

**LOUISIANA STATE UNIVERSITY
HEALTH SCIENCES CENTER
NEW ORLEANS**

APPENDIX TO STRATEGIC PLAN

FY 2014-2015 THROUGH FY 2018-2019

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**LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - NEW ORLEANS
PROCESS DOCUMENTATION**

1) Descriptions of the strategic planning process implemented in our organization and the program evaluations used to develop objectives and strategies.

Senior administrative staff and key faculty at each professional school worked to identify areas of significant accomplishment, as well as areas for improvement and commitment to growth. These findings were discussed at the LSUHSC-NO level, and were used to develop goals and objectives that the Center as a whole is striving to achieve. Using our most current five-year strategic plan as a guideline, revisions were made with input from each school and operational segment.

Act 1465 of 1997 (the Louisiana Government Performance and Accountability Act) required that each agency receiving an appropriation in the general appropriation act or the ancillary appropriation act produce a series of performance progress reports. The purpose of these reports is to track the agency's progress toward achievement of annual performance standards, which are based on the agency's annual operational plan. This is accomplished through the use of an electronic performance database, the Louisiana Performance Accountability System (LaPAS). Because the performance data reported in LaPAS demonstrates progress and performance, these indicators have been incorporated into the strategic plan.

In addition to this planning process, the self-study that the entire LSU Health Sciences Center undergoes every ten years to maintain Southern Association of Schools and Colleges (SACS) accreditation was used in planning. SACS requires formal planning and follow-up as an integral portion of the accreditation process. Other sources instrumental in the development of objectives and strategies include the strategic planning and accreditation efforts occurring at each professional school and the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) planning processes and site visits that each of our hospitals undergoes periodically.

2) Identification of principal clients and users and the specific service or benefit derived by such persons or organizations.

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

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

These objectives are intended to benefit LSUHSC-NO students, faculty, and staff by creating a positive environment that fosters personal development and encourages mutual support:

OBJECTIVE I.1: Enhance the culture within to promote positive attitudes and interactions, professionalism, satisfaction, and consideration of others to further augment institutional performance and identity.

OBJECTIVE I.2: Emphasize the retention and appropriate replacement of our most valuable resources, the faculty, staff, and students of LSUHSC-NO, who are committed to the success of our missions.

OBJECTIVE I.3: Institute plans that will prepare the campus community to react in case of emergency or disaster, protecting life and property, ensuring continuity of communications and operations, and mitigating damage.

These objectives are intended to benefit LSUHSC-NO students by improving their education and maximizing their employment opportunities. In doing this, the patient community benefits as well:

OBJECTIVE II.1: Increase fall 14th class day headcount enrollment in all programs at LSUHSC-NO by 10.2% from the baseline level of 2,644 in fall 2009 to 2,915 by fall 2017.

OBJECTIVE II.2: Promote innovation and improvement in the curriculum of each school and program, new technology, interdisciplinary learning, and state of the art teaching techniques for excellence in education.

OBJECTIVE II.3: Increase student graduates in focus areas of need in Louisiana, expanding in concert with resources and partnerships.

These objectives are intended to increase research and learning opportunities to benefit LSUHSC-NO faculty, students, and patients. Increasing research productivity benefits our students and faculty through scientific discovery and resultant solutions to health problems, adding to our base of knowledge and improving health for all Louisiana citizens. Our ability to grow and be competitive as an international research center, attracting the best research faculty, receiving our share of federal funding, and providing financial stability through patents and licenses, is dependent on meeting these objectives:

OBJECTIVE III.1: Provide the funds, policies, and support for incremental increases and institutional commitment to the research mission. Focus on areas of current strengths in biomedical research to increase the number and value of grant awards over the next five to seven years.

OBJECTIVE III.2: Manage faculty recruitment in concert with retention, replacement, and programmatic development.

OBJECTIVE III.3: Leverage research recruitment to coordinate with focus areas in patient care and education, to enable translational research to occur, and to promote interdisciplinary collaboration.

These objectives are intended to promote disease prevention and health awareness for LSUHSC-NO patients and the greater Louisiana community. Further, these objectives are intended to ensure that LSUHSC-NO patients receive the highest quality services:

OBJECTIVE IV.1: Exhibit concern for each individual and provide excellence in the art and science of healthcare.

OBJECTIVE IV.2: Increase the number of patients over the next five years and prepare for greater emphasis at the national and state levels on cost-efficient and quality care.

These objectives are intended to benefit students, patients, and health practitioners, in addition to the general public, by increasing public knowledge and health awareness, and by encouraging economic development via technology transfers.

OBJECTIVE V.1: Seek productive partnerships and alliances with municipal, regional, state, and national cooperating institutions, groups, and individuals.

OBJECTIVE V.2: Incorporate effective communication between LSUHSC-NO and all members of the communities where we live and serve.

OBJECTIVE V.3: Participate in mutual planning with our many partners and explore avenues of invention and collaboration to implement definitive new endeavors for outreach in education, service, and patient care.

OBJECTIVE V.4: Partner with industry and the state to advance the development of biotechnology in Louisiana.

OBJECTIVE V.5: Contribute to the protection of Louisiana's Natural Resources through programs of education, service, and outreach.

4) The statutory requirements or other authority for each goal of the plan.

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

5) Identification of potential external factors that are beyond the control of the agency and could significantly affect the achievement of its goals or objectives.

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

The level of preparation of students in elementary and secondary levels of education prior to enrollment at LSUHSC-NO impacts their academic success and progress. This is mitigated by maintaining high standards for admission. The effectiveness of instruction is affected by the quality of our students.

The severity of illness of patients who present themselves at our facilities is impacted by lifestyles and living conditions that are beyond our control. Our ability to provide care is further affected by the number of patients that present themselves for treatment.

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

LSUHSC-NO is considered a single program.

7) Provide the rationale, relevance, and reliability of performance indicators, as well as the accuracy, maintenance, and support of reported data.

This detail has been provided in the following documentation for each performance indicator as well as the performance indicator matrix found at the end of this document.

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

This detail has been provided in the following documentation for each performance indicator.

9) Provide a statement of your agency's strategies for development and implementation of human resource policies that are helpful and beneficial to women and families.

LSUHSC-NO provides women and families with consideration and support through its participation in the Family and Medical Leave Act, as well as its human resource policies in connection with maternity leave. At the discretion of management, flexible work schedules and places may also be developed.

Family and Medical Leave Act

The Family and Medical Leave Act (FMLA) requires that eligible employees be granted up to 12 weeks a year (LSUHSC-NO will use a rolling year) of unpaid, job-protected leave for certain family and medical reasons (which shall be referred to as "qualifying events").

Employees who have worked for at least one (1) year, and have worked for at least 1,250 hours during the preceding 12 month period are eligible for Family and Medical Leave. For employees not eligible for Family and Medical Leave, LSUHSC-NO will review business considerations and the individual circumstances involved. Employees will be returned to the same or to an equivalent position upon their return from leave.

Family or medical leave will consist of appropriate accrued paid leave and unpaid leave. If leave is requested for an employee's own serious health condition, the employee must first use all of his or her accrued paid sick and annual leave. If leave is requested for any of the other reasons listed below, an employee must first use all of his or her accrued annual leave. The remainder of the leave period will then consist of unpaid leave.

All employees who meet the applicable work time requirements may be granted family or medical leave consisting of appropriate accrued annual or sick leave and unpaid leave, for a period of twelve (12) weeks during a fiscal year for the following reasons:

1. The birth of the employee's child and in order to care for the child.
2. The placement of a child with the employee for adoption or foster care.
3. To care for a spouse, child or parent who has a serious health condition.
4. A serious health condition that renders the employee incapable of performing the functions of his or her job.
5. When the husband or wife work for the same employer, the total amount (combined total) of leave they make take is limited to 12 weeks if they are taking leave for the birth or adoption of a child or to care for a sick parent.

The entitlement to leave for the birth or placement of a child for adoption or foster care will expire twelve (12) months from the date of the birth or placement.

Maternity Leave

Women are not penalized in their conditions of employment because they require time away from work as a result of child-bearing. The policy of LSUHSC-NO is that all female employees, including those on probationary status, will be granted sick and/or annual leave for child-bearing and related disabilities until the employee is physically able to return to work.

Upon request, leave without pay will be granted for maternity purposes to those individuals who have not accrued annual and/or sick leave.

Employees on maternity leave retain all seniority and privileges and shall, upon return from maternity leave, be reinstated in their original positions, or similar positions, with the same status and pay.

Sexual Harassment Policy

The policy of LSU Health Sciences Center always has been that all our employees should be able to enjoy a work environment free from all forms of discrimination, including sexual harassment.

Sexual harassment is a form of misconduct which undermines the integrity of the employment relationship. No employee, wither male or female, should be subject to unsolicited and unwelcome sexual overtures or conduct, either verbal or physical.

Sexual harassment does not refer to occasional compliments of a socially acceptable nature. It refers to behavior which is not welcome, which therefore interferes with our work effectiveness.

Such conduct, whether committed by supervisors or non-supervisory personnel, is specifically prohibited. This includes repeated offensive sexual flirtations, advances or propositions, graphic or degrading verbal comments about an individual of his her appearance, the display of sexually suggestive objects or pictures or any offensive or abusive physical conduct.

Accusations of sexual harassment which are found to be valid may subject the individual(s) involved to severe disciplinary action or termination of employment.

In addition, no one should imply or threaten that an applicant's or employee's "cooperation" of a sexual nature (or refusal thereof) will have any effect on the individuals employment, assignment, compensation, advancement, career development or any other condition of employment.

10) Provide a statement of your agency's plan for data preservation and maintenance, including the actual monitoring and evaluation processes.

The five-year strategic plan presents an incremental approach to directing and acquiring resources to achieve our vision. Performance will be monitored and evaluated during the completion of quarterly performance progress reports through the Louisiana Performance Accountability System (LaPAS), quarterly financial reports on activities by function for the Board of Supervisors, and through required GRAD Act reporting. All documents used in the development of the strategic plan as well as the data used for the completion of quarterly progress reports will be maintained for the period of at least three years from the date on which the LaPAS report was made, and according to applicable records retention laws.

STRATEGIC PLANNING CHECKLIST

- Planning Process**
- General description of process implementation included in plan process documentation
 - Consultant used (If so, identify: _____)
 - Department/agency explanation of how duplication of program operations will be avoided included in plan process documentation
 - Incorporated statewide strategic initiatives
 - Incorporated organization internal workforce plans and information technology plans
- Analysis Tools Used**
- SWOT analysis
 - Cost/benefit analysis
 - Financial audit(s)
 - Performance audit(s)
 - Program evaluation(s)
 - Benchmarking for best management practices
 - Benchmarking for best measurement practices
 - Stakeholders or customer surveys
 - Undersecretary management report (Act 160 Report) used
 - Other analysis or evaluation tools used (If so, identify: SACS and JCAHO)
- Stakeholders (Customers, Compliers, Expectation Groups, Others) Identified**
- Involved in planning process
 - Discussion of stakeholders included in plan process documentation
- Authorization for Goals**
- Authorization exists
 - Authorization needed
 - Authorization included in plan process documentation
- External Operating Environment**
- Factors identified and assessed
 - Description of how external factors may affect plan included in plan process documentation
- Formulation of Objectives**
- Variables (target group; program & policy variables; and external variables) assessed
 - Objectives are SMART
- Building Strategies**
- Organizational capacity analyzed
 - Needed organizational structural or procedural changes identified
 - Resource needs identified
 - Strategies developed to implement needed changes or address resource needs
 - Action plans developed; timelines confirmed; and responsibilities assigned
- Building in Accountability**
- Balanced sets of performance indicators developed for each objective
 - Documentation Sheets completed for each performance indicator
 - Internal accountability process or system implemented to measure progress
 - Data preservation and maintenance plan developed and implemented

<u> x </u>	Fiscal Impact of Plan
<u> x </u>	Impact on operating budget
<u> x </u>	Impact on capital outlay budget
<u> x </u>	Means of finance identified for budget change
<u> x </u>	Return on investment determined to be favorable

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - NEW ORLEANS PERFORMANCE INDICATOR DOCUMENTATION

Program: Louisiana State University Health Sciences Center – New Orleans

Objective I.1: Enhance the culture within to promote positive attitudes and interactions, professionalism, satisfaction, and consideration of others to further augment institutional performance and identity.

Indicator Name: Number of faculty employed

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Input, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

The number of faculty employed is considered a measure of our environment's attractiveness.

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school, and to calculate faculty retention rate.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Vice Chancellor for Administration and Finance, which is a reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of full time paid faculty as of July 1st each year. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Vice Chancellor for Administration and Finance, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Vice Chancellor for Administration and Finance.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective I.1: Enhance the culture within to promote positive attitudes and interactions, professionalism, satisfaction, and consideration of others to further augment institutional performance and identity.

Indicator Name: Number of faculty retained from year to year

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Retention of faculty is indicative of our environment's attractiveness and our ability to meet their professional needs.

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school, and to calculate faculty retention rate.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Vice Chancellor for Administration and Finance, which is a reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of paid full time faculty as of July 1st of the current year who were on board as of July 1st of the previous year. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because LSUHSC-NO Vice Chancellor for Administration and Finance, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Vice Chancellor for Administration and Finance.
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Program: Louisiana State University Health Sciences Center – New Orleans

Objective I.1: Enhance the culture within to promote positive attitudes and interactions, professionalism, satisfaction, and consideration of others to further augment institutional performance and identity.

Indicator Name: Number of Louisiana residents enrolled

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered a measure of our environment's attractiveness to Louisiana residents.

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school and to calculate the percentage of Louisiana residents. Changes in Louisiana resident enrollment will indicate changes within the school.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Registrar, which is a reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of students who have paid in-state tuition and registered for classes. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school, by program of study, and by year of enrollment.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Registrar, which is a reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Registrar:

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective I.1: Enhance the culture within to promote positive attitudes and interactions, professionalism, satisfaction, and consideration of others to further augment institutional performance and identity.

Indicator Name: Number of newsletters per year

Indicator LaPAS PI Code: New

1. Type and Level: Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Newsletters are expected to promote awareness and instill pride.

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

This indicator will be used along with other indicators to assess the overall sense of pride being promoted.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Director of Information Services, who is a reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of newsletters distributed to students, faculty, and staff of LSUHSC-NO, by LSUHSC-NO. This is a standard calculation.

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

Disaggregate for LSUHSC-NO.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Director of Information Services, which is a reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Director of Information Services.
Ms. Leslie Capo
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Program: Louisiana State University Health Sciences Center – New Orleans

Objective I.1: Enhance the culture within to promote positive attitudes and interactions, professionalism, satisfaction, and consideration of others to further augment institutional performance and identity.

Indicator Name: Number of sponsored events

Indicator LaPAS PI Code: New

1. Type and Level: Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Sponsored events are expected to encourage a positive atmosphere of charity and camaraderie.

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

This indicator will be used along with other indicators to assess the overall sense of unity.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year,

federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Director of Information Services, who is a reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of events available to students, faculty, and staff of LSUHSC-NO, sponsored by LSUHSC-NO. This is a standard calculation.

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

Disaggregate for LSUHSC-NO.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Director of Information Services, which is a reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Director of Information Services.

Ms. Leslie Capo
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Email: lcapo@lsuhsc.edu

Program: Louisiana State University Health Sciences Center – New Orleans

Objective I.1: Enhance the culture within to promote positive attitudes and interactions, professionalism, satisfaction, and consideration of others to further augment institutional performance and identity.

