

LSUHSC-SOM Faculty Assembly Meeting Minutes

September 4, 2014

Opening: The regular meeting of the LSUHSC-SOM Faculty Assembly was called to order at 4:02PM in Room 7 of the Lions Building by Dr. Lee Engel

Present: Ali, M; Boulmay, B; Campeau, L; Crabtree, J; De Silva, T; Engel, L; English, R; Greiffenstein, P; Harrison-Bernard, L; Hebert, C; Holman, S; Hunt, J; Kamboj, S; Kapusta, D; Lazartigues, E; Levitzky, M; McGoey, R; Mussell, J; Neumann, D; Polite, F; Quayle, A; Spieler, B; Winsauer, P

Absent: Cestia, W; Delacroix, S; Farris, H; Happel, K; LaCombe, J; Welsh, D

1. Approval of the minutes from August meeting: Dr. Levitzky moved to approve minutes for August and was seconded by Dr. Kamboj. Motion was approved unanimously

2. Reports:

- **Executive Board** – did not meet with Dean Nelson this month
- **Administrative Council**
 - Leadership seminars for Department Chairs
 - 1. Next one is October 1st at 430pm
 - a. Sexual Harassment this month
 - b. Internal Communication following month
 - New Faculty Orientation: October 8th afternoon
 - 1. 2nd orientation in the winter (TBA)
 - Trying to add basic compliance and billing and coding instructions for new clinical faculty
 - 1. Includes Healthcare Network
 - Strategic Plan is posted on Faculty Affairs website along with new committees
 - Discussion regarding CME and CME credit
 - 1. Deans translational seminars will likely be CME
 - a. Those interested should talk to Ms. Bell in Dr. Hiltons office
 - Curriculum Update given by Dr. English
 - Per Dr. Nelson:
 - 1. UMC/LCMC leadership leaning more toward LSU than ever prior (relative to Tulane)
 - a. Primary source of uncertainty comes from lack of clarity about state payment plans

- b. No clarity about what will happen with Tulane Medical Center
 - 2. Searches:
 - a. Ortho: 2 candidates invited back
 - b. Genetics: Last (of three) candidates invited back next week
 - c. Pediatrics: Advertisements out for anticipated vacancy
 - d. Heme/Onc: Letter of offer has been sent to Dr. Garcia, who is reviewing it.
 - 3. Budget:
 - a. Overall, about the same (slightly in the black and didn't have to dip into reserves)
 - b. Midyear budget cuts anticipated
 - c. No raises for now, but Dr. Nelson is revisiting issue with Dr. Hollier
 - 4. VA:
 - a. Looking for "young" scientists and clinician-scientists, to "homegrow"
 - b. Trying to collaborate with academic centers for clinical trials
 - c. New leadership seems to be more receptive to LSU than prior one
- **Faculty Senate Report**
 - Chancellor Hollier convened a special session of the Senate prior to, and in addition to, its regular meeting
 - 1. Faculty Senate believed this was in response to the media report about a new LSU School of Medicine campus in Lafayette, however, this was not the case although discussed this was simply an opportunity for the senators to speak with the Chancellor
 - a. Chancellor Hollier acknowledged the report about the campus but stated it would be impossible without the state, or the city of Lafayette, funding the undertaking, which he did not believe was likely
 - b. Chancellor Hollier mentioned problems with the unfunded mandates attached to retirement benefits and how he will continue to fund the benefits of HSC employees for as long as he is able
 - c. Chancellor Hollier discussed the problems with the public/private partnerships both here and at LSUHSC-Shreveport and feels we are in a far better position.

He also believes the problems with regard to federal acceptance of the planned partnership will be solved in the near future

- d. The Chancellor also mentioned the development of a shared vision for the institution that would be discussed at the next Senate meeting by Mr. Jay Pegues
- Dr. Gasparini reported on the impact on crime on campus, specifically referring to bicycle theft while in the parking lots or locked to racks outside of buildings
 - 1. Faculty are strongly encouraged to report and document all incidents including theft, peeping, etc.
 - 2. Vice-Chancellors (Gardner and Moerschbaecher) acknowledge Security is understaffed and underpaid
- **Reported after the August Faculty Senate meeting** - the rollout of the recycling program has been delayed to November
 - 1. There will no longer be a trial period, instead a permanent program will be initiated in MEB and the Atrium
 - 2. Expansion of this program to other buildings was not discussed at this time

3. Invited Guests – Drs. Robin English (Director of Clinical Science Curriculum) and Paula Gregory (Director of Faculty Development)

- Dr. English – update on Curriculum Renewal (Dr. English’s handouts are included with these minutes for review)
 - Curriculum Renewal committee is meeting monthly to generate a model with more interaction, active learning, and more integration.
 - 1. Hope to adhere to the national norms for contact time with students: reduce lecture hours and bring “active learning” time up to ~50%
 - The Committee’s current model will be presented at the upcoming General Faculty Meeting for comment
 - 1. Eventually Faculty must approve the new curriculum by vote at General Faculty Meeting
- Delegates raised concerns over faculty involvement, protection of time, and staffing
 - Clinical faculty are being told to cut back on teaching because “there’s no money in it”
 - Need a stronger commitment from Dean Nelson regarding financial support and protection of time
 - 1. Dr. English acknowledged these concerns and reiterated Dean Nelson’s support of the process and his charge to the

- committee to develop the best curriculum and let him worry about how to fund it
 - Delegates urged that support of the curriculum be forwarded to Dean Nelson as the Faculty Assembly's "Question" to be answered during the General Faculty Meeting
- Dr. Gregory – report on Faculty Development Activities (a .pdf of Dr. Gregory's presentation is included with these minutes for review)
 - Dr. Gregory highlighted the current faculty development activities and listed some of the impediments
 1. Lack of departmental follow-up
 - a. Few counter offers made
 - b. No exit interviews done
 2. Tough to define who the "new" faculty are
 - a. Coordinate with business managers?
 - b. Delegate Polite suggested coordinating the credentialing information clinical faculty with orientation in order to improve the involvement of new faculty members
- Delegates were encouraged to communicate the activities to fellow faculty and stress participation in research opportunities
 - Delegates stressed the need for greater integration with the Office of Medical Education, Research, and Development (OMERAD) and their Teaching Academy

