



**LSU Health Sciences Center at Shreveport
GRAD Act Annual Report – Year 5**

April 1, 2015

TABLE OF CONTENTS

PERFORMANCE OBJECTIVE 1: STUDENT SUCCESS	2
Element 1a.....	2
Element 1b.....	2
Element 1c.....	3
Element 1d.....	3
PERFORMANCE OBJECTIVE 2: ARTICULATION AND TRANSFER	6
Element 2a.....	6
Element 2b.....	6
Element 2c.....	6
Element 2d.....	6
PERFORMANCE OBJECTIVE 3: WORKFORCE AND ECONOMIC DEVELOPMENT	7
Element 3a.....	7
Element 3b.....	8
Element 3c.....	9
Element 3d.....	13
PERFORMANCE OBJECTIVE 4: INSTITUTIONAL EFFICIENCY AND ACCOUNTABILITY	15
Element 4a.....	15
Element 4b.....	15
Element 4c.....	15
Element 4d.....	16
SECTION 5	17
APPENDIX	
1. Health Professional Shortage Area (HPSA) Map – Primary Care Designations	
2. Association of American Medical Colleges (AAMC) Medical School Missions Management Tool – Graduates Practicing in State and in Underserved Areas	
3. Association of University Technology Managers (AUTM) U.S. Licensing Activity Survey FY2013	
4. LSUHSC-S Organizational Chart	

PERFORMANCE OBJECTIVE 1: STUDENT SUCCESS

Element 1a: Implement policies established by the institution’s management board to achieve cohort graduation rate and graduation productivity goals that are consistent with institutional peers.

Narrative

School of Graduate Studies

Cohort sizes in the School of Graduate Studies are small; thus, each student greatly impacts the retention rate calculation. **The school requests an exemption in future years from reporting retention rates for cohorts less than 20.** Alternatively, the school asks to use a three-year rolling average for this measure to allow for an assessable count of students.

Measures

i. a. 1 st to 2 nd year retention rate by school		
School	Year 5 Target	Year 5 Actual
School of Medicine	95%	97% (111/115)
School of Graduate Studies	75%	85% (17/20)
School of Allied Health Professions	86%	94% (131/139) [†]

[†]The majority of programs in the School of Allied Health Professions begins in the summer; thus, retention rate is based on the summer term. In addition, the summer term falls at the end of the academic year. The actual retention rate for the 2013-14 entering class (in which summer 2014 is included) will not be available till summer 2015; however, estimated counts based on current academic standing have been provided.

iv. Same institution graduation rate by school		
School	Year 5 Target	Year 5 Actual
School of Medicine	90%	92% (107/116)
School of Graduate Studies	n/a	n/a
School of Allied Health Professions	85%	90% (137/153)

ix. Median professional school entrance exam score	
Not applicable to LSUHSC-S; the schools do not have direct impact on entrance exam performance; applicants who meet admission requirements are considered.	

Element 1b: Increase the percentage of program completers at all levels each year.

Narrative

School of Allied Health Professions

In summer 2006, the Physical Therapy Program in the School of Allied Health Professions transitioned from masters to doctorate (DPT). As part of this transition, the program offered a part-time, post-professional track to previous graduates, allowing them to obtain the higher-level DPT degree. As a result, the number of program completers transiently increased for several years, peaking in the GRAD Act baseline year 2008-09. Although the number of DPT graduates has gradually decreased since 2008-09, **the number of full-time, entry-level DPT completers has remained stable and at capacity (approximately 30/year) each year.** In summer 2010, the Physician Assistant Program transitioned from bachelor’s to master’s and also began offering a part-time track to previous graduates who desire to earn the higher degree. This track similarly

produced an inflated number of degrees awarded; however, **the number of full-time, entry-level Physician Assistant completers has remained stable and at capacity (approximately 36/year) each year.**

As these part-time, post-professional tracks are phased out, the number of completers will stabilize at each program's full-time, entry-level capacity. In addition, as the degree level shifted from bachelor's to master's for Physician Assistant, the number of degrees awarded has decreased at the lower level and increased at the higher level accordingly. Lastly, cohort sizes by award level are relatively small; thus, each student greatly influences percentage change.

Measures

School of Medicine			
i. Percentage change in completers by award level from baseline			
Award Level	2008-09 Baseline	2013-14 Target	2013-14 Actual
Professional	baseline (110)	0%	-1% (109) [†]

Actual within the allowable tolerance of target

School of Graduate Studies			
i. Percentage change in completers by award level from baseline			
Award Level	2008-09 Baseline	2013-14 Target	2013-14 Actual
Master's	baseline (1)	0%	+100% (2)
Doctorates	baseline (8)	0%	+13% (9)

School of Allied Health Professions			
i. Percentage change in completers by award level from baseline			
Award Level	2008-09 Baseline	2013-14 Target	2013-14 Actual
Bachelor's	baseline (62)	-76%	-48% (32)
Master's	baseline (27)	+144%	+178% (75)
Professional	baseline (62)	-52%	-50% (31) [†]

[†]The Physical Therapy program transitioned from master's to doctorate in summer 2006 and offered a part-time, post-professional track to previous graduates, allowing them to obtain the higher-level DPT degree. As a result, the number of completers at the professional level transiently increased, peaking in the baseline year; however, the number of full-time, entry-level DPT graduates has remained stable and at capacity (approximately 30/year) each year.

