

DEPARTMENT OF MEDICINE

STRATEGIC PRIORITIES DRAFT WORKPLANS

Revised, September 2009

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STRATEGIC PRIORITIES

Strategic Priorities are the broad areas where the Department will focus its resources and attention to achieve specific goals over the next three to five years.

1. Create a sound and transparent **economic model** for the Department of Medicine to ensure the sustainability of the programs essential to its mission, congruent with its values and culture.
2. Develop a sustainable and comprehensive program to **recruit and retain** the best and the brightest faculty and staff.
3. Develop a plan for the **research** enterprise, including space and infrastructure, at all sites (SFGH, SFVAMC, Parnassus/Mount Zion and Mission Bay) to satisfy current and future needs.
4. Create a **unified Department of Medicine**; develop mechanisms and infrastructure to improve communication and collaboration across sites, disciplines, programs and our four missions.
5. Organize **clinical** activities to improve quality, safety, efficiency and patient and provider experiences.
6. Create the best academic model of student, residency and fellowship **training** in internal medicine, supported with appropriate resources, including funds, space and infrastructure.
7. Develop a plan for advancing **public policy**.

ACTION PLAN
STRATEGIC PRIORITY: ECONOMIC MODEL

Strategic Priority

Create a sound and transparent economic model for the DOM to ensure the sustainability of the programs essential to its mission, congruent with its values and culture

Action Plan Development Committee

Michael Chen (administrative co-champion)
Kevin McAteer (administrative co-champion)
Jeff Olgin (faculty co-champion)
Hal Yee (faculty co-champion)
(List other committee members)

Milestones	Who is responsible	Date	(√)
<ul style="list-style-type: none"> • STEP 1a: Full group to review and understand faculty comp and departmental funds flow at the summary level (by site) <ul style="list-style-type: none"> - Gather data: faculty compensation by specialty and site; faculty incentive payouts and payout patterns (e.g., by division, by rank, by series); multi-year (prior and future) department and division revenue and expense statements; department and division balance sheets (reserves and discretionary funds); department and division gift/endowment income revenue and expense statements; extramural funding by Division and type - Identify problems with the existing economic model and decide what objectives the new economic model should achieve - Discuss and agree upon the standard accounting methodology that will be used so that different 	Full Group	Oct 2009	

<p>financial information from different sites can be compared and analyzed</p> <ul style="list-style-type: none"> - Develop process to regularly coordinate economic discussion with parallel discussion in other strategic planning committees to mitigate duplication of effort and/or conflicts <ul style="list-style-type: none"> • STEP 1b: Full group to discuss whether existing funds flow structure will be published to faculty, and if so, whether the existing funds flow should be published prior to or simultaneous with the implementation of the new economic model <ul style="list-style-type: none"> - Full group to discuss the scope of data to disseminate, and the audience to which the data should be published (i.e., division chiefs, other department leaders, all faculty) • STEP 2: Full group to determine feasibility of integrating common economic model at all three sites. <ul style="list-style-type: none"> - Develop overview of funds flow principles at all three sites - Understand legal, regulatory, and institutional limitations and restrictions for sharing compensation and funds flow between all three sites - Compare the relative amount of funding for clinical, research, and teaching activities at all three sites - Compare the amount and types of revenue available and to Central Administration at all three sites - Understand the extent to which sites are being cross-subsidized (i.e., Parnassus dollars being used to support SFGH or VAMC, or vice versa) • STEP 3: Full group to review and understand current 	<p>Full group</p> <p>Full group</p> <p>Full group</p>	<p>Oct 2009</p> <p>Nov 2009</p> <p>Jan 2010</p>	
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<p>DOM-UCSF faculty comp and departmental funds flow at a more detailed level (at the Division level). If determination in STEP 2 is not to fully integrate, this process may be split up by site.</p> <ul style="list-style-type: none"> - Understand whether missions are being cross-subsidized (i.e., clinical dollars being used to subsidize research and/or teaching) - Review how Medical Center strategic support is being used or allocated, and determine if incentives are properly aligned with Medical Center intent - Assess Departmental tax and cost structure, and review its purpose, assess fairness with respect to individual faculty and Divisions, study proposals for possible revision, and recommend reform and how Division Chief buy-in will be secured - Quantify job duties, and review clinical, research and educational roles across the Department in terms of value provided, workload, fairness, and amount of appropriate subsidization <ul style="list-style-type: none"> • STEP 4: The full group to review and assess models for faculty comp at other institutions. <ul style="list-style-type: none"> - Core group to determine degree of reciprocity in sharing data • STEP 5: The full group to review and assess departmental funds flow at other institutions. <ul style="list-style-type: none"> - Establish parameters for identifying pool of comparable institutions - Agree on types of financial data and qualitative assessments to be collected • STEP 6: Full group to make recommendations on at least two alternative new economic models for the department. <ul style="list-style-type: none"> - Determine relative priorities (if any) for the types activities to be incentivized (i.e., clinical, 	<p>Full Group</p> <p>Full Group</p> <p>Full Group</p>	<p>Feb 2010</p> <p>March 2010</p> <p>May 2010</p>	
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<p>teaching, research)</p> <ul style="list-style-type: none"> - Determine the best unit(s) for incentivization (i.e., division, sub-division, individual faculty) - Determine the best measure(s) for incentivization (i.e., RVUs, clinical and non-clinical dollars generated, papers, grants) - Coordinate planning of economic model with other strategic planning groups so that consistency is achieved (e.g., coordinate with research group regarding space and how its allocation will be tied to financial resources, coordinate with faculty research/retention group on faculty satisfaction and recruitment packages) - Review plan to ensure sustainability (i.e., continual generation of resources for faculty recruitment/retention and departmental/divisional programmatic initiatives) - Review new economic model against objectives decided upon in STEP 1 - Assess impact of new economic model on the different divisions, and develop plan for obtaining buy-in from all divisions - Once model is approved, develop communication plan for publicizing new economic plan <p>-----</p> <p>GOALS for the new economic model:</p> <ul style="list-style-type: none"> • New economic model should be based on a defined and delineated vision of what the model should accomplish, keeping in mind that the culture and the tone of the Department will be affected by the model (e.g. an individualistic eat-what-you-kill economic model vs. a model that emphasizes shared responsibilities and collective values) • New economic model should define the extent and in what way the faculty at the different sites will be 			
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<p>integrated.</p> <ul style="list-style-type: none"> • Accounting structure of the model should delineate the degree of centralization at the Department level, the degree of Division autonomy, and the extent each faculty member will be held financially responsible • Accounting structure should also address the extent to which the various units or cost centers (whether they be defined by division or mission or both) will be expected to float on their own bottom or cross subsidize other units or cost centers within the Department • Model should address, expand, be aligned with, and/or alternatively, challenge the vision of the SOM or the Medical Center • Develop plan to increase overall resources (i.e., pro fee revenues or strategic support from the Medical Center, indirect cost recovery) in addition to re-distributing existing resources or expenses • New model should incorporate procedural safeguards to ensure greater transparency • Model should address whether the goal is equity vs. equality • Model needs to take into account economic cycles and strategies for mitigation • Model needs to factor in impending changes in physician reimbursement due to political mandates resulting from national health insurance • Development of the model should be open to general faculty input at various stages • Model should address administrative redundancy between the DOM/SOM/Medical Center <p>OTHER SUGGESTED MILESTONES:</p>			
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<ul style="list-style-type: none"> • Develop plan to generate recurring money for recruitment and new program development <ul style="list-style-type: none"> - Prepare historical analyses of past sources (i.e., Dean’s Office, Chair recruitment, philanthropy, pro fee surpluses) - Project cyclical timeline of recruitment needs - Propose sustainable strategy for obtaining needed resources based on timeline • Assess Department/Division gift tax <ul style="list-style-type: none"> - Survey taxing models at other institutions with a focus on institutions where (a) the tax has been increased or (b) where the tax is assessed at the department or division level - Develop process to elect department-wide committee of stakeholders to determine purpose of tax proceeds, the amount to be assessed, and the methodology for assessing the tax • Develop fundraising strategy for education <ul style="list-style-type: none"> - Assess total education spending/needs in each division and campus as well as central administration costs for education program - Identify key basic needs and establish gift opportunities: e.g., funding for “voluntary” teaching time; endowed administrative chairs/ funding for residency directors, fellowship directors, etc.; seed funding for research by residents/fellows; - Meet with key leaders in the DOM’s education program, including the team from Strategic Plan Priority #6, to align vision for education program with fundraising plan; (#6: “Create the best academic model of student residency and fellowship training supported with appropriate resources, including funds, space infrastructure”). - Strengthen the marketing to and involvement of 			
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<p>DOM residents and fellows alumni (via the Medical Residents Alumni Network) in education fundraising initiatives for the DOM</p> <ul style="list-style-type: none"> - Assess the prospect base for grateful-patient fundraising in support of the DOM’s education programs – both by division and department-wide - Present a 3-5 year fundraising plan for education • Analyze the ideal size of our divisions <ul style="list-style-type: none"> - Form committee represent range of division sizes - Assess relative overhead cost and efficiency of differently-sized divisions - Develop projection of cost savings to be generated by merging divisions (or at least the administrative personnel of different divisions) and assess the risks and downside • Develop a plan for generating non-traditional revenues <ul style="list-style-type: none"> - Survey and identify existing non-traditional sources of revenue within department - Survey other institutions on non-traditional sources of revenue - Identify parallels in the generation of non-traditional sources of revenue (i.e., culture of risk-taking, entrepreneurialism) and discuss how this creativity can be encouraged/incubated • Negotiate increased ICR from UCOP/Campus <ul style="list-style-type: none"> - Form committee of ICR experts and stakeholders (i.e., faculty who generate large amounts of ICR, DA’s whose Divisions are highly dependent on ICR) - Review current methodology for calculating ICR - Survey other UC campuses to see when and how 			
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<p>ICR has been increased</p> <ul style="list-style-type: none"> - Survey other institutions to collect case-studies of successful (and unsuccessful) attempts to negotiate increased ICR and the resulting benefits/fallout • Determine whether Medical Center is paying their fair share of expenses <ul style="list-style-type: none"> - Gather data on different expenditures which the Medical Center should share in - Discuss and decide on a methodology for fair allocation, and measure past and present financial data against methodology - If appropriate, propose strategies for obtaining fairer allocation of support from Medical Center 			
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Strategic Priority

Develop a sustainable and comprehensive program to recruit and retain the best and the brightest faculty and staff.