4. Unfinished Business:

- DHH emergency staffing issue
 - Dr. Hilton has provided as many details as possible with regard to the staffing and supplies, however, problems with how the process of this contracts signing occurred remain unanswered
- Crime Alerts – tabled
- Email signature
 - Ms. Bettina Owens is working to clarify the confidentiality statement

5. New Business:

- President Holman posed the question to the Assembly of whether or not we were representing our faculty appropriately
 - Currently have 18 Clinical Science faculty and 12 Basic Science faculty representing 442 full time clinical science faculty and 91 full time basic science faculty
 - President Holman wants to consider amending Article IV Section 1 increasing the number of delegates from both Clinical and Basic Sciences

- President Holman also wants to consider changes to the wording for elections of officers and the number of required candidates
 - 1. President Holman will draft this proposed changes and submit then to the Assembly before the end of the year
- Chancellor Hollier will be our guest at the October Assembly meeting
 - Questions for the Chancellor should be submitted beforehand

6. Adjournment: Meeting was adjourned at 5:36

Minutes submitted by: Jason C Mussell

Year 1

		Semester 1*		Semester 2**	
A M	Intro to the Profession***	Gross, Developmental, and Neuro Anatomy Lecture and Lab		Physiology Lecture and lab	
		Biochemistry		Cell Biology Lecture and Lab	
			Genetics	Human Behavior and Development	Immunology
P M	Practice of Medicine (PM)		Practice of Medicine (PM)		Intro to the Health System and Population Medicine *****
					Prac Med Assessments *****

* Currently 19 weeks for semester 1 – **these course durations are approximate.**

** Currently 18 weeks for semester 2 - **these course durations are approximate**

*** *Introduction to the Profession: How to Act, Think, and Learn* (foundations of ethics, clinical reasoning, scholarship, and learning)

**** The *Human Behavior and Development* course would include bias, behavior change/motivational interviewing, human development, and sexuality)

***** The *Introduction to the Health System and Population Medicine* course would include epidemiology, biostatistics, how to read the medical literature, prevention theory, health systems, team-based care, quality measurement/improvement, and patient safety,

***** *Practice of Medicine Assessments* would comprise basic interviewing and physical exam skills – possibly a SP exam using Tulane’s center.

Year 2 – Organized as Separate Organ System Courses

		Semester 1*				Semester 2**								
A M	Intro to Path, Micro, and Pharm ***	Practice of Medicine (time for clinical focus area, research, and scholarly activity)				Practice of Medicine (time for clinical focus area, research, and scholarly activity)				****Synthesis / CBSSA	Synthesis / CBSSA / USMLE	CBSSA / USMLE / Clerkship Boot Camp	USMLE / Clerkship Boot Camp / Elective	Clerkship Boot camp / Elective
		Hema-Tology Path Pharm Micro Prac Med	Neuro-psych Path Pharm Micro Prac Med	Musc-Skeletal and Derm Path Pharm Micro Prac Med	Cardiovascular Path Pharm Micro Prac Med	Pulmonary Path Pharm Micro Prac Med	Renal Path Pharm Micro Prac Med	Gastro-intestinal Path Pharm Micro Prac Med	Endocrine Repro. Path Pharm Micro Prac Med					

* Currently 21 weeks for semester 1 – **these course durations are approximate**, but would shorten the semester by 1 week, allowing us to start 1 week later.

** Currently 18 weeks for semester 2 - **these course durations are approximate**, but would shorten the semester by 2 weeks, allowing time for ‘synthesis’ and additional time for step 1 preparation

*** This course would introduce the common language for the system blocks: inflammation, neoplasia, pharmacokinetics/pharmacodynamics, bacterial/viral/fungal/parasitic nomenclature, basic antimicrobial and antineoplastic medications

****Synthesis would include numerous Question Analysis sessions with board-style questions to help prepare for USMLE. This time could be divided such that students finishing Step 1 early could potentially pursue clinical electives prior to beginning clerkships.

Faculty Development

A close-up photograph of a silver stethoscope with white earpieces. The stethoscope is resting on a white document with some faint, illegible text. To the left of the stethoscope, there is a blue folder and a blue and white pen. The background is slightly blurred, showing what appears to be a desk or a similar surface.

Paula Gregory, Ph.D., Director

Faculty Development Activities

- Creating a welcoming environment
- New Faculty Reception (twice/year)
- New Faculty Orientation (twice/year)
- Faculty Promotion Reception
- Participate in Mentoring Committees
- Interview nearly all faculty candidates
- Provide assistance with grants: grant writing seminars & “bootcamps”, mock study section, helping identify funding sources

Continuum of Care

- Facilitate collaborations between basic scientists & clinicians
- Meet with new faculty individually during their first year
- Meet with faculty who are leaving LSUHSC and follow up after they have left (provides new avenue for collaborations, students and residents)
- Co-Director Career Development and Mentoring Core of LACaTS
- Organize Women's Get Together for Basic Science and Clinical women faculty

Creating the “pipeline”

- Identify and foster career development in medical students with an interest in academic medicine
- Work with Fellows/residents (protocol preparation and grant writing skills development)
- Organized/sponsor LSUHSC Post doc Association
- Organize annual Medical Student Research Day
- Faculty sponsor for Medical Student Research Association
- Organize “Moms in Medicine” for medical students

Support for New Faculty

- Undergraduate and medical student summer interns to assist new faculty with scholarly work/research
- Facilitate junior faculty use of LACaTS Program (multi-institutional research program) resources
- Help new faculty prepare competitive grant proposals (particularly “K” awards)
- Facilitate new faculty research collaborations
- Assist/advise new faculty about preparing for advancement



Center for
**Faculty
Development**
Office for Clinical Careers
Office for Research Career Development
Office for Women's Careers