Indicator Name: Retention Rate (percentage of faculty retained annually)

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered a measure of our environment's attractiveness.

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school. Changes in retention rate will indicate changes within the school.

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual,

or annual basis? How “old” is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Vice Chancellor for Administration and Finance, which is a reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by dividing the number of faculty retained on July 1st of the current year with the number of faculty on July 1st of the previous year. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Vice Chancellor for Administration and Finance, which is a reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Vice Chancellor for Administration and Finance.
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Fax (504) 568-7399
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Program: Louisiana State University Health Sciences Center – New Orleans

Objective I.1: Enhance the culture within to promote positive attitudes and interactions, professionalism, satisfaction, and consideration of others to further augment institutional performance and identity.

Indicator Name: Retention Rate (percentage of first-time entering students retained to the second year)

Indicator LaPAS PI Code: 15259

1. Type and Level: Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered a measure of our environment's attractiveness.

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school. Changes in retention rate will indicate changes within the school.

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Registrar, which is a reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by dividing the number of students who have paid tuition and registered for classes by that of the previous year. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school, by program of study, and by year of enrollment.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Registrar, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective I.1: Enhance the culture within to promote positive attitudes and interactions, professionalism, satisfaction, and consideration of others to further augment institutional performance and identity.

Indicator Name: Completion Rate (percentage of students completing a program annually)

Indicator LaPAS PI Code: New

1. Type and Level: Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered a measure of our environment's attractiveness.

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school. Changes in completion rate will indicate changes within the school.

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Registrar, which is a reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by dividing the number of students who have graduated by the number of students who paid tuition and registered for classes. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school, by program of study, and by year of enrollment.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Registrar, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective I.1: Enhance the culture within to promote positive attitudes and interactions, professionalism, satisfaction, and consideration of others to further augment institutional performance and identity.

Indicator Name: Percentage of buildings with access control features

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered an indication of our environment's attractiveness.

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Vice Chancellor for Administration and Finance, which is a reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of buildings with installed and functional access control features as of July 1st each year and dividing by total number of buildings. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Vice Chancellor for Administration and Finance, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Vice Chancellor for Administration and Finance.
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Program: Louisiana State University Health Sciences Center – New Orleans

Objective I.2: Emphasize the retention and appropriate replacement of our most valuable resources, the faculty, staff, and students of LSUHSC-NO, who are committed to the success of our missions.

Indicator Name: Number of faculty employed

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Input, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

The number of faculty employed is considered a measure of our environment's attractiveness.

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school, and to calculate faculty retention rate.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Vice Chancellor for Administration and Finance, which is a reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of full time paid faculty as of July 1st each year. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Vice Chancellor for Administration and Finance, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Vice Chancellor for Administration and Finance.
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Program: Louisiana State University Health Sciences Center – New Orleans

Objective I.2: Emphasize the retention and appropriate replacement of our most valuable resources, the faculty, staff, and students of LSUHSC-NO, who are committed to the success of our missions.

Indicator Name: Laboratory space (sq ft)

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Type: Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Input, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered to be a measure of expanding educational opportunity. Laboratory space allows for increased amounts of research and improved research conditions.

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school. Allowing students the opportunity to participate in

research will improve their education by increasing their exposure to new information and by teaching them how to think critically and analytically. Furthermore, the highest quality faculty are generally attracted to schools offering extensive laboratory space.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

As reported by departments during the internal LSUHSC-NO space survey, which is conducted in response to the Office of Management & Budget Circular A-21.

Data reported at least every three years.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

During the annual space survey, departments report the activities of each room and the type of room. The square footage for locations identified as non-class laboratory is summed. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school, and by department.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because LSUHSC-NO Accounting Services, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective I.2: Emphasize the retention and appropriate replacement of our most valuable resources, the faculty, staff, and students of LSUHSC-NO, who are committed to the success of our missions.

Indicator Name: Clinical space (sq ft)

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Input, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered to be a measure of expanding educational opportunity. Clinical space allows for increased amounts of patient encounter and improved patient treatment conditions.

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school. Allowing students the opportunity to participate in patient care will improve their education by increasing their exposure to new information and situations and by teaching them how to think quickly and compassionately. Furthermore, the highest quality faculty are generally attracted to schools offering extensive clinical space.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

As reported by departments during the internal LSUHSC-NO space survey, which is conducted in response to the Office of Management & Budget Circular A-21.

Data reported at least every three years.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

During the annual space survey, departments report the activities of each room and the type of room. The square footage for locations identified as treatment is summed. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school, and by department.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because LSUHSC-NO Accounting Services, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

LSUHSC-NO Accounting Services.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective I.2: Emphasize the retention and appropriate replacement of our most valuable resources, the faculty, staff, and students of LSUHSC-NO, who are committed to the success of our missions.

Indicator Name: Amount of funding utilized for recruitment efforts

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered to be a measure of our environment's attractiveness. These funds are used to attract the highest quality faculty by offering funds for their research and teaching interests.

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school. This indicator impacts our ability to attract and retain the highest quality faculty.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

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5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

LSUHSC-NO Vice Chancellor for Administration and Finance.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

This standard calculation is calculated by summing the amount of funding received from State Appropriations.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school and by department.

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

No.

Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because LSUHSC-NO Vice Chancellor for Administration and Finance, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

LSUHSC-NO Vice Chancellor for Administration and Finance.

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433 Bolivar Street, Room 811
New Orleans LA 70112-2223
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Program: Louisiana State University Health Sciences Center – New Orleans

Objective I.2: Emphasize the retention and appropriate replacement of our most valuable resources, the faculty, staff, and students of LSUHSC-NO, who are committed to the success of our missions.

Indicator Name: Number of faculty retained from year to year

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Retention of faculty is indicative of our environment's attractiveness and our ability to meet their professional needs.

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school, and to calculate faculty retention rate.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Vice Chancellor for Administration and Finance, which is a reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of paid full time faculty as of July 1st of the current year who were on board as of July 1st of the previous year. This is a standard calculation.

7. Scope: Is the indicator aggregate or disaggregate? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group

served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Aggregate for LSUHSC-NO. This indicator may be broken down by school.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because LSUHSC-NO Vice Chancellor for Administration and Finance, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Vice Chancellor for Administration and Finance.
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Program: Louisiana State University Health Sciences Center – New Orleans

Objective I.2: Emphasize the retention and appropriate replacement of our most valuable resources, the faculty, staff, and students of LSUHSC-NO, who are committed to the success of our missions.

Indicator Name: Percentage of space that is Laboratory

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered to be a measure of expanding educational opportunity. Laboratory space allows for increased amounts of research and improved research conditions.

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school. Allowing students the opportunity to participate in research will improve their education by increasing their exposure to new information and by teaching them how to think critically and analytically. Furthermore, the highest quality faculty are generally attracted to schools offering extensive laboratory space.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

As reported by departments during the internal LSUHSC-NO space survey, which is conducted in response to the Office of Management & Budget Circular A-21.

Data reported at least every three years.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

During the annual space survey, departments report the activities of each room and the type of room. The square footage for locations identified as non-class laboratory is summed and divided by the total square footage. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school, and by department.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because LSUHSC-NO Accounting Services, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

LSUHSC-NO Accounting Services.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective I.2: Emphasize the retention and appropriate replacement of our most valuable resources, the faculty, staff, and students of LSUHSC-NO, who are committed to the success of our missions.

Indicator Name: Percentage of space that is Clinical

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered to be a measure of expanding educational opportunity. Clinical space allows for increased amounts of patient encounter and improved patient treatment conditions.

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school. Allowing students the opportunity to participate in patient care will improve their education by increasing their exposure to new information and situations and by teaching them how to think quickly and compassionately. Furthermore, the highest quality faculty are generally attracted to schools offering extensive clinical space.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

As reported by departments during the internal LSUHSC-NO space survey, which is conducted in response to the Office of Management & Budget Circular A-21.

Data reported at least every three years.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

During the annual space survey, departments report the activities of each room and the type of room. The square footage for locations identified as treatment is summed and divided by the total square footage. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school, and by department.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

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

LSUHSC-NO Accounting Services.
Mr. Patrick Landry
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Program: Louisiana State University Health Sciences Center – New Orleans

Objective I.2: Emphasize the retention and appropriate replacement of our most valuable resources, the faculty, staff, and students of LSUHSC-NO, who are committed to the success of our missions.

Indicator Name: Percentage of graduates with jobs

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered to be a measure of our success in preparing students for available jobs, and in making opportunities for employment accessible to them.

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school. This will provide an indication of our ability to adequately prepare students to enter the job force and provide them with career opportunities. Our efforts to promote our students with employers will be evaluated and updated accordingly.

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The Dean's Offices for each of the LSUHSC-NO schools (medicine, dentistry, graduate studies, allied health, nursing, and public health), which are internal and reliable sources, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of students who have graduated during the year and who have reported job acceptance, and dividing by the total number of students who have graduated during the year. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school and by program of study.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the Dean's Offices for each of the LSUHSC-NO schools (medicine, dentistry, graduate studies, allied health, nursing, and public health), which are internal and reliable sources, will provide this data using internal records that are maintained for the period of at least

three years from the date on which reporting was made, and according to applicable records retention laws.

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

LSUHSC-NO Dean's Offices.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective I.2: Emphasize the retention and appropriate replacement of our most valuable resources, the faculty, staff, and students of LSUHSC-NO, who are committed to the success of our missions.

Indicator Name: Percentage of graduates passing licensure exams

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered to be a measure of our success in preparing students to enter the workforce.

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school. This will provide an indication of our ability to adequately prepare students to enter the job force and provide them with career opportunities. Our efforts to promote our students with employers will be evaluated and updated accordingly.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The Dean's Offices for each of the LSUHSC-NO schools (medicine, dentistry, graduate studies, allied health, nursing, and public health), which are internal and reliable sources, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of students who have graduated during the year and who have passed their licensure exam, and dividing by the total number of students who have graduated during the year. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school and by program of study.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the Dean's

Offices for each of the LSUHSC-NO schools (medicine, dentistry, graduate studies, allied health, nursing, and public health), which are internal and reliable sources, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

LSUHSC-NO Dean's Offices.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective I.2: Emphasize the retention and appropriate replacement of our most valuable resources, the faculty, staff, and students of LSUHSC-NO, who are committed to the success of our missions.

Indicator Name: Retention Rate of Students (percentage of first-time entering students retained to the second year)

Indicator LaPAS PI Code: 15259

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered a measure of our environment's attractiveness.

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school. Changes in retention rate will indicate changes within the school.

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Registrar, which is a reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by dividing the number of students who have paid tuition and registered for classes by that of the previous year. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school, by program of study, and by year of enrollment.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Registrar, which is a reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Registrar.
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Fax (504) 568-7399
Email: registrar@lsuhsc.edu

Program: Louisiana State University Health Sciences Center – New Orleans

Objective I.2: Emphasize the retention and appropriate replacement of our most valuable resources, the faculty, staff, and students of LSUHSC-NO, who are committed to the success of our missions.

Indicator Name: Retention Rate (percentage of faculty retained annually)

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered a measure of our environment's attractiveness.

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school. Changes in retention rate will indicate changes within the school.

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Vice Chancellor for Administration and Finance, which is a reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by dividing the number of faculty retained on July 1st of the current year with the number of faculty on July 1st of the previous year. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Vice Chancellor for Administration and Finance, which is a reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Vice Chancellor for Administration and Finance.
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Program: Louisiana State University Health Sciences Center – New Orleans

Objective I.2: Emphasize the retention and appropriate replacement of our most valuable resources, the faculty, staff, and students of LSUHSC-NO, who are committed to the success of our missions.

Indicator Name: Percentage change in Retention Rate of Students

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered a measure of our environment's attractiveness.

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school. Changes in retention rate will indicate changes within the school.

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Registrar, which is a reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

Retention rate is calculated by dividing the number of students who have paid tuition and registered for classes by that of the previous year. The indicator is calculated by comparing the retention rate of the current year to that of the previous year [Percentage Change in Retention Rate = ((Current Year Retention Rate – Previous Year Retention Rate)/Previous Year Retention Rate)]. These are standard calculations.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school, by program of study, and by year of enrollment.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Registrar, which is a reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective I.2: Emphasize the retention and appropriate replacement of our most valuable resources, the faculty, staff, and students of LSUHSC-NO, who are committed to the success of our missions.

Indicator Name: Percentage change in Retention Rate of Faculty

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered a measure of our environment's attractiveness.

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school. Changes in retention rate will indicate changes within the school.

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Office of Administration and Finance, which is a reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

Retention rate is calculated by dividing the number of full time paid faculty retained for the current year by the number of full time paid faculty for the previous year. The indicator is calculated by comparing the retention rate of the current year to that of the previous year [Percentage Change in Retention Rate = ((Current Year Retention Rate – Previous Year Retention Rate)/Previous Year Retention Rate)]. These are standard calculations.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Office of Administration and Finance, which is a reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Vice Chancellor for Administration and Finance.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective I.2: Emphasize the retention and appropriate replacement of our most valuable resources, the faculty, staff, and students of LSUHSC-NO, who are committed to the success of our missions.

Indicator Name: Tuition Variance from Southern Average

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Quality, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

This comparison provides information on how competitive our tuitions are. This gives insight to our ability to retain and attract students.

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

The LSUHSC-NO Chancellor, Vice Chancellor for Administration and Finance, and Dean's Offices will review this analysis and address tuition requirements.

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The Southern Regional Education Board (SREB) is a non-profit organization that administers the SREB Data Library which includes data on Tuition and Fees for Public Colleges. This is an outside, uniformly-used source, and is considered to be objective and unbiased data.

Data reported annually, no later than January for the previous fiscal year.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The SREB provides information for all public colleges in the southern region. The SREB Average is based on the average of all institutions in the SREB states excluding community and technical colleges. Averages are grouped by Undergraduate, Graduate, Medicine, and Dentistry. SREB Average is forecasted for the current year with an exponential growth trend using existing values since 1990-1991. The SREB Average is then compared to the applicable school and program.

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

Aggregate for LSUSHC-NO, broken down by school program.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Office of Administration and Finance, which is a reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

SREB collects and provides this data to the LSUHSC-NO Vice Chancellor for Administration and Finance. The analysis is completed by the LSUHSC-NO Vice Chancellor for Administration and Finance.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective I.3: Institute plans that will prepare the campus community to react in case of emergency or disaster, protecting life and property, ensuring continuity of communications and operations, and mitigating damage.

Indicator Name: Percentage of faculty, staff, and students who have registered with the e2campus emergency text messaging system

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

This ratio provides an indication of our ability to communicate important information to our faculty, staff, and students during an emergency and is a measure of preparation for unplanned events.

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

The LSUHSC-NO Chancellor, Vice Chancellor for Administration and Finance, and Dean's Offices will review this data and address insufficient accessibility of faculty, staff, and students.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

This data will be provided by LSUHSC-NO Department of Information Technology. The validity of the data will be monitored by the LSUHSC-NO Office of Compliance.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The number of faculty, staff, and students subscribed will be compared to the number of that which is eligible.

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

Aggregate for LSUSHC-NO, broken down by major department.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUSHC-NO Office of Administration and Finance, which is a reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUSHC-NO Department of Information Technology and the LSUSHC-NO Office of Compliance both fall under the Office of the Vice Chancellor for Administration and Finance, which will ultimately be responsible for this data.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective I.3: Institute plans that will prepare the campus community to react in case of emergency or disaster, protecting life and property, ensuring continuity of communications and operations, and mitigating damage.