Action Plan Development Committee

Maxine Papadakis (faculty co-champion)
Jenny Schreiber (administrative co-champion)

Courtney Broaddus
Cheryl Drassinower
Joanne Engel
JoAnn LaCasse
David Lovett
Joseph (Mike) McCune
Sandra Moody
Lisa Murphy
Mary Whooley

Milestones	Who is responsible	Date	(√)
<p>NEEDS ASSESSMENT</p> <p>Needs Assessment, including assessment of current procedures and practices associated with the recruitment, career development, and retention of faculty and staff in the DOM</p> <ul style="list-style-type: none"> • Develop a process for assessment of current status of recruitment, career development, and retention of faculty and staff • Identify current procedures and practices that are working well <ul style="list-style-type: none"> ➤ Form a “Needs Assessment Committee” (NAC) to prioritize a list of procedures and practices that should be catalogued ➤ Identify staff who can help to research and to catalogue prioritized procedures and practices Prepare overview of existing procedures and practices that might overlap, be internally inconsistent, and/or incomplete 	<p>Division Chiefs, unit managers, and representatives from existing campus-wide activities with similar missions (e.g., Mitch Feldman, CTSI, etc)</p> <p>Chair</p> <p>Chair</p>	1QFY10	

<ul style="list-style-type: none"> ➤ Gather data from existing faculty and staff surveys administered at UCSF • Develop and implement a process to obtain feedback about how existing procedures and practices for recruitment, career development, and retention might be modified in the future, creating a “Needs Assessment Plan” (NAP) • Identify, interview, and hire a consultant with expertise in organizational psychology (internally or externally) to provide professional guidance in needs assessment <ul style="list-style-type: none"> ➤ Task consultant with the development of a process to carry out needs assessment ➤ Review and approve process proposed by consultant ➤ Implement process (with likely tools including review of survey data, one-on-one interviews, retreats/seminars, and the like) ➤ Collect and collate information gathered using above tools ➤ Based on this information, prepare a Needs Assessment Plan (NAP) ➤ Review and approve Needs Assessment Plan ➤ Publish Needs Assessment Plan to obtain faculty and staff feedback • Develop a process for periodic monitoring and, as need be, revision of Needs Assessment Plan <ul style="list-style-type: none"> ➤ Determine the periodicity and the approach towards monitoring ➤ Implement monitoring process ➤ Collect and collate information gathered ➤ Review and, as need be, modify Needs Assessment Plan ➤ Publish modified Needs Assessment Plan to obtain faculty feedback <p>DEVELOPMENT</p> <p>Help faculty and staff to succeed by providing the needed training, tools, information and encouragement.</p>	<p>NAC</p> <p>NAC</p> <p>NAC Chair</p> <p>NAC, with concurrence from TK</p> <p>Consultant, with designated staff</p> <p>NAC, with concurrence from TK</p> <p>NAC</p> <p>Consultant, with designated staff</p> <p>Consultant, with designated staff</p> <p>NAC</p> <p>Consultant, with designated staff</p> <p>NAC</p> <p>Consultant, with designated staff</p> <p>NAC</p> <p>Consultant, with designated staff</p> <p>NAC</p> <p>Consultant, with designated staff</p>	<p>3QFY10</p> <p>4QFY10</p> <p>1QFY10</p> <p>TBD</p>	
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<p>Target the Divisions, as the basic units of the Department, as the efficient route to support the development of faculty and staff.</p> <ul style="list-style-type: none"> ➤ Enhance resources and tools to strengthen the Division Chief’s role in supporting the professional development of the faculty and staff. ➤ Use a “train the trainer” model so that Division Chiefs can direct faculty and in turn staff to resources as part of a cohesive plan for career development. Resources are available for individual faculty and staff but, they lack organization and publicized availability. <ul style="list-style-type: none"> • Develop an on-line site for resources for Division Chiefs <ol style="list-style-type: none"> 1. Translate needs identified by NAC into action items 2. Build resources into available websites 3. Ongoing maintenance of this site • Improve resources available for Division Chiefs to mentor faculty & staff <ol style="list-style-type: none"> a. provide eValue reports on faculty, comparisons among divisions at request b. promotion information on key problems faced by the Divisions – searches, career milestones c. provide updated orientation materials for new faculty and staff d. identify resources in DOMHR to help Div Chiefs and other faculty with development/retention plans for their staff. • Department wide professional development seminars for Division Chiefs <ol style="list-style-type: none"> a. Survey for desired professional development b. Start semi-annual seminars with lunch <ul style="list-style-type: none"> • Include panel discussions of current division chiefs • Addressing questions of general interest or specific <ol style="list-style-type: none"> 1.promotion pitfalls 2.resources 3.delegating 4.personnel management – understanding the Division Administrator role 5.ways to supplement K grantee salaries 6.ways to use division funds for salary support 7.enrichment funds, pro-fee accounts, 	<p>Central Admin, Vice Chairs</p> <p>Division Chief’s Maye–Cent. Admin</p> <p>Central admin: IT</p> <p>Committee of Div. Chiefs, faculty and Div. Admin</p> <p>DOM HR</p> <p>Central Admin Chair</p>	<p>4QFY11</p> <p>2QFY11</p> <p>4QFY11/12</p> <p>4QFY11/12</p>	
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<p style="text-align: center;">carry over</p> <p style="text-align: center;">8. how to use performance evaluations to motivate</p> <p style="text-align: center;">9. how to use awards to reward and motivate</p> <p>c. Invite speakers from other departments or universities to address mutual concerns</p> <ul style="list-style-type: none"> • Develop courses for hands-on training <ul style="list-style-type: none"> a. how to carry out the annual review of faculty and staff b. how to handle underperforming staff or faculty c. how to delegate and supervise staff d. how to plan for and implement staff layoffs e. how to use QA to improve your clinical operations f. how to maximize billing and recovery g. publicize available training for staff • Provide transparent standard progression plans for faculty and staff advancement <ul style="list-style-type: none"> a. Appropriate academic series b. Advancement criteria c. Define staff series and progression plans d. Host periodic discussion groups for staff seeking promotional opportunities in DOM (brown bag) • Career plans for Division Chiefs, e.g. initiate annual meetings with the Chair of Medicine to discuss their advancement (as opposed to the advancement of the members of the division), challenges in the division, and ideas for solution. <p>RETENTION</p> <p>Develop a user friendly resource sharing model to maximize existing resources to facilitate retention of faculty and staff.</p> <ul style="list-style-type: none"> • Appoint a Resource Sharing Committee (RSC) tasked with creating a forum for sharing resources – e.g. Talent Bank • Develop a proposal for a Talent Bank (e.g. web hosting needs, personnel required to facilitate, etc.) • Develop staff succession plans in key functional areas and draft training and opportunity plans to assess and prepare staff for promotion to higher levels. Identify core skill sets required for higher levels and put training plans into place to develop these levels. • Highlight and publish “benefits of belonging” and other publications that describe the long term benefits of employment at UCSF. • Establish resource program through DOM HR to guide faculty through staff hires and probationary periods. • Establish a resource program through DOM HR and campus resources to recruit, train and develop supervisory personnel in all areas of supervision, including frontline supervision issues, delegation, general management skills, peer mentoring, and career development. 	<p style="text-align: center;">Central Admin</p> <p style="text-align: center;">EPC, DOM HR</p> <p style="text-align: center;">Chair, Medical Service Chiefs, Central Admin</p> <p style="text-align: center;">Chair, Maye</p> <p style="text-align: center;">RSC</p> <p style="text-align: center;">DOM HR</p> <p style="text-align: center;">DOM HR</p> <p style="text-align: center;">DOM HR</p> <p style="text-align: center;">DOM HR</p>	<p style="text-align: center;">2QFY10</p> <p style="text-align: center;">4QFY11\12</p> <p style="text-align: center;">3QFY10</p> <p style="text-align: center;">3QFY11</p> <p style="text-align: center;">3QFY10/11</p> <p style="text-align: center;">2QFY10</p> <p style="text-align: center;">3QFY10</p>	
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<ul style="list-style-type: none"> • Offer new and existing DOM faculty training on staff management to include: <ol style="list-style-type: none"> 1. hiring best practices and maintaining a diverse workforce 2. supervision and policy 3. providing link between vision of department and division and the role of individual staff 4. establishing staff classifications and staff salary placements 5. performance management 6. downsizing and layoff planning 7. termination process • Create a system for sharing staff (including SRAs, statisticians, admin) so valuable people are retained, especially in a challenging economic environment. • Optimize work place environment by: <ol style="list-style-type: none"> 1. Identifying, developing, and rewarding the achievements of the diverse staff workforce 2. Creating and routinely communicating expected outcomes for all DOM academic and staff employees 3. Identifying strategies to resolve underperformance situations 4. Develop strategies to support work/life balance for faculty, academics and staff 5. Developing tools and process for effective management of change in staff populations. • Broaden DOM family friendly options based on results of needs assessment/faculty survey • Create a flexible work arrangement plan for academic and staff employees <p>RECRUITMENT</p> <p>The major impediment to recruiting faculty and staff is the Bay Area high cost of living, including the high cost of housing and the minimal assistance available from the University compared with other institutions, including other UC campuses.</p> <p>Provide financial housing assistance for faculty.</p> <p>Evaluate effectiveness of the current departmental coordination of core and shared searches and recruitments (e.g. bench scientist search, translational research search, Clinical X search)</p> <p><u>Develop a Housing Resource/Referral Service</u></p> <ol style="list-style-type: none"> 1. Develop a one stop shop for housing and other transition assistance. 2. Establish a housing resource and referral service to serve all campus groups. The staff in this office will 	<p>RSC/DOM HR</p> <p>Central admin DOM HR</p> <p>Comp Plan Committee</p> <p>Deans Office, Chancellors, Vice Provosts</p> <p>NAC</p> <p>Chair, Deans Office, Chancellors, Vice Provosts</p>	<p>3QFY10</p> <p>TBD</p>	
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<p>network with real estate firms, banks, provide rental, purchasing and relocation assistance services, as well as maintain a computerized database on available rentals in the area.</p> <p>3. Provide technical transition assistance to offer faculty and staff (e.g. area schools, assistance with spouse employment, domestic partner employment, child care, elder care, transportation venues)</p> <ul style="list-style-type: none"> • <u>Develop greater campus autonomy.</u> <p>1. Solicit UCOP to allow the approval process for housing funds to be streamlined and centralized at UCSF.</p> <ul style="list-style-type: none"> • Evaluate viability of part time faculty positions to assist young families • Identify department resources to assist with recruitment problems or delays for faculty and staff recruitments. • Define and uphold expectation of excellence from all employees; define and standardize expectations for staff performance and skills across all staff titles. • Define standardized “basic skills” set for all staff recruitments to be combined with specialized skills for individual recruitments to enhance effective recruitments, redeployments, reclassifications, promotions. • Create and use assessment process for reviewing the probationary period; eliminate retention of hiring “misfires”. <p>Implement transparent hiring procedures</p> <ul style="list-style-type: none"> • Define departmental and division process • Publish diversity goals in relevant job groups • Publish recruitment protocol on website • Enhance the image of the department as a fair and open recruiter for both internal and external searches • Establish division recruitment workshops • Streamline hiring process for faculty and staff • Develop a training program to help DOM Faculty supervisors see the value of diversity. <ul style="list-style-type: none"> ○ Learn methods and gain tools to aid in the identification, recruitment and retention of diverse Staff and Faculty ○ The training will facilitate a conversation on diversity with many people in DOM across divisions and roles. • Develop best practices for hiring K-Awardees <p>Update recruitment and retention needs assessment</p>	<p>Chair, Deans Office, Chancellors, Vice Provosts</p> <p>Chair, Central Admin</p> <p>EPC, DOM HR, Central Admin</p> <p>DOM HR</p> <p>DOM HR</p> <p>DOM HR</p> <p>DOM HR Affirmative Action</p> <p>EPC Assoc. Chair for Research</p> <p>NAC</p>		
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ACTION PLAN
STRATEGIC PRIORITY: RESEARCH

Strategic Priority

Develop a plan for the research enterprise, including space and infrastructure, at all sites (SFGH, VA, Parnassus and Mission Bay) that satisfies current and future needs.