Center for Faculty
Development

Office for Clinical
Careers

Office for Research Career
Development

Office for Women's
Careers

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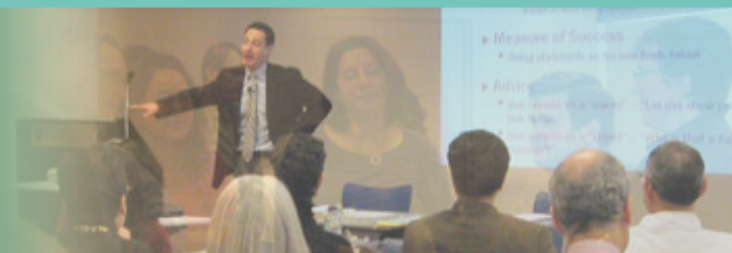
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A Resource for Faculty

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Facilitating Career Advancement



The Center for Faculty Development (CFD) was established to facilitate career development of ALL MGH faculty. This umbrella organization addresses all aspects of faculty development, as well as, specializing on the clinical faculty through the Office for Clinical Careers (OCC), the research communities through the Office for Research Career Development (ORCD) and the women faculty through the Office for Women's Careers (OWC).

Mission

The CFD, Center for Faculty Development, facilitates the career advancement and job satisfaction of all faculty at the MGH. Areas of emphasis for this office are to:

- Develop and implement programs for faculty at all stages in their careers - from early careers to senior leadership - that promote academic and career development
- Provide information, education and resources to increase faculty effectiveness
- Provide support and education regarding the promotion process
- Provide individual counseling, advice and support

WHAT'S NEW

UPCOMING EVENTS:

"Speaking Up" on Sept 26

The Power of Presentation on Oct 24

WEBSITE UPDATES:

[Click here to view the CFD Annual Report 2011-2012](#)

[Click here for MGH New Faculty Resource Guide](#)

[Need career advice?](#)

[CFD Email Announcement- August 09](#)

Future Directions

Best Practices in Online Faculty Development

A Whitepaper from The Learning House, Inc.
By Dr. David Clinefelter, Chief Academic Officer

- Sponsor professional development seminars: ie, work/life balance, management skills, conflict resolution, mentoring skills etc.
- Increase awareness/utilization of LACaTS program resources (leading to increased translational research)
- Provide resources that meet the needs of our faculty
- Provide access to on line faculty development modules

**Shared Vision and Strategy
and
Why LSU Health – and Every Other
Organization – Needs Them**

Faculty Senate Discussion

Vision and Strategy Discussion Points

Why?

Why *Now*?

What Have We Done?

What Have We *Discovered*?

What Have We *Created*?

What's Next?

Why?

We have to know precisely where we want to go and make sure the whole organization is enthusiastically aware of where that is. For unless we know where we are going, any road will take us there.

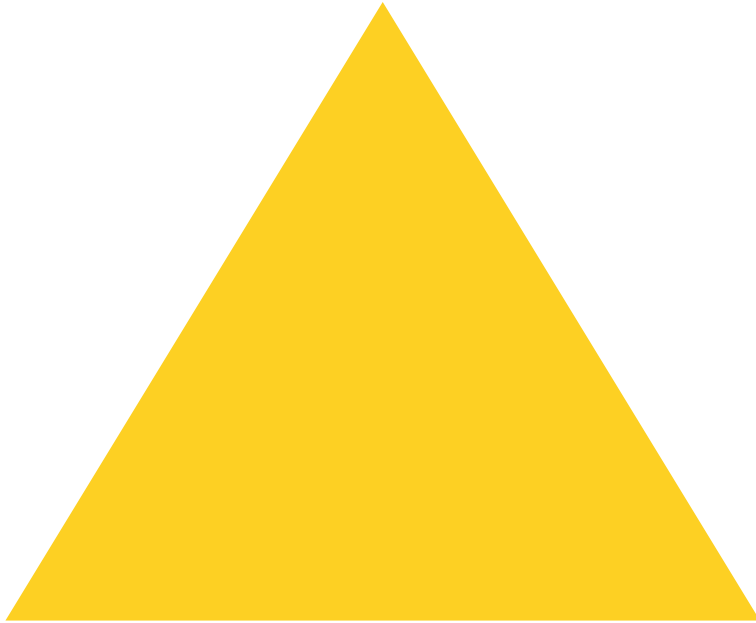
Why Now?

- Dramatically Changing External Environment
 - This is new in health care.
 - Uncharted territory both locally and nationally.
- Answer the Questions “What’s Important and What’s Not?”
 - Sharpen focus on and direct investments to what *is* important.
 - Eliminate attention to what *is not*.
- Align the Organization to the LSU Health “After Next”
 - If we don’t know where we’re going, we’ll end up somewhere else.

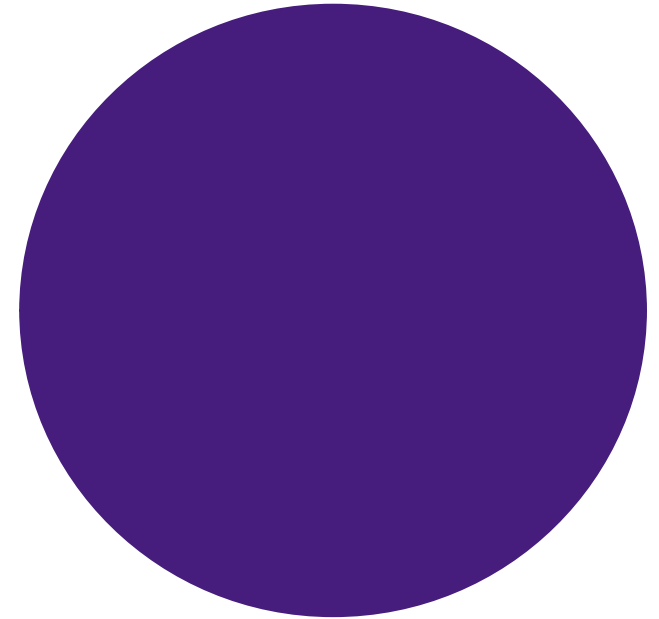
So, What Have We Done?