Indicator Name: Percentage of essential personnel who have completed FEMA training

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

This ratio is a measure of our readiness to successfully respond to unplanned events, manage operations during emergencies or disasters, and mitigate resulting damages.

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

The LSUHSC-NO Associate Vice Chancellor of Property and Facilities will review this data and address insufficient training.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How “old” is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

This data will be continuously reviewed by LSUHSC-NO Associate Vice Chancellor of Property and Facilities. The validity of the data will be monitored by the LSUHSC-NO Office of Compliance.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The number of LSUHSC-NO employees identified as essential during an emergency who have received the appropriate FEMA training will be compare to the total number of LSUHSC-NO employees identified as essential during an emergency.

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

Aggregate for LSUSHC-NO.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Associate Vice Chancellor of Property and Facilities, which is a reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective I.3: Institute plans that will prepare the campus community to react in case of emergency or disaster, protecting life and property, ensuring continuity of communications and operations, and mitigating damage.

Indicator Name: Percentage of all new buildings that are designed and constructed in accordance with all applicable building codes and flood plain standards and where critical building systems and critical functional areas are located not less than 12” above the Katrina flood of record

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

This ratio is a measure of our preparation for hazards and our interest in mitigating damages in the event of emergency.

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

The LSUHSC-NO Associate Vice Chancellor of Property and Facilities along with the LSUHSC-NO Manager of FEMA Projects will continually review this data to insure optimal preparedness.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How “old” is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

This data will be continuously reviewed by LSUHSC-NO Associate Vice Chancellor of Property and Facilities and the LSUHSC-NO Manager of FEMA Projects. Increases will be made whenever resources permit.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The number of new buildings that are designed and constructed in accordance with all applicable building codes and flood plain standards and where critical building systems and critical functional areas are located not less than 12" above the Katrina flood of record will be compare to the total number of new buildings.

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

Aggregate for LSUSHC-NO.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Associate Vice Chancellor of Property and Facilities, which is a reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective II.1: Increase fall 14th class day headcount enrollment in all programs at the LSUHSC-NO by 10.2% from the baseline level of 2,644 in fall 2009 to 2,915 by fall 2017.

Indicator Name: Number of students enrolled

Indicator LaPAS PI Code: 15311 (New)

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Enrollment is considered a measure of our educational opportunities. These efforts address the goals of the GRAD Act in recognition of the importance of Louisiana having an educated citizenry.

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

This indicator will be used along with other indicators to assess the educational opportunities provided by our school. Enrollment drives many management decisions. The size of an institution's enrollment impacts scheduling, hiring, future planning, program demands, facilities management, etc.

This indicator will be used for internal management purposes only.

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

Headcount enrollment refers to the actual number of students enrolled (as opposed to fulltime equivalent enrollment (FTE) which is calculated from the number of student credit hours enrolled divided by a fixed number)

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Registrar, which is a reliable source, will provide this data. SSPS data is gathered twice annually, in the Fall and Spring. For this indicator, Fall data (the national standard) will be used. The indicator will be reported at the end of the third quarter. This will allow time for collection, aggregation, and editing of the data.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of students who have paid tuition and registered for classes. This is a standard calculation. The standard method practiced nationwide for reporting headcount enrollment is as of the 14th class day of the semester (9th class day for quarter systems). The Regents SSPS is a unit record system where each enrolled student, regardless of course load, is counted.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by program of study and by year of enrollment.

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

No real weaknesses. The reader must understand that this indicator reflects headcount enrollment and is not the enrollment calculation used for funding or reimbursement calculations.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Registrar, which is a reliable source, will provide this data. Data will be retrieved from the Board of Regents' Statewide Student Profile System (SSPS).

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

Each institution submits the SSPS data electronically to the Board of Regents. The Board of Regents performs numerous edits and works with the campuses/systems to correct errors. When all campus submissions are complete, the BOR's staff builds a master file for SSPS.

The LSUHSC-NO Registrar.
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Program: Louisiana State University Health Sciences Center – New Orleans

Objective II.1: Increase fall 14th class day headcount enrollment in all programs at the LSUHSC-NO by 10.2% from the baseline level of 2,644 in fall 2009 to 2,915 by fall 2017.

Indicator Name: Percentage change in number of students enrolled over fall 2009 baseline year

Indicator LaPAS PI Code: 15310

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Enrollment is considered a measure of our educational opportunities. These efforts address the goals of the GRAD Act in recognition of the importance of Louisiana having an educated citizenry.

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

This indicator will be used along with other indicators to assess the educational opportunities provided by our school. Enrollment drives many management decisions. The size of an institution's enrollment impacts scheduling, hiring, future planning, program demands, facilities management, etc.

This indicator will be used for internal management purposes only.

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

Headcount enrollment refers to the actual number of students enrolled (as opposed to fulltime equivalent enrollment (FTE) which is calculated from the number of student credit hours enrolled divided by a fixed number)

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Registrar, which is a reliable source, will provide this data. SSPS data is gathered twice annually, in the Fall and Spring. For this indicator, Fall data (the national standard) will be used. The indicator will be reported at the end of the third quarter. This will allow time for collection, aggregation, and editing of the data.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of students who have paid tuition and registered for classes. This is a standard calculation. The standard method practiced nationwide for reporting headcount enrollment is as of the 14th class day of the semester (9th class day for quarter systems). The Regents SSPS is a unit record system where each enrolled student, regardless of course load, is counted.

Percentage change is calculated by taking the difference between the number of students who have paid tuition and registered for classes for the current year and that of the fall 2009 baseline, and dividing by that of the 2009 baseline [Percentage Change in number of students enrolled in programs annually = ((Current Year number of students enrolled – Fall 2009 number of students enrolled) / Fall 2009 number of students enrolled in programs annually)].

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

Aggregate for LSUHSC-NO. This indicator may be broken down by program of study and by year of enrollment.

8. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or

analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No real weaknesses. The reader must understand that this indicator reflects headcount enrollment and is not the enrollment calculation used for funding or reimbursement calculations.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Registrar, which is a reliable source, will provide this data. Data will be retrieved from the Board of Regents' Statewide Student Profile System (SSPS).

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

Each institution submits the SSPS data electronically to the Board of Regents. The Board of Regents performs numerous edits and works with the campuses/systems to correct errors. When all campus submissions are complete, the BOR's staff builds a master file for SSPS.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective II.2: Promote innovation and improvement in the curriculum of each school and program, new technology, interdisciplinary learning, and state of the art teaching techniques for excellence in education.

Indicator Name: Number of Programs Accredited

Indicator LaPAS PI Code: 15262

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Accredited programs are considered a measure of our educational opportunities. These efforts address the goals of the GRAD Act in recognition of the importance of Louisiana having an educated citizenry.

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

This indicator will be used along with other indicators to assess the educational opportunities provided by our school. The number of accredited programs drives many management decisions and impacts direction of available funds, hiring, future planning, and facilities management. It is also required to meet objectives of the Quality Enhancement Plan submitted to the Southern Association of Colleges and Schools (SACS).

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

Yes, the indicator name clearly identifies what is being measured.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Vice Chancellor for Administration and Finance, which is a reliable and regularly used source, will collect this data by referencing the Louisiana Board of Regents annually published data on Program Accreditation by Institution.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of programs that have received accreditation whether such accreditation is mandatory or optional.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school.

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

No real weaknesses.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Vice Chancellor for Administration and Finance, which is a reliable and regularly used source, will collect this data by referencing the Louisiana Board of Regents annually published data on Program Accreditation by Institution.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective II.2: Promote innovation and improvement in the curriculum of each school and program, new technology, interdisciplinary learning, and state of the art teaching techniques for excellence in education.

Indicator Name: Percentage of programs accredited (considering only programs where accreditation is available, either mandatory or optional)

Indicator LaPAS PI Code: 15261

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Percentage of programs accredited is considered a measure of our educational excellence. These efforts address the goals of the GRAD Act in recognition of the importance of Louisiana having an educated citizenry.

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

This indicator will be used along with other indicators to assess the educational opportunities provided by our school. The percentage of accredited programs drives many management decisions and impacts direction of available funds, hiring, future planning, and facilities management. It is also required to meet objectives of the Quality Enhancement Plan submitted to the Southern Association of Colleges and Schools (SACS).

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

Yes, the indicator name clearly identifies what is being measured.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Vice Chancellor for Administration and Finance, which is a reliable and regularly used source, will collect this data by referencing the Louisiana Board of Regents annually published data on Program Accreditation by Institution.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of programs that have received accreditation whether such accreditation is mandatory or optional and dividing by the total number of programs where either mandatory or optional accreditation is available.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school.

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

No real weaknesses.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Vice Chancellor for Administration and Finance, which is a reliable and regularly used source, will collect this data by referencing the Louisiana Board of Regents annually published data on Program Accreditation by Institution.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective II.2: Promote innovation and improvement in the curriculum of each school and program, new technology, interdisciplinary learning, and state of the art teaching techniques for excellence in education.

Indicator Name: Funding for enhanced technology resources

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered to be a measure of the extent to which we meet the needs of our students. These funds are used to update our educational resources and expand our reach. It will improve our ability to educate

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

This indicator will be used along with other indicators to assess the educational opportunities provided by our school. This indicator impacts our ability to offer innovative and current educational resources.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. Enhanced technology resources: equipment, training, and staff support used for acquiring and instituting new technology and state of the art teaching techniques for excellence in education.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

LSUHSC-NO Vice Chancellor for Administration and Finance.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

This standard calculation is calculated by summing the amount of funding received from State Appropriations.

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

Disaggregate for LSUHSC-NO.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Office of Administration and Finance, which is a reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective II.2: Promote innovation and improvement in the curriculum of each school and program, new technology, interdisciplinary learning, and state of the art teaching techniques for excellence in education.

Indicator Name: Percentage of faculty, staff, and students that have completed training materials assigned by the Office of Compliance

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered to be a measure of our outreach and encouragement to faculty, staff, and students with resources that will enable them to perform better within our community and in the workplace.

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

This indicator will be used along with other indicators to assess the developmental opportunities provided by our school.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

LSUHSC-NO Vice Chancellor for Administration and Finance.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The number of faculty, staff, and students that have completed their assigned training will be totaled and divided by the total number of faculty, staff, and students.

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

Aggregate for LSUHSC-NO.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Office of Administration and Finance, which is a reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

LSUHSC-NO Vice Chancellor for Administration and Finance.

Mr. Terry W. Ullrich
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Program: Louisiana State University Health Sciences Center – New Orleans

Objective II.3: Increase student graduates in focus areas of need in Louisiana, expanding in concert with resources and partnerships.

Indicator Name: Number of students enrolled in programs - baseline

Indicator LaPAS PI Code: 15253

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Input, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Enrollment is considered a measure of our educational opportunities. These programs have been identified as focus areas of need in Louisiana.

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

This indicator will be used along with other indicators to assess the educational opportunities provided by our school. Efforts to attract students to these programs will be made according to results.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Registrar, which is a reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of students who have paid tuition and registered for classes within these programs for the previous year. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by program of study and by year of enrollment.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Registrar, which is a reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Registrar.
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Program: Louisiana State University Health Sciences Center – New Orleans

Objective II.3: Increase student graduates in focus areas of need in Louisiana, expanding in concert with resources and partnerships.

Indicator Name: Number of house officers - baseline

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Input, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Number of house officers is considered a measure of our educational and outreach opportunities. This aspect of Graduate Medical Education and the need for the highest quality of future physicians has been identified as a focus area of need in Louisiana.

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

This indicator will be used along with other indicators to assess the educational opportunities provided by our school. Efforts to attract house officers will be made according to results.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year,

federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Chairman of the Medical Education Commission, which is a reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of house officers confirmed for the previous year. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by program of study and by year of enrollment.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Registrar, which is a reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

LSUHSC-NO Chairman of the Medical Education Commission
Dr. Perry Rigby

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective II.3: Increase student graduates in focus areas of need in Louisiana, expanding in concert with resources and partnerships.

Indicator Name: Number of students enrolled in programs

Indicator LaPAS PI Code: 15253

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Enrollment is considered a measure of our educational opportunities. These programs have been identified as focus areas of need in Louisiana.

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

This indicator will be used along with other indicators to assess the educational opportunities provided by our school. Efforts to attract students to these programs will be made according to results.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How “old” is it when reported? Is it reported on a state fiscal year,

federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Registrar, which is a reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of students who have paid tuition and registered for classes within these programs for the current year. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by program of study and by year of enrollment.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Registrar, which is a reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Registrar.
Mr. W. Bryant Faust, IV

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Email: registrar@lsuhsc.edu

Program: Louisiana State University Health Sciences Center – New Orleans

Objective II.3: Increase student graduates in focus areas of need in Louisiana, expanding in concert with resources and partnerships.

Indicator Name: Number of house officers

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Input, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Number of house officers is considered a measure of our educational and outreach opportunities. This aspect of Graduate Medical Education and the need for the highest quality of future physicians has been identified as a focus area of need in Louisiana.

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

This indicator will be used along with other indicators to assess the educational opportunities provided by our school. Efforts to attract house officers will be made according to results.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the

frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How “old” is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Chairman of the Medical Education Commission, which is a reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of house officers confirmed for the current year. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by program of study and by year of enrollment.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Registrar, which is a reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

LSUHSC-NO Chairman of the Medical Education Commission
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Program: Louisiana State University Health Sciences Center – New Orleans

Objective II.3: Increase student graduates in focus areas of need in Louisiana, expanding in concert with resources and partnerships.

Indicator Name: Number of degrees conferred by program

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Degrees conferred is considered a measure of our educational success and contribution toward the health sciences workforce. These programs have been identified as focus areas of need in Louisiana.

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

This indicator will be used along with other indicators to assess the educational achievement and workforce preparation provided by our school.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the

frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How “old” is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Registrar, which is a reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of degrees conferred within these programs for the current year. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by program of study and by year of enrollment.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Registrar, which is a reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Registrar.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective II.3: Increase student graduates in focus areas of need in Louisiana, expanding in concert with resources and partnerships.

Indicator Name: Number of medical degrees conferred.

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Medical degrees conferred is considered a measure of our educational success and contribution toward the workforce needs in Louisiana.

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

This indicator will be used along with other indicators to assess the educational achievement and workforce preparation provided by our school.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How “old” is it when reported? Is it reported on a state fiscal year,

federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Registrar, which is a reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of medical degrees conferred for the current year. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by student residency.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Registrar, which is a reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Registrar.
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Registrar

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective II.3: Increase student graduates in focus areas of need in Louisiana, expanding in concert with resources and partnerships.

Indicator Name: Percentage change in number of students enrolled in programs annually

Indicator LaPAS PI Code: 15252

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Enrollment is considered a measure of our educational opportunities. These programs have been identified as focus areas of need in Louisiana.

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

This indicator will be used along with other indicators to assess the educational opportunities provided by our school. Efforts to attract students to these programs will be made according to results.

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual,

or annual basis? How “old” is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Registrar, which is a reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by gathering a count from each of the schools on the offered courses for the previous year as well as the current year. Percentage change is calculated by taking the difference between the number of students who have paid tuition and registered for classes within these programs for the current year and the previous year, and dividing by that of the previous year [Percentage Change in number of students enrolled in programs annually = ((Current Year number of students enrolled in programs annually – Previous Year number of students enrolled in programs annually) / Previous Year number of students enrolled in programs annually)]. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by program of study and by year of enrollment.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Registrar, which is a reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective II.3: Increase student graduates in focus areas of need in Louisiana, expanding in concert with resources and partnerships.