Action Plan Development Committee

Mark Anderson
Jeff Bluestone
Chip Chambers
Mark Eisner
David Gardner (Faculty Co-Champion)
Jackie Maher
Tom Martin
Barry Massie
Morrie Schambelan
Dean Sheppard (Faculty Co-Champion)
Suzanne Sutton (Administrative Co-Champion)
Art Weiss

Milestones	Who is Responsible	Date	(√)
Medicine to respond or contribute to University-wide Cores proposed by the Chancellor’s task force. <ul style="list-style-type: none"> • Decide whether to commit, and, if so, at what level to the Core Program • Select a Department representative to be recommended to the steering committee 	Talmadge King	2Q FY10 2Q FY10	
Assess satisfaction with current grants management and research support and identify areas needing improvement. <ul style="list-style-type: none"> • Develop survey with input from a representative cohort of faculty, division administrators and RSAs to assess satisfaction with research support services in the Department and the Office of Sponsored Research. • Administer survey to all Departmental faculty, RSAs and division administrators engaged in research activities and tabulate results • Establish working group of faculty and staff to address perceived needs. (BRU, need for a research 	Suzanne Sutton Suzanne Sutton	1Q FY10 2Q FY10 3Q FY10	

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associate chair might or might not emerge from this process)			
<p>Develop strategic alliance with other departments to advocate for space and resources to enhance disease-related research.</p> <ul style="list-style-type: none"> Establish a strategic alliance with other Department Chairs (Clinical and Basic Science) and ORU directors who share a vision for growth in biomedical and/or clinical/translational research at UCSF to develop a joint strategy for building disease-related research at all campuses. Establish a working group representing all partners in the alliance to begin planning for an Advanced Biomedical Sciences Building at Mission Bay 	Talmadge King <u>or Delegate</u>	2Q FY10 4Q FY10	
<p>Do a space needs assessment and inventory.</p> <ul style="list-style-type: none"> Compile data on existing Department space at all sites Obtain data on current unmet needs (e.g unfilled funded positions and funded faculty with inadequate space) from all divisions and research centers. Establish planning process to develop a research space strategy to meet strategic priorities of Department (see below) and long-term strategic goals for divisions and programs at all campuses (including determination of where programs are best situated). 	Clarice Estrada/Suzanne Sutton	2Q FY10 3Q FY10 4Q FY10	
<p>Define metrics that control space.</p> <ul style="list-style-type: none"> Form a committee representing all sites and both bench and clinical-translational research to plan a DOM strategy for space allocation that involves as much faculty input as possible from all divisions and sites, to include: <ol style="list-style-type: none"> An analysis whether metric(s) for space assignment/retention are needed, and, if so, a definition of the metric(s) An opinion whether space assignments should have a specified duration A discussion of the possibility of investigator “payment” for space above an accepted minimum (i.e. subject to a premium or tax) An evaluation whether Departmental, Divisional or site-specific prerogatives should take precedence when faculty move or leave A planning process to determine where specific 	<u>Faculty Committee</u>	4Q FY09	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Deleted: 2Q</div> <div style="border: 1px solid black; padding: 2px;">Deleted: FY10</div>

<p>bench and clinical-translational research programs in the Department should be optimally located.</p> <ul style="list-style-type: none"> • Committee deliberates and drafts position with faculty input • Seek input from strategic allies in other departments • Finalize department position 		<p>2Q-3Q FY10 3Q-4Q FY10 1Q FY11</p>	
<p>Define vision for areas of new research priorities for Department (Basic, Translational and Clinical)</p> <ul style="list-style-type: none"> • Incorporate these into space planning process (see above) • <u>Determine the appropriate size of the research enterprise</u> • Begin planning new building at Mission Bay • Work through alliance with other departments (clinical and basic science) to plan Biomedical Sciences Building and optimize space utilization at all sites • Seek approvals from campus administration (SOM and Chancellor’s Office) as well as UCOP • Raise Funds to allow building to move forward 	<p><u>Faculty Committee appointed by Talmadge and Vice Chair</u></p>	<p>2Q FY10 4Q FY10 2Q FY11 2Q FY11 3QFY11</p>	

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STRATEGIC PRIORITY: UNIFIED DOM

Comment [c1]: Maye-
 Here's our plan with a cursory pass at the Finance & Resources section that Seth Landefeld said he was working on a week ago. Cursorsy because most of this really should be moved into the Finance priority, in our opinion.
 -Erik

Strategic Priority

Create a unified DOM; develop mechanisms and infrastructure to improve communication and collaboration across sites, disciplines, programs and our four missions.

Action Plan Development Committee

Committee Member	Focus Area
Emily Bergsland	Education
Ken Covinsky	Community Building
David Daikh	Community Building
Peter Ganz, co-champion	Education
Deborah Grady	Research
Carl Grunfeld	Finance & Resources
Brad Hare	Finance & Resources
John Imboden	Cross-division Activities
Kirsten Johansen	Finance & Resources
Mallory Johnson	Research
Seth Landefeld, co-champion	Finance & Resources
Byron Lee	Education
Ken McQuaid	Education
Tracy Schaefer, co-champion	Cross-division Activities
Eric Small, co-champion	Research
Paul Volberding	Cross-division Activities
Erik Wieland, co-champion	Community Building

Introduction

The UCSF Department of Medicine has exceptional depth and breadth in all of its activities when activities are considered across all of the Department’s sites. However, the Department functions to some degree, as a collection of independent units. Many barriers inhibit more integrated operations across the Department; these barriers include decentralized management, the separate resources and distinct needs of different institutions, and geographic diversity. While there are advantages to decentralization, a more unified Department may enjoy advantages that benefit each of its component parts and create a greater whole – advantages in recognition and reputation, unity of purpose, recruitment and retention of top talent, the productivity and value of services, flexibility, and sustainability. Therefore, building a more unified Department of Medicine merits careful consideration, including the evolution of departmental culture and the development of new structures and activities when their benefits are judged to exceed their costs.

This document presents Action Plans in 5 focus areas that would likely contribute to a unified Department: education, research, community building, cross-division activities, and finances and resources. It is acknowledged that there is some overlap amongst these focus areas, but they are considered separately in order to allow more granularity in the prioritization and implementation

phases of the strategic planning process. Before implementing any of these Action Plans, further work might be considered to delineate and prioritize the goals of creating a “unified Department.” Action Plans can then be placed in the context of these goals and acted on accordingly. It is recommended that a task force be created, provided resources, and charged with delineating and prioritizing these goals and their implementation.

Notes

- Priorities modified from the original include the original wording in parentheses (“”).
- New priorities identified by the sub-committee are marked with an asterisk (*).

Focus Area 1: Cross-division Activities

Priority: **Coordinate at division level across all sites**

Due date: July 2010

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Milestones	Who is responsible	Date	(√)
Coordinate communications and meetings		<u>Jan 2010</u>	
<ul style="list-style-type: none"> Hold standing/quarterly intra-discipline Chief meetings, rotating meeting locations <u>Overlap w/UD Research and Community Building (CB)</u> 	Division Chiefs	<u>Jan 2010</u>	
<ul style="list-style-type: none"> Coordinate communications with broad appeal/impact <u>Overlap w/UD Education</u> 	Vice Chairs, Division Chiefs, DOM Central Admin, Chief Residents, Dean's Office	<u>Jan 2010</u>	
<ul style="list-style-type: none"> Consolidate calendars and meetings (rounds, journal clubs, training, etc.) <u>Overlap w/UD Education</u> 	Vice Chairs, Division Chiefs, DOM Central Admin, Chief Residents	<u>Jan 2010</u>	
<ul style="list-style-type: none"> Conduct all site/all Division Chief meetings <u>Overlap w/UD CB</u> 	Vice Chairs, Division Chiefs	<u>Jun 2010</u>	√
<ul style="list-style-type: none"> Increase number of faculty speakers from alternate sites at Grand Rounds <u>Overlap w/UD Ed and CB</u> 	Vice Chairs, Division Chiefs, Chief Residents, Grand Rounds planning committees	<u>Jan 2010</u>	
<ul style="list-style-type: none"> Invite faculty participation from alternate sites at M&M <u>Overlap w/UD Ed</u> 	Chair, Vice Chairs, DOM Central Admin	<u>Jan 2010</u>	
<ul style="list-style-type: none"> Increase faculty participation from alternate sites at Morning Report <u>Overlap w/UD Ed</u> 	Vice Chairs, Division Chiefs, DOM Central Admin, Chief Residents, Dean's Office	<u>Jan 2010</u>	
Coordinate faculty recruitment and retention, promoting transparency and collaboration <u>Overlap w/Recruitment & Retention #6 & 27; UD Finance & Resource (F&R)</u>	Vice Chairs, Division Chiefs, Search Committee chairs	<u>Apr 2010</u>	
<ul style="list-style-type: none"> Publicize multi site membership and process of promotions, particularly the role of the Executive Promotion Committee 	Chair, DOM Academic Affairs	<u>Apr 2010</u>	
<ul style="list-style-type: none"> Develop written policy for recruitments within DOM, defining appropriate transfers and career advancement vs. "poaching" 	Chair, Vice Chairs, DOM Academic Affairs	<u>Apr 2010</u>	
Develop cross division strategic plans to help identify gaps, overlaps, and opportunities for collaboration	Vice Chairs, Division Chiefs	Jul 2010	
<ul style="list-style-type: none"> Develop cross division written strategic plans for research activities <u>Overlap w/Research #3 & 6; UD Research</u> 	Vice Chairs, Division Chiefs, Assoc. Chairs for Research	Jul 2010	