First, You Need a Framework

Organizational Vision



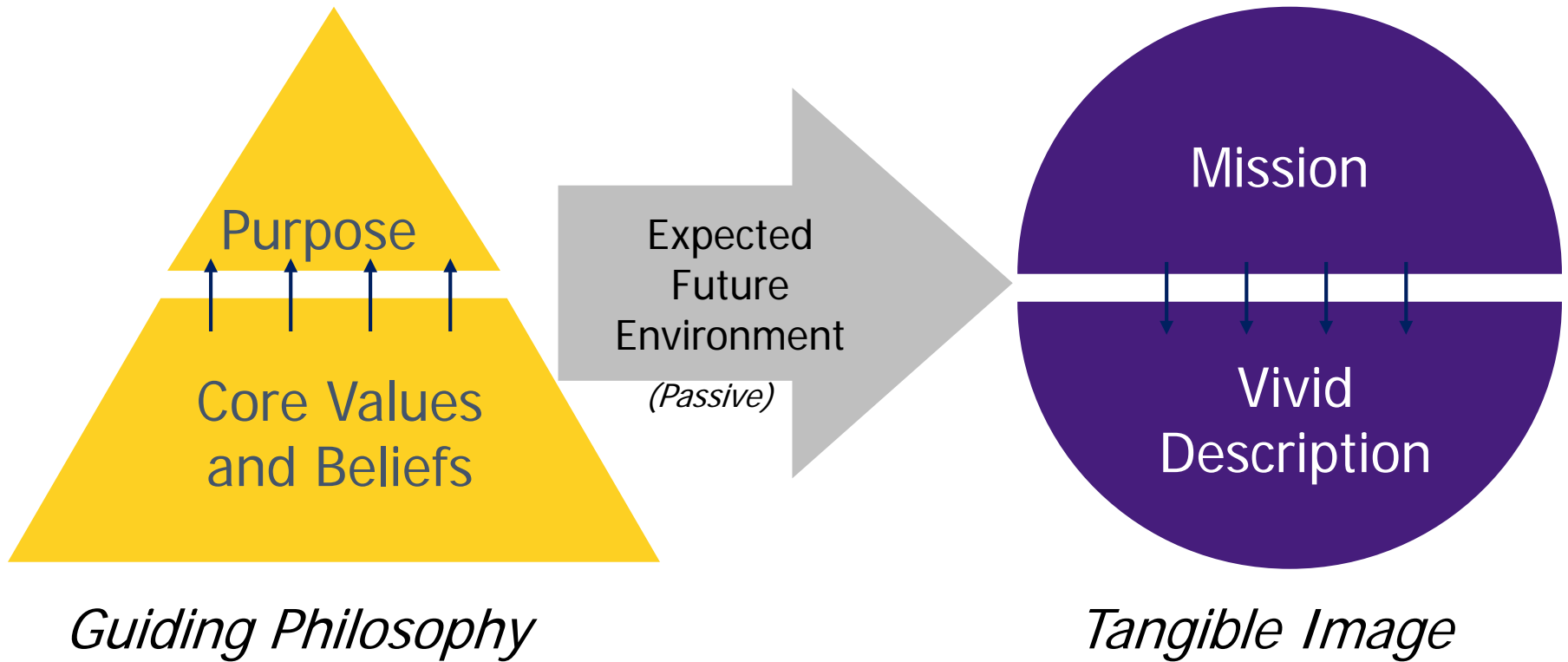
Guiding Philosophy



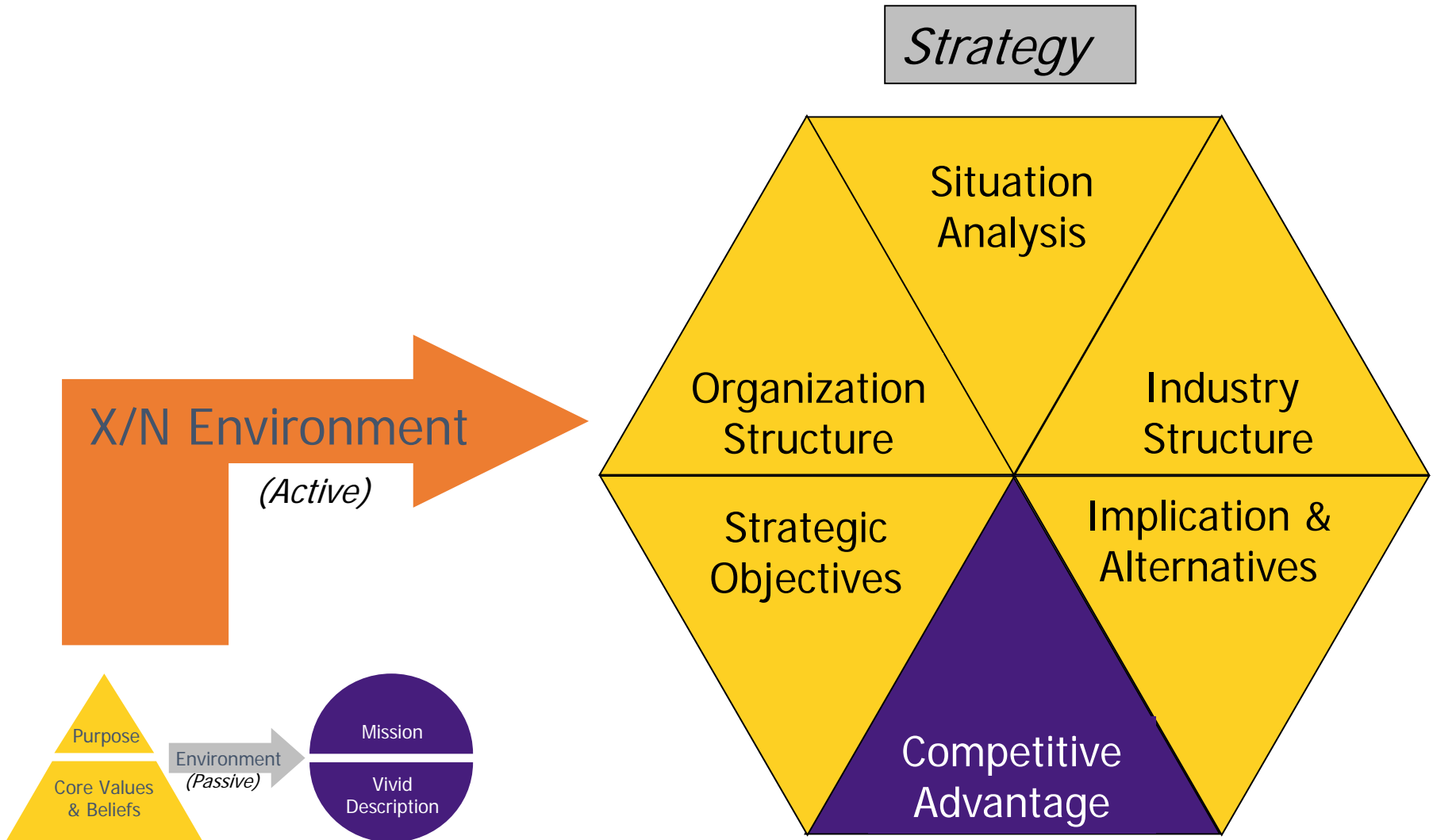
Tangible Image

First, You Need a Framework

Organizational Vision



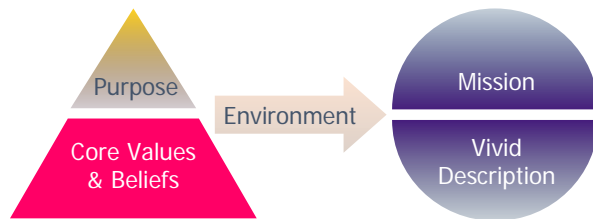
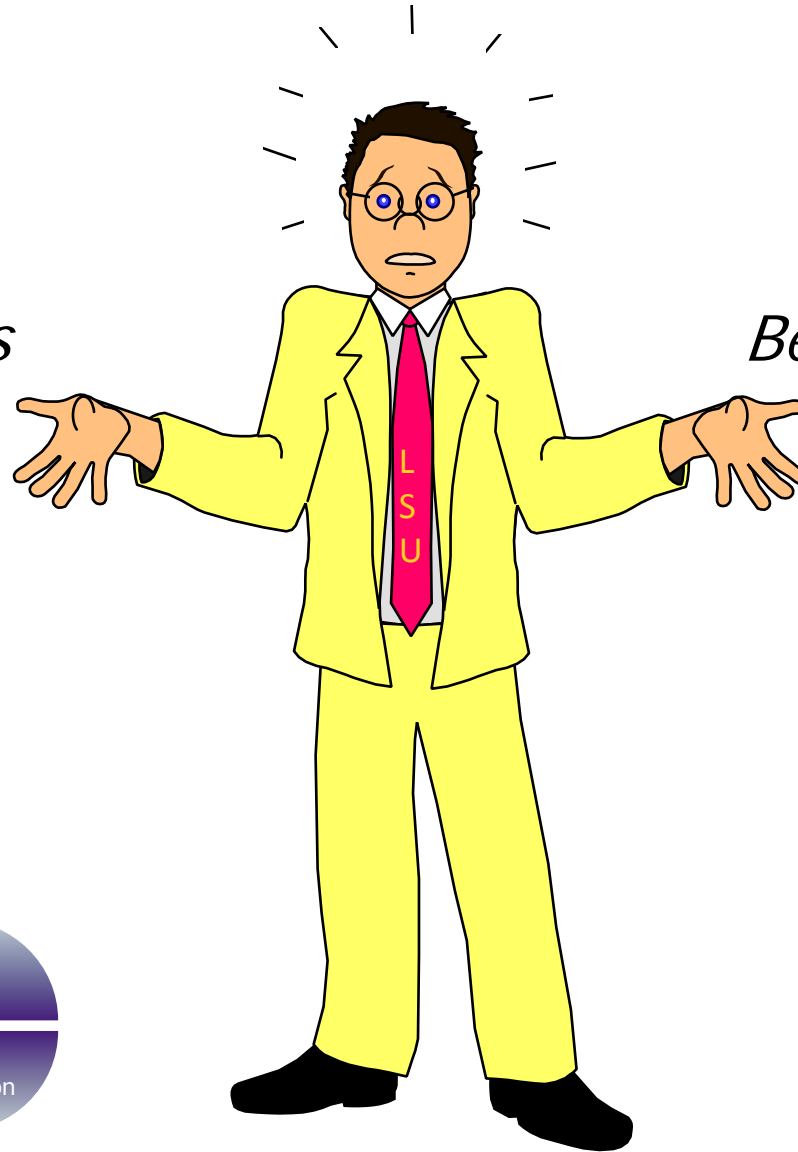
Vision Is The Beginning; It Gives Strategy A Foundation



Who Are You? Who Are We? What's Important?

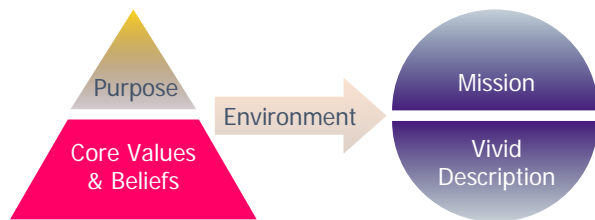
Core Values

Beliefs



Core Values and Beliefs Don't Change

- “The 11th Commandment: Thou shalt not kill a new product idea.” – 3M
- “We should always be the pioneers with our products – out front leading the market. We believe in leading the public with new products rather than asking them what kind of products they want.” – Sony
- “We believe in good design in every aspect of our business.” – Herman Miller
- “We believe that if you sell good merchandise at a reasonable price and treat your customers like you would your friends, the business will take care of itself.” – L.L. Bean



Our Core Values and Beliefs

LSU Health New Orleans is committed to **Serving** – our patients, our students, each other, and our communities.

