Process and Timetable

| STAGE 1 – CHARTING THE LAY OF THE LAND: 2015 MARKET |
| MONTHS |
| FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
| Stakeholder Interviews | Town Halls | Readiness vs. 2015, Identify Issues, Responses, implications, & requirements | Sub-Committee Reports |

| STAGE 2 – UCSF READINESS AND RESPONSES TO CHALLENGES |
| MEETINGS |
| Sub-Comm. Outputs and Implications | Draft UCSF Strategic Roadmap | Shared strategies for a shared vision |

| STAGE 3: BRINGING IT ALL TOGETHER: UCSF’S ROADMAP TO THE FUTURE |
| MEETINGS |
| Submission of final report | Modification of 10-year financial plan | Consensus on strategic plan |

| COMMITTEES |
| Board of Directors |
| Executive Committee |
| Steering Committee |
| Strategy Oversight Committee |

* Town Halls are indicated with an asterisk (*) in the timeline chart.
Evolving Circumstances

**2002 Strategic Plan**

**Previous Context**
- Significant growth imperative
- Increased capacity
- Improved financial & operating performance
- Increased customer service/satisfaction
- Created Mission, Vision, and Values
- Planning Mission Bay

**2008 Strategic Plan**

**Current Challenges**
- Capacity constrained
- Challenging FY08 budget
- Increased competition
- Continued shift in insurance dynamic
- SB1953 seismic requirements – Mission Bay cost

Foundation Remains the Same

**Mission:** Caring, Healing, Teaching and Discovering

**Vision:** Be the best provider of health care services, the best place to work and the best environment for teaching and research

**Values:** Embodied in the acronym PRIDE:

- **P** for *Professionalism*, how we conduct ourselves and our business
- **R** for *Respect* for our patients, families, ourselves and each other
- **I** for *Integrity*, always doing the honest, right thing
- **D** for *Diversity*, understanding and embracing the diverse beliefs, needs and expectations of our patients, community and employees
- **E** for *Excellence*, what we strive for in everything we do
Major Themes in Strategic Plan
(see written report for details)

• BEST CARE
  – Create the Next Generation UCSF Care Delivery Model
  – Provide the Highest Value Care to Patients
  – Educate, Recruit and Retain the Best Talent

• CLINICAL GROWTH
  – Maximize the Potential of the UCSF Inpatient Facilities
  – Match Patient Mix to UCSF’s Mission and Program Capability
  – Expand Functional Ambulatory and Office Capacity
  – Achieve a More Effective UCSF Referral Outreach

• SHARED ACCOUNTABILITY
  – Define a Stronger Culture of Shared Accountability and Action
  – Achieve the Operating and Clinical Cost Improvements Necessary to Sustain a 6% Operating Margin

UCSF Strategic Plan
Issues and Questions for Discussion

Providing Highest Value Care to Patients:

How far do you go in transparency – voluntary public disclosure, the good and the bad, patient satisfaction results by clinic?

Maximizing Potential of UCSF Inpatient Facilities:

Increasing efficiency instead of capacity will be a new dynamic. How do you create a culture of efficiency?

Achieving More Effective UCSF Referral Outreach:

Will co-branding with quality community hospitals enhance or degrade our brand?