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Unified DOM – Cross-division Activities

<ul style="list-style-type: none"> Develop cross division written strategic plans for education activities Overlap w/Ed – coordination of resident schedules, align resources, develop new GME model, establish funding plan; UD Ed 	Vice Chairs, Division Chiefs, Education Division, Site Coordinators	Jul 2010	
<ul style="list-style-type: none"> Develop cross division written strategic plans for clinical activities Overlap w/Clinical #4-9, 15-22; UD Ed 	Vice Chairs, Division Chiefs	Jan 2011	
Coordinate all site participation in Fellow selection and evaluation process, allowing mentors from other than home site Overlap w/UD Ed	Vice Chairs, Division Chiefs, Education Division	Jul 2010	

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Priority: **Create cross-site journal club**

Due date: [April 2010](#)

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Milestones	Who is responsible	Date	(√)
Coordinate and distribute calendar, rotating meeting locations Overlap w/UD Ed	Journal club leaders	Dec 2009	
Support attendance with video, web presence during and after journal clubs Overlap w/UD CB	Journal club leaders, IT services	Apr 2010	
Chiefs must make this a priority for faculty	Division Chiefs	Dec 2009	

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Priority: **Hold cross-site research meetings**

Due date: **December 2009**

Milestones	Who is responsible	Date	(√)
Hold standing meetings, coordinate and distribute calendar, rotating meeting locations Overlap w/UD Research	Division Chiefs, Program Directors	Dec 2009	

Priority: **Have cross attendance at more than one site**

Due date: [July 2011](#)

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Milestones	Who is responsible	Date	(√)
Apply this to all mission-related activities and functions (research, education, clinical care, public policy) Overlap with UD Ed	Vice Chairs, Division Chiefs	Jun 2010	
Increase number of faculty that have responsibilities (clinical, research, education) at multiple sites, increasing collaboration and efficiency	Vice Chairs, Division Chiefs, Search Committee Chairs	Jul 2011	

Given the amount of overlap in this section with other sections, should the responsibility for these issues be in the other sections – with faculty and staff assigned here reassigned to the other sections (with cross division activities as their focus in their new assignments)?

Focus Area 2: Finance & Resources

Priority: **Develop financial mechanisms & infrastructure to improve communication and collaboration across sites, disciplines, and programs to further our 4 missions (education, patient care, research, and public policy)**

Due date: **July 2011**

Note: The members of this focus area took the original priorities developed by the strategic planning committee and incorporated them into a finance and resources master plan. The original priorities have been identified in the master plan’s milestones as: A. Compare needs and resources, B. Create shared money pool, C. Find pilot money for cross-division ideas, D. Coordinate faculty recruitment needs, E. Share philanthropic goals across sites & Divisions, and F. Financial equity across Divisions in DOM is achieved. The co-champions agree that this methodology successfully addresses the priorities in articulating a coherent action plan. Should this entire section be subsumed within the Economic Model priority, with the faculty and staff assigned here reassigned to the Economic Model section (with “unifying DOM” as their specific priority within that group)?

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Milestones	Who is responsible	Date	(√)
Identify “Unified DOM Finances and Resources Task Force” to move this process forward and to report to the Chair and Faculty by <u>September 30, 2010</u> , including recommendations on how to complete this process. The Task Force will require faculty and staff involvement.	Chair	<u>Oct 2009</u>	
Articulate Goals for Finances and Infrastructure that Promote Unified Division and DOM (e.g., recruitment and retention of top talent; increase productivity/value of products and services; increase flexibility; increase sustainability)	F&R Task Force	<u>Dec 2009</u>	
Define Range of Models for Finances and Infrastructure across Sites, Along the Spectrum from Separate to Unified	F&R Task Force	<u>Jan 2010</u>	
A. Define Current Structure of Finances and Infrastructure at Different Sites, including Funds Flow and Philanthropic Activities	F&R Task Force	<u>Apr 2010</u>	
Articulate Barriers to “Unification” of Finances and Infrastructure (e.g., power/stature/autonomy of site-specific administrative units; interests of different medical centers; complexity; communication; costs of required site-specific infrastructure such as credentialing and computer training)	F&R Task Force	<u>Apr 2010</u>	
Engage Institutional Leaders and Stakeholders in Discussion of “Unification”	F&R Task Force, Chair, Vice Chairs	<u>Apr 2010</u>	
Report to Department Leadership and Division Chiefs	F&R Task Force	<u>May 2010</u>	
Review and Revise Plans for Subsequent Steps	F&R Task Force	<u>May 2010</u>	
A. Define needs at different sites	Division Chiefs	<u>Jul 2010</u>	

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Choose Model for Finance and Infrastructure across Sites for the Specific Division	Division Chiefs	Jul 2010	Deleted: Mar
B/C. Implement the Model, including creation of shared money pool and procedures for allocation of funds for pilot projects and other uses Overlap with UD Education – share fellows funding.	Division Chiefs	Sep 2010	Deleted: Jun
D. Coordinate faculty recruitment needs and procedures Overlap with Recruitment and Retention – assessment and recruitment.; UD Cross Division Activities – coordinate recruitment and retention	Division Chiefs, Chair, Vice Chairs	Dec 2010	Deleted: Sep
Evaluate Financial equity across Divisions in DOM	Division Chiefs, Chair, Vice Chairs	Dec 2010	Deleted: Sep
F. Develop principles and process for achieving financial equity	Division Chiefs, Chair, Vice Chairs	Mar 2011	Deleted: Dec Deleted: 0
Articulate philanthropic goals across sites & Divisions, including Centers of Excellence	Division Chiefs, Chair, Vice Chairs	Sep 2010	Deleted: Jun
E. Develop and implement strategy to achieve philanthropic goals	Division Chiefs, Chair, Vice Chairs	Mar 2011	Deleted: Dec Deleted: 2010

Focus Area 3: Education

Priority: **Define common education position for DOM**

Due date: September 2010

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Milestones	Who is responsible	Date	(√)
Improve coordination of programs across sites, including Education office in oversight <ul style="list-style-type: none"> Coordinate communications (e.g. email notices) with broad appeal/impact Consolidate calendars and meetings (clinical case conference, journal clubs, M&M, etc.) Discuss other opportunities for improved coordination with representatives from Education Office <u>Overlap w/UD Com Bldg (CB)</u> 	Chair, Division Chiefs, DOM Central Admin., Assoc. Chair for Education	<u>Apr 2010</u>	
Create cross-site educational conferences in all Divisions (e.g. Journal Club, M&M, Clinical Case Conferences, Research in Progress) <ul style="list-style-type: none"> Schedule conferences, rotating responsibility/speakers between sites Coordinate and distribute calendar of meetings, including online access Provide administrative support (attendance, calendar distribution, CME accreditation) Rotate meeting location between sites (ensuring parking is available for all attendees) and/or support attendance with <i>accessible</i> video conferencing technology at all sites (including UCSF Fresno) Chiefs must make this a priority for faculty/trainees (goal 80% attendance) <u>Overlap with UD Cross Div Activities (CDA) and CB</u> 	Conference organizers, Division Chiefs, IT, Chair	<u>Apr 2010</u>	
Increase the number of faculty who have responsibilities at multiple sites by supporting the following opportunities: <ul style="list-style-type: none"> Attending in a clinic at another site ½ day per week In-patient attending at another site (e.g. 2-wk or 4-wk blocks) 1-month “sabbaticals” at another site aimed at acquiring new skills and/or transferring expertise in a certain area <u>Overlap w/UD CDA and CB</u> 	Division Chiefs, Chair	<u>Sep 2010</u>	

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<p>Coordinate opportunities for <u>faculty education</u> across sites/Divisions</p> <ul style="list-style-type: none"> Filter and consolidate opportunities that already exist on campus through School of Medicine, CTSI, DOM, UCSF-HR, Office of Sponsored Research, and other groups Identify educational opportunities that are particularly relevant to DOM faculty and communicate these in a timely manner (e.g. Art of Effective Feedback and Remediation, Time Efficient Clinical Teaching, Faculty Mentoring, Conflict Management and Resolution, Work-life Balance) Consider setting aside time (in advance) once or twice a year for DOM-wide educational activities 	<p>Chair, DOM Central Admin., Division Chiefs</p>	<p><u>May 2010</u></p>	
<p>Identify areas of overlap and potential collaboration with respect to <u>fellowship training</u> across all sites and Divisions:</p> <p>Joint educational sessions:</p> <ul style="list-style-type: none"> Delivering bad news End of life care Complementary medicine Work-life balance Career development (e.g. CV preparation, public speaking, manuscript preparation) Grant writing Financial planning Radiology 101: CT/MRI/Nuc Med <p>Central repository of templates related to required documentation (coordinate with GME):</p> <ul style="list-style-type: none"> Feedback and evaluation templates Surveys (current fellows, past fellows, faculty) Documentation of competency <p>Clinical activities (when appropriate)</p> <p><u>Overlap with UC CDA and CB, Clinical Activities #21 and Education (schedules, develop new model of GME)</u></p>	<p>Program Directors, Assoc. Chair for Education</p>	<p><u>May 2010</u></p>	

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Priority: **Share fellowship money and leadership** Overlap Econ Model Step 6B, UDCDA, Education – funding plan and align resources

Due date: July 2010

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Milestones	Who is responsible	Date	(√)
<p>Identify opportunities and develop a plan after looking to residency program for model on distributed leadership</p>	<p>Assoc. Chair for Education, Residency Program Director and Assoc. Directors</p>	<p><u>Apr 2010</u></p>	

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Identify faculty across sites/Divisions who can assist in recruitment process and mentoring of fellows during research phase of training <ul style="list-style-type: none"> Distribute contact information and area of research to Program Directors 	Program Directors	Apr 2010	
Identify all training grants within DOM and distribute list to program directors (including name of grant, PI, contact information, and number slots/yr) <ul style="list-style-type: none"> Establish plan for filling training grant positions (deadline for applying, prioritization of fellows from within/outside home division) Overlap UD Research 	Division Chiefs, Program Directors	Apr 2010	
Recognizing that all sites share the responsibility for training fellows, identify additional sources of support for Program Directors and Fellowship Coordinators (<i>besides pro fees from faculty based at Parnassus /MZ</i>) <ul style="list-style-type: none"> Consider consolidation of smaller programs to reduce overall financial burden Overlap Education – establish funding plan 	Program Directors, Division Chiefs, Education Office, Chair, Vice Chairs, Assoc. Chairs	Apr 2010	
Establish centralized library/list of funded grants Overlap UD Research	Program Directors, Education Division	Jul 2010	