Indicator Name: Percentage change in number of house officers annually

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Input, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Number of house officers is considered a measure of our educational and outreach opportunities. This aspect of Graduate Medical Education and the need for the highest quality of future physicians has been identified as a focus area of need in Louisiana.

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

This indicator will be used along with other indicators to assess the educational opportunities provided by our school. Efforts to attract house officers will be made according to results.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Chairman of the Medical Education Commission, which is a reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by gathering a house officer count for the previous year as well as the current year. Percentage change is calculated by taking the difference between the number of house officers for the current year and the previous year, and dividing by that of the previous year [Percentage Change in number of house officers annually = ((Current Year number of house officers annually – Previous Year number of house officers annually) / Previous Year number of house officers annually)]. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by program of study and by year of enrollment.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Registrar, which is a reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective II.3: Increase student graduates in focus areas of need in Louisiana, expanding in concert with resources and partnerships.

Indicator Name: Degrees conferred as percentage of enrollment

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Degrees conferred as percentage of enrollment is considered a measure of our educational success and workforce preparation. These programs have been identified as focus areas of need in Louisiana.

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

This indicator will be used along with other indicators to assess the educational achievement and labor provision provided by our school.

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Registrar, which is a reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by comparing degrees conferred to enrollment annually. Categorizing degrees conferred by program is based on the same criteria as enrollment. Enrollment is the number of students who have paid tuition and registered for classes within these programs. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by program of study and by year of enrollment.

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

When a program is new, it will take some time to confer degrees and thus provide a calculation. Other than that, there are no caveats.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Registrar, which is a reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective II.3: Increase student graduates in focus areas of need in Louisiana, expanding in concert with resources and partnerships.

Indicator Name: Percentage change in medical degrees conferred from spring 2000 baseline.

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Percentage change in medical degrees conferred is considered a measure of our educational success and contribution toward the workforce needs in Louisiana.

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

This indicator will be used along with other indicators to assess the educational achievement and workforce preparation provided by our school.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Registrar, which is a reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of medical degrees conferred for the current year, taking the difference from the spring 2000 baseline, and dividing by the spring 2000 baseline. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by student residency.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Registrar, which is a reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.1: Provide the funds, policies, and support for incremental increases and institutional commitment to the research mission. Focus on areas of current strengths in biomedical research to increase the number and value of grant awards over the next five to seven years.

Indicator Name: Number of grant applications – baseline

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Input, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

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

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

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

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Office of Research Services, which is an internal and reliable source, maintains databases of grant applications and will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of grant applications for the previous year. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Office of Research Services, which is an internal and reliable source, maintains databases of grant applications and will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.1: Provide the funds, policies, and support for incremental increases and institutional commitment to the research mission. Focus on areas of current strengths in biomedical research to increase the number and value of grant awards over the next five to seven years.

Indicator Name: Number of invention disclosures – baseline

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Input, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

It is a measure of productivity of faculty in developing invention disclosures.

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

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

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Office of Technology Management, which is an internal and reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of invention disclosures by LSUHSC-NO faculty for the previous year. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This may be broken down by school.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Office of Technology Management, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.1: Provide the funds, policies, and support for incremental increases and institutional commitment to the research mission. Focus on areas of current strengths in biomedical research to increase the number and value of grant awards over the next five to seven years.

Indicator Name: Number of licensing agreements – baseline

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Input, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

It is a measure of productivity of faculty in producing licensing agreements.

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

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

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Office of Technology Management, which is an internal and reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of licensing agreements by LSUHSC-NO faculty for the previous year. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This may be broken down by school.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Office of Technology Management, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.1: Provide the funds, policies, and support for incremental increases and institutional commitment to the research mission. Focus on areas of current strengths in biomedical research to increase the number and value of grant awards over the next five to seven years.

Indicator Name: Number of patents – baseline

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Input, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

It is a measure of productivity of faculty in obtaining patents.

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

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

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Office of Technology Management, which is an internal and reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of patents obtained by LSUHSC-NO faculty for the previous year. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This may be broken down by school.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Office of Technology Management, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.1: Provide the funds, policies, and support for incremental increases and institutional commitment to the research mission. Focus on areas of current strengths in biomedical research to increase the number and value of grant awards over the next five to seven years.

Indicator Name: Number of students participating in research

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Input, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered to be a measure of expanding educational opportunity.

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school. Allowing students the opportunity to participate in research will improve their education by increasing their exposure to new information and by teaching them how to think critically and analytically.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The dean's office for each school within the LSUHSC-NO program will provide this data. This is an internal and reliable source.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of students who have contributed toward any type of research project, including both sponsored research and departmental research. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school, by program of study, and by year of enrollment.

8. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a

bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the dean's office for each school within the LSUHSC-NO program will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws. This is an internal and reliable source.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.1: Provide the funds, policies, and support for incremental increases and institutional commitment to the research mission. Focus on areas of current strengths in biomedical research to increase the number and value of grant awards over the next five to seven years.

Indicator Name: Research dollars received from external sources – baseline

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Input, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered to be a measure of expanding educational opportunity. Research dollars allow for increased amounts of research and improved research conditions (laboratory, equipment).

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school. Allowing students the opportunity to participate in research will improve their education by increasing their exposure to new information and by teaching them how to think critically and analytically. Furthermore, the highest quality faculty are generally attracted to schools offering substantial research opportunities (high research dollars).

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

LSUHSC-NO Office of Sponsored Projects, an internal and reliable source.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

This standard calculation is calculated by summing the amount of sponsored research dollars expended during the year.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school.

8. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a

bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Office of Sponsored Projects, an internal and reliable source will provide this data.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.1: Provide the funds, policies, and support for incremental increases and institutional commitment to the research mission. Focus on areas of current strengths in biomedical research to increase the number and value of grant awards over the next five to seven years.

Indicator Name: Sponsored Research square footage

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Input, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered to be a measure of expanding educational opportunity. Research square footage allows for increased amounts of research and improved research conditions (laboratory, equipment).

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school. Allowing students the opportunity to participate in research will improve their education by increasing their exposure to new information and by teaching them how to think critically and analytically. Furthermore, the highest quality faculty are generally attracted to schools offering substantial research opportunities (extensive research space).

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

As reported by departments during the internal LSUHSC-NO space survey, which is conducted in response to the Office of Management & Budget Circular A-21.

Data reported at least every three years.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

During the annual space survey, departments report the activities of each room and assign a percentage of use to these activities. The percentage assigned to sponsored research is then multiplied by that room's square footage to calculate sponsored research square footage. Sponsored research square footage is then summed. This is a standard calculation.

7. Scope: Is the indicator aggregate or disaggregate? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group

served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Aggregate for LSUHSC-NO. This indicator may be broken down by school, and by department.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Office of Accounting Services, an internal and reliable source will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

LSUHSC-NO Accounting Services.
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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.1: Provide the funds, policies, and support for incremental increases and institutional commitment to the research mission. Focus on areas of current strengths in biomedical research to increase the number and value of grant awards over the next five to seven years.

Indicator Name: Number of full-time faculty

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Input, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

The number of full-time faculty, when compared to research dollars, will demonstrate the distribution of these factors.

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school. The highest quality faculty are generally attracted to schools offering substantial research opportunities (high research dollars, extensive research space).

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

LSUHSC-NO Human Resources, which is an internal and reliable source.

Data reported at least every three years.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

This is a standard calculation, the sum of all full-time, salaried employees designated as faculty (professor, assistant professor, associate professor, or instructor).

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school, and by department.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because LSUHSC-NO Human Resources, an internal and reliable source will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.1: Provide the funds, policies, and support for incremental increases and institutional commitment to the research mission. Focus on areas of current strengths in biomedical research to increase the number and value of grant awards over the next five to seven years.

Indicator Name: Overall research expenditures

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Input, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered to be a measure of expanding educational opportunity. Research expenditures allow for increased amounts of research and improved research conditions (laboratory, equipment).

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school. Allowing students the opportunity to participate in research will improve their education by increasing their exposure to new information and by teaching them how to think critically and analytically. Furthermore, the highest quality faculty are generally attracted to schools offering substantial research opportunities (high research dollars).

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

LSUHSC-NO Office of Accounting Services, an internal and reliable source.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a

non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

This standard calculation is calculated by summing the amount of research dollars expended during the year.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Office of Accounting Services, an internal and reliable source will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.1: Provide the funds, policies, and support for incremental increases and institutional commitment to the research mission. Focus on areas of current strengths in biomedical research to increase the number and value of grant awards over the next five to seven years.

Indicator Name: Number of grant applications

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

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

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

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

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Office of Research Services, which is an internal and reliable source, maintains databases of grant applications and will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of grant applications for the current year. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Office of Research Services, which is an internal and reliable source, maintains databases of grant applications and will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.1: Provide the funds, policies, and support for incremental increases and institutional commitment to the research mission. Focus on areas of current strengths in biomedical research to increase the number and value of grant awards over the next five to seven years.

Indicator Name: Number of invention disclosures

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

It is a measure of productivity of faculty in developing invention disclosures.

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

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

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How “old” is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Office of Technology Management, which is an internal and reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of invention disclosures by LSUHSC-NO faculty for the current year. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This may be broken down by school.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Office of Technology Management, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.1: Provide the funds, policies, and support for incremental increases and institutional commitment to the research mission. Focus on areas of current strengths in biomedical research to increase the number and value of grant awards over the next five to seven years.

Indicator Name: Number of licensing agreements

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

It is a measure of productivity of faculty in producing licensing agreements.

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

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

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How “old” is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Office of Technology Management, which is an internal and reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of licensing agreements by LSUHSC-NO faculty for the current year. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This may be broken down by school.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Office of Technology Management, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.1: Provide the funds, policies, and support for incremental increases and institutional commitment to the research mission. Focus on areas of current strengths in biomedical research to increase the number and value of grant awards over the next five to seven years.

Indicator Name: Number of patents

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

It is a measure of productivity of faculty in obtaining patents.

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

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

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How “old” is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Office of Technology Management, which is an internal and reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of patents obtained by LSUHSC-NO faculty for the current year. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This may be broken down by school.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Office of Technology Management, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Office of Technology Management.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.1: Provide the funds, policies, and support for incremental increases and institutional commitment to the research mission. Focus on areas of current strengths in biomedical research to increase the number and value of grant awards over the next five to seven years.

Indicator Name: Percentage of students participating in research

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered to be a measure of expanding educational opportunity.

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school. Allowing students the opportunity to participate in research will improve their education by increasing their exposure to new information and by teaching them how to think critically and analytically.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How “old” is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The dean’s office for each school within the LSUHSC-NO program will provide this data. This is an internal and reliable source.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of students who have contributed toward any type of research project, including both sponsored research and departmental research, and dividing by the total number of students enrolled. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school, by program of study, and by year of enrollment.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the dean's office for each school within the LSUHSC-NO program will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws. This is an internal and reliable source.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.1: Provide the funds, policies, and support for incremental increases and institutional commitment to the research mission. Focus on areas of current strengths in biomedical research to increase the number and value of grant awards over the next five to seven years.

Indicator Name: Research dollars received from external sources

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered to be a measure of expanding educational opportunity. Research dollars allow for increased amounts of research and improved research conditions (laboratory, equipment).

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school. Allowing students the opportunity to participate in research will improve their education by increasing their exposure to new information and by teaching them how to think critically and analytically. Furthermore, the highest quality faculty are generally attracted to schools offering substantial research opportunities (high research dollars).

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

LSUHSC-NO Office of Sponsored Projects, an internal and reliable source.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

This standard calculation is calculated by summing the amount of sponsored research dollars expended during the year.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Office of Sponsored Projects, an internal and reliable source will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

LSUHSC-NO Office of Sponsored Projects.

Ms. Ella Lee

Assistant Director of Sponsored Projects

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.1: Provide the funds, policies, and support for incremental increases and institutional commitment to the research mission. Focus on areas of current strengths in biomedical research to increase the number and value of grant awards over the next five to seven years.

Indicator Name: Research dollars from external sources per sponsored research square foot

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered to be a measure of expanding educational opportunity. Research dollars and research square footage allows for increased amounts of research and improved research conditions (laboratory, equipment).

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school. Allowing students the opportunity to participate in research will improve their education by increasing their exposure to new information and by teaching them how to think critically and analytically. Furthermore, the highest quality faculty are generally attracted to schools offering substantial research opportunities (high research dollars and extensive research space).

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

From LSUHSC-NO Office of Sponsored Projects, an internal and reliable source, and as reported by departments during the internal LSUHSC-NO space survey, which is conducted in response to the Office of Management & Budget Circular A-21.

Data reported at least every three years.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

During the annual space survey, departments report the activities of each room and assign a percentage of use to these activities. The percentage assigned to sponsored research is then multiplied by that room's square footage to calculate sponsored research square footage. Sponsored research square footage is then summed. The amount of sponsored research dollars expended during the year is then divided by the research square footage.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Office of Sponsored Projects, an internal and reliable source will provide this data using internal records that are maintained for the period of at least three years

from the date on which reporting was made, and according to applicable records retention laws.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.1: Provide the funds, policies, and support for incremental increases and institutional commitment to the research mission. Focus on areas of current strengths in biomedical research to increase the number and value of grant awards over the next five to seven years.

Indicator Name: Research dollars from external sources per full-time faculty

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

The number of full-time faculty, when compared to research dollars will demonstrate the distribution of these factors. Considered to be a measure of expanding educational opportunity. Research dollars allow for increased amounts of research and improved research conditions (laboratory, equipment).

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school. The highest quality faculty are generally attracted to schools offering substantial research opportunities (high research dollars).

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

From LSUHSC-NO Office of Sponsored Projects and LSUHSC-NO Human Resources, both internal and reliable sources.

Data reported at least every three years.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The number of full-time faculty is calculated as the sum of all full-time, salaried employees designated as faculty (professor, assistant professor, associate professor, or instructor). The amount of sponsored research dollars expended during the year is then divided by the number of full-time faculty. This is a standard calculation

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the

result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Office of Sponsored Projects and LSUHSC-NO Human Resources, both internal and reliable sources, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

LSUHSC-NO Office of Sponsored Projects and LSUHSC-NO Human Resources.

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LSUHSC-NO Human Resources.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.1: Provide the funds, policies, and support for incremental increases and institutional commitment to the research mission. Focus on areas of current strengths in biomedical research to increase the number and value of grant awards over the next five to seven years.

Indicator Name: Overall research dollars per sponsored research square foot

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered to be a measure of expanding educational opportunity. Research dollars and research square footage allows for increased amounts of research and improved research conditions (laboratory, equipment).

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school. Allowing students the opportunity to participate in research will improve their education by increasing their exposure to new information and by teaching them how to think critically and analytically. Furthermore, the highest quality faculty are generally attracted to schools offering substantial research opportunities (high research dollars and extensive research space).

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

From LSUHSC-NO Office of Sponsored Projects and LSUHSC-NO Office of Accounting Services, both internal and reliable sources, and as reported by departments during the internal LSUHSC-NO space survey, which is conducted in response to the Office of Management & Budget Circular A-21.

