Strategic Plan (*v*1.2) Progress Report

THE UNIVERSITY OF ARIZONA
College of Medicine
Tucson



BACKGROUND

In 2021, the College of Medicine – Tucson implemented a metric-driven, target-focused tactical plan anchored within a strategic vision across eight mission areas (faculty affairs, diversity, equity, and inclusion – DEI, education, research, patient care, financial sustainability, development, and communications). Its premise was and continues to be based on 3 tenets: 1) creating a culture of **alignment** of all academic units within COM-T through a common set of mission area specific shared strategic visions and metrics; 2) engendering a culture of shared destiny and pride of enterprise through faculty and staff **engagement**; and 3) fostering a culture of responsibility and **accountability** for reaching individual and collective set targets.

In 2022, Version 1.2 (*v*1.2) of the strategic plan, consisting of data tables for each mission area was implemented. A major improvement was the ability to input data across all the mission areas using the newly created Strategic Planning eSubmission and eReporting Dashboard (SPEED). The 3-year rolling plan constitutes an exercise in continuous and longitudinal quality improvement for each academic unit. Adoption of the plan was monitored serially, and progress was measured by comparing year-1 projected targets for each metric to actual data, setting the stage for discussions with academic unit leaders across mission areas. Color coding was used for each metric as follows: green – target was met; yellow – target was almost or likely to be met; red – target was not met. Academic unit leaders were told that they would not be held accountable for meeting targets, but instead for understanding why targets were not met. The primary objective of the exercise was to stimulate discussion between unit and mission area leaders, and ultimately the Dean of COM-T regarding potential barriers that may have led to 'red' coding. Of note, the education tables applied to the COM-T, and metrics related to clerkships or residencies were used for relevant clinical departments.

Across all academic units, approximately 78 metrics were collected, of which 60 were unit specific. Engagement of the unit leadership, faculty and staff was measured electronically as data was entered or modified by the department. Point of contact personnel in each department for each mission area were identified and provided provisioning access to their department tables in SPEED. Similarly, mission area data experts and their email contact were provided to the departments. Refresher sessions were provided by ZOOM when requested and follow-up sessions when data input appeared lacking. Given the technical innovation of electronic data input, it was anticipated that verification of data and accurate projections with actionable tactics would likely take another year.

PROGRESS REPORT

Overall, 100% of departments participated and over 85% of the requested 78 metrics were completed. For example, in the research mission, all 14 metrics were populated by 90% of the departments. Adoption and engagement remain a challenge for only a minority of academic units, approximately 10%, necessitating creative solutions. For this progress report, academic units are not identified and are referred to as departments. The dean will review color coding data with each unit leader as part of their FY23 annual review. The plan remains that metrics coded 'red' will be discussed in depth. The **strengths** of the strategic planning exercise and implementation include: positive feedback from the units citing the hands-on training with the point of contact faculty and staff by the Dean's office, the increased understanding of the metrics across all the units, the two fold increased interaction between the 8 mission leaders and approximately half of the department chairs, the positive suggestions for improving the technical aspects of the exercise, positive suggestions for increased customization of the tool for the unit and the request by more than one unit for the

potential generation of a “read-only” metric report for use by the department faculty. The **areas of improvement** include the increased use of auto-populated metrics and refined tactics, the increase of content for verifying the data by the units, increased faculty awareness of the SPEED process, further simplification of medical education metrics and an option for Division specific metrics. Using these results, four different action items were identified: a read-only feature for faculty information and engagement, customization feature of fields for department specific use, additional auto-loaded details (such as faculty names and grant titles) to improve planning and launch of a feasibility study for the auto loading of color coding based on the data provided.

Results

Included in this report below are the color coding results across academic units for each mission area. In each mission area, the metrics (listed to the left of the color coding boxes) were defined in the parent document (v1.2 Strategic Plan for FY23). The color coding was done by agreement between the mission leader and the unit leader. Color coding of the metrics was green (met), yellow (likely to meet), red (not met) or white (not coded). Of note, non-clinical departments only included 7 mission areas (i.e., no patient care).

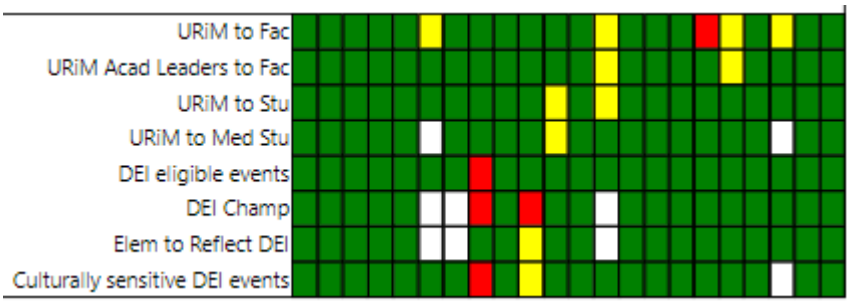
Mission Area: Faculty Affairs

Departments

Table 1. Color coding of 8 faculty affairs metrics by each Department. The 8 metrics were jointly color coded by the mission leader and each Department Head as either met (green), likely to be met (yellow) or not met (red). Uncoded metrics (white) were identified during the exercise.