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Focus Area 4: Research

Priority: **Develop a comprehensive research inventory**

Due date: **July 2011**

Milestones	Who is responsible	Date	(√)
Identify and inventory current multi-site research programs.	Assoc. Chairs for Research	Jan 2010	
Identify successful cross-campus collaborations and develop understanding of elements leading to success Overlap within Unified DOM – Research: Encourage intercampus research	Assoc. Chairs for Research	Jan 2010	
Inventory of potential resources to be used in cross campus collaborations, including databases, unique patient populations. Overlap with Clinical Activities – Departmental Alignment (19)	Assoc. Chairs for Research	Jan 2010	
Compile and maintain current a “facilities and resources” page for each campus including information such as demographics of patient populations. Overlap with Research – 4	Assoc. Chairs for Research	Jul 2010	
Compile and maintain demographic information at each site by general disease category (eg. – hypertension, lung cancer, etc) Related to external project: CTSI Faculty Profiles	Assoc. Chairs for Research	Jul 2011	

Priority: **Encourage intercampus research (was “Encourage multiple site PO-1”)**

Due date: **July 2011**

Milestones	Who is responsible	Date	(√)
Pilot funds for cross-campus projects.	Assoc. Chairs for Research	Jan 2010	
Identify and develop institutional resources to fund cross-campus research.	Assoc. Chairs for Research	Jul 2011	
Facilitate and incentivize shared research efforts, including administrative space and support	Assoc. Chairs for Research	Jul 2011	

Priority: **Standardize and rationalize grant support and funding models (was “Rationalize K salary”)**

Due date: **July 2011**

Milestones	Who is responsible	Date	(√)
Standardize K award salary across sites to same level (variation within NIH institute a given.)	Vice Chairs	Jul 2010	

Support and Promote greater interdisciplinary and intercampus involvement (e.g., P01).	Vice Chairs, Assoc. Chairs for Research	Jul 2011	
Provide centralized support in developing contracts and budgets that allow uniformity across sites, and a single contract and budget with pharma/industry.	Vice Chairs, Assoc. Chairs for Research	Jul 2011	
Address inequities of administrative and financial support for research projects across sites. <u>Overlap with Economic Model Step 2 (“...Determine feasibility of integrating common economic model...”)</u> <u>Possible overlap with Clinical Activities – Departmental Alignment (20)</u>	Vice Chairs, Assoc. Chairs for Research		

Priority: **Coordinate and support research staff across department**

Due date: **July 2011**

Milestones	Who is responsible	Date	(√)
Identify impediments to shared personnel and resources. <u>Overlap with Economic Model Step 3 (“...Review... research... roles... in terms of value provided, workload, fairness...”)</u>	Vice Chairs	Jan 2010	
Develop and fund designated staff (“navigators”) to facilitate cross-campus research, including operations in context of site-specific rules and policies. <u>Overlap with Recruitment & Retention – Retention (16, 19)</u>	Chair, Vice Chairs	Jul 2010	
Provide administrative and financial resources to encourage shared personnel (research, admin, clinical trial office) across sites. <u>Overlap with Economic Model – Suggested Milestone C/D</u> <u>Overlap with Recruitment & Retention – Retention (19)</u> <u>Overlap with Research – 2</u>	Chair, Vice Chairs	Jul 2011	

Priority: **Coordinate and support research resources across department**

Due date: **July 2011**

Milestones	Who is responsible	Date	(√)
Work with various Clinical Research Centers across campuses to establish policies and operations of multi-site projects.	Assoc. Chairs for Research	Jan 2010	
Evaluate barriers to developing shared databases (e.g., Firewalls), and develop strategy to overcome barriers.	Assoc. Chairs for Research	Jan 2010	
Establish centralized multicampus research information clearinghouse (? house on web page), e.g., centralized listing of all research meetings and symposia	Assoc. Chairs for Research	Jul 2010	
Develop shared databases, including use of EMR.	Assoc. Chairs for Research	Jul 2011	

Priority: **Promote and support research faculty mentoring**

Due date: **July 2011**

Milestones	Who is responsible	Date	(√)
Develop tools for assessing the degree of cross-campus activity of faculty.	Assoc. Chairs for Research, CTSI	Jul 2010	
Establish cross site mentoring teams for junior faculty (eg – for K awards, require at least one off-site advisor) <u>Overlap with Recruitment & Retention – Development (8, 10, 11)</u>	DOM Mentor Facilitators	Jul 2010	
Incorporate cross-campus activities into faculty promotions process, rewarding cross-campus mentoring and participation in cross-site research.	Assoc. Chairs for Research	Jul 2011	

Priority: **Develop and support shared research meetings and conferences**

Due date: **July 2010**

Milestones	Who is responsible	Date	(√)
Establish and coordinate multicampus quarterly meeting re research methodology and operations symposia (not disease oriented). Recommended symposium topics: <ul style="list-style-type: none"> • Clinical Trial Methodology • Grant Writing 101 • NIH operations • Contracts and Budgets with Industry • Research Career Development <u>Overlap with Education – Develop new model of GME (2)</u>	Assoc. Chairs for Research	Jan 2010	
Establish Regular Meetings of Multi Site Research Programs <ul style="list-style-type: none"> • Cross-site lab meetings • Combined multi site research retreats – DOM support 	Assoc. Chairs for Research	Jul 2010	

Focus Area 5: Community Building

Priority: **Hold all Division Chief meeting making unity a clear departmental priority**
 Due date: **June 2010**

Milestones	Who is responsible	Date	(√)
Quarterly all-Division Chiefs (DC) Meetings, run by Chair	Chair	Jun 2009	√
Report on major domains and strategic plan progress at each meeting (Economic, Clinical, Research, Education, Policy, Infrastructure)	Chair	Oct 2009	
• Updates from Vice Chairs at each meeting	Vice Chairs	Oct 2009	
• Periodic report from groups of (3) division chiefs on recent program assessment	Division Chiefs	Jan 2010	
All-DC Meetings at 4 sites (Parnassus, SFGH, VA, Mission Bay)	Chair, Vice Chairs	Jun 2010	
80% Attendance goal for DCs at all sites	Division Chiefs	Jun 2010	

Priority: **Support site Division Chief role**
 Due date: **June 2010**

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Milestones	Who is responsible	Date	(√)
Involve all site DCs in faculty and staff recruitment <ul style="list-style-type: none"> Site DCs regularly informed of recruitments, interviews Recruits interview with site DCs, appropriate faculty at all sites <u>Overlap with Recruitment & Retention:</u> <ul style="list-style-type: none"> <u>Development – steps 8 (“Enhance resources and tools to strengthen the Division Chief’s role...”), 9 (“Develop and on-line site for resources for Division Chiefs”)</u> 	Division Chiefs	<u>Dec 2009</u>	
Leverage DOM influence for site-specific negotiations (e.g., space).	Division Chiefs	<u>Feb 20102009</u>	
Annual meeting with Chair with all (3) DCs, to replace one or more current individual DC meetings with Chair	Chair, Division Chiefs	<u>Mar 20102009</u>	
Annual cross-site DC meeting <ul style="list-style-type: none"> Written report to be presented to division faculty and all-DCs meeting. 	Division Chiefs	<u>Jun 2010</u>	

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Priority: **Identify current best practices (consider DOM Geriatrics & Rheumatology Division models)**
 Due date: **November 2010**

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Milestones	Who is responsible	Date	(√)
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<p>Survey of DCs and Vice Chairs to identify current practices. Identify best practices for replication. Examples include:</p> <ul style="list-style-type: none"> • Division all-site conference(s) • Division all-site faculty meetings • Division all-site retreat • NIH Training program or other PPGs 	<p>Division Chiefs</p>	<p>Jan 2010</p>	
<p>Incorporate and replicate best practices by all divisions</p> <p><u>Overlap with Unified Department of Medicine (UD) Cross-division Activities (CDA):</u></p> <ul style="list-style-type: none"> • <u>Coordinate at division level across all sites</u> <ul style="list-style-type: none"> ○ <u>Coordinate communications and meetings – bullets 2 (“Coordinate communications...”) and 3 (“Consolidate calendars...”)</u> ○ <u>Coordinate faculty recruitment and retention – Develop cross division strategic plans</u> • <u>Create cross-site journal club</u> • <u>Hold cross-site research meetings</u> • <u>Have cross attendance at more than one site</u> 	<p>Division Chiefs</p>	<p>Apr 2010</p>	

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<p>Involvement of all sites in Fellowship Training Program</p> <ul style="list-style-type: none"> Recruitment Coordination of curriculum and training activities Research mentoring Regular meetings between (3) clinic chiefs and program directors <p><u>Overlap with UD:</u></p> <ul style="list-style-type: none"> <u>Education – Define common education position for DOM</u> <ul style="list-style-type: none"> Improve coordination of programs Create cross-site educational conferences Increase number of faculty who have responsibilities at multiple sites Identify areas of overlap and potential collaboration <u>Research – Promote and support research faculty mentoring</u> <ul style="list-style-type: none"> Incorporate cross-campus activities into faculty promotions process <u>Research – Develop and support shared research meetings and conferences</u> <ul style="list-style-type: none"> Establish and coordinate multicampus quarterly meetings <p><u>Overlap with Clinical Activities (CA):</u></p> <ul style="list-style-type: none"> Departmental Alignment step 21 (“Develop a cross-Divisional curriculum for fellows...”) <p><u>Overlap with Education:</u></p> <ul style="list-style-type: none"> Needs Assessment of training vs staffing (step 2) Research best practices in other programs Department help with aligning resources to educational goals and staffing Develop new model of graduate medicine education... 	<p>Division Chiefs</p>	<p><u>Sep 2010</u></p>	
<p>Coordination in faculty recruiting between Chair, Vice Chairs and DCs</p>	<p>Chair, Vice Chairs, Division Chiefs</p>	<p><u>Nov 2010</u></p>	

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Priority: **Establish a single Grand Rounds**

Due date: **December 2009**

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Milestones	Who is responsible	Date	(✓)
<p>Establish UCSF Medicine Grand Rounds (UCMGR) Committee to develop format and evaluate format and content of activity for CQI</p>	<p>Chair, Vice Chairs, Assoc. Chair for Education</p>	<p><u>Oct 2009</u></p>	

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Establish UCMGR, renaming site-specific Grand Rounds if needed <u>Overlap with UD-CDA:</u> • <u>Coordinate communications and meetings – bullet 5 (“Increase number...”)</u>	Chair, Vice Chairs, UCMGR Committee	<u>Jan 2010</u> <u>2009</u> <u>9</u>	
Present 4 UCMGRs per year: • 2 at Parnassus, including the Holly Smith Lecture • 1 each at VA and SFGH	UCMGR Committee, Chair, Vice Chairs	Apr 2010	
Support all Grand Rounds with video conferencing, web conferencing, appropriate media and communications	DOM IT service providers	Jun 2010	
Achieve goal of 100% faculty and trainee attendance at 2/4 UCMGRs	Division Chiefs, Program Directors	Jun 2010	