Data reported at least every three years.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

During the annual space survey, departments report the activities of each room and assign a percentage of use to these activities. The percentage assigned to sponsored research is then multiplied by that room's square footage to calculate

sponsored research square footage. Sponsored research square footage is then summed. The amount of overall research dollars expended during the year is then divided by the research square footage.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Office of Sponsored Projects and LSUHSC-NO Office of Accounting Services, both internal and reliable sources, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

LSUHSC-NO Office of Sponsored Projects and LSUHSC-NO Accounting Services.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.1: Provide the funds, policies, and support for incremental increases and institutional commitment to the research mission. Focus on areas of current strengths in biomedical research to increase the number and value of grant awards over the next five to seven years.

Indicator Name: Percentage change in number of grant applications

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

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

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

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

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Office of Research Services, which is an internal and reliable source, maintains databases of grant applications and will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of grant applications for the previous year as well as the current year. Percentage change is calculated by taking the difference between the number of grant applications for the current year and the previous year, and dividing by that of the previous year [Percentage Change in number of grant applications = ((Current Year number of grant applications – Previous Year number of grant applications) / Previous Year number of grant applications)]. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the Office of Research Services, which is an internal and reliable source, maintains databases of grant applications and will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.1: Provide the funds, policies, and support for incremental increases and institutional commitment to the research mission. Focus on areas of current strengths in biomedical research to increase the number and value of grant awards over the next five to seven years.

Indicator Name: Percentage change in number of invention disclosures

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

It is a measure of productivity of faculty in developing invention disclosures.

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

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

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How “old” is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Office of Technology Management, which is an internal and reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of invention disclosures by LSUHSC-NO faculty for the previous year as well as the current year. Percentage change is calculated by taking the difference between the number of invention disclosures for the current year and the previous year, and dividing by that of the previous year [Percentage Change in number of invention disclosures = ((Current Year number of invention disclosures – Previous Year number of invention disclosures) / Previous Year number of invention disclosures)]. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This may be broken down by school.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Office of Technology Management, which is an internal and reliable source, will

provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Office of Technology Management.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.1: Provide the funds, policies, and support for incremental increases and institutional commitment to the research mission. Focus on areas of current strengths in biomedical research to increase the number and value of grant awards over the next five to seven years.

Indicator Name: Percentage change in number of licensing agreements

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

It is a measure of productivity of faculty in producing licensing agreements.

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

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

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Office of Technology Management, which is an internal and reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of licensing agreements by LSUHSC-NO faculty for the previous year as well as the current year. Percentage change is calculated by taking the difference between the number of licensing agreements for the current year and the previous year, and dividing by that of the previous year [Percentage Change in number of licensing agreements = ((Current Year number of licensing agreements – Previous Year number of licensing agreements) / Previous Year number of licensing agreements)]. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This may be broken down by school.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Office of Technology Management, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Office of Technology Management.
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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.1: Provide the funds, policies, and support for incremental increases and institutional commitment to the research mission. Focus on areas of current strengths in biomedical research to increase the number and value of grant awards over the next five to seven years.

Indicator Name: Percentage change in number of patents

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

It is a measure of productivity of faculty in obtaining patents.

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

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

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Office of Technology Management, which is an internal and reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of patents obtained by LSUHSC-NO faculty for the previous year as well as the current year. Percentage change is calculated by taking the difference between the number of patents for the current year and the previous year, and dividing by that of the previous year [Percentage Change in number of patents = ((Current Year number of patents – Previous Year number of patents) / Previous Year number of patents)]. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This may be broken down by school.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Office of Technology Management, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Office of Technology Management.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.1: Provide the funds, policies, and support for incremental increases and institutional commitment to the research mission. Focus on areas of current strengths in biomedical research to increase the number and value of grant awards over the next five to seven years.

Indicator Name: Percentage change in research dollars from external sources

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered to be a measure of expanding educational opportunity. Research dollars allow for increased amounts of research and improved research conditions (laboratory, equipment).

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school. Allowing students the opportunity to participate in research will improve their education by increasing their exposure to new information and by teaching them how to think critically and analytically. Furthermore, the highest quality faculty are generally attracted to schools offering substantial research opportunities (high research dollars).

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

LSUHSC-NO Office of Sponsored Projects, an internal and reliable source.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

This standard calculation is calculated by summing the amount of sponsored research dollars expended during the year and comparing it to that of the previous year.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Office of Sponsored Projects, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.1: Provide the funds, policies, and support for incremental increases and institutional commitment to the research mission. Focus on areas of current strengths in biomedical research to increase the number and value of grant awards over the next five to seven years.

Indicator Name: School rank in NIH research grant revenue among peers

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Quality, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

This ranking gives an indication of our medical and dental schools' success in achieving research funding. We are able to consider our standing compared to other medical and dental schools in the nation.

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

The chancellor and dean's offices for the medical and dental schools are notified of these results. Initiatives to address our rankings are developed.

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

Yes, the indicator name clearly identifies what is being measured. NIH: National Institutes of Health.

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the analysis will be completed by the LSUHSC-NO Vice Chancellor for Administration and Finance, which is an internal and reliable source.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The Association of American Medical Colleges (AAMC) is a non-profit association that administers the Medical School Profile System (MSPS), a database and reporting system designed to compare medical schools in a number of areas. The current and historical data pertaining to medical school revenues and expenditures are derived from the Liaison Committee on Medical Education (LCME) Annual

Medical School Questionnaires. As an outside, uniformly used source, they report objective and unbiased data.

The National Institutes of Health (NIH) Office of Extramural Research tracks funding for total awards and total research grants to all organizations and annually provides these amounts ranked by Domestic Higher Educational Institution, by Component of Higher Education (Schools of Allied Health, Dentistry, Nursing, and Public Health), and by Medical School. As an outside, uniformly used source, they report objective and unbiased data.

The mission of the National Institute of Dental and Craniofacial Research (NIDCR) of the National Institutes of Health is to improve oral, dental and craniofacial health through research, research training, and the dissemination of health information. The NIDCR tracks their funding of NIDCR grants for research and training by U.S. academic institution and by U.S. dental school. The aggregate amount of funding and rank is reported for each fiscal year. As an outside, uniformly used source, they report objective and unbiased data.

AAMC data reported annually, issued in late December for the previous fiscal year. NIDCR and NIH data reported annually for the most recent fiscal year.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The AAMC identifies those schools that are public in the southern region and ranks them by the total amount of research grants reported by the school on the LCME survey.

The NIH provides the sum of the direct and indirect costs for each fiscal year, and not for the life of the project. Annually, NIH computes data on funding provided by NIH grants, cooperative agreements and contracts to universities, hospitals, and other institutions. The data do not reflect Institutional reorganizations, relocation of research, or changes to award levels made after the date the data are compiled. The Ranking Tables simply reflect the number and amount of awards made to each Institution.

The NIDCR computes data on funding provided by NIDCR grants to U.S. Academic Institutions and to U.S. Dental Schools.

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

Disaggregate for LSUSHC-NO, cannot be divided.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?
10. Responsible Person: Who is responsible for data collection, analysis, and quality? How can that person or organization be contacted? Provide name, title, and all contact information (including telephone, fax, and e-mail address).

The Liaison Committee on Medical Education (LCME) collects this data via their Annual Medical School Questionnaires, which are administered through Accounting Services for each campus.

The National Institutes of Health (NIH) Office of Extramural Research and the National Institute of Dental and Craniofacial Research (NIDCR) of the National Institutes of Health maintain this information on their grants and awards throughout the year.

LCME, NIH, and NIDCR collect and provide this data to the LSUHSC-NO Vice Chancellor for Administration and Finance. The analysis is completed by the LSUHSC-NO Vice Chancellor for Administration and Finance.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.2: Manage faculty recruitment in concert with retention, replacement, and programmatic development.

Indicator Name: Number of faculty – baseline

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Input, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Our ability to attract and retain faculty is an indication of our ability to conduct productive research.

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

This indicator will be used along with other indicators to assess the overall productiveness of our school. The highest quality faculty are generally attracted to schools offering substantial research opportunities (high research dollars, extensive research space).

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

LSUHSC-NO Human Resources, which is an internal and reliable source.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

This is a standard calculation, the sum of all full-time, salaried employees designated as faculty (professor, assistant professor, associate professor, or instructor) for the previous year.

7. Scope: Is the indicator aggregate or disaggregate? (Is it a sum of smaller parts or is it a part of a larger whole? Examples: If the indicator is a statewide figure, can it be broken down into region or parish? If the indicator represents one client group

served by a program, can it be combined with indicators for other client groups in order to measure the total client population?)

Aggregate for LSUHSC-NO. This indicator may be broken down by school, and by department.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because LSUHSC-NO Human Resources, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.2: Manage faculty recruitment in concert with retention, replacement, and programmatic development.

Indicator Name: Laboratory space (sq ft)

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Input, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered to be a measure of research opportunity. Laboratory space allows for increased amounts of research and improved research conditions.

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

This indicator will be used along with other indicators to assess the overall productiveness of our school. The highest quality faculty are generally attracted to schools offering extensive laboratory space.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

As reported by departments during the internal LSUHSC-NO space survey, which is conducted in response to the Office of Management & Budget Circular A-21.

Data reported at least every three years.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

During the annual space survey, departments report the activities of each room and the type of room. The square footage for locations identified as non-class laboratory is summed. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school, and by department.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because LSUHSC-NO Accounting Services, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.2: Manage faculty recruitment in concert with retention, replacement, and programmatic development.

Indicator Name: Number of faculty

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Our ability to attract and retain faculty is an indication of our ability to conduct productive research.

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

This indicator will be used along with other indicators to assess the overall productiveness of our school. The highest quality faculty are generally attracted to schools offering substantial research opportunities (high research dollars, extensive research space).

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

LSUHSC-NO Human Resources, which is an internal and reliable source.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

This is a standard calculation, the sum of all full-time, salaried employees designated as faculty (professor, assistant professor, associate professor, or instructor) for the current year.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school, and by department.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because LSUHSC-NO Human Resources, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

LSUHSC-NO Human Resources.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.2: Manage faculty recruitment in concert with retention, replacement, and programmatic development.

Indicator Name: Retention Rate (percentage change in number of faculty)

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Our ability to attract and retain faculty is an indication of our ability to conduct productive research.

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

This indicator will be used along with other indicators to assess the overall productiveness of our school. The highest quality faculty are generally attracted to schools offering substantial research opportunities (high research dollars, extensive research space).

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

LSUHSC-NO Human Resources, which is an internal and reliable source.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by summing all full-time, salaried employees designated as faculty (professor, assistant professor, associate professor, or instructor) for the previous year as well as the current year. Percentage change is calculated by taking the difference between the number of faculty for the current year and the previous year, and dividing by that of the previous year [Percentage Change in number of faculty = ((Current Year number of faculty – Previous Year number of faculty) / Previous Year number of faculty)]. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school, and by department.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because LSUHSC-NO Human Resources, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.2: Manage faculty recruitment in concert with retention, replacement, and programmatic development.

Indicator Name: Faculty Salary Variance from Southern Average

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Quality, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

This comparison provides information on how competitive our faculty salaries are. This gives insight to our ability to retain and attract high quality faculty.

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

The LSUHSC-NO Chancellor, Vice Chancellor for Administration and Finance, and Dean's Offices will review this analysis and address insufficient compensation.

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year,

federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

Faculty salary information is provided by national non-profit organizations depending on the study: Association of American Medical Colleges (AAMC) (for both basic and clinical sciences), American Association of Colleges of Nursing (AACN), American Dental Education Association (ADEA), Association of Schools of Allied Health Professions (ASAHP), and Association of Schools of Public Health (ASPH). Each of these is an outside, uniformly-used source that reports objective and unbiased data.

Data reported annually. Reports from AACN, ASAHP, and ASPH issued no later than May for the current fiscal year. Reports from AAMC and ADEA issued no later than May for the previous fiscal year.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

All data reported is based on public schools in the southern region. Data from AACN, ASAHP, and ASPH is reported as of the current year. Data from AAMC and ADEA is forecasted for the current year by applying the weighted average annual percentage change to the previous year. Current year values by rank and by department are referred to as the southern regional average (SRA). The SRA is then compared to individual LSUHSC-NO faculty. Individual differences from the SRA are reported as well as the average difference by rank and by department.

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

Aggregate for LSUHSC-NO, broken down by rank and by department.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-

NO Office of Administration and Finance, which is a reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

AAMC, AACN, ADEA, ASAHP, and ASPH collect and provide this data to the LSUHSC-NO Vice Chancellor for Administration and Finance. The analysis is completed by the LSUHSC-NO Vice Chancellor for Administration and Finance.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.2: Manage faculty recruitment in concert with retention, replacement, and programmatic development.

Indicator Name: Faculty Salary Variance from Southern 75th Percentile

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Quality, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

This comparison provides information on how competitive our faculty salaries are. This gives insight to our ability to retain and attract high quality faculty.

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

The LSUHSC-NO Chancellor, Vice Chancellor for Administration and Finance, and Dean's Offices will review this analysis and address insufficient compensation.

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

Faculty salary information is provided by national non-profit organizations depending on the study: Association of American Medical Colleges (AAMC) (for both basic and clinical sciences), American Association of Colleges of Nursing (AACN), and Association of Schools of Public Health (ASPH). Each of these is an outside, uniformly-used source that reports objective and unbiased data.

Data reported annually. Reports from AACN and ASPH issued no later than May for the current fiscal year. Reports from AAMC issued no later than May for the previous fiscal year.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

All data reported is based on public schools in the southern region. Data from AACN and ASPH is reported as of the current year. Data from AAMC is forecasted for the current year by applying the weighted average annual percentage change to the previous year. Current year values by rank and by department are referred to as the southern 75th percentile (SR75). The SR75 is then compared to individual LSUHSC-NO faculty. Individual differences from the SR75 are reported as well as the average difference by rank and by department.

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

Aggregate for LSUSHC-NO, broken down by rank and by department.

8. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a

bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Office of Administration and Finance, which is a reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

AAMC, AACN, and ASPH collect and provide this data to the LSUHSC-NO Vice Chancellor for Administration and Finance. The analysis is completed by the LSUHSC-NO Vice Chancellor for Administration and Finance.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.2: Manage faculty recruitment in concert with retention, replacement, and programmatic development.

Indicator Name: Faculty Salary Variance from National Average

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Quality, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

This comparison provides information on how competitive our faculty salaries are. This gives insight to our ability to retain and attract high quality faculty.

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

The LSUHSC-NO Chancellor, Vice Chancellor for Administration and Finance, and Dean's Offices will review this analysis and address insufficient compensation.

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

Faculty salary information is provided by national non-profit organizations depending on the study: Association of American Medical Colleges (AAMC) (for both basic and clinical sciences), American Association of Colleges of Nursing (AACN), American Dental Education Association (ADEA), Association of Schools of Allied Health Professions (ASAHP), and Association of Schools of Public Health (ASPH). Each of these is an outside, uniformly-used source that reports objective and unbiased data.

Data reported annually. Reports from AACN, ASAHP, and ASPH issued no later than May for the current fiscal year. Reports from AAMC and ADEA issued no later than May for the previous fiscal year.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

All data reported is based on public schools in the southern region. Data from AACN, ASAHP, and ASPH is reported as of the current year. Data from AAMC and ADEA is forecasted for the current year by applying the weighted average annual percentage change to the previous year. Current year values by rank and by

department are referred to as the national average (NATA). The NATA is then compared to individual LSUHSC-NO faculty. Individual differences from the NATA are reported as well as the average difference by rank and by department.