Element 1c: Develop partnerships with high schools to prepare students for postsecondary education.

Not applicable to LSUHSC-S.

Element 1d: Increase passage rates on licensure and certification exams and workforce foundational skills.

Narrative

School of Medicine

The School of Medicine draws its applicants from Louisiana residents. Despite a smaller applicant pool, often with entry exam scores lower than the national mean (school mean MCAT: 28 vs. national mean MCAT: 31), the school's licensure pass rates are consistently competitive with national pass rates.

USMLE Step 1 Preparation

In 2007, the School of Medicine formed a committee to develop and institute an action plan to improve USMLE Step 1 outcomes. An extensive review of academic performance data from past medical students who failed this exam on the first attempt was completed, and a formula was developed to identify students “at risk” for USMLE Step 1 failure. The formula was applied to student data from several previous classes and demonstrated an excellent predictive value for identifying students who had poor Step 1 performance. Since USMLE Step 1 must be passed prior to entry into the third year of medical school, the formula is applied to the academic performance data of all second year students. Students identified as “high-risk” are enrolled in an intensive study course designed to better prepare them for the Step 1 exam, while low-risk students are allowed to use a study method of their choosing. Each subsequent class is evaluated yearly to determine the number of students needing the intensive study course.

USMLE Step 2 Preparation

Curricular revision aimed at increasing the quality and breadth of clinical experience provided to students has been made with the intent of further improving the quality of graduating physicians. The third and fourth year curricula have been reviewed and modified to provide students with increased patient contact and faculty interaction. In addition, the incorporation of clinical curricula from the institution’s Clinical Skills Center has provided an important way in which all medical students receive training in aspects of clinical medicine appropriate for their year and a means by which their performance of clinical skills can be evaluated. These efforts not only serve to improve the overall patient care performance of these future physicians but provide for them an enlarged foundation of clinical knowledge that directly impacts success with USMLE Step 2. High first-time pass rates, which have been comparable to the national pass rate, for the two components of USMLE Step 2 reflect the successful implementation of the School of Medicine’s clinical curriculum enhancements.

School of Allied Health Professions

Individual program cohort sizes in the School of Allied Health Professions are small; thus, each student greatly impacts his/her program’s licensure passage rate calculation. Seventeen of nineteen graduates, or 89%, of the Medical Technology Program passed the Board of Certification (BOC) exam on the first attempt. In addition, six of seven graduates, or 86%, of the Cardiopulmonary Science Program passed their licensure exam on the first attempt. Although these programs slightly missed their established pass rate targets of 94% and 90% respectively, the variances between the targets and the actuals represent only one student per program. Furthermore, these program passage rates far exceed the national passage rates.

When comparing the data over a five-year span, the licensure passage rates for the Medical Technology Program show progress with averages of 92.36% for the most recent two years versus 91.85% for the prior three years.

The School of Allied Health Professions has instituted various methods across all programs to increase passage rates on licensure and certification exams and improve workforce foundational skills. These include early identification of students needing remediation, individual student counseling, study groups, practice examinations, clinical practice skill development, and interactive teaching by faculty on clinical rotations. Recent examples of student success initiatives include the following:

- The Cardiopulmonary Science Program offers a seminar course in the semester the student qualifies to take the RRT exam; this class consists of several review tests that cover both components of the exam: Therapist Multiple Choice Exam and Clinical Simulations Exam. The program also offers a National Board Preparation Exam during this time frame that covers both of these components; students who score less than 65% on this exam are strongly encouraged by faculty to delay taking the exam and to attend remediation classes. In addition, analysis of the results of the mock licensure exam will provide quality data for the faculty to determine areas of curricular strengths and weaknesses.

- In an effort to increase the passage rate on the Board of Certification (BOC) exam, the Medical Technology Program provides online practice certification exams through Media Lab and ASCP. Certification exam scores from each section are shared with didactic and clinical faculty so improvements can be made in the courses. Students take a senior seminar course (MTEC 4204) during their last semester, which was added a few years ago and originally included weekly quizzes as well as two practice certification exams given at the beginning and end of the semester. The course has been updated to include three practice certification exams. The first exam, given at the beginning of the semester, will be given online. A second exam will be given in the middle of the semester, followed by a third examination at the conclusion of the semester. All exams are included as a portion of the course grade. The program instructors also developed a group of 25 complex case studies that are presented to the seniors at the end of the semester.

Measures

School of Medicine				
i. Passage rates of licensure exams				
2014 AY Graduates				
Exam	School Pass Rate	National Pass Rate	School Pass Rate / National Pass Rate Target	School Pass Rate / National Pass Rate Actual
USMLE Step 1	94% (105/112)	95%	95%	99%
USMLE Step 2 CK	95% (101/106)	97%	96%	98%
USMLE Step 2 CS	96% (105/109)	96%	96%	100%

School of Allied Health Professions			
i. Passage rates of licensure exams			
2014 AY Graduates			
Program	School Pass Rate Target	School Pass Rate Actual	National Pass Rate
Medical Technology	94%	89% (17/19)	78%
Cardiopulmonary Science	90%	86% (6/7) (86% - written RRT 100% - Clinical Simulations Exam)	Not available (66% - written RRT 60% - Clinical Simulations Exam)
Physician Assistant	80%	100% (35/35)	95%
Communication Disorders	98%	100% (13/13)	90%
Occupational Therapy	98%	100% (21/21)	Not available [†]
Physical Therapy	90%	97% (30/31)	93%