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Priority: **Establish DOM semi-annual meeting**

Due date: April 2010
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Milestones	Who is responsible	Date	(√)
Establish committee to propose format	Chair, Vice Chairs	<u>Oct 2009</u>	
<u>First All-DOM Meeting: State of the Department Committee proposes format to Chair, Vice Chair</u>	<u>Chair, Vice Chairs All-DOM Meeting Committee</u>	<u>Oct Sep 2009</u>	
<u>Committee proposes format to Chair, Vice Chair</u>	<u>All-DOM Meeting Committee</u>	<u>Sep Nov 2009</u>	
Committee evaluates State of Department meeting results, refines/revises format, content	All-DOM Meeting Committee	Jan 2010	
Second All-DOM Meeting: DOM Town Hall • Issues forum, with content solicited from entire DOM community • Rotate site and participation	Chair, Vice Chairs	Apr 2010	
Site-specific faculty meeting following DOM Town Hall to discuss issues, opportunities	Vice Chairs	Jun 2010	

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Priority: **Increase shuttle service between sites**

Due date: August 2010

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Milestones	Who is responsible	Date	(√)
Chairs charge working group to negotiate with VAMC, UCSF Parking & Transportation	Chair, Vice Chairs	<u>Nov 2009</u>	
Develop usage needs	Working group	<u>Jan 2010</u> <u>2009</u> <u>9</u>	
• Review demographics and current services at each site	Working group	<u>Feb 2010</u> <u>2009</u> <u>9</u>	

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<ul style="list-style-type: none"> Develop recommended service intervals and destinations for each site. Suggestions: <ul style="list-style-type: none"> Maximum of 30-minute interval for shuttles from Mission Bay, Mount Zion, SFGH or VAMC to Parnassus from 7 AM to 7 PM. Wifi service on longer routes. More accessible shuttle schedule information, including connections (cf. 511.org). 	Working group	<u>Mar</u> <u>2010200</u> <u>9</u>		Deleted: Sep Deleted: 2009
Needs reviewed by VAMC, Parking & Transportation within scope of existing service, feasibility documented.	Working group, VAMC, P&T	<u>Apr</u> <u>2010200</u> <u>9</u>		Deleted: Oct Deleted: 2009
Recommendations presented to Chairs	Working group	<u>May</u> <u>2010200</u> <u>9</u>		Deleted: Nov Deleted: 2009
Chairs act on recommendations to either: <ul style="list-style-type: none"> Fund solution(s), Empower working group to negotiate on DOM's behalf at campus level, or Directly engage school, campus, county, federal and neighborhood leadership to act on recommendations. 	Chair, Vice Chairs	<u>Jun</u> <u>2010200</u> <u>9</u>		Deleted: Dec Deleted: 2009
New services in place	VAMC, P&T	<u>Aug 2010</u>		Deleted: Feb
<u>Other actions predicated on the completion of this priority:</u> <ul style="list-style-type: none"> <u>UD-CDA – Have cross attendance at more than one site</u> <u>UD Education – Define common education position for DOM (“Create cross-site educational conferences..., Increase the number of faculty who have responsibilities...”)</u> 				Formatted: Bullets and Numbering

Priority: **Video conferencing capability in place**

Due date: September 2010

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Milestones	Who is responsible	Date	(√)	
Charge a unified and effective IT working group composed of key people from each site plus service providers: <ul style="list-style-type: none"> DOM IT Services (Parnassus, Mount Zion, Mission Bay) SOM SFGH Dean's Office Computing & Network Services (SFGH, Mission Bay) CAPS IT (50 Beale Street) SOM Dean's Office Information Services Unit (Mission Bay, Parnassus, VAMC) SF VAMC IT/Network service providers UCSF Medical Center IT (Parnassus) UCSF EdTech (formerly IRTS) 	Chair, Vice Chairs or their designees	<u>Oct 2009</u>		Deleted: Jul
Develop videoconferencing technical and use criteria in consultation with site leaders in DOM mission areas, administrators	Working group	<u>Nov 2009</u>		Deleted: Aug
Add to UCSF/VAMC MOU negotiations	Chair, Dean	<u>Dec 2009</u>		Deleted: Sep

Unified DOM – Community Building

Review current video conferencing solutions at UCSF, affiliated organizations and commercial solutions, and issue report indicating preferred solutions and whether they already exist	Working group	<u>Jan 2010</u> <u>2009</u>	
Develop technical and deployment requirements for recommended solution	Working group	<u>Mar 2010</u> <u>2009</u>	
Present recommendation to Chairs, DOM directors	Working group	<u>Apr 2010</u>	
Decide to build it, buy it, or kick it up to SOM, Medical Center and/or campus leaders	Chair, Vice Chairs, DOM directors	<u>Apr 2010</u>	
<i>If DOM builds or buys it:</i>			
• Issue PO(s)	DOM directors	<u>May 2010</u>	
• Systems delivered, built, and tested	IT managers	<u>Jul 2010</u>	
• System(s) demonstrated	IT managers	<u>Sep 2010</u>	
<i>If decision is kicked up to SOM, Medical Center and/or campus:</i>			
• Chairs and/or directors take case to decision-makers • Keep UCSF/VAMC MOU negotiations • Keep pressure on until a solution is delivered	Chair, Vice Chairs, Central Admin. <u>Managersmanage</u> <u>rs</u>	<u>Sep 2010</u>	
<u>Other actions predicated on the completion of this priority:</u>			
<ul style="list-style-type: none"> • <u>UD-CDA – Create cross-site journal club (“Support attendance with video...”), Hold cross-site research meetings (“Hold standing meetings...”)</u> • <u>UD Education – Define common education position for DOM (“Create cross-site educational conferences...”)</u> • <u>UD Research – Establish Regular Meetings of Multi Site Research Programs</u> 			

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Priority: **Establish authority of Vice Chairs to represent DOM in UCSF campus meetings**
Due date: **June 2010**

Milestones	Who is responsible	Date	(√)
Chair establishes and documents scope of Vice Chairs’ authority in terms of finance, space, etc.	Chair, Assoc. Chair for Fin. & Admin., Vice Chairs	<u>Nov 2009</u>	
Regular meetings between Chair and Vice Chairs to discuss SOM Department Chair and other key meetings	Chair	<u>Nov 2009</u>	
Vice Chairs begin accompanying Chair to meetings	Chair, Vice Chairs	<u>Nov 2009</u>	

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<u>Letter to Dean from faculty co-champions (including Parnassus, VA, and SFGH member) articulating cross-site community building as a major strategic initiative, expressing concern that refusal to accept Vice Chairs as representatives of the Chair undermines this initiative, and requesting meeting to discuss. Goal 100% DOM attendance at key meetings (Chair or a Vice Chair)</u>	<u>Select faculty leaders from all sites</u> <u>Chair, Vice Chairs</u>	<u>Jan 2010</u> <u>Sep 2009</u>	
<u>Goal 100% DOM attendance at key meetings (Chair or a Vice Chair)</u>	<u>Chair, Vice Chairs</u>	<u>Sep Jun 2009</u> <u>10</u>	

Priority: **Change culture to build sense of community**
 Due date: **March 2012**

Milestones	Who is responsible	Date	(v)
Form a standing communications team	Chair, Vice Chairs, directors	<u>Oct 2009</u>	
DOM Style Guide – consisting of guidelines for graphic identity, language and terms, and communications – is published and disseminated <u>Overlap with all actions involving communications:</u> <ul style="list-style-type: none"> <u>Economic Model – step 6 (“Once model is approved...”), suggested milestone B (“Strengthen marketing to...”)</u> <u>Recruitment & Retention – steps 6 (“Publish Needs Assessment...”), 7 (“Publish modified Needs Assessment...”), 8 (“Enhance resources and tools...”), 9 (“Develop an on-line site...”)</u> <u>UD Education – Define common education position for DOM (“Central repository of templates...”)</u> <u>CA – Collaboration and Communication (step 18: “Creation of an effective communication infrastructure...”), Departmental Alignment (step 22: “Develop a culture that promotes and rewards clinical excellence...”)</u> <u>Education – Needs Assessment of training vs staffing (step 2: “Common survey...”)</u> <u>Public Policy – Current faculty involvement in public policy assessed (“electronic administration of final questionnaire”)</u> 	<u>Apr 2010</u>		
<ul style="list-style-type: none"> Style guide is developed and released for comment. 	Communications team	<u>Jan 2010</u> <u>2009</u> <u>9</u>	
<ul style="list-style-type: none"> Resources to support use of Style Guide are completed: graphics, web templates, document templates, etc. 	(IT and web teams, UCSF Documents Media & Mail, outside design consultants)	<u>Mar 2010</u> <u>2009</u> <u>9</u>	

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<ul style="list-style-type: none"> Style guide published and disseminated to the Department. 	Communications team	<u>Apr 2010</u>	Deleted: Jan
Intradepartmental communications standardized	Chair’s and Vice Chairs’ offices, Central Admin. managers	<u>Jun 2010</u>	Deleted: Mar
<ul style="list-style-type: none"> Chairs’ offices have identified specific DOM populations/demographic groups 	Chair’s and Vice Chairs’ offices	<u>Nov 2009</u>	Deleted: Aug
<ul style="list-style-type: none"> Current communication channels inventoried 	Chair’s and Vice Chairs’ offices, IT groups, Development office	<u>Jan 2010</u> <u>2009</u>	Deleted: Oct Deleted: 09
<ul style="list-style-type: none"> Communications templates/standards created and disseminated 	Communications team	<u>Apr 2010</u>	Deleted: Jan
<ul style="list-style-type: none"> Communications standards “enforced” 	Chair’s and Vice Chairs’ offices, communications team	<u>Jun 2010</u>	Deleted: Mar
Establish practice of regular, thoughtful and planned communication with faculty, staff and friends of DOM that is coordinated across all media.	Chair’s and Vice Chairs’ offices, communications team	<u>Sep 2010</u>	Deleted: Jun
Establish calendar of DOM-wide events for faculty, staff and trainees. Suggestions: <ul style="list-style-type: none"> State of Department address DOM Town Hall meeting DOM Day (Academy of Sciences, Exploratorium, etc.) Holly Smith Lecture 	Chair’s and Vice Chairs’ offices, directors, communications team	<u>Nov 2010</u>	Deleted: Aug
DOM Communications road show to promote adoption of standards	Communications team	<u>Jan 2010</u> <u>2010</u> <u>0</u>	Deleted: Oct Deleted: 0

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First All-DOM Meeting: State of the Department	Chair, Vice Chairs	Oct 2009	
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Letter to Dean from faculty co-champions (including Parnassus, VA, and SFGH member) articulating cross-site community building as a major strategic initiative, expressing concern that refusal to accept Vice Chairs as representatives of the Chair undermines this initiative, and requesting meeting to discuss.	Select faculty leaders from all sites	Aug 2009	
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ACTION PLAN
STRATEGIC PRIORITY: CLINICAL ACTIVITIES

Strategic Priority

Organize clinical activities to improve quality, safety, efficiency and patient and provider experiences.