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

Aggregate for LSUSHC-NO, broken down by rank and by department.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Office of Administration and Finance, which is a reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

AAMC, AACN, ADEA, ASAHP, and ASPH collect and provide this data to the LSUHSC-NO Vice Chancellor for Administration and Finance. The analysis is completed by the LSUHSC-NO Vice Chancellor for Administration and Finance.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.3: Leverage research recruitment to coordinate with focus areas in patient care and education, to enable translational research to occur, and to promote interdisciplinary cooperation.

Indicator Name: Number of interdisciplinary projects - baseline

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Input, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

It is a measure of efficiency and productivity of faculty in developing interdisciplinary projects.

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

Management will be able to leverage resources for patient care and education by focusing on areas with greater potential for interdisciplinary projects.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Dean's Office for each of the schools (medicine, dentistry, allied health, graduate studies, nursing, and public health), which is an internal and reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of LSUHSC-NO interdisciplinary projects for the previous year. This is a standard calculation.

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

Disaggregate for LSUHSC-NO.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Dean's Office for each of the schools (medicine, dentistry, allied health, graduate studies, nursing, and public health), which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.3: Leverage research recruitment to coordinate with focus areas in patient care and education, to enable translational research to occur, and to promote interdisciplinary cooperation.

Indicator Name: Number of interdisciplinary projects

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

It is a measure of efficiency and productivity of faculty in developing interdisciplinary projects.

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

Management will be able to leverage resources for patient care and education by focusing on areas with greater potential for interdisciplinary projects.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How “old” is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Dean’s Office for each of the schools (medicine, dentistry, allied health, graduate studies, nursing, and public health), which is an internal and reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of LSUHSC-NO interdisciplinary projects for the current year. This is a standard calculation.

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

Disaggregate for LSUHSC-NO.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Dean's Office for each of the schools (medicine, dentistry, allied health, graduate studies, nursing, and public health), which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective III.3: Leverage research recruitment to coordinate with focus areas in patient care and education, to enable translational research to occur, and to promote interdisciplinary cooperation.

Indicator Name: Percentage change in number of interdisciplinary projects

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

It is a measure of efficiency and productivity of faculty in developing interdisciplinary projects.

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

Management will be able to leverage resources for patient care and education by focusing on areas with greater potential for interdisciplinary projects.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How “old” is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Dean’s Office for each of the schools (medicine, dentistry, allied health, graduate studies, nursing, and public health), which is an internal and reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of LSUHSC-NO interdisciplinary projects for the previous year as well as the current year. Percentage change is calculated by taking the difference between the number of interdisciplinary projects for the current year and the previous year, and dividing by that of the previous year [Percentage Change in number of interdisciplinary projects = ((Current Year number of interdisciplinary projects – Previous Year number of interdisciplinary projects) / Previous Year number of interdisciplinary projects)]. This is a standard calculation.

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

Disaggregate for LSUHSC-NO.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Dean's Office for each of the schools (medicine, dentistry, allied health, graduate studies, nursing, and public health), which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

LSUHSC-NO Dean's Offices.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective IV.1: Exhibit concern for each individual and provide excellence in the art and science of healthcare.

Indicator Name: Outpatient clinic visits - baseline

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Input, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

The number of outpatient clinic visits is an indication of the perception of our school and clinics.

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

This indicator will be used to determine the extent to which our clinics are making impacts, and to assess the overall satisfaction of our patients.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

Internal data collected from the clinics. This is a reliable source.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a

non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of out-patient clinic visits for the previous year. This is a standard calculation.

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

Aggregate for LSUHSC-NO.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the data is collected from the LSUHSC-NO clinics, which are internal and reliable sources.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective IV.1: Exhibit concern for each individual and provide excellence in the art and science of healthcare.

Indicator Name: Outpatient clinic visits

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

The number of outpatient clinic visits is an indication of the perception of our school and clinics.

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

This indicator will be used to determine the extent to which our clinics are making impacts, and to assess the overall satisfaction of our patients.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

Internal data collected from the clinics. This is a reliable source.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of out-patient clinic visits for the current year. This is a standard calculation.

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

Aggregate for LSUHSC-NO.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the data is collected from the LSUHSC-NO clinics, which are internal and reliable sources.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective IV.1: Exhibit concern for each individual and provide excellence in the art and science of healthcare.

Indicator Name: Percentage change in outpatient clinic visits

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

The number of outpatient clinic visits is an indication of the perception of our school and clinics.

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

This indicator will be used to determine the extent to which our clinics are making impacts, and to assess the overall satisfaction of our patients.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

Internal data collected from the clinics. This is a reliable source.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of out-patient clinic visits for the previous year as well as the current year. Percentage change is calculated by taking the difference between the number of out-patient clinic visits for the current year and the previous year, and dividing by that of the previous year [Percentage Change in number of out-patient clinic visits = ((Current Year number of out-patient clinic visits – Previous Year number of out-patient clinic visits) / Previous Year number of out-patient clinic visits)]. This is a standard calculation.

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

Aggregate for LSUHSC-NO.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the

result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the data is collected from the LSUHSC-NO clinics, which are internal and reliable sources.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective IV.1: Exhibit concern for each individual and provide excellence in the art and science of healthcare.

Indicator Name: Patient Satisfaction Survey

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Quality, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

It is a measure of the quality of healthcare services provided to the people of Louisiana.

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

By reviewing the results of the survey, management can focus on areas for improvement based on lower patient satisfaction and replicate practices from areas where patient satisfaction is high.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The source is an annual compilation of voluntary surveys given to patients receiving services in the LSUHSC-NO clinics. This is a reliable source.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

Patients are asked various questions regarding their experience at the LSUHSC-NO clinics. They are asked to rank their perception of the quality of these services.

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

Aggregate for LSUHSC-NO.

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

The survey is dependent on the cooperation of patients to fill it out and return it to clinic personnel.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the data is collected from the LSUHSC-NO clinics, which are internal and reliable sources.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective IV.2: Increase the number of patients over the next five years and prepare for greater emphasis at the national and state levels on cost-efficient and quality care.

Indicator Name: Number of patients - baseline

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Input, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

The number of patients is an indication of the perception of our school and clinics.

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

This indicator will be used along with other indicators to determine the extent to which our clinics are making impacts, and the overall satisfaction of our patients.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

Internal data collected from the clinics. This is a reliable source.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a

non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of patients treated during the previous year. This is a standard calculation.

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

Aggregate for LSUHSC-NO. May be broken down by specialty.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the data is collected from the LSUHSC-NO clinics, which are internal and reliable sources.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective IV.2: Increase the number of patients over the next five years and prepare for greater emphasis at the national and state levels on cost-efficient and quality care.

Indicator Name: Number of patients

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

The number of patients is an indication of the perception of our school and clinics.

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

This indicator will be used along with other indicators to determine the extent to which our clinics are making impacts, and the overall satisfaction of our patients.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

Internal data collected from the clinics. This is a reliable source.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of patients treated during the current year. This is a standard calculation.

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

Aggregate for LSUHSC-NO. May be broken down by specialty.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective IV.2: Increase the number of patients over the next five years and prepare for greater emphasis at the national and state levels on cost-efficient and quality care.

Indicator Name: Percentage change in number of patients

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

The number of patients is an indication of the perception of our school and clinics.

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

This indicator will be used along with other indicators to determine the extent to which our clinics are making impacts, and the overall satisfaction of our patients.

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

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Internal data collected from the clinics. This is a reliable source.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of patients during the previous year as well as the current year. Percentage change is calculated by taking the difference between the number of patients treated for the current year and the previous year, and dividing by that of the previous year [Percentage Change in number of patients = ((Current Year number of patients treated – Previous Year number of patients treated) / Previous Year number of patients treated)]. This is a standard calculation.

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

Aggregate for LSUHSC-NO. May be broken down by specialty.

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

No.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective V.1: Seek productive partnerships and alliances with municipal, regional, state, and national cooperating institutions, groups, and individuals.

Indicator Name: Number of adopted public elementary, middle, and high schools

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

This is considered to be a measurement of our participation towards endeavors for outreach in education.

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

LSUHSC-NO is committed to exploring areas of collaboration to implement definitive new endeavors for outreach in education, service, and patient care. Effective community and private interactions and interface will be incorporated and will cover municipal, state and where useful, national partnerships and cooperation. This indicator will be used to demonstrate LSUHSC-NO's expanding leadership role.

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Vice Chancellor for Academic Affairs, which is an internal and reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of public elementary, middle, and high schools that have an active program with which our faculty and students have become active during the year. This is a standard calculation.

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

Disaggregate for LSUHSC-NO.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Vice Chancellor for Academic Affairs, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at

least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Vice Chancellor for Academic Affairs.

Dr. Joseph M. Moerschbaecher, III
Vice Chancellor for Academic Affairs
LSU Health Sciences Center – New Orleans
433 Bolivar Street, Room 824
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Program: Louisiana State University Health Sciences Center – New Orleans

Objective V.1: Seek productive partnerships and alliances with municipal, regional, state, and national cooperating institutions, groups, and individuals.

Indicator Name: Percentage of fourth grade students in adopted classrooms passing the Science Section of the LEAP 21 Exam

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

This indicator will allow us to develop an understanding of the fourth grade students' performance and the impact our programs have had.

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

The success of the Science Partnership will be evaluated, and program changes will be made as needed. Insufficiencies will be addressed.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. Students take LEAP 21 (The Louisiana Educational Assessment Program for the 21st Century) in the 4th and 8th grades. LEAP 21 is used to determine whether students advance to the 5th and 9th grades. Students receive one of the following five achievement ratings: Unsatisfactory, Approaching Basic, Basic, Mastery or Advanced. To pass the Science test, a score of Approaching Basic or higher must be achieved.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

Data collected by the LSUHSC-NO School of Graduate Studies during the LSU Health Sciences Center-New Orleans and New Orleans Public Schools Science Partnership.

The indicator will be reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

LEAP 21 exams are administered annually. The number of students passing the Science test will be divided by the total number of students in the class. This is a standard calculation.

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

Aggregate.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the data is provided by the LSUHSC-NO School of Graduate Studies, which is an internal and reliable source.

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

LSUHSC-NO School of Graduate Studies Dean's Office.
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Program: Louisiana State University Health Sciences Center – New Orleans

Objective V.1: Seek productive partnerships and alliances with municipal, regional, state, and national cooperating institutions, groups, and individuals.

Indicator Name: Number of new hospital and clinic affiliations

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

This is considered to be a measurement of our participation towards endeavors for outreach in service and patient care.

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

LSUHSC-NO is committed to exploring areas of collaboration to implement definitive new endeavors for outreach in education, service, and patient care. Effective community and private interactions and interface will be incorporated and will cover municipal, state and where useful, national partnerships and cooperation. This indicator will be used to demonstrate LSUHSC-NO's expanding leadership role.

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Director of Healthcare Systems, which is an internal and reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of cooperative programs that have received funding and become active during the year. This is a standard calculation.

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

Disaggregate for LSUHSC-NO.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Director of Healthcare Systems, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Director of Healthcare Systems.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective V.2: Incorporate effective communication between LSUHSC-NO and all members of the communities where we live and serve.

Indicator Name: Number of home page hits - baseline

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Input, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Informative and well- designed materials will attract the general public to our web site to gather information regarding their health and wellness.

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

Without some measurement of the number of persons accessing the web site, we do not know if we are reaching a wide audience with health information. Measurement will allow us to build on the relative strengths and weaknesses of the health information being provided on the web site.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. Hits are a count of the number of times an individual downloads information from a web site or a portion of a web site.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

A counter of "hits" can be added to portions of the web site containing health information.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

This indicator is calculated by counting the number of hits on the web site for the previous year. This is a standard calculation.

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

Aggregate for LSUHSC-NO.

8. Caveats: Does the indicator have limitations or weaknesses (e.g., limited geographical coverage, lack of precision or timeliness, or high cost to collect or analyze)? Is the indicator a proxy or surrogate? Does the source of the data have a

bias? Is there a caveat or qualifier about which data users and evaluators should be aware? If so, explain.

The number of hits is dependent on our ability to publicize our web site and the quality of the materials we put on the web site.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The quality of the materials will be the responsibility of our academic areas, which will provide the health information. Counters for collecting the number of hits will be set up by our Information Technology staff. The validity, reliability and accuracy of this indicator are assured because the data is gathered and provided by the LSUHSC-NO Office of Information Services, an internal and reliable source.

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

The quality of the materials will be the responsibility of our academic areas, which will provide the health information. Counters for collecting the number of hits will be set up by our Information Technology staff.

Ms. Bettina Owens
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Program: Louisiana State University Health Sciences Center – New Orleans

Objective V.2: Incorporate effective communication between LSUHSC-NO and all members of the communities where we live and serve.

Indicator Name: Number of minority students enrolled -baseline

Indicator LaPAS PI Code: 15256

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Input, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered a measure of our environment's attractiveness to minority students and our consideration for diversity in educational opportunities.

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school and to calculate the percentage of change in minority enrollment over the fall 2000 baseline.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Registrar, which is a reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of minority students who have paid in-state tuition and registered for classes. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school, by program of study, and by year of enrollment.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Registrar, which is a reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Registrar:

Mr. W. Bryant Faust, IV
Registrar
LSU Health Sciences Center – New Orleans
433 Bolivar Street, Room 117
New Orleans LA 70112-2223
Voice (504) 568-4829
Fax (504) 568-7399
Email: registrar@lsuhsc.edu

Program: Louisiana State University Health Sciences Center – New Orleans

Objective V.2: Incorporate effective communication between LSUHSC-NO and all members of the communities where we live and serve.

Indicator Name: Number of home page hits

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Informative and well- designed materials will attract the general public to our web site to gather information regarding their health and wellness.

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

Without some measurement of the number of persons accessing the web site, we do not know if we are reaching a wide audience with health information. Measurement will allow us to build on the relative strengths and weaknesses of the health information being provided on the web site.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. Hits are a count of the number of times an individual downloads information from a web site or a portion of a web site.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

A counter of "hits" can be added to portions of the web site containing health information.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

This indicator is calculated by counting the number of hits on the web site for the current year. This is a standard calculation.

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

Aggregate for LSUHSC-NO.

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

The number of hits is dependent on our ability to publicize our web site and the quality of the materials we put on the web site.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The quality of the materials will be the responsibility of our academic areas, which will provide the health information. Counters for collecting the number of hits will be set up by our Information Technology staff. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Office of Information Technology, an internal and reliable source, will gather and provide this data.

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

The quality of the materials will be the responsibility of our academic areas, which will provide the health information. Counters for collecting the number of hits will be set up by our Information Technology staff.

Ms. Bettina Owens
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Program: Louisiana State University Health Sciences Center – New Orleans

Objective V.2: Incorporate effective communication between LSUHSC-NO and all members of the communities where we live and serve.

Indicator Name: Number of positive “news clips”

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Positive news clips incorporate effective communication between LSUHSC-NO and all members of the communities where we live and serve, to promote understanding, interactions, and interface

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

This indicator will be used to determine the extent to which positive impacts are being communicated to the local community.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Director of Information Services, who is a reliable source, will gather and provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of news clips that highlight achievements associated with LSUHSC-NO. This is a standard calculation.

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

Aggregate for LSUHSC-NO.

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

In controversial situations, it may be difficult to determine whether news clips are 'positive'.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Director of Information Services, who is a reliable source, will gather and provide this data.

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

The LSUHSC-NO Director of Information Services.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective V.2: Incorporate effective communication between LSUHSC-NO and all members of the communities where we live and serve.

Indicator Name: Number of cancer screenings

Indicator LaPAS PI Code: 15266

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

To enhance understanding of the health risks of LSUHSC-NO's local population and to increase awareness of disease prevention.