Multiple test-takers

[†]National pass rate is no longer reported due to the recent changes in ACOTE reporting standards

School of Allied Health Professions – Medical Technology					
i. Passage rates of licensure exams – Most recent 2 year average vs. prior 3 year average					
Medical Technology	Most recent two-year average		Prior three-year average		
	92.36%		91.85%		
	2014 AY	2013 AY	2012 AY	2011 AY	2010 AY
	89.47% (17/19)	95.24% (20/21)	88.89% (16/18)	100.00% (15/15)	86.67% (13/15)

PERFORMANCE OBJECTIVE 2: ARTICULATION AND TRANSFER

Element 2a: Phase in increased admission standards and other necessary policies by the end of the 2012 Fiscal Year in order to increase student retention and graduation rates.

Not applicable to LSUHSC-S

Element 2b: Provide feedback to community colleges and technical college campuses on the performance of associate degree recipients enrolled at the institution.

Not applicable to LSUHSC-S

Element 2c: Develop referral agreements with community colleges and technical college campuses to redirect students who fail to qualify for admission into the institution.

Not applicable to LSUHSC-S

Element 2d: Demonstrate collaboration in implementing articulation and transfer requirements provided in R.S. 17:3161 through 3169.

Not applicable to LSUHSC-S

PERFORMANCE OBJECTIVE 3: WORKFORCE AND ECONOMIC DEVELOPMENT

Element 3a: Eliminate academic program offerings that have low student completion rates as identified by the Board of Regents or are not aligned with current strategic workforce needs of the state, region, or both as identified by the Louisiana Workforce Commission and Louisiana Economic Development.

Narrative

Health care plays a vital role in the economic stability and well being of Louisiana. To assure that Louisiana has an adequate supply of health care professionals to fill present and future positions, LSUHSC-S educates and trains learners for careers in needed health care and health science occupations. All programs at LSUHSC-S are aligned with current or strategic workforce needs of the state and/or region as identified by the Louisiana Workforce Commission and Louisiana Economic Development, including the Fostering Innovation through Research in Science and Technology in Louisiana (FIRST Louisiana) core industry of health care.

The institution's Director of Institutional Planning and Effectiveness serves on the State Council of Workforce and Economic Development Officers, which provides guidance, strategies, and policies to support workforce development efforts at Louisiana's higher education institutions. In addition, the council facilitates dialogue among colleges and universities, business and industry, state and federal governmental representatives, Louisiana Economic Development, Louisiana Workforce Commission, etc.

School of Allied Health Professions

The Dean of the School of Allied Health Professions at LSUHSC-S serves as the LSU System representative on the Louisiana Health Works Commission, which functions directly with the Louisiana Workforce Commission to study and make recommendations on supply and demand issues related to the health professions. Using the knowledge gained from these commissions, LSUHSC-S strives to meet the projected demands by fostering programs best suited to the state's needs. Recent data presented by the commissions on workforce growth in Louisiana indicate that all six academic programs in the LSUHSC-S School of Allied Health Professions (Physical Therapy, Occupational Therapy, Speech-language Pathology, Physician Assistant, Respiratory Therapy, and Clinical Laboratory Science) are predicted to have high annual growth rates in the state ranging from 30% to 100%.

Compelling evidence indicates that additional graduates will be needed to fill high demand positions. Consequently, the School of Allied Health Professions has partnered with the Louisiana Health Works Commission and the Louisiana Board of Regents to increase enrollment in key programs that were functioning at capacity. This was accomplished through a capitation arrangement with the Board of Regents in which the school was provided with additional funding on a per student basis for each new student admitted over the baseline number to these key programs. This agreement allowed the school to increase the entering class size of the Physical Therapy Program and the Physician Assistant Program by six students each, and the Clinical Laboratory Science Program by twelve students. Continuing state budget constraints have eliminated the capitation program; however, the school has been able to maintain faculty to address the increased enrollment figures through tuition increases afforded through achievement of GRAD Act objectives.

School of Medicine and Other Postgraduate Training Programs at LSUHSC-S

Since Louisiana has large areas in which the population has limited access to health care, one of the most pressing requirements is an adequate supply of primary care physicians. LSUHSC-S has initiated several educational and training programs aimed at meeting those needs. The Health Professional Shortage Area (HPSA) map of Louisiana (Appendix 1) illustrates the many medically underserved parishes of the state. The 2014 American Association of Medical Colleges Missions Management Tool (Appendix 2) shows the high retention of LSUHSC-S graduates in-state and practicing in underserved areas as benchmarked against all US medical schools.

LSUHSC-S Family Medicine Residency Program

The primary mission of the LSUHSC-S Family Medicine Residency Program is to train residents capable of practicing in rural settings. In addition to providing an excellent foundation in the practice of primary care medicine, the program has emphasized training in a variety of procedural skills for over 20 years to help accomplish this goal. To function in rural areas, physicians must be prepared to perform a number of treatments and diagnostic studies that, in urban areas, might be done by a specialist. The Department of Family Medicine at LSUHSC-S has maintained a rural training track for over 10 years. The Emergency Medicine/Family Medicine Residency Program is intended to prepare graduates to effectively staff emergency departments as well as practice family medicine in rural communities.