Comments: In FY23, v1.2, the metrics were trimmed from 15 in v1.1 to 8. Approximately 18% (4/22) of units had at least one metric which was coded red (not met). This is in stark contrast to FY22, v1.1 results where 45% (10/22) units contained at least one metric which was coded red (not met). Most units (82%) responded as either having met the metrics or likely to meet them. Associated with this improvement are Dean-level discussions, action items identified, discussion of tactics and refinement of the goals with mission and unit leaders.

Mission Area: Diversity Equity and Inclusion



Departments

Table 2. Color coding of 8 DEI metrics by each Department. The 8 metrics were jointly color coded by the mission leader and each Department Head as either met (green), likely to be met (yellow) or not met (red). Uncoded metrics (white) were identified during the exercise.

Comments: In FY23, the DEI metrics doubled as compared to FY22. Approximately 14% of units had at least one metric which was color coded red (not met) and 55% (13/22) of units uniformly coded all metrics green (met). In addition, 18% (4/22) were not able to color code the metrics (white boxes). In contrast, in the previous year, FY22 (v1.1), approximately 64% (14/22) of the departments were not able to color code the metrics (white boxes). The principal association for the improvement is the concerted effort by the mission leader to increase awareness of the data and an increased understanding of the metric.

Mission Area: Education

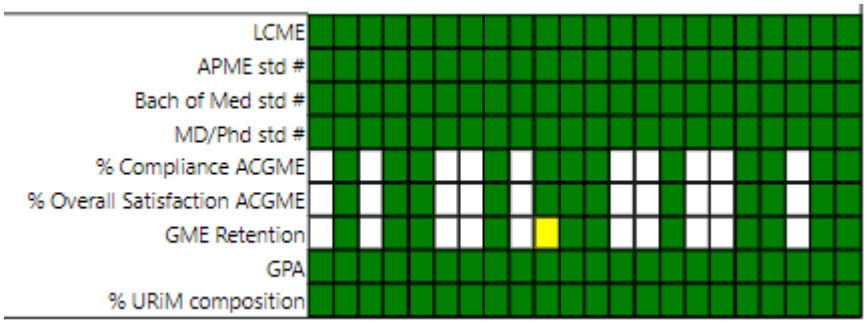


Table 3. Color coding of 9 Education metrics by each Department. The 9 metrics were jointly color coded by the mission leader and each Department Head as either met (green), likely to be met (yellow) or not met (red). Uncoded metrics (white) were identified during the exercise.

Departments

Comments: Since most of the education metrics in the previous strategic plan (v1.1) were not department specific, the metrics in v1.2 were trimmed from 20 to 9. In FY23, 45% (10/22) of the units reported all metrics were met (green) and 100% (22/22) color coded most of the metrics. Approximately 50% (10/22) coded at least three metrics as white (no coding). In contrast, in FY22, the majority of the medical education metrics are coded as not applicable (X) or not coded since metrics are largely dictated by the American Association of Medical Colleges (AAMC) and were not departmental specific. The exceptions to this were ACGME resident scores and % retention in GME in a specialty area.

The increased coding of the metrics by units was associated with the auto-loading feature of the metrics in v1.2 and the use of the SPEED system. Improvement of the response to all metrics will occur in v1.3 with planned technical improvements and increased use of SPEED by point of contact faculty for the academic unit working with the point of contact in the mission area. As both the mission leaders and the academic units use SPEED, this will likely improve the coding and metric evaluations.