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

Showing efficacy in the Stanley S. Scott Cancer Center, School of Public Health and the Comprehensive School Health Program will help retain grant funding, increasing potential for students to develop clinical skills and serve the LSUHSC-NO patient community.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

Data collected by the Stanley S. Scott Cancer Center, School of Public Health and the Comprehensive School Health Program, regularly used and reliable sources.

The data is reported monthly. The indicator will be reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

Screenings are performed and logged to produce monthly reports. The input is a sum of the screenings performed in a given quarter. The indicator would be applicable to the current year.

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

Aggregate.

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

The indicator is limited by its geographical coverage, but it is believed to give an accurate representation of local New Orleans health.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the Stanley S. Scott Cancer Center, School of Public Health and the LSUHSC-NO Comprehensive School Health Program, regularly used and reliable sources, will collect and provide this data.

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

The Stanley S. Scott Cancer Center, the School of Public Health and the Comprehensive School Health Program.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective V.2: Incorporate effective communication between LSUHSC-NO and all members of the communities where we live and serve.

Indicator Name: State funding for cancer screenings

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

To enhance understanding of the health risks of LSUHSC-NO's local population and to increase awareness of disease prevention.

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

Maintaining funding for cancer screenings will allow the Stanley S. Scott Cancer Center, School of Public Health, and the Comprehensive School Health Program to remain effective, increasing students' potential to develop clinical skills and serve Louisiana citizens.

This indicator will be used for internal management purposes as well as performance-based budgeting purposes because it directly affects our ability to provide cancer screenings.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

Data collected by the Stanley S. Scott Cancer Center, School of Public Health, and the Comprehensive School Health Program, regularly used and reliable sources.

The data is reported monthly. The indicator will be reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

Total state funding for the current year is summed.

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

Aggregate.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the Stanley S. Scott Cancer Center, School of Public Health and the LSUHSC-NO Comprehensive

School Health Program, regularly used and reliable sources, will collect and provide this data.

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

The Stanley S. Scott Cancer Center, the School of Public Health and the Comprehensive School Health Program.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective V.2: Incorporate effective communication between LSUHSC-NO and all members of the communities where we live and serve.

Indicator Name: Number of minority students enrolled

Indicator LaPAS PI Code: 15256

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered a measure of our environment's attractiveness to minority students and our consideration for diversity in educational opportunities.

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school and to calculate the percentage of change in minority enrollment over the fall 2000 baseline.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Registrar, which is a reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of minority students who have paid in-state tuition and registered for classes. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school, by program of study, and by year of enrollment.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Registrar, which is a reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Registrar:
Mr. W. Bryant Faust, IV
Registrar
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New Orleans LA 70112-2223
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Fax (504) 568-7399
Email: registrar@lsuhsc.edu

Program: Louisiana State University Health Sciences Center – New Orleans

Objective V.2: Incorporate effective communication between LSUHSC-NO and all members of the communities where we live and serve.

Indicator Name: Percentage change in number of home page hits

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Informative and well- designed materials will attract the general public to our web site to gather information regarding their health and wellness.

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

Without some measurement of the number of persons accessing the web site, we do not know if we are reaching a wide audience with health information. Measurement will allow us to build on the relative strengths and weaknesses of the health information being provided on the web site.

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

Yes, the indicator name clearly identifies what is being measured. Hits are a count of the number of times an individual downloads information from a web site or a portion of a web site.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

A counter of "hits" can be added to portions of the web site containing health information.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of hits on the web site for the previous year as well as the current year. Percentage change is calculated by taking the difference between the number of hits on the web site for the current year and the previous year, and dividing by that of the previous year [Percentage Change in number of hits on the web site = ((Current Year number of hits on the web site –

Previous Year number of hits on the web site) / Previous Year number of hits on the web site)]. This is a standard calculation.

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

Aggregate for LSUHSC-NO.

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

The number of hits is dependent on our ability to publicize our web site and the quality of the materials we put on the web site.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The quality of the materials will be the responsibility of our academic areas, which will provide the health information. Counters for collecting the number of hits will be set up by our Information Technology staff. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Office of Information Technology, an internal and reliable source, will gather and provide this data.

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

The quality of the materials will be the responsibility of our academic areas, which will provide the health information. Counters for collecting the number of hits will be set up by our Information Technology staff.

Ms. Bettina Owens
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Program: Louisiana State University Health Sciences Center – New Orleans

Objective V.2: Incorporate effective communication between LSUHSC-NO and all members of the communities where we live and serve.

Indicator Name: Percentage change in number of cancer screenings over the FY10 baseline

Indicator LaPAS PI Code: 15265

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

To enhance understanding of the health risks of LSUHSC-NO's local population and to increase awareness of disease prevention.

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

Showing efficacy in the Stanley S. Scott Cancer Center, the School of Public Health and the Comprehensive School Health Program will help retain grant funding, increasing potential for students to develop clinical skills and serve the LSUHSC-NO patient community.

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

Data collected by the Stanley S. Scott Cancer Center, the School of Public Health and the Comprehensive School Health Program, regularly used and reliable sources.

The data is reported monthly. The indicator will be reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

Screenings are performed and logged to produce monthly reports. The input is a sum of the screenings performed in a given quarter. The indicator is calculated by counting the number of screenings during the baseline year as well as the current year. Percentage change is calculated by taking the difference between the number of screenings for the current year and the baseline year, and dividing by that of the baseline year [Percentage Change in number of screenings = ((Current Year number of screenings – Baseline Year number of screenings) / Baseline Year number of screenings)]. This is a standard calculation.

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

Aggregate.

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

The indicator is limited by its geographical coverage, but it is believed to give an accurate representation of local New Orleans health.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the Stanley S. Scott Cancer Center, the School of Public Health and the Comprehensive School Health Program, regularly used and reliable sources, will collect this data.

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

The Stanley S. Scott Cancer Center, School of Public Health and the Comprehensive School Health Program.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective V.2: Incorporate effective communication between LSUHSC-NO and all members of the communities where we live and serve.

Indicator Name: Percentage change in state funding for cancer screenings over the FY10 baseline

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

To enhance understanding of the health risks of LSUHSC-NO's local population and to increase awareness of disease prevention.

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

Maintaining funding for cancer screenings will allow the Stanley S. Scott Cancer Center, School of Public Health, and the Comprehensive School Health Program to remain effective, increasing students' potential to develop clinical skills and serve Louisiana citizens.

This indicator will be used for internal management purposes as well as performance-based budgeting purposes because it directly affects our ability to provide cancer screenings.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

Data collected by the Stanley S. Scott Cancer Center, the School of Public Health and the Comprehensive School Health Program, regularly used and reliable sources.

The data is reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

Total state funding for cancer screenings for the current year are summed. Percentage change is calculated by taking the difference between the funding for the current year and FY10, and dividing by that of the FY10 [Percentage Change in state funding for screenings = ((Current Year state funding for screenings – FY10 state funding for screenings) /FY10 state funding for screenings)]. This is a standard calculation.

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

Aggregate.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the Stanley S. Scott Cancer Center, the School of Public Health, and the Comprehensive School Health Program, regularly used and reliable sources, will collect this data.

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

The Stanley S. Scott Cancer Center, School of Public Health and the Comprehensive School Health Program.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective V.2: Incorporate effective communication between LSUHSC-NO and all members of the communities where we live and serve.

Indicator Name: Percentage of patients screened for breast cancer with diagnosis of cancer

Indicator LaPAS PI Code: 23218

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

To enhance understanding of the health risks of LSUHSC-NO's local population and to increase awareness of disease prevention.

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

Showing efficacy in the Stanley S. Scott Cancer Center, the School of Public Health and the Comprehensive School Health Program will help retain grant funding, increasing potential for students to develop clinical skills and serve the LSUHSC-NO patient community.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. This refers to dcis, lcis and invasive breast cancers.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

Data collected by the Stanley S. Scott Cancer Center and the School of Public Health, regularly used and reliable sources.

The data is reported monthly. The indicator will be reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

Screenings are performed and logged to produce monthly reports. The indicator is calculated by counting both the total number of screenings and the total screenings with a diagnosis of breast cancer during the current year. Percentage is calculated by dividing the screenings with a diagnosis of breast cancer by the total number of screenings [Percentage of patients screened for breast cancer with diagnosis of cancer = (Current Year Diagnosed / Current Year Screenings)]. This is a standard calculation.

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

Aggregate.

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

The indicator is limited by its geographical coverage, but it is believed to give an accurate representation of local New Orleans health.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the Stanley S. Scott Cancer Center and the School of Public Health, regularly used and reliable sources, will collect this data.

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

The Stanley S. Scott Cancer Center, School of Public Health and the Comprehensive School Health Program.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective V.2: Incorporate effective communication between LSUHSC-NO and all members of the communities where we live and serve.

Indicator Name: Percentage of patients screened for cervical cancer with diagnosis of cancer

Indicator LaPAS PI Code: 23219

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

To enhance understanding of the health risks of LSUHSC-NO's local population and to increase awareness of disease prevention.

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

Showing efficacy in the Stanley S. Scott Cancer Center, the School of Public Health and the Comprehensive School Health Program will help retain grant funding,

increasing potential for students to develop clinical skills and serve the LSUHSC-NO patient community.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. This refers to invasive cervical cancers.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

Data collected by the Stanley S. Scott Cancer Center and the School of Public Health, regularly used and reliable sources.

The data is reported monthly. The indicator will be reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

Screenings are performed and logged to produce monthly reports. The indicator is calculated by counting both the total number of screenings and the total screenings with a diagnosis of cervical cancer during the current year. Percentage is calculated by dividing the screenings with a diagnosis of cervical cancer by the total number of screenings [Percentage of patients screened for cervical cancer with diagnosis of cancer = (Current Year Diagnosed / Current Year Screenings)]. This is a standard calculation.

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

Aggregate.

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

The indicator is limited by its geographical coverage, but it is believed to give an accurate representation of local New Orleans health.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the Stanley S. Scott Cancer Center and the School of Public Health, regularly used and reliable sources, will collect this data.

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

The Stanley S. Scott Cancer Center, School of Public Health and the Comprehensive School Health Program.

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Objective V.2: Incorporate effective communication between LSUHSC-NO and all members of the communities where we live and serve.

Indicator Name: Percentage of pap tests to rarely or never screened women

Indicator LaPAS PI Code: 23220

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

To enhance understanding of the health risks of LSUHSC-NO's local population and to increase awareness of disease prevention.

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

Showing efficacy in the Stanley S. Scott Cancer Center, the School of Public Health and the Comprehensive School Health Program will help retain grant funding, increasing potential for students to develop clinical skills and serve the LSUHSC-NO patient community.

This indicator will be used for internal management purposes.

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

Yes, the indicator name clearly identifies what is being measured. Refers to percentage of new participants (first-time enrollees at Louisiana Breast and Cervical Health Program) who have not had a pap test within five years..

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

Data collected by the Stanley S. Scott Cancer Center and the School of Public Health, regularly used and reliable sources.

The data is reported monthly. The indicator will be reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

Screenings are performed and logged to produce monthly reports. The indicator is calculated by counting both the total number of pap tests and the total pap tests for new participants for the current year. Percentage is calculated by dividing the number of pap tests for new participants by the total number of pap tests [Percentage of pap tests to rarely or never screened women = (Current Year New Participants / Current Year Pap Tests)]. This is a standard calculation.

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

Aggregate.

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

The indicator is limited by its geographical coverage, but it is believed to give an accurate representation of local New Orleans health.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the Stanley S. Scott Cancer Center and the School of Public Health, regularly used and reliable sources, will collect this data.

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

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective V.2: Incorporate effective communication between LSUHSC-NO and all members of the communities where we live and serve.

Indicator Name: Percentage change in number of minority enrolled

Indicator LaPAS PI Code: New

1. Type and Level: Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

Considered a measure of our environment's attractiveness to minority students and our consideration for diversity in educational opportunities.

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

This indicator will be used along with other indicators to assess the overall attractiveness of our school.

This indicator will be used for internal management purposes.

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

Yes, the indicator name clearly identifies what is being measured. Will be based on fall enrollment headcount as reported to the Louisiana Board of Regents.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Registrar, which is a reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by computing the percentage difference between the current fall semester's number of minority students who have paid tuition and registered for classes and that of the previous fall. This is a standard calculation.

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

Aggregate for LSUHSC-NO. This indicator may be broken down by school, by program of study, and by race.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Registrar, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Registrar:
Mr. W. Bryant Faust, IV
Registrar
LSU Health Sciences Center – New Orleans
433 Bolivar Street, Room 117
New Orleans LA 70112-2223
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Fax (504) 568-7399
Email: registrar@lsuhsc.edu

Program: Louisiana State University Health Sciences Center – New Orleans

Objective V.3: Participate in mutual planning and explore avenues of invention and collaboration to implement definitive new endeavors for outreach in education, service, and patient care.

Indicator Name: Number of new cooperative programs

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

This is considered to be a measurement of our participation towards endeavors for outreach in education, service and patient care.

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

LSUHSC-NO is committed to exploring areas of collaboration to implement definitive new endeavors for outreach in education, service, and patient care. Effective community and private interactions and interface will be incorporated and will cover municipal, state and where useful, national partnerships and cooperation. This indicator will be used to demonstrate LSUHSC-NO's expanding leadership role.

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year,

federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Vice Chancellor for Academic Affairs, which is an internal and reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of cooperative programs that have received funding and become active during the year. This is a standard calculation.

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

Disaggregate for LSUHSC-NO.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Vice Chancellor for Academic Affairs, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Vice Chancellor for Academic Affairs.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective V.4: Partner with industry and the state to advance the development of biotechnology in Louisiana.

Indicator Name: Number of university industrial partnerships – baseline

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Input, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

It is a measure of support being directed toward advancements benefiting the community.

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

LSUHSC-NO is committed to exploring areas of collaboration to implement definitive new endeavors for outreach in education, service, and patient care. Effective community and private interactions and interface will be incorporated and will cover municipal, state and where useful, national partnerships and cooperation. This indicator will be used to demonstrate LSUHSC-NO's expanding leadership role.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How “old” is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Vice Chancellor for Academic Affairs, an internal and reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of university industrial partnerships in place during the previous year. This is a standard calculation.

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

Aggregate for LSUHSC-NO.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Vice Chancellor for Academic Affairs, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Vice Chancellor for Academic Affairs.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective V.4: Partner with industry and the state to advance the development of biotechnology in Louisiana.

Indicator Name: Number of university industrial partnerships

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

It is a measure of support being directed toward advancements benefiting the community.

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

LSUHSC-NO is committed to exploring areas of collaboration to implement definitive new endeavors for outreach in education, service, and patient care. Effective community and private interactions and interface will be incorporated and will cover municipal, state and where useful, national partnerships and cooperation. This indicator will be used to demonstrate LSUHSC-NO's expanding leadership role.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Vice Chancellor for Academic Affairs, an internal and reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of university industrial partnerships in place during the current year. This is a standard calculation.

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

Aggregate for LSUHSC-NO.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Vice Chancellor for Academic Affairs, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at

least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Vice Chancellor for Academic Affairs.

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Program: Louisiana State University Health Sciences Center – New Orleans

Objective V.4: Partner with industry and the state to advance the development of biotechnology in Louisiana.

Indicator Name: Percentage change in number of university industrial partnerships

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Outcome, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

It is a measure of support being directed toward advancements benefiting the community.