Action Plan Development Committee

Alice Chen (faculty co-champion/SFGH)
Kevin McLaren (administrative co-champion/Parn)
Niraj Sehgal (faculty co-champion/Parn)

Andy Auerbach (Parn)
Josh Adler (Parn)*
Jeff Critchfield (SFGH)
Lloyd Damon (Parn)
Janet Diaz (SFGH)
Bree Johnston (VA)
Miriam Gonzales-White (Parn)
Mary Ellen Kleinhenz (Parn)
Margot Kushel (SFGH)*
Sumant Ranji (Parn)
Kris Twining (Parn)
Arpana Vidyarthi (Parn)
Bob Wachter (Parn)*
Lisa Winston (SFGH)
** unable to attend 5/20/09 meeting*

Guests: Lauren Carr and Alma Yates

Add: Ning Tang

Clinical Context

While the Department of Medicine is widely recognized as a national leader in both research and education, its reputation for innovation in clinical services is less established, partly due to a multiple medical center structure within the Department. Given the national priority for health care reform, as well as the Departmental investment in the residency's Educational Innovation Project, our Strategic Group's focus on organizing clinical activities to improve the quality and efficiency of care, as well as patient and provider (including trainees), experiences is timely.

Action Plan Process and Overview

Our strategic working group divided into three subgroups to discuss data needs, leadership and systems innovation, and alignment and accountability. We decided on these three domains because we felt they encompassed the major elements needed to achieve our strategic priority goal:

- 1) Data needs: without timely, relevant data on patient quality, safety and satisfaction as well as provider productivity and satisfaction, we will be unable to assess our strengths and shortcomings and what our goals should realistically be.
- 2) Leadership and systems innovation: once we develop quality, safety, productivity and satisfaction measures and goals, we need clinical and administrative champions to define, articulate and lead our quality and clinical process improvement efforts.
- 3) Alignment and accountability: this may be the most critical step, developing incentive and compensation systems that hold both Divisions and individual providers accountable and align our multiple missions of clinical care, education and scholarly activities.

While the discussion was primarily organized by these three domains, we also focused on cross-cutting themes, including a) resource needs and allocation priorities, b) alignment with the DOM/SOM/Medical Center mission, c) cross-fertilization through sharing of best practices at each campus, and d) patient-centeredness.

We attempted to organize the milestones by themes that reflect some staging or progression, but would emphasize that the process should not be linear, and that much of this work should occur in parallel.

Activities/milestones to be completed by June 30, 2010

Milestones	Who is responsible	Date	(√)
<p>ORGANIZATIONAL ASSESSMENT</p> <p>Produce a clear organizational chart for the DOM that identifies all individuals currently involved in clinical operations and quality improvement activities at each campus, by Division, for both outpatient and inpatient activities. This should include physician administrators, physician quality/safety leaders, as well as non-physician analysts and service line directors. It should also include whether these individuals have dedicated FTE for these activities, and if so, at what level of support.</p> <p>Collate existing standing reports and data on patient quality, safety, productivity and satisfaction for each campus for both inpatient and outpatient activities.</p> <p>Clarify relative roles and responsibilities of DOM and medical centers for data acquisition, management, and analysis.</p> <p>Identify current faculty and staff incentives (monetary</p>	<p>Niraj</p>		

and non-monetary, e.g. promotions process) for clinical activities, including inclusion of quality and productivity metrics.

DEVELOPING A BLUEPRINT

Working from the existing organizational chart, develop an **ideal organizational structure** for the DOM at each campus that provides clinical, administrative and analyst leadership and support for operations and quality improvement activities in both outpatient and inpatient settings. This should include:

- Defined Divisional leadership roles, expectations and responsibilities
- Defined clinical service leadership roles, expectations and responsibilities
- Defined quality improvement leadership roles, expectations and responsibilities
- Defined patient safety leadership roles, expectations, and responsibilities
- Defined roles and responsibilities for all faculty and residents who participate in providing clinical care

[Note: given the large overlap in clinical service, quality improvement and patient safety work, the above roles may be occupied by the same or different faculty for a given Division]

Establish **DOM priorities** in clinical service, quality improvement, and patient safety for each campus, for both outpatient and inpatient arenas (with some common goals across campuses, if feasible).

Develop **mechanisms for accountability and alignment** for Divisional, clinical service, quality improvement, and patient safety leaders and front line clinicians and staff through incentive programs (both financial and non-financial).

Develop **quality dashboards or scorecards** for each campus, for both outpatient and inpatient arenas (ideally some common measures across campuses) that are supported by reliable data systems. These data should allow DOM, Divisions, and individual faculty to measure

their performance in a timely and clinically relevant manner that aligns with the DOM priorities.

Explore the feasibility of **integrating clinical services** among the three sites from economic, education and operational points of view.

CAPACITY BUILDING

Invest in **human and IT infrastructure** needed to provide timely clinical and quality data to Divisions, clinical services, individual faculty and trainees. As part of this process, formal and streamlined access to CTSI data should be explored, with establishment of a governance structure for quality and clinical service improvements, if applicable.

Provide **leadership and change management training** to Divisional, clinical service, quality improvement, and patient safety leaders as a targeted faculty development effort. The VA Quality Scholars program should serve as a key partner in developing such a program.

COLLABORATION AND COMMUNICATION

Create a system for **shared learning and dissemination** of innovations in clinical service, quality improvement, and patient safety. Activities should include:

- Establishment of an Ambulatory Quality Council and a Hospital Quality Council that each encompasses key clinical service, quality improvement, and patient safety leaders across the three campuses and that meet on a semi-annual basis.
- Establishment of a DOM Quality Improvement group for each campus that is cross-Divisional and meets on a quarterly basis.
- Organization of clinically focused retreats by campus to share challenges, learnings, innovations, and communicate goals for coming year (both DOM and Division specific goals).
- Creation of an effective communication infrastructure and process that includes (but is not limited to) regular communication among:
 - Division leadership across campuses

- Clinical service leadership at each campus
- Quality improvement leadership at each campus
- Patient safety leadership at each campus

DEPARTMENTAL ALIGNMENT

Develop mechanisms to support **data collection and analysis** that simultaneously support clinical operations, quality improvement, education/training and scholarship efforts.

Establish **DOM funding opportunities** for clinical process, quality, and patient safety improvement projects that both improve patient care and produce scholarly products for dissemination.

Align DOM clinical service, quality improvement, and patient safety missions with DOM mission to provide high quality **education and training** for students, housestaff, and fellows. Activities should include:

- Timely provision of **resident and fellow schedules** for outpatient clinic scheduling.
- Integration of clinical process improvement, quality improvement, and patient safety assessment, principles, skills, and projects as part of EIP and other curricular innovation efforts.
- Establishment of incentives for housestaff to achieve DOM (and respective medical centers’) clinical and quality/safety goals in both outpatient and inpatient settings.
- Development of a cross-Divisional curriculum for fellows that includes training in quality/safety principles and activities. The Moffitt Hospital CF clinic should serve as a best practice model for such a program.
- Development of opportunities for residents and fellows to pursue scholarly work on quality and clinical process improvement.
- Establishment of Divisional Morbidity and Mortality conferences that involve residents and fellows in identifying safety and quality concerns.
- Establishment of awards and acknowledgement for quality and clinical process improvement projects completed by trainees.

<p>Develop a culture that promotes and rewards clinical excellence and innovations in clinical process, quality improvement, and patient safety efforts. Activities should include:</p> <ul style="list-style-type: none"> • Inclusion of a standing Clinical Quality Corner in the DOM Newsletter. • Celebration of quality improvement and patient safety accomplishments through awards and acknowledgements similar to those for researchers and educators. • Development and integration of “Clinical Leadership” and “Quality Improvement” portfolios into the promotions process. 			
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ACTION PLAN
STRATEGIC PRIORITY: EDUCATION

Strategic Priority

Create the best academic model of student, residency and fellowship training supported with appropriate resources, including funds, space and infrastructure

Action Plan Development Committee

Clarice Estrada (administrative co-champion)	Karen Hauer
Patricia Cornett (faculty co-champion)	Brad Sharpe
Beth Harleman (faculty co-champion)	Christina Lee
Bobby Baron	Jennifer Siegel
Molly Cooke	Delphine Tuot
Harry Hollander	Leslie Zimmerman
Donald Abrams	Mike Harper
David Daikh	Sharad Jain
	Kathy Julian

Overview of strategic priority

The clinical, social and regulatory context in which medical education is delivered has changed dramatically in the last 5-10 years. New forces including the rapid growth in medical knowledge, limitation of trainees' time at work, the focus on patient safety and expectations for increased faculty supervision all play a role in shaping the experience of physician trainees. The Department of Medicine at UCSF has consistently provided high quality teaching experiences for medical students and has attracted and trained outstanding residents and subspecialty fellows. Through the diversity and learning value of our clinical sites and the strength and commitment of our faculty teachers, many of whom donate their time, our department has successfully maintained a high educational standard.

Our educational programs now have the opportunity to be at the forefront of the development of contemporary models for UME and GME training. Novel programs such as the School of Medicine's Pathways to Discovery and the Internal Medicine Residency's Educational Innovations Project provide the catalyst for redesigning training in Internal Medicine. In order to define our training needs, we must develop a mission statement that describes the ideal attributes of the graduates of our programs. We need to articulate what we want our trainees to know and model at the completion of their training. In proposing new curricula, we need to focus not only on the content, but the process and environment in which it will be delivered. We need educational experiences that are interactive and clinically based and which engender inquiry into knowledge gaps and future directions for medicine. Partnership with the clinical enterprise in both the outpatient and inpatient settings, is essential to our success.

Action plan goals

1. **Assess** the current state of medical education in the DOM: review existing and ideal curricula and training experiences, define the balance between workload and educational time, learn from best practices of other programs
2. **Strengthen** support for education within and outside the DOM: align DOM's resources to educational goals, strengthen ties to the UCSF Academy of Medical Educators (AME)
3. Attend to the important **tactical** components of education: coordinate trainees' schedules for maximum educational value and consistency, assure adequate funding for education
4. **Innovate**: formulate a new model of medical education and assessment that is rigorous yet individualized, progressive and competency based.