All our energies should lead to **Improving Health and Wellbeing** of Our Patients and Our Communities.

Being part of this team is a commitment to perform our duties with **Compassion** and **Respect** for others.

Everything we do should reflect **Professionalism** at its highest level.

We are dedicated to **Excellence in Education, Mastery in Teaching, and Continuous Learning**.

We believe in the relentless pursuit of **Knowledge** and **Discovery** in order to improve health care.

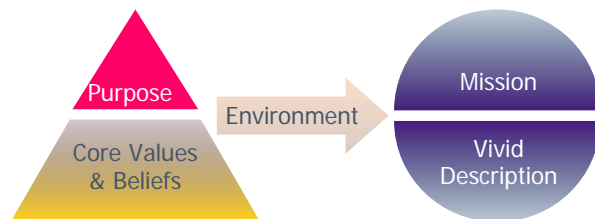
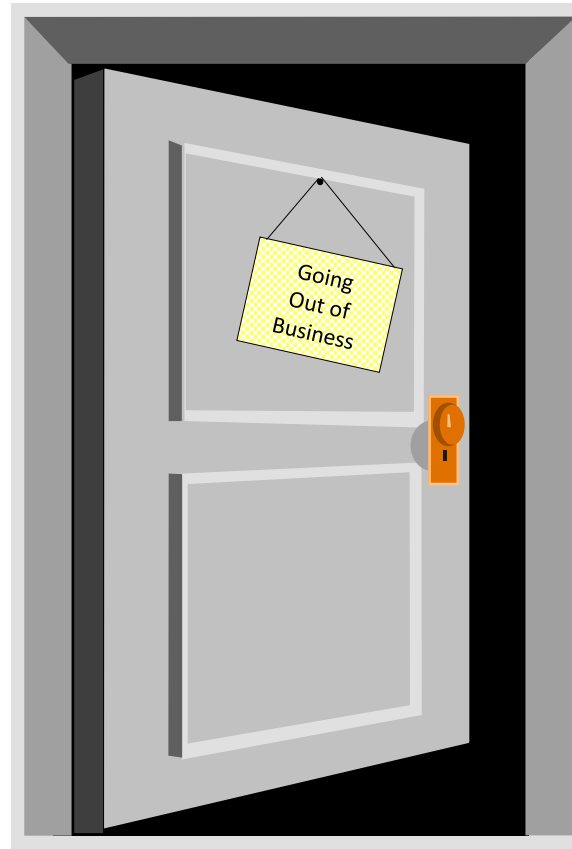
Being part of LSU Health New Orleans is about **Commitment**:

- To the institution and its mission
- To our individual roles and responsibilities
- To advancing the wellbeing of all our stakeholders

We believe in going **The Extra Mile**.

What Is Our Fundamental Reason For Being?

Why don't we just shut the doors and sell off all the assets?



Purpose Should Last At Least 100 Years

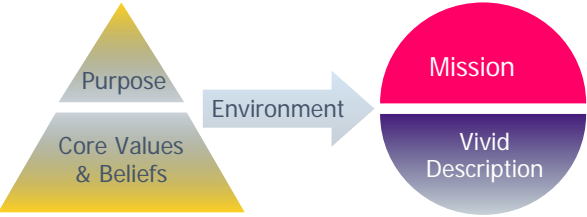
- “Google’s purpose is to organize the world’s information and make it universally accessible and useful.”
- “Telecare exists to help people with mental impairments realize their full potential.”
- “Schlage’s purpose is to make the world more secure.”
- “AT&T is dedicated to being the world’s best at bringing people together – giving them easy access to each other – anytime, anywhere.”
- “To make a contribution to the world by making tools for the mind that advance humankind.” – Apple

Our Purpose

Our Fundamental Reason for Existence

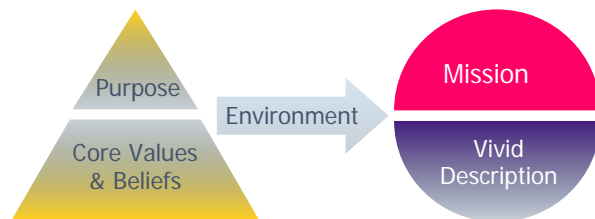
LSU Health New Orleans exists to care for patients, to educate, and to discover. For these purposes, we ensure a continuous supply of trained Louisiana health care professionals who will provide patient care to their communities, train future generations of health care professionals, and lead in the discovery of medical and scientific breakthroughs.

Mission Should Release Our Passion and Clearly Focus Our Efforts



Mission Walks The Boundary Between Possible and Impossible

- “Beat Coke.” – Pepsi, early 1970s
- “Become a \$1B company in four years.” – Wal-Mart, 1977
- “Achieve the goal, before this decade is out, of landing a man on the moon and returning him safely to earth.” – NASA, 1961
- “Become the IBM of the real estate industry.” – Trammell Crow, 1969
- “?” – LSU Health New Orleans, 2014



Our Mission

Our Big, Hairy, Audacious Goal (BHAG)

