up learning curve
	5/8/2009	O1.5.8	Develop feedback loop to address issues that arise during orientation
	4/1/2009	O1.5.9	Develop QI plan to monitor progress of Practice Management implementation.

**Operations
(cont.)**

10/1/2008	12/1/2009		O1.6	Implement Electronic Health Record Module
	12/1/2008		O1.6.1	Identify superusers
	12/1/2009		O1.6.2	Train superusers
	12/1/2009		O1.6.3	Identify what personnel are needed for hardware/software support
	12/1/2009		O1.6.4	Identify champions to develop:
	12/1/2009		O1.6.4.1	Templates
	12/1/2009		O1.6.4.2	Flow processes
	12/1/2009		O1.6.4.3	Feed back loops to appropriate channels
	12/1/2009		O1.6.5	Identify communication plan to keep all staff informed of implementation process.
	12/1/2009		O1.6.6	Complete staff training
	12/1/2009		O1.6.7	Determine "go-live" date
	12/1/2009		O1.6.8	Determine scheduling changes during implementation
	12/1/2009		O1.6.8.1	How many visits per hour
	12/1/2009		O1.6.8.2	How long a period to extend limited scheduling
	9/1/2009		O1.7	Develop implementation and transition plan
	9/1/2009		O1.7.1	Develop flow charts for key processes
	9/1/2009		O1.7.2	Maintain MedPro functionality during transition
	4/1/2009		O1.8	Write and implement clinic system security rights & protocols
	12/1/2009		O1.9	Implement Voice-Recognition functions and policies.
10/1/2008	7/1/2010	O2.0		Develop and implement better reporting functions
	7/1/2010		O2.1	Develop process to demonstrate value of services
	1/1/2010		O2.2	Develop resource management reports
	5/12/2009		O2.3	Identify and develop mission critical reports
	4/1/2009		O2.3.1	Create master list of all current reports across departments
	6/30/2009		O2.3.2	Identify which reports are necessary, which can be eliminated
	9/1/2009		O2.3.3	Identify how reports will be used or distributed
	6/1/2010	O3.0		Assess/Expand staff security plan
	6/1/2010	O4.0		Implement Digital Radiography across appropriate divisions
10/1/2009	6/1/2010		O4.1	Digital X-ray Medical
	6/1/2010		O4.1.1	Acquisition
	3/1/2010		O4.1.1.1	Finalize specification requirements
	3/1/2010		O4.1.1.1.1	
	3/1/2010		O4.1.1.1.2	
	3/1/2010		O4.1.1.1.3	
	3/1/2010		O4.1.1.1.4	
	4/1/2010		O4.1.1.2	Write RFP
	4/1/2010		O4.1.1.3	Identify funding source
	4/1/2010		O4.1.1.4	RFP out to bid
	5/1/2010		O4.1.1.5	Choose system

**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:
	2/15/2009	O4.2.3.1.1	
	2/15/2009	O4.2.3.1.2	
	2/15/2009	O4.2.3.1.3	

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
10/1/2008	1/1/2011	P2.0	Develop Personnel Plan
5/15/08	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			P2.6.3.2.1
8/1/2009			P2.6.3.2.2
7/1/2009		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	

**Quality
(cont.)**

	1/30/2009		Q2.3	Agree on flow of new or revised policies from inception to final approval:
	10/15/2008		Q2.3.1	Identify who may initiate an new p/p or revision of existing p/p
	11/1/2008		Q2.3.2	Identify what formats are appropriate for p/p/p updating
	12/1/2008		Q2.3.3	Identify process for presenting proposed p/p/p for approval to proceed with creation/update.
	1/1/2009		Q2.3.4	Identify what types of p/p/p are approved by whom within the structure of the organization
	2/1/2009		Q2.3.5	Identify process for approval of p/p/p and uploading to electronic P&P website for general access.
	12/30/2008		Q2.4	Review and update internal business/purchasing policies in correlation with Internal Audit self-assessment
	12/1/2008		Q2.5	Develop new structure for P&P manual
	10/30/2008		Q2.5.1	Establish criteria for file names
	10/30/2008		Q2.5.2	Discuss current and potential system at management team
	9/30/2008		Q2.5.3	Determine potential for a mirror P&P manual to use during P&P review
10/1/2008	3/10/2009	Q3.0	Develop Accreditation/Assessment plan	
	2/1/2009		Q3.4	Accreditation
	9/30/2008		Q3.4.1	Complete and submit application
	9/30/2008		Q3.4.1.1	Identify QI studies for submission with application
	9/30/2008		Q3.4.2	Review/update pertinent policies/procedures
	1/30/2009		Q3.4.3	Complete self-assessment tool.
	12/30/2008		Q3.4.3.1	Review and address deficiencies and consultative comments from last accreditation
	10/15/2008		Q3.4.3.2	Assign chapters/sections to be completed
	11/15/2008		Q3.4.3.2.1	
	12/30/2008		Q3.1	Student surveys (including satisfaction, utilization, quality, etc.)
	9/30/2008		Q3.1.1	Develop survey tool
	12/1/2008		Q3.1.2	Conduct survey
	12/30/2008		Q3.1.3	Tally and report results; determine actions
	2/1/2009		Q3.3	Benchmarking data
	10/1/2008		Q3.3.1	Determine at least 2 items to benchmark
	2/1/2009		Q3.3.2	Implement benchmarking
	2/1/2009		Q3.2	Employee surveys
	9/30/2008		Q3.2.1	Develop survey tool
	12/12/2008		Q3.2.2	Conduct survey
	2/1/2009		Q3.2.3	Tally and report results; determine actions
	2/1/2009		Q3.2.4	Develop on-going survey process

IT Planning

	4/1/2009	IT1.0	Write and implement network security rights & protocols	
	4/1/2009		IT1.1	Review with ITO current network security rights & protocols
	4/1/2009		IT1.2	Review with SAIT current network security rights & protocols
	4/1/2009	IT2.0	Work with VPSA to define SAIT and CHC IT relationship	
	4/1/2009		IT2.1	Develop written service agreement contracts with SAIT
7/1/2009	1/1/2010	IT3.0	Rebuild CHC internet site on CMS platform	
	1/1/2010		IT3.1	Implement web navigation changes
	1/1/2010		IT3.2	Define CHC web standards
	1/1/2010		IT3.3	Review and implement 508 accessibility compliance on CHC site