Definitions:

Programs: all student, residency and fellowship programs

Trainees: students, residents and fellows

Program Directors=Residency Program Directors, Fellowship Directors, Student Programs Director

Institution=ML, SFGH, VA, all clinics

Milestones	Who is responsible	Date	(√)
<p><i>Program directors (PD's) will assess and determine the education and experiences required to achieve excellence in the six core competencies as defined by the Accreditation Council on Graduate Medical Education: medical knowledge, patient care, communication, professionalism, systems based practice and practice based learning. PD's will identify and develop tools to assess those competencies and train faculty who can teach, assess, coach and mentor trainees</i></p>			
<p>a. The program directors will delineate program competencies and detail the curriculum and experiences required to fulfill those competencies.</p> <ol style="list-style-type: none"> i. Full assessment of all certifying organization requirements (i.e. ACGME, RRC-IM, ABIM, etc) ii. Review of specialty/subspecialty information available on competencies iii. Determination of adequacy of current training from faculty and trainee perspective <ol style="list-style-type: none"> 1. Surveys of current trainees 2. ACGME survey data of UCSF programs 3. Faculty survey of UCSF Internal Medicine Residency Program iv. Review of GME report on competency based education v. Attendance at GME Workshop on the competencies 	<p>PD's; KEY CONSULTANTS: Department AME members, UCSF Graduate Medical Curriculum Committee</p>		

<ul style="list-style-type: none"> vi. Development of 3 key curricular components <ul style="list-style-type: none"> 1. Core content <ul style="list-style-type: none"> a. Identify the knowledge and skills that define core training in Internal Medicine b. Identify the experiences during which trainees can acquire this core knowledge c. Build in flexibility in training pathway such that a core rotation can be repeated in order to assure mastery d. Develop differential experiences within a given rotation (i.e. increased leadership, teaching role, etc) to ensure continued development and challenge for those who have mastered core concepts e. Improve integration of basic sciences and subspecialties into core teaching 2. Flexible/individualized training <ul style="list-style-type: none"> a. Allow acquisition of individualized knowledge and skills b. Coordinate when possible with the SOM Pathways 3. Skills to support continued learning <ul style="list-style-type: none"> a. Encourage active engagement and asking questions to drive future learning b. Adequate infrastructure will be put in place to assure accurate, coordinated and consistent scheduling of trainees in educational experiences <ul style="list-style-type: none"> i. Central communication of resident and fellow schedules, in particular, to participating clinical sites and rotations ii. Prioritize consistency of educational experiences to maximize patient care and teacher availability and engagement c. Program directors will identify and develop assessment tools to measure competencies <ul style="list-style-type: none"> i. Review of available specialty/subspecialty tools, coordination when possible ii. Identify gap in assessment tools, develop new tools <ul style="list-style-type: none"> 1. collaborate with UCSF Office of Medical Education and Graduate Medical Education 			
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<ul style="list-style-type: none"> 2. implement portfolios as one method of tracking learner progress iii. Develop remediation pathways d. Faculty development for all teaching faculty on education and assessment in the competencies <ul style="list-style-type: none"> i. Work with GME/SOM for workshops, education tools e. Identify a core group of faculty members with special expertise in assessment <ul style="list-style-type: none"> i. Work with GME/SOM for workshops, education tools f. Develop a system of reflective coaches/advisors/mentors to help trainees assess their own progress, plan career paths and take full advantage of learning opportunities <ul style="list-style-type: none"> i. Faculty development curriculum for coaching/advising ii. Work with SOM mentoring program to develop mentors g. Program directors to create dashboard for training experiences, educational methods, assessment tools to fulfill competencies <ul style="list-style-type: none"> i. Associate chair and GME curriculum committee to finalize standardized dashboard template ii. Benchmark to designated external programs 			
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Programs must analyze staffing needs with educational requirements of their program and resolve those differences.

<ul style="list-style-type: none"> a. Determine the ideal educational experience in terms of both content and process of learning. Each rotation should be viewed in terms of its potential contribution to competency-based education, not simply its staffing needs. Available knowledge regarding patient safety and ideal trainee workload should be incorporated. b. Determine the current state of the staffing versus education balance using duty hours monitoring data, trainee and faculty program evaluation c. Determine the staffing requirements at each of the institutions 	<p><i>PDs, Associate Chair for Education; KEY CONSULTANTS: Hospital leadership, Clinic Directors, DOM quality leadership</i></p>		
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<ul style="list-style-type: none"> d. Perform a gap analysis of staffing versus idealized educational experience versus funding e. Program directors will meet with Associate Chair to analyze gap, assess funding issues, determine alignment with current projects (EIP, School curriculum redesign), determine action plan for negotiations f. Action plan for each program to be approved by Department Chair, Vice Chairs, Associate Chairs and applicable Division leadership 			
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Adequate funding must be identified and secured for each program. Funding must be transparent, stable and sustainable to ensure the educational success of each of the programs. Funding must address program and faculty support as well as space needs.

<ul style="list-style-type: none"> a. The Department finance group with the Associate Chair and Division of Education ensures resources to support the programs. <ul style="list-style-type: none"> a. Reduction in profee use b. Maximize training grants c. Increase donation accounts, education chairs d. Identify new sources of funding (VA, SFGH, UC) b. Programs must use formatted educational budget organized by the finance group and the Division of Education c. Align educational goals with the goals of the clinical institutions <ul style="list-style-type: none"> a. Program directors will work with quality chair and quality representatives to ensure alignment with patient care goals d. Develop a system of teaching RVUs with goal of paying for teaching in addition to program leadership e. Develop a system for space assignment 	<p><i>Associate Chair, Division Chiefs, Program Directors; KEY CONSULTANTS: DOM Finance Group</i></p>		
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Programs must remain on the cutting edge of education including active involvement with the Academy of Medical Educators (AME), faculty development, contributing to advances in methods of education and assessment.

<ul style="list-style-type: none"> a. Regular meetings of AME and Department leadership b. Encourage AME membership for program leadership and clinician educators c. Work with AME/GME/SOM to develop site based and program specific forums for faculty development <ul style="list-style-type: none"> a. Workshops on careers for clinician educations b. Teacher Observation programs c. Assessment workshops d. Mentoring workshops d. Encourage program innovations projects through the ACGME e. Align with Educational Innovations Project (EIP), Pathways and SOM Curricular redesign f. Establish DOM Education Research Scientific Review Committee 	<p><i>DOM AME members, PDs, Associate Chair, Chair</i></p>		
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ACTION PLAN
STRATEGIC PRIORITY: PUBLIC POLICY

Strategic Priority

Develop a plan for advancing public policy --

As a part of the Department of Medicine’s Strategic Planning process, advancing public policy was identified as a core component of the Department’s mission – on a par with teaching, clinical care, and research. Unlike the other core components, however, health policy cuts across all aspects of our mission and professional activity. As a first step in developing leadership to advance public health policy we will create a measurable construct which will enable us to define these activities. This working definition will be used to identify and measure current activities in order to recognize, support and integrate public policy activities within our patient care, research, and educational contributions. We will determine how to develop departmental leadership for this activity as we formally incorporate public policy into our research activities, education curriculum and advancement process.

Action Plan Development Committee

- Bonnie Johnson (administrative co-champion)
- Steve Morin (faculty co-champion)
- Andy Bindman (faculty co-champion)
- Leah Karliner
- Dean Schillinger
- John Balmes
- Neal Benowitz
- Michael Shlipak
- Marguerita Lightfoot
- Bernie Lo
- Celia Kaplan
- Nicholas Daniels
- Steve Schroeder

Milestones	Who is responsible	Date	(√)
<ul style="list-style-type: none"> • Initial workgroup/planning meeting (priority) - introduction and discussion of strategic goal - Met with leadership of policy group within CTSI to discuss measurement issues and common tasks related to literature review and survey development 	Bonnie, Steve, Andy	5/18/09	
	Steve, Bonnie, Andy	7/09 -8/09	

<ul style="list-style-type: none"> • Dimensions of public policy activities defined and surveyed (priority) <ul style="list-style-type: none"> - Build consensus regarding importance of policy contributions – accomplish through DOM retreat and targeted discussions with DOM faculty - literature review completed to identify existing definitions and measures of activity - complete review of sample CVs - achieve consensus within workgroup regarding dimensions of public policy activity - test working definition of public policy activities with DOM stakeholders - create instrument to capture dimensions of public policy across research, education, patient care and departments - identify resources to assist with administration of questionnaire and analysis of data - test pilot instrument - electronically administer final questionnaire - analyze data 	<p>Andy, Bonnie, Steve, with CTSI and workgroup</p>	<p>7/09 – 12/10</p>	
<ul style="list-style-type: none"> • Current faculty involvement in public policy assessed (priority) <ul style="list-style-type: none"> - review results of survey to assess accomplishments - prepare report - communicate findings across DOM and other departments - clarify how to consider public policy in the academic setting – quality improvement 	<p>Steve, Bonnie, CTSI and Work Group</p>	<p>1/11-3/11</p>	
<ul style="list-style-type: none"> • Appoint Associate Chair for Public Policy <ul style="list-style-type: none"> - build pathways across UCSF depts. - identify current connections and strengths - identify champions for public policy - partner with identified programs and activities - identify financial and other necessary resources 	<p>DOM Chair</p>	<p>6/2011</p>	
<ul style="list-style-type: none"> • Promotion guidelines clarified and articulated <ul style="list-style-type: none"> - review existing promotion guidelines - identify educational components required of public policy activities (skills, activities, that would need to be taught) 	<p>ACPP; DOM Exec Promotions Committee; Workgroup(?)</p>	<p>6/2012</p>	

<ul style="list-style-type: none"> - identify educational supports (mentoring) available to promote activity - develop measures and criteria to evaluate public policy activities for advancement 			
<ul style="list-style-type: none"> • Integration of public policy into our education curriculum <ul style="list-style-type: none"> - define incremental components and activities of health policy development and activities - establish quantifiable pathways for public policy - create recommendations supporting the incorporation of identified skills, activities, standards and practices into the curriculum - identify any new resources both financial and structural required for implementation - create mentorship program to support activities 	<p>ACPP; DOM Education Leaders; Workgroup (?)</p>	<p>6/2013</p>	
<ul style="list-style-type: none"> • Strategy developed for increasing DOM involvement in public policy <ul style="list-style-type: none"> - clarify opportunities and existing partnerships on city, state and federal level - identify and develop strategic relationships to increase DOM influence and participation on scientific and regulatory panels - create explicit guidelines – systematic approach to improving public health - strategize means to take what is done at UCSF and push it out locally, nationally and globally to effect change - be a vector to take the research from the lab into the world making change in practice – advisory role, technical expertise - develop an infrastructure to share information across disciplines - create an internal policy group to translate and communicate information to the public –make this information visible and accessible - define target audiences - use public policy to influence the practice of medicine utilizing rigorously defined, concrete and measurable practices - promote visibility of all activities - wiki 	<p>ACPP; Workgroup (?)</p>	<p>6/2014</p>	

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