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

LSUHSC-NO is committed to exploring areas of collaboration to implement definitive new endeavors for outreach in education, service, and patient care. Effective community and private interactions and interface will be incorporated and will cover municipal, state and where useful, national partnerships and cooperation. This indicator will be used to demonstrate LSUHSC-NO's expanding leadership role.

This indicator will be used for internal management purposes as well as performance-based budgeting purposes.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Vice Chancellor for Academic Affairs, an internal and reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of university industrial partnerships in place during the previous year as well as the current year. Percentage change is calculated by taking the difference between the number of university industrial partnerships for the current year and the previous year, and dividing by that of the previous year [Percentage Change in number of university industrial partnerships = ((Current Year number of university industrial partnerships – Previous Year number of university industrial partnerships) / Previous Year number of university industrial partnerships)]. This is a standard calculation.

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

Aggregate for LSUHSC-NO.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the LSUHSC-NO Vice Chancellor for Academic Affairs, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Vice Chancellor for Academic Affairs.
Dr. Joseph M. Moerschbaecher, III
Vice Chancellor for Academic Affairs
LSU Health Sciences Center – New Orleans
433 Bolivar Street, Room 824
New Orleans LA 70112-2223
Voice (504) 568-4804
Fax (504) 568-7399
Email: jmoers@lsuhsc.edu

Program: Louisiana State University Health Sciences Center – New Orleans

Objective V.5: Contribute to the protection of Louisiana's Natural Resources through programs of education, service, and outreach.

Indicator Name: Number of students enrolled in the Environmental and Occupational Health Sciences Program

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Input, Supporting

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

The Environmental and Occupational Health Sciences Program was designed to provide scientific and public health training to graduate students committed to protecting the environment and to improving the health of workers and the general

public. This indicator will measure our contribution toward research in programs that will benefit the protection and continuation of our state's natural resources. It will also demonstrate our commitment to the development and placement of workforce in these areas.

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

This indicator will be used along with other indicators to assess the contributions our school is making toward the benefit of our community and state. Allowing students the opportunity to participate in these areas of study will have long-term benefits on our environment and citizens.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The LSUHSC-NO Registrar, which is a reliable source, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of students who have paid tuition and registered for classes in this program. This is a standard calculation.

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

Aggregate for LSUHSC-NO.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the Office of the Registrar, and internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The LSUHSC-NO Registrar:
Mr. W. Bryant Faust, IV
Registrar
LSU Health Sciences Center – New Orleans
433 Bolivar Street, Room 117
New Orleans LA 70112-2223
Voice (504) 568-4829
Fax (504) 568-7399
Email: registrar@lsuhsc.edu

Program: Louisiana State University Health Sciences Center – New Orleans

Objective V.5: Contribute to the protection of Louisiana’s Natural Resources through programs of education, service, and outreach.

Indicator Name: Number of graduates from the Environmental and Occupational Health Sciences Program with job acceptance

Indicator LaPAS PI Code: New

1. Type and Level: What is the type of the indicator? (Input? Output? Outcome? Efficiency? Quality? More than one type?) What is the level at which the indicator will be reported? (Key? Supporting? General performance information?)

Output, Key

2. Rationale, Relevance, Reliability: Why was this indicator chosen? How is it a relevant and meaningful measure of performance for this objective? Is the performance measure reliable? How does it help tell your performance story?

The Environmental and Occupational Health Sciences Program was designed to provide scientific and public health training to graduate students committed to protecting the environment and to improving the health of workers and the general public. This indicator will demonstrate our commitment to the development and placement of workforce in areas that will benefit the protection and continuation of our state's natural resources.

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

This indicator will be used along with other indicators to assess the contributions our school is making toward the benefit of our community and state. Preparing students to enter the workforce and making professional opportunities available to them in these areas of study will have long-term benefits on our environment and citizens.

This indicator will be used for internal management purposes only.

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

Yes, the indicator name clearly identifies what is being measured. No, the indicator does not contain any jargon, acronyms, or unclear terms.

5. Data Source, Collection and Reporting: What is the source of data for the indicator? (Examples: internal log or database; external database or publication) What is the frequency and timing of collection and reporting? (Monthly, quarterly, semi-annual, or annual basis? How "old" is it when reported? Is it reported on a state fiscal year, federal fiscal year, calendar year, school year, or other basis? Is frequency and timing of collection consistent?)

The Dean's Offices for the LSUHSC-NO School of Public Health, which is internal and reliable sources, will provide this data.

Data reported annually.

6. Calculation Methodology: How is the indicator calculated? Is this a standard calculation? (Provide the formula or other method used to calculate the indicator. If a non standard method is used, explain why. If this indicator is used by more than one agency or program, is the method of calculation consistent? If not, why not?)

The indicator is calculated by counting the number of students who have graduated from the Environmental and Occupational Health Sciences Program during the year and who have reported job acceptance. This is a standard calculation.

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

Aggregate for LSUHSC-NO.

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

No.

9. Accuracy, Maintenance, Support: Have the indicator and subsequent performance data been audited by the Office of the Legislative Auditor? If so, what was the result? If not, what evidence is available to support the accuracy of the data? How will the reported data be maintained to ensure that it is verifiable in the future?

No, the indicator has not been audited by the Office of the Legislative Auditor. The validity, reliability and accuracy of this indicator are assured because the Dean's Offices for the LSUHSC-NO School of Public Health, which is an internal and reliable source, will provide this data using internal records that are maintained for the period of at least three years from the date on which reporting was made, and according to applicable records retention laws.

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

The Dean for the LSUHSC-NO School of Public Health
Dr. Elizabeth T. H. Fontham
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**LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - NEW ORLEANS
PERFORMANCE INDICATOR MATRIX**

GOAL I: Environment

LSUHSC-NO will maintain a learning environment of excellence, in which students are prepared for career success, and faculty are encouraged to participate in research promoting the discovery and dissemination of new knowledge, securing extramural support, and translating their findings into improved education and patient care. Students, faculty, and staff will be guided by the principles of Respect, Quality, Integrity, Advocacy, Creativity, Knowledge, and Partnership.

	Input	Output	Outcome	Efficiency	Quality
OBJECTIVE I.1: Enhance the culture within to promote positive attitudes and interactions, professionalism, satisfaction, and consideration of others to further augment institutional performance and identity.	Number of faculty employed	Number of faculty retained from year to year Number of Louisiana residents enrolled Number of newsletters per year Number of sponsored events	Retention Rate (percentage of faculty retained annually) Retention Rate (percentage of first-time entering students retained to the second year) Completion Rate (percentage of students completing a program annually) Percentage of buildings with access control features		
OBJECTIVE I.2: Emphasize the retention and appropriate replacement of our most valuable resources, the faculty,	Number of faculty employed Laboratory space (sq ft) Clinical space (sq ft)	Amount of funding utilized for recruitment efforts Number of faculty retained from year to year	Retention Rate of Students (percentage of first-time entering students retained to the second year)		Tuition Variance from Southern Average

	Input	Output	Outcome	Efficiency	Quality
staff, and students of LSUHSC-NO, who are committed to the success of our missions.		<p>Percentage of space that is Laboratory</p> <p>Percentage of space that is Clinical</p> <p>Percentage of graduates with jobs</p> <p>Percentage of graduates passing licensure exams</p>	<p>Retention Rate (percentage of faculty retained annually)</p> <p>Percentage change in Retention Rate of Students(percentage of first-time entering students retained to the second year over fall 2000 baseline)</p> <p>Percentage change in Retention Rate of Faculty</p>		
OBJECTIVE I.3: Institute plans that will prepare the campus community to react in case of emergency or disaster, protecting life and property, ensuring continuity of communications and operations, and mitigating damage.			<p>Percentage of faculty, staff, and students who have registered with the e2campus emergency text messaging system</p> <p>Percentage of essential personnel who have completed FEMA training</p> <p>Percentage of permanent repair projects for Katrina-</p>		

	Input	Output	Outcome	Efficiency	Quality
			damaged buildings that propose hazard mitigation measures		

GOAL II: Education

LSUHSC-NO will increase opportunities for student access and success. Each year, LSUHSC-NO will contribute a major portion of the renewal needed in the health professions workforce. Our goal, over the five-year strategic plan, will be to add at least thirty student graduates per year, contingent on specific funding from state, federal partnership, or charitable sources.

Increasing the number of program completers at all levels and eliminating academic programs which have low completion rates and are not aligned with current or strategic workforce needs contributes toward the goals of the GRAD Act.

In addition, LSUHSC-NO will embrace and facilitate the realignment of the LSU System resulting from LSU2015, the cross-campus reorganization process designed to enable LSU to excel in the competitive and dynamic environment of higher education.

	Input	Output	Outcome	Efficiency	Quality
OBJECTIVE II.1: Increase fall 14 th class day headcount enrollment in all programs at the LSUHSC-NO by 10.2% from the baseline level of 2,644 in fall 2009 to 2,915 by fall 2017.		Number of students enrolled	Percentage change in number of students enrolled from 2009 baseline		
OBJECTIVE II.2: Promote innovation and improvement in the curriculum of each school and program, new technology, interdisciplinary learning, and state of the art teaching techniques for excellence in education.		Number of programs accredited	Percentage of programs accredited Funding for enhanced technology resources Percentage of faculty, staff, and students that have completed training materials assigned by		

	Input	Output	Outcome	Efficiency	Quality
			the Office of Compliance		
OBJECTIVE II.3: Increase student graduates in focus areas of need in Louisiana, expanding in concert with resources and partnerships.	Number of students enrolled in programs – baseline Number of house officers - baseline	Number of students enrolled in programs Number of house officers Number of degrees conferred by program Number of medical degrees conferred	Percentage change in number of students enrolled in programs annually Percentage change in number of house officers annually Degrees conferred as percentage of enrollment Percentage change in medical degrees conferred from spring 2000 baseline		

GOAL III: Research

LSUHSC-NO will be a local, national, and international leader in research. Increasing research productivity and technology transfer in key economic development industries, especially in areas identified by the Blue Ocean Sector of Specialty Healthcare, addresses the goals of the GRAD Act.

	Input	Output	Outcome	Efficiency	Quality
OBJECTIVE III.1: Provide the funds, policies, and support for incremental increases and institutional commitment to the research mission. Focus on areas of current	Number of grant applications – baseline Number of invention disclosures – baseline Number of licensing agreements – baseline	Number of grant applications Number of invention disclosures Number of licensing agreements Number of patents	Percentage change in number of grant applications Percentage change in number of invention disclosures Percentage change in number of	Days to review and approve research protocol	School rank in NIH research grant revenue among peers

	Input	Output	Outcome	Efficiency	Quality
strengths in biomedical research to increase the number and value of grant awards over the next five to seven years.	<p>Number of patents – baseline</p> <p>Number of students participating in research</p> <p>Research dollars received from external sources – baseline</p> <p>Sponsored Research square footage</p> <p>Number of full-time faculty</p> <p>Overall research expenditures</p>	<p>Percentage of students participating in research</p> <p>Research dollars received from external sources</p> <p>Research dollars from external sources per sponsored research square foot</p> <p>Research dollars from external sources per full-time faculty</p> <p>Overall research dollars per sponsored research square foot</p>	<p>licensing agreements</p> <p>Percentage change in number of patents</p> <p>Percentage change in research dollars from external sources</p>		
OBJECTIVE III.2: Manage faculty recruitment in concert with retention, replacement, and programmatic development.	<p>Number of faculty – baseline</p> <p>Laboratory space (sq ft)</p>	<p>Number of faculty</p>	<p>Retention Rate (percentage change in number of faculty)</p>		<p>Faculty Salary Variance from Southern Average</p> <p>Faculty Salary Variance from Southern 75th Percentile</p> <p>Faculty Salary Variance from National Average</p>
OBJECTIVE III.3: Leverage	<p>Number of interdisciplinary projects -</p>	<p>Number of interdisciplinary projects</p>	<p>Percentage change in number of</p>		

	Input	Output	Outcome	Efficiency	Quality
research recruitment to coordinate with focus areas in patient care and education, to enable translational research to occur, and to promote interdisciplinary collaboration.	baseline		interdisciplinary projects		

GOAL IV: Patient Care

LSUHSC-NO will promote disease prevention and health awareness for patients and the greater Louisiana community. LSUHSC-NO will fully support the building and coordinated use of a new Academic Medical Center in New Orleans. LSUHSC-NO will respond to The Healthcare Reform Act by adapting educational and patient care programs to continue to provide excellent care and friendly systems for all patients.

	Input	Output	Outcome	Efficiency	Quality
OBJECTIVE IV.1: Exhibit concern for each individual and provide excellence in the art and science of healthcare.	Outpatient clinic visits – baseline	Outpatient clinic visits	Percentage change in outpatient clinic visits		Patient Satisfaction Survey
OBJECTIVE IV.2: Increase the number of patients over the next five years and prepare for greater emphasis at the national and state levels on cost-efficient and quality care.	Number of patients - baseline	Number of patients	Percentage change in number of patients		

GOAL V: Community

LSUHSC-NO will undertake planning with community partners and explore areas of invention and collaboration to implement endeavors for outreach in education, research, service, and patient care. Effective community and private collaborations will be established. Developing partnerships with high schools will prepare students for postsecondary education and further promote the goals of the GRAD Act.

At LSUHSC-NO, we seek to eliminate barriers and nurture talent. It is part of our institutional culture to promote participation by every member of our university community, encourage involvement from citizens of our city and State, and provide excellent healthcare for Louisiana’s diverse multicultural population.

	Input	Output	Outcome	Efficiency	Quality
OBJECTIVE V.1: Seek productive partnerships and alliances with municipal, regional, state, and national cooperating institutions, groups, and individuals.			<p>Number of adopted public elementary, middle, and high schools</p> <p>Percentage of fourth grade students in adopted classrooms passing the Science Section of the LEAP 21 Exam</p> <p>Number of new hospital and clinic affiliations</p>		
OBJECTIVE V.2: Incorporate effective communication between LSUHSC-NO and all members of the communities where we live and serve.	<p>Number of home page hits – baseline</p> <p>Number of minority students enrolled</p>	<p>Number of home page hits</p> <p>Number of positive news ‘clips’</p> <p>Number of cancer screenings</p> <p>State funding for cancer screenings</p> <p>Number of minority</p>	<p>Percentage change in number of home page hits</p> <p>Percentage change in number of cancer screenings over the FY10 baseline</p> <p>Percentage change in state funding for cancer</p>		

	Input	Output	Outcome	Efficiency	Quality
		students enrolled	<p>screenings over the FY10 baseline</p> <p>Percentage of patients screened for breast cancer with diagnosis of cancer</p> <p>Percentage of patients screened for cervical cancer with diagnosis of cancer</p> <p>Percentage of pap tests to rarely or never screened women</p> <p>Percentage change in number of minority students enrolled</p>		
OBJECTIVE V.3: Participate in mutual planning and explore avenues of invention and collaboration to implement definitive new endeavors for outreach in education, service, and patient care.			Number of new cooperative programs		
OBJECTIVE V.4: Partner with industry and the state to advance	Number of university industrial partnerships – baseline	Number of university industrial partnerships	Percentage change in number of university industrial		

	Input	Output	Outcome	Efficiency	Quality
the development of biotechnology in Louisiana.			partnerships		
OBJECTIVE V.5: Contribute to the protection of Louisiana's Natural Resources through programs of education, service, and outreach.	Number of students enrolled in the Environmental and Occupational Health Sciences Program	Number of graduates from the Environmental and Occupational Health Sciences Program with job acceptance			