Mission Area: Research

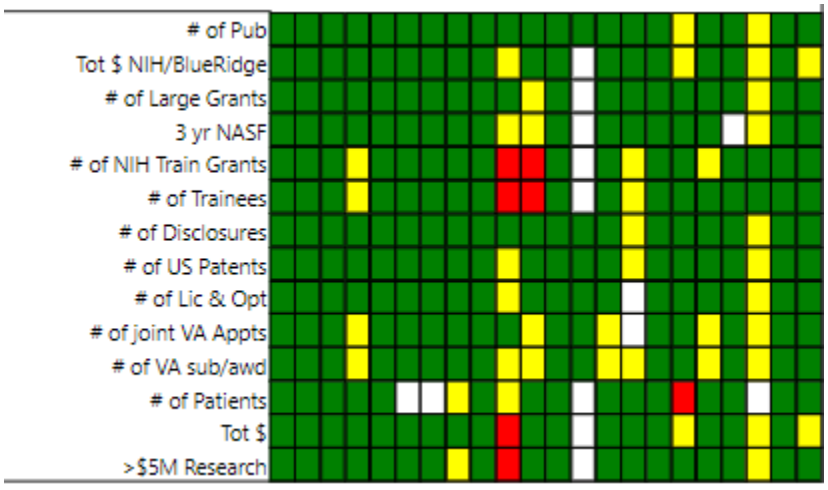


Table 4. Color coding of 14 research metrics by each department. The 14 metrics were jointly color coded by the mission leader and each Department Head as either met (green), likely to be met (yellow) or not met (red). Uncoded metrics (white) were identified during the exercise.

Departments

Comments: In FY 23, the metrics for research increased from 11 to 14. Approximately 73% (16/22) of the

departments completed all the color coding. Of these, only one of the departments had more than 50% of the metrics as white, indicating an inability to color code the metric. In contrast, in FY 22 (v1.1 progress report), approximately 91% (20/22) departments completed the color coding. Of these, 20% (4/20) of the departments had more than 50% of the metrics as white, indicating an inability to color code the metric.

The marked improvement in completion of color coding was associated with the implementation of the SPEED process and the increased mission leader to department leader communications. It is important to note that the departments that are unable to color code are those undergoing leadership changes.

Mission Area: Patient Care

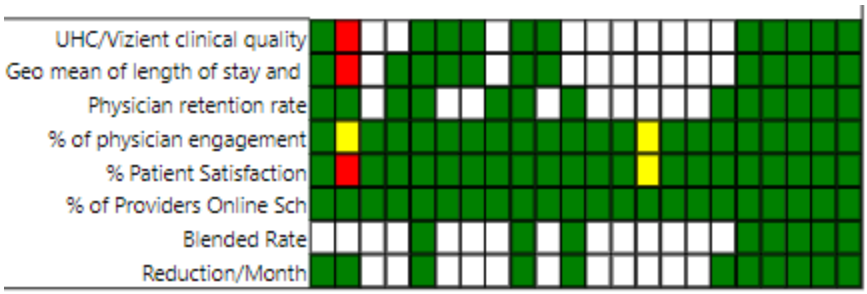


Table 5. Color coding of 8 patient care metrics by each department. The 8 metrics were jointly color coded by the mission leader and each Department Head as either met (green), likely to be met (yellow) or not met (red). Uncoded metrics (white) were identified during the exercise.

Comments: In FY23, only one unit contained at least one red metric as compared to FY22 where 45% (10/22) units contained at least one red metric. The number of uncoded metrics increased in FY23 to 14/22 from 5/22 in FY22. The major reason for the increase in non-coded metrics of the departments was due to leadership changes and the inability to retrieve accurate and verifiable data for analysis, verification and coding.

Mission Area: Finance

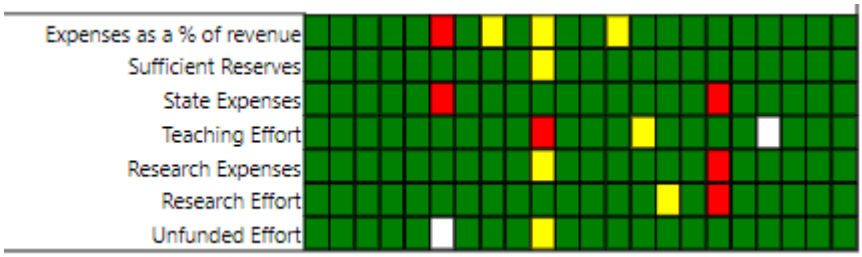


Table 6. Color coding of 7 Finance metrics by each Department. The 7 metrics were jointly color coded by the mission leader and each Department Head as either met (green), likely to be met (yellow) or not met (red). Uncoded metrics (white) were identified during the exercise.

Comments: In FY23, 14% (3/22) units coded at least one red metric as compared to FY22, where 18% 4/22) units contained at least one red metric. The number of units with unassigned metrics remained stable at (2/22) in both FY23 and FY22.