LSUHSC-S Area Health Education Centers (AHEC)

The Area Health Education Centers (AHEC) Program enhance access to quality health care, particularly primary and preventive care, by improving the supply and distribution of healthcare professionals through community/academic educational partnerships. In keeping with the overall AHEC mission and its application to Louisiana, the AHEC Program Office at LSUHSC-S and its two centers focus on introducing students to the practice of medicine in the rural and underserved areas of the state. The program plays an active role in the training of LSUHSC-S medical students and also offers programs for high school and college level students.

Measures

Summary of program review	
	2013-14
i. Number of programs eliminated	0
ii. Number of programs modified or added	0

Programs aligned with workforce and economic development needs	
	2013-14
iii. Percent of programs aligned with workforce and economic development needs	100%
• Number of program offerings	14
• Number of programs aligned with workforce and economic development needs	14

Element 3b: Increase use of technology for distance learning to expand educational offerings.

Narrative

School of Medicine

Students in the School of Medicine must interact in person with faculty, students, patients, etc. in most curricular activities (e.g. clinical clerkships, small group discussions, lectures, problem-based learning, standardized patient experiences, etc.); therefore, distance learning is not a sufficient delivery option for the M.D. Program.

School of Graduate Studies

Students in the School of Graduate Studies must perform scientific research as part of their degree requirements, and this aspect of training cannot be provided through distance learning. No courses in the School of Graduate Studies are offered 100% through distance education.

The Introduction to Bioinformatics course (BCH 290, 3 credit hours) is provided by the LSUHSC-S School of Graduate Studies and is offered to students at LSUHSC-S, LSU-S, Louisiana Tech, and Southern University in Baton Rouge through the Access Grid System. Students register on their respective campuses for course credit in their institutional programs. The course is taught in the spring of alternate years. In spring 2014, approximately sixty-three percent of the instruction in the course was provided through distance education to students at LSUHSC-S.

School of Allied Health Professions

The Cardiopulmonary Science Program has a consortium agreement with Bossier Parish Community College (BPC) to teach on that campus as well as use technology for distance learning to teach students residing in the Monroe and Alexandria region. The students in Monroe and Alexandria have a weekly lab performed at their site with a clinical instructor and all clinical rotations are completed in their respective areas. Upon completion these students will receive an Associate Degree in Respiratory Therapy from BPC.

Measures

Distance Learning	
	2013-14
i. Number of course sections offered during the reporting year with 50% and with 100% instruction through distance education, reported separately for: <ul style="list-style-type: none"> • Number of course sections with 50% to 99% instruction through distance education • Number of course sections with 100% instruction through distance education 	1 ¹ 0
ii. Number of students enrolled in courses during the reporting year with 50% and with 100% instruction through distance education, reported separately for: <ul style="list-style-type: none"> • Number of students (duplicated) enrolled in courses with 50% to 99% instruction through distance education • Number of students (duplicated) enrolled in courses with 100% instruction through distance education 	3 ² 0
iii. Number of programs offered through 100% distance education, by award level	0

¹The Introduction to Bioinformatics course (BCH 290, 3 credit hours) is provided by the LSUHSC-S School of Graduate Studies and offered to students at LSUHSC-S, LSU-S, Louisiana Tech, and Southern University in Baton Rouge through the Access Grid System. In spring 2014, 63% of the instruction in the course (59% of the lectures are given at LSU-S, 37% are given at LSUHSC-S, and 4% are given at Louisiana Tech) was provided through distance education to LSUHSC-S students. The course is taught in the spring of alternate years.

²In spring 2014, 8 students enrolled and completed the course: 3 from LSUHSC-S and 5 from LSU-S.

Element 3c: Increase research productivity especially in key economic development industries and technology transfer at institutions to levels consistent with the institution's peers.

Note: Special narrative required for this element. The narrative (up to 7 pages) should include at a minimum descriptions of:

- *Context for research reporting for the current year: how alignment of Research & Development activities with key economic development industries was determined, sources of reported data and information, method for isolating data related to key economic areas, and any other critical factors in approaching specific GRAD Act reporting requirements.*
- *Research productivity and technology transfer activities related to Louisiana's key economic development industries that have taken place during the reporting year; provide any relevant metrics to demonstrate impact*
- *Collaborations during the reporting year with Louisiana Economic Development, Louisiana Association of Business and Industry, industrial partners, chambers of commerce, and other economic development organizations to align Research & Development activities with Louisiana's key economic development industries, discuss any changes from previous year.*

- *Business innovations and new companies (startups) and companies formed during previous years and continuing (surviving startups) resulting from institutional research and/or partnerships related to Small Business Innovation Research/Small Business Technology Transfer (SBIR/STTR) awards.*
- *Using most recent data available, research productivity and technology transfer efforts in comparison with peer institutions, provide any relevant metrics to demonstrate comparisons.*

Note: Louisiana's key economic development industries include but are not limited to the key industry sectors identified in the Fostering Innovation through Research in Science and Technology in Louisiana (FIRST Louisiana) plan as well as LED's Blue Ocean targeted industry sectors. The following list provides FIRST Louisiana core industry sectors with related Blue Ocean sections in parentheses:

- *Petrochemical (ultra-deep water oil & gas; unconventional natural gas; enhanced oil recovery)*
- *Energy & Environmental (next generation automotive; energy efficiency; renewable energy; nuclear power; water management; ultra-deep water oil & gas; enhanced oil recovery)*
- *Transport, Construction & Manufacturing (next-generation automotive; pharmaceutical manufacturing; renewable energy; nuclear power; water management)*
- *Information Technology & Services (digital media/software development)*
- *Arts & Media (digital media/software development)*
- *Agricultural & Wood Products (water management; renewable energy)*
- *Health Care (Specialty research hospital; obesity/diabetes research and treatment; pharmaceutical manufacturing; digital media/software development: health care IT)*

Narrative

One of Louisiana's top economic development goals is improving health care through research, clinical trials, and treatment opportunities. The three main areas of research at LSUHSC-S are cancer, cardiovascular, and neuroscience. Researchers at the LSUHSC-S Feist-Weiller Cancer Center (FWCC) perform investigations into molecular mechanisms of cancer initiation and metastases as well as conduct clinical trials on new cancer treatments. The FWCC also supports the activities of the Innovative North Louisiana Experimental Therapeutics (INLET) program. The INLET program was established to aid investigators in drug discovery and development via facilitation of high throughput assays. The program maintains a Screening Core and an Efficacy Core and several new pieces of equipment were added to these cores during 2013-2014.

In December 2013, the Board of Regents approved the establishment of a Center for Cardiovascular Diseases and Science (CCDS). The research initiatives of the CCDS are supported through the Malcolm Feist endowment and include funding for pre-and postdoctoral fellowships, intramural grants to faculty, and the established Partners Across Campuses (PAC) research program. Ongoing investigations related to cardiovascular research at LSUHSC-S include studies on diabetes, microcirculation, stroke, and preeclampsia.

Areas of current basic and clinical research in the neurosciences include Parkinson's disease, Alzheimer's disease, other neurodegenerative diseases, cognitive disorders, multiple sclerosis, epilepsy, and drug abuse. Research in other areas includes basic and clinical studies in virology, inflammatory diseases, pulmonary diseases, and toxicology. The majority of the basic research studies is funded by the National Institutes of Health and private foundations; most of the clinical studies receive funding support from the pharmaceutical industry.

As part of its mission, LSUHSC-S supports the region and the state in economic growth and prosperity by utilizing research and knowledge to engage in productive partnerships with the private sector. Ongoing partnerships between LSUHSC-S and several surviving start-up companies are active.

In July 2013, the new LSU System President formed the President's Technology Transfer Committee (PTTC) whose charge was to facilitate development of LSU-owned technologies. In cooperation with the LSU Research Technology Foundation, the PTTC developed a strategic plan for energizing site technologies toward commercialization. The LSUHSC-S Director of Sponsored Programs and Technology Transfer actively serves on this committee as the university's representative. The PTTC helped create the Leveraging Innovation for Technology Transfer (LIFT) fund project. Dr. Cherie Ann Nathan, Professor and Chair of the

Department of Otolaryngology at LSUHSC-S, received one of the first LIFT grants for furthering patented technologies toward commercial use. This technology involves the use of curcumin in a chewing gum for treating head and neck cancer.

Intellectual property developed at LSUHSC-S has been exclusively licensed to development-stage companies that are working toward the commercialization of these technologies. For example, Requisite Biomedical is developing an intravascular drug delivery device and coatings. Embera NeuroTherapeutics, a start-up company from LSUHSC-S, has been granted a license to commercialize patented drug combination for the treatments for smoking cessation and other addictions. TheraVasc, another LSUHSC-S start-up company, has been granted a license to commercialize several patents that originated at LSUHSC-S. The TheraVasc goal is to repurpose drugs for unmet medical needs and, if successful, will most significantly impact the market for treatment of peripheral artery disease. Phase 2 clinical studies in humans are showing an oral formulation of the drug to have a well-established safety profile.

Innolyzer, LLC, a new LSUHSC-S faculty start-up company, was licensed in 2013-2014, to commercialize several patents for the detection and analysis of hydrogen sulfide levels in biological fluids as well as other liquids such as petroleum products.

Finally, several established companies have licensed LSUHSC-S developed technologies. For example, Applied Biosystems, Fermentas, TriLink and New England BioLabs have licensed technology developed at LSUHSC-S for the synthesis and use of anti-reverse mRNA cap analogs ARCA.

All research and development activities at LSUHSC-S are related to Louisiana's key economic industry of health care. The Shreveport and Monroe metropolitan areas support two medical hubs in North Louisiana, which provide health care for the northern half of the state, east Texas, west Mississippi, and southern Arkansas. With 59 hospitals, an academic medical center (LSUHSC-S), and 5,122 beds combined, the healthcare sector in the region employs approximately 25,000 professionals, who have brought national recognition to the region. The healthcare industry is one of the largest employers in North Louisiana and an economic driver for the region.

The Community Foundation of NW Louisiana is managing the funds from an endowment obtained from donations dedicated to support the Research Core Facility (RCF). The RCF consists of state-of-the-art instruments that are utilized by clinical and basic scientists for biomedical research. This research supports Louisiana's key economic development industry of health care.