LSU Health New Orleans

Mission 2030

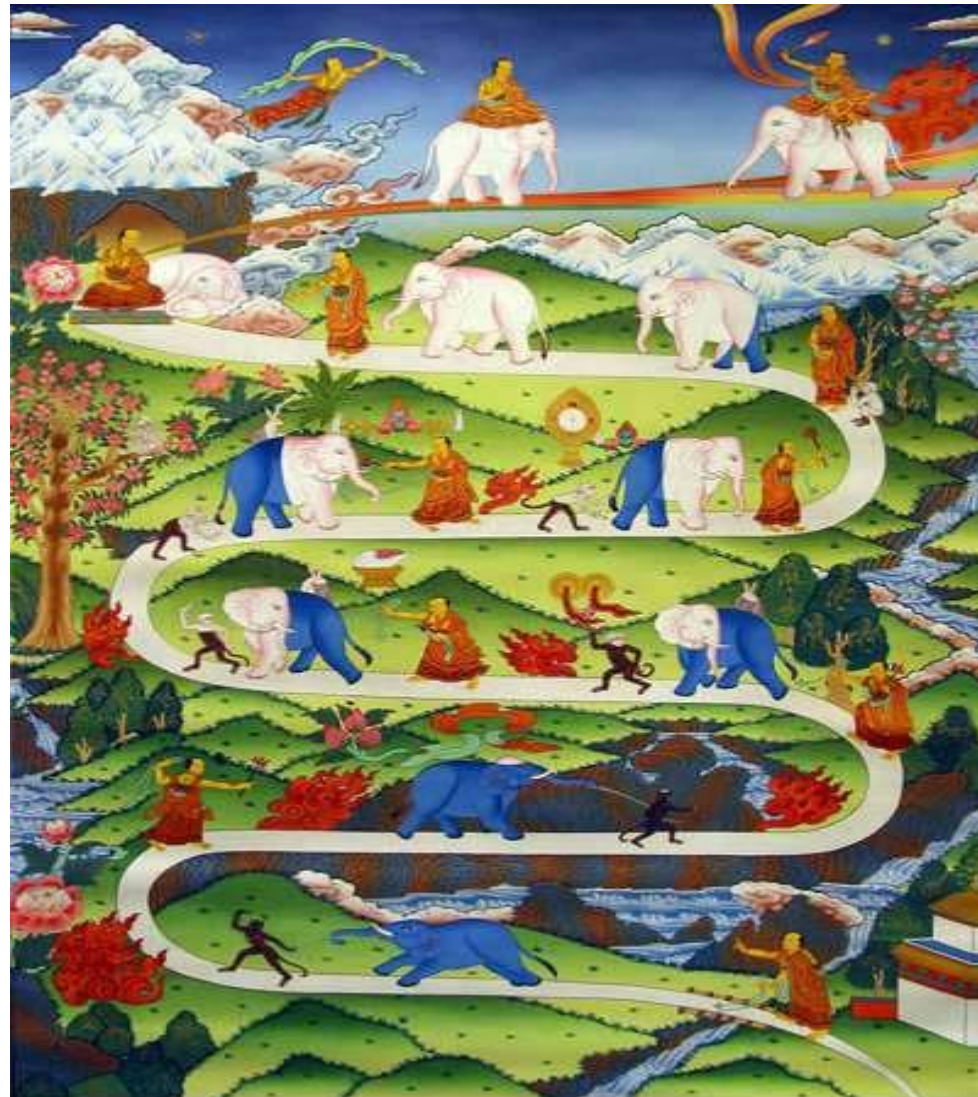
LSU Health New Orleans will be the #1 health sciences university in the Southeast, surpassing all other medical centers.

We will be #1 in patient satisfaction.

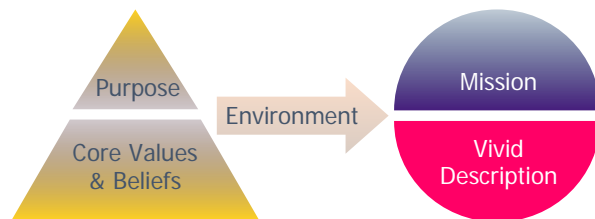
We will be #1 in student satisfaction.

We will be #1 in funded research.

What Will It Look Like When We Get There?



"The Way to Nirvana"



Vivid Description of Our Future

LSU Health New Orleans will be a central player in developing and delivering the world's best health care solutions, and the best health care professionals will want to work on our clinical, research, and teaching teams.

As a result of our matchless service and consistent delivery of care and services that unfailingly exceed all expectations, LSU Health New Orleans will be the health center of choice among patients, students, faculty, and researchers. We will receive unsolicited testimonials saying, “You make me feel as though I am your only focus.”

We will be creating solutions to the world's most troubling health problems and making meaningful contributions to the health of local communities around the world.

Our employees will take pride in their contributions to health care and feel this is the best place they've ever worked, and LSU Health will be recognized as one of the best organizations to work for in the world.

In making their health care decisions, people will ask, “Can I have access to LSU Health?” And, when seeking health care recommendations, people will frequently hear, “Insist on LSU Health New Orleans.”

Tell Me Again Why We're Doing This

The function of a leader – the one universal requirement of effective leadership – is to catalyze a clear and shared vision of the organization and to secure commitment to and vigorous pursuit of that vision.

**LSU Health – NO
Strategy – Situation Analysis
September 2014**

Material External Observations

Changing Louisiana Hospital Landscape

- Large, private systems growing in size and influence.
- Children’s taking control of University Medical Center.
- Ochsner’s pursuing market domination strategy.
- Tulane – continuing HCA ownership uncertain.

Expanding Segment of Insureds (PPACA)

- Continuing growth of newly-insured individuals from previously uninsured ranks (32MM added nationwide in 2014).
- Louisiana’s next governor will likely expand Medicaid benefits to Louisianans earning up to 133% FPL.

Growing Consumer Engagement in Health Care Decisions and Choices

- Individuals’ movement toward transparency and health care “shopping” (retail orientation and the “selling of outcomes”) will accelerate.
- Emergence of value shoppers

Continued Moves to Outpatient and Non-physician Care

- Shortages in primary care physicians, rising costs, and standardization of protocols and technology will expand demand for nurse practitioners, physician’s assistants, and other non-M.D. caregivers.

Aging Population with Expensive, Chronic Care Needs (Age Wave)

- Overall volume of care will increase.
- Demand for health care professionals focused on senior care will increase.
- Overall shortage of providers to meet demand will be exacerbated.
- Expense and strain on system will drive closer scrutiny of cost *versus* benefit of care options.