Mission Area: Development

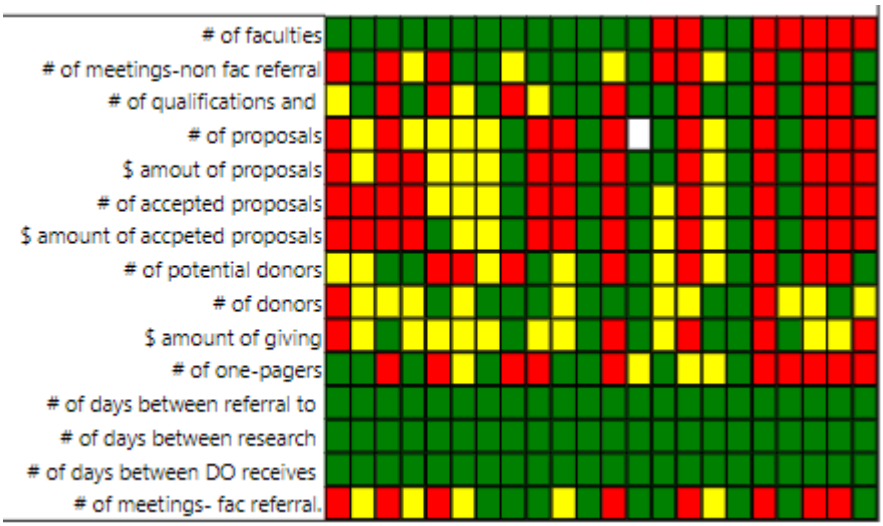


Table 7. Color coding of 15 development metrics by each Department. The 15 metrics were jointly color coded by the mission leader and each Department Head as either met (green), likely to be met (yellow) or not met (red). Uncoded metrics (white) were identified during the exercise.

Comments: The metrics for development increased from 9 to 15. In v 1.2, caution (yellow) was expressed in 42% (55/132) of the metrics scored across all departments. Approximately 77% (17/22) units contained at least one metric of significant concern (red). Of these, the concern was with the different aspects of proposal development. This indicates an actionable area of improvement for the mission leader and her team to address across the departments. It is anticipated that increased training will be needed for departments to prepare appropriate materials for development success.

Mission Area: Communications and Branding

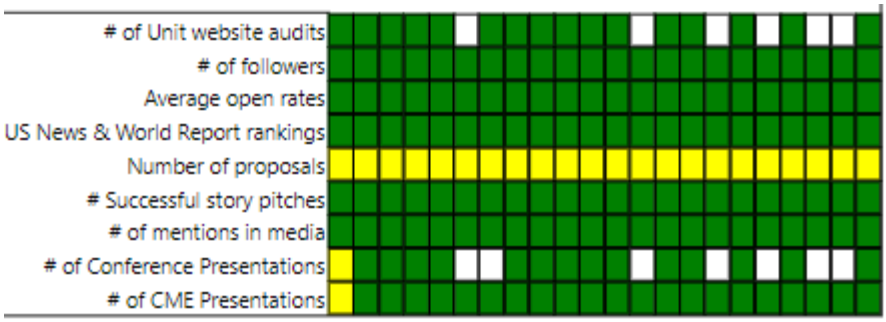


Table 8. Color coding of 9 Communications metrics by each Department. The 9 metrics were jointly color coded by the mission leader and each Department Head as either met (green), likely to be met (yellow) or not met (red). Uncoded metrics (white) were identified during the exercise.

Comments: This is a relatively new mission area for the College of Medicine-Tucson and across most of the Departments, there is optimism that the metrics will be met as indicated by most of the metrics coded as green. Like the development mission, the number of proposals was considered an area of concern and viewed with caution (yellow). Uncoded regions (white) resulted from 36% units (8/22) unable to confidently estimate the number of conference presentations or web site updates that were accomplished in the reporting period.

Comparative analysis of shift of mission metrics in departments for quality improvement between v1.1 and 1.2.

In response to faculty, mission leaders and business leaders, it became apparent that some metrics needed to be removed since they were not department specific. Below is a listing of the number of metrics gathered for

v1.1 and v1.2 for each mission area from the 22 departments. While other national models will only gather 4-5 metrics for each mission area, the consensus remained that the 7-15 metrics specific to the mission areas that were gathered had value and should still be part of the CoM-T tool.

Mission Area	V 1.1 (FY22)	V 1.2 (FY23)
Table 1. Faculty Affairs	15	8
Table 2. ODEI	4	8
Table 3. Education	20	9
Table 4. Research	11	14
Table 5. Patient Care	9	8
Table 6. Finance	7	7
Table 7. Development	6	15
Table 8. Communications	n/a	9

Table 9. The Number of mission area metrics and their shift between v 1.1 and v1.2. Further refinement of the appropriate type and number of metrics for each mission area occurred in response to quality improvement measures for the process tool.

Comparative analysis of unit engagement between v1.1 and v1.2.

Since the strategic planning tool was a unique and new process at the College of Medicine-Tucson, an analysis was done to compare the extent of engagement of the units for completing the process during its initial implementation in 2022 and the following year, in FY 2023. A heat map was created to compare the department engagement for each of the mission areas and coded as green for >75% of the metrics completed, yellow for 25-75% of metrics completed and <25% of the metrics completed as red.