The Director of Institutional Planning and Effectiveness serves on the State Council of Workforce and Economic Development Officers, which provides guidance, strategies, and policies to support workforce development efforts at Louisiana's higher education institutions. In addition, the council facilitates dialogue among colleges and universities, business and industry, state and federal governmental representatives, Louisiana Economic Development, Louisiana Workforce Commission, etc.

Comparison data to other U.S. universities, hospitals, and research institutions published in the Association of University Technology Managers (AUTM) U.S. Licensing Activity Survey FY2013 is provided in Appendix 3. LSUHSC-S data is consolidated with the LSU System.

Measures

Research Productivity and Technology Transfer Measures 2013-14	
	2013-14
Faculty (FTE) holding (serving as principal and/or co-principal investigators) active research and development grants/contracts.	77
Total number of research/instructional faculty (FTE) at the institution during the reporting year. Include all FTE faculty, tenure and non-tenure track including physicians whose job responsibilities include expectations for scholarly productivity.	157
Total number of Basic Science research/instructional faculty (FTE) at the institution during the reporting year.	70
i. a. Percent of above research/instructional faculty (FTE) at the institution holding active research and development grants/contracts	49% (77/157)
i. b. Percent of above Basic Science research/instructional faculty (FTE) at the institution holding active research and development grants/contracts	43% (30/70)
ii. a. Percent of research/instructional faculty (FTE) holding active research and development grants/contracts in Louisiana's key economic development industries	49% (77/157)
ii. a. Percent of Basic Science research/instructional faculty (FTE) holding active research and development grants/contracts in Louisiana's key economic development industries	43% (30/70)
iii. a. Dollar amount of research and development expenditures, reported annually, based on a five-year rolling average, by source (federal, industry, institution, other). Include all expenditures from S&E and non S&E grants/contracts as reported annually to the NSF. (Five-year average of FY2008-09 through FY2012-13). <ul style="list-style-type: none"> • Federal: \$13,714,000 • Other: \$16,659,000 • Total: \$30,373,000 	
iii. b. Dollar amount of research and development expenditures reporting annually, based on a five-year rolling average (federal, industry, institution, other) per instructional/research faculty member (FTE)	\$193,459 (30,373,000/157)
iv. Dollar amount of research and development expenditures in Louisiana's key economic development industries, reported annually, based on a five-year average (Five-year average of FY2008-09 through FY2012-13). These data will be supplemented with the narrative report demonstrating how research activities align with Louisiana's key economic development industries.	\$30,373,000
v. Number of intellectual property measures (patents, disclosures, licenses, options, new start-ups, surviving start-ups, etc.) which are the result of the institution's research productivity and technology transfer efforts reported by: total count of the number of disclosures, licenses and options awarded; the number of patents awarded; the number of new companies (start-ups) formed; and the number of companies formed during previous years and continuing (surviving start-ups). <ul style="list-style-type: none"> • Patent applications filed: 4 • Patents issued: 0 • Disclosures: 4 • Licenses/options executed: 1 • New start-ups: 1 • Surviving start-ups since 2005: 5 	

vi. Direct federal research grants and contracts recorded. Data reported will be a percentile ranking within identified peer group

	Year 5 Target	Year 5 Actual
	50 th	75 th
2013		
Nevada	\$15,444,272	
Texas A & M	\$12,756,668	
South Carolina	\$8,991,881	
LSUHSC-Shreveport	\$8,306,473	
North Dakota	\$7,873,661	
South Dakota-Sanford	\$7,586,573	
Southern Illinois	\$7,120,800	
Central Florida	\$6,632,771	
Wright State-Boonshoft	\$6,246,168	
South Alabama	\$5,753,279	
Florida State	\$4,892,659	
East Carolina-Brody	\$4,771,688	
Texas Tech	\$3,644,106	
East Tennessee-Quillen	\$2,388,120	
Source: LCME Part I-A Annual Financial Questionnaire (AFQ); AAMC Medical School Profile System		

Element 3d: To the extent that information can be obtained, demonstrate progress in increasing the number of students in jobs and in increasing the performance of associate degree recipients who transfer to institutions that offer academic undergraduate degrees at the baccalaureate level or higher.

Narrative

Medical students participate in the National Resident Match Program in their fourth year. In 2013-14, 98% of students matched with the vast majority matching into their field of choice. Graduates of the School of Allied Health Professions and the School of Graduate Studies are tracked by formal survey and word of mouth, and almost all of the 2013-14 graduates are employed in their field of study.

Eleven of eleven graduates of the School of Graduate Studies were employed with eight of them (or 73%) choosing postgraduate training positions. Although the school slightly missed its established target of 78% for the placement rate of graduates in postgraduate training, the variance between the target and the actual represents only one student. Because the cohort size is very small, each student greatly impacts the placement rate calculation.

LSUHSC-S does not offer associate degrees; therefore, progress related to the performance of associate degree recipients who transfer to institutions that offer baccalaureate degrees or higher is not applicable.