State Health Care Funding

- Unlikely recovery of per capita funding for health care will suppress spending on programs such as hospice care and psychiatric services for Medicaid patients.
 - \$18.08 per capita (ranked 39th) in 2013 (Median = \$27.49)
 - \$15.38 per capita (ranked 39th) in 2012 (Median = \$27.40)
 - \$49.70 per capita (ranked 14th) in 2011 (Median = \$30.09)
 - \$42.80 per capita (ranked 19th) in 2010 (Median = \$28.92)

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Strategy – Situation Analysis
September 2014**

Diminishing Research Funding

- More researchers and institutions chasing fixed (though diminished by inflation) National Institutes of Health (NIH) funding.
- Private foundations and other non-governmental organizations will step up funding.
- Expansion of contract research will create opportunities for private sector funding.

**Strong Student Demand for Clinical Training
(need information to support growth, decline, or stagnation in major programs)**

Continuing Slow Macroeconomic Growth

- U.S. GDP growth will likely remain in the low single digits (@ 5.0%).

Clinical and Information Technology Advances

- Upward pressure on expenses will continue.
- Demand for integration across the health care sector will increase.
- Individuals will increase their use of mobile and other technologies to interact with providers and to manage their health care interactions.
- Home health care and tele-care (that is, video consults) will grow rapidly.
- Bio-connectivity using mobile and home-based technology will emerge.
- All parties will get more serious about electronic health records and, as ever-increasing amounts of genomic data are created, more hospital systems will begin employing artificial intelligence to integrate and utilize the information effectively.
- Demand for technologically-advanced medical office buildings will increase.

Intensifying Drive to Contain Health Care Costs

- Government program payment reductions will continue with increasing scrutiny of billings and outcomes.
- Consumer and payer focus on outputs (for example, patient satisfaction, clinical outcomes, system savings) will emerge as key decision-making factors.
- Standardization of care (physicians and other providers accepting and using more standardized protocols and guidelines for treating patients) will expand.

Emergence of Preventative, Genomic-based Medicine

- Diminished cost of decoding an individual's genome will result in greater understanding of disease, development of new therapies, emergence of complex privacy issues, and close scrutiny of cost *versus* benefit.
- Patients seeking to know conditions they are likely to develop will create demand for personalized treatments.

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Strategy – Situation Analysis
September 2014

- Patient demand will create necessity for systems and physicians to treat patients for conditions they are likely to develop.

Changing Dental Practice Models.

- Graduates opting to practice in corporate practice realm.
- Driven by student debt and loan repayment, desire to avoid / minimize administrative demands, more attractive work schedules and fringe benefit packages.

Meaningful Imbalance in Geographic Distribution of Dentists

- Super-saturated urban areas driving competitive angst among private practitioners.
- Majority of Louisiana is classified Dental Health Professional Shortage Area.

Dentists Practicing 7 – 9 years longer than a decade ago.

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Strategy – Situation Analysis
September 2014**

Material Internal Observations

Property Transfers

- Uncertain ownership and usage of ILH and adjacent buildings and lots limits LSU Health New Orleans' capital planning flexibility.

New HDC and Dental Annex

- Facilities coming online will expand both capability and supply and increase revenue (tuition and auxiliary services) and costs.

Diminishing Funded Research in Key Areas (for example, clinical trials) \$60 to \$42MM since 2005

- Decrease in funded research contributes to reduced ability to attract new researchers accompanied by grants.

Research Strengths

- Existence of centers of research where we are strong and growing (for example, cancer) will create opportunities for research expansion and employment growth.

Diffuse Focus of Capital and Operational Spending

- Shared organizational vision and strategy will sharpen focus on what we invest in and what we don't.

Statewide Ubiquity of LSU-trained Caregivers

- Presence in all major markets and hospitals provides a platform for revenue growth and brand equity development.

Supply (class seats) of Class Positions

- Allied Health
- Nursing
- Medical
- Dental
- Public Health

Salary Competitiveness

- Uncompetitive salaries in some positions will limit our ability to attract and retain the best employees.
- Absence of annual merit increases undermines recruiting and retention.

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Strategy – Situation Analysis
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- Employee benefit burden further disadvantages us on base salaries and erodes the buying power of research grants.

Deferred Capital Projects

- Detrimental effects of deferred maintenance on aging physical plant will be more impactful.
- Compounding factor of hiring freeze results in lack of personnel to complete work when funding is available.
- Campus physical plant falling behind in meeting student needs and wants.

Information Technology Platforms

- Existing technology platforms will be increasingly unable to meet demands of teaching, research, and communication environments.
- Basic network infrastructure (for example, bandwidth) is falling behind user demand (for example, research data storage and sharing and video communication).
- LSU Health's capabilities in cross-sector communication with other health care entities will sub-optimize growth.

End of IT Infrastructure Cost Sharing with HCSD and ILH

- LSU Health New Orleans will bear more fixed costs.

Enterprise-wide IT User Needs Coordination

- Importance of coordinated user needs assessments and response developments will grow.

Brand Awareness and Brand Equity

- The importance of brand in health care will continue to increase dramatically.
- Absence of deliberate and systematic brand management will damage LSU Health's market positions and sub-optimize recruiting, patient attraction, and revenue generation.

Demand for Task Focus

- Growing requirements for deep, single-focus expertise will give rise to need for more pure plays in research, teaching, and patient care.
- Cross-functional appointments may be disadvantaged and diffuse focus on revenue generation.

Employee Development, Training, and Orientation

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Strategy – Situation Analysis
September 2014**

- Absence of formal training reduces employee motivation and retention and creates environment of sub-optimal performance.

Supply of AAALAC-standard Animal Care Space

- Inadequate space limits research capacity.

Decrease in number of support staff affecting morale and forcing faculty to carry out administrative tasks, reducing time from writing research grants, research papers, and teaching.

Proposed health insurance increase (47%) makes recruitment and retention more difficult.

Low employer contribution to retirement affecting recruitment and retention.

Space Limitations at School of Dentistry

- Thwarting class size increase.
- Absence of on-site clinical trials unit.
- Delays development of inter-professional education programs and inter-professional practice.