Measures

iii. Placement rates of graduates		
School	Year 5 Target	Year 5 Actual
School of Medicine	97%	98% (107/109)
School of Allied Health Professions	95%	98% (123/126)
School of Graduate Studies	89%	100% (11/11)

iv. Placement rates of graduates in postgraduate training

School	Year 5 Target	Year 5 Actual
School of Medicine	97%	98% (107/109)
School of Allied Health Professions	n/a	n/a
School of Graduate Studies	78%	73% (8/11)

PERFORMANCE OBJECTIVE 4: INSTITUTIONAL EFFICIENCY AND ACCOUNTABILITY

Element 4a: Eliminate remedial education course offerings and developmental study programs unless such courses or programs cannot be offered at a community college in the same geographical area.

Not applicable to LSUHSC-S

Element 4b: Eliminate associate degree program offerings unless such programs cannot be offered at a community college in the same geographic area or when the Board of Regents has certified educational or workforce needs.

Not applicable to LSUHSC-S

Element 4c: Upon entering the initial performance agreement, adhere to a schedule established by the institution's management board to increase nonresident tuition amounts that are not less than the average tuition amount charged to Louisiana residents attending peer institutions in other Southern Regional Educational Board states and monitor the impact of such increases on the institution. However, for each public historically black college or university, the nonresident tuition amounts shall not be less than the average tuition amount charged to Louisiana residents attending public historically black colleges and universities in other Southern Regional Education Board states.

Narrative

Granting Resources and Autonomy for Diplomas (GRAD) Act is legislation enacted to support the state's public postsecondary education institutions in remaining competitive and increasing their overall effectiveness and efficiency. Institutions should achieve specific, measureable performance objectives aimed at improving college completion and at meeting the state's current and future workforce and economic development needs. Institutions will be granted limited operational autonomy and flexibility in exchange for achieving such objectives.

Pursuant to the provisions of Act 741 of the 2010 Legislative Session, the LSU Board of Supervisors authorized campuses to increase tuition for resident students by up to ten percent annually, in addition to other increases authorized by law. These increases would be based on the institutions' yearly progress in achieving specific performance goals. After reaching the average tuition of their peers, institutions may increase tuition and fees up to five percent or the amount of the increase in the Higher Education Price Index in the previous year, whichever is greater.

Since the applicant pool for LSUHSC-S is almost entirely drawn from Louisiana residents, there would be virtually no impact on either enrollment or revenue from a non-resident tuition increase in accordance with the GRAD Act. As well, a tuition increase for Louisiana residents is not anticipated to negatively affect enrollment in the schools of LSUHSC-S. Additional revenues that would be realized from an in-state tuition increase, however, are not expected to offset the anticipated budget reduction for Louisiana higher education.

Measures

i. Total tuition and fees charged to full-time non-resident students			
School-Program	2013-14	Peer Comparison	Difference
School of Graduate Studies	12,336	18,376 ¹	-6,040
School of Allied Health Professions – Doctor of Physical Therapy	23,263	35,433 ²	-12,170
School of Allied Health Professions – Graduate	18,357	20,177 [†]	-1,820
School of Allied Health Professions – Undergraduate	16,117	20,728 [†]	-4,611
School of Allied Health Professions – Master’s of Physician Assistant Studies	19,544	40,039 ²	-20,495
School of Medicine	46,881	53,724 ¹	-6,843

Annual tuition (includes fall, spring, and summer)

[†]Peer comparisons for 2013-14 are not available; 2012-13 Southern Dean’s Averages are provided

¹SREB Average

²Southern Dean’s Average

Element 4d: Designate centers of excellence as defined by the Board of Regents which have received a favorable academic assessment from the Board of Regents and have demonstrated substantial progress toward meeting the following goals:

- Offering a specialized program that involves partnerships between the institution and business and industry, national laboratories, research centers, and other institutions.
- Aligning with current and strategic statewide and regional workforce needs as identified by the Louisiana Workforce Commission and Louisiana Economic Development.
- Having a high percentage of graduates or completers each year as compared to the state average percentage of graduates and that of the institution's peers.
- Having a high number of graduates or completers who enter productive careers or continue their education in advanced degree programs, whether at the same or other institution.
- Having a high level of research productivity and technology transfer.

The Board of Regents shall continue to develop policy for this element. Upon approval of the policy, additional measures and reporting requirements will be defined. Pending development of these items, institutions are only required to report on the following measure:

SECTION 5

5.a. Number of students by classification

Fall Headcount

	Undergraduate	Graduate	Postgraduate ¹	Total
Fall 2014	35	835	583	1,453

¹Postgraduate learners at LSUHSC-S include graduate medical residents and fellows and other research/healthcare postgraduate trainees.

Student FTE

Not applicable to LSUHSC-S; credit hour data is not submitted to the Student Credit Hour (SCH) Reporting System by the institution. However, the following FTE student enrollment from July 1, 2013 to June 30, 2014 was reported in IPEDS 12-month Enrollment:

Undergraduate student FTE	47
Graduate student FTE	324
Doctor's-professional practice FTE	600
Total FTE students	971

5.b. Number of Instructional Staff Fall 2014

Instructional faculty headcount	378
Instructional faculty FTE	333.71

5.c. Average class student-to-instructor ratio (average undergraduate class size)

Not applicable to LSUHSC-S; credit hour data is not submitted to the Student Credit Hour (SCH) Reporting System by the institution. However, the following student-to-instructional staff for undergraduate programs for Fall 2014 was reported in IPEDS Enrollment:

Student-to-faculty ratio (IPEDS)	5 to 1
----------------------------------	--------

5.d. Average number of students per instructor

Not applicable to LSUHSC-S; credit hour data is not submitted to the Student Credit Hour (SCH) Reporting System by the institution. However, the fall 2014 learner headcount to instructional faculty headcount is 3.8 to 1 (1453/378).

Learner-to-faculty ratio	3.8 to 1
--------------------------	----------

5.e. Number of non-instructional staff members in academic colleges and departments Fall 2014

Academic clinical departments are responsible for providing patient care services in the University Health Hospital; therefore, some staff may have duties in both the medical school and the hospital.

Headcount	75
FTE	74.15

5.f. Number of staff in Administrative Areas Fall 2014

Academic clinical departments are responsible for providing patient care services in the University Health Hospital; therefore, some staff may have duties in both the medical school and the hospital.

Headcount	82
FTE	81.00

5.g. Organizational chart containing all departments and personnel in the institution down to the second level of the organization below the chancellor.

See Appendix 4 for organizational chart.

5.h. Salaries of all personnel identified in (g) above and the date, amount, and type of all increases in salary received since June 30, 2008.

POSITION	TOTAL BASE SALARY Reported for Fall 2009	SALARY CHANGES SINCE 6/30/2008 Reported for Fall 2010	SALARY CHANGES SINCE 06/30/2010 Reported for Fall 2011	SALARY CHANGES SINCE 06/30/2011 Reported for Fall 2012	SALARY CHANGES SINCE 06/30/2012 Reported for Fall 2013	SALARY CHANGES SINCE 06/30/2013 Reported for Fall 2014
Chancellor	April 1, 2009 \$325,000 (previous Chancellor retired) new Chancellor hired at a greater salary	No Change	No Change	No Change	November 1, 2013 \$338,000.00 current incumbent received a raise	No Change
Vice Chancellor Business and Reimbursements	July 1, 2008 \$251,410.50 current incumbent received a raise	No Change	April 1, 2011 current incumbent retired at salary of \$251,410.50			
Vice Chancellor for Administration (created 4/15/2009)	April 15, 2009 current incumbent hired at a salary of \$220,000	No Change	No Change	No Change	November 1, 2013 \$228,800.00 current incumbent received a raise	No Change
Vice Chancellor Clinical Affairs	July 1, 2008 \$186,999.96 previous incumbent received increase	No Change	July 1, 2010 \$222,000 previous incumbent retired and new Vice Chancellor hired at a greater salary	No Change	November 1, 2013 \$230,880.00 current incumbent received a raise	No Change
Dean School of Allied Health Professions	July 1, 2008 \$144,417.96 current incumbent received a raise	No Change	No Change	No Change	November 1, 2013 \$150,194.68 current incumbent received a raise	No Change
Dean School of Graduate Studies	July 1, 2008 \$128,211.96 current incumbent received a raise	No Change	No Change	No Change	November 1, 2013 \$133,340.44 current incumbent received a raise	No Change
Dean School of Medicine (created 11/01/2009)		November 1, 2009 current incumbent hired at a salary of \$270,000	No Change	No Change	November 1, 2013 \$280,800.00 current incumbent received a raise	3/21/2014 \$195,520 (previous Dean School of Medicine retired) Acting Dean School of Medicine appointed at lesser salary.
Administrator LSU Hospital	July 1, 2008 \$236,982.00 current incumbent received a raise	No Change	No Change	No Change	Not applicable; October 1, 2013 LSU Hospital was privatized	
Senior Associate Dean and LSU Hospital CMO (created 1/1/2010)		January 1, 2010 current incumbent hired at a salary of \$200,000	No Change	No Change	November 1, 2013 \$208,000.00 current incumbent received a raise	No Change

5.i. A cost performance analysis

i. Total operating budget by function, amount, and percent of total, reported in a manner consistent with NACUBO guidelines

Expenditures by Function:	Amount	% of Total
Instruction	\$37,295,265	20.7%
Research	\$21,890,994	12.2%
Public Service	\$1,665,135	0.9%
Academic Support**	\$8,002,151	4.5%
Student Services	\$1,377,234	0.8%
Institutional Services	\$25,071,173	13.9%
Scholarships/Fellowships	\$970,271	0.5%
Plant Operations/Maintenance	\$3,060,758	1.7%
Total E&G Expenditures	\$99,332,982	55.2%
Hospital	\$80,361,832	44.7%
Transfers out of agency	\$106,318	0.1%
Athletics	\$0	0.0%
Other	\$0	0.0%
Total Expenditures	\$179,801,133	100.0%

ii. Average yearly cost of attendance for the reporting year as reported to the US Department of Education

Not applicable to LSUHSC-S; measure applies to first-time, full-time undergraduates which LSUHSC-S does not enroll.

iii. Average time to degree for completion of academic programs at 4-year universities, 2-year colleges, and technical colleges

Not applicable to LSUHSC-S

iv. Average cost per degree awarded in most recent academic year

Not applicable to LSUHSC-S

v. Average cost per non-completer in the most recent academic year

Not applicable to LSUHSC-S

vi. All expenditures of the institution for that year most recent academic year

\$ 392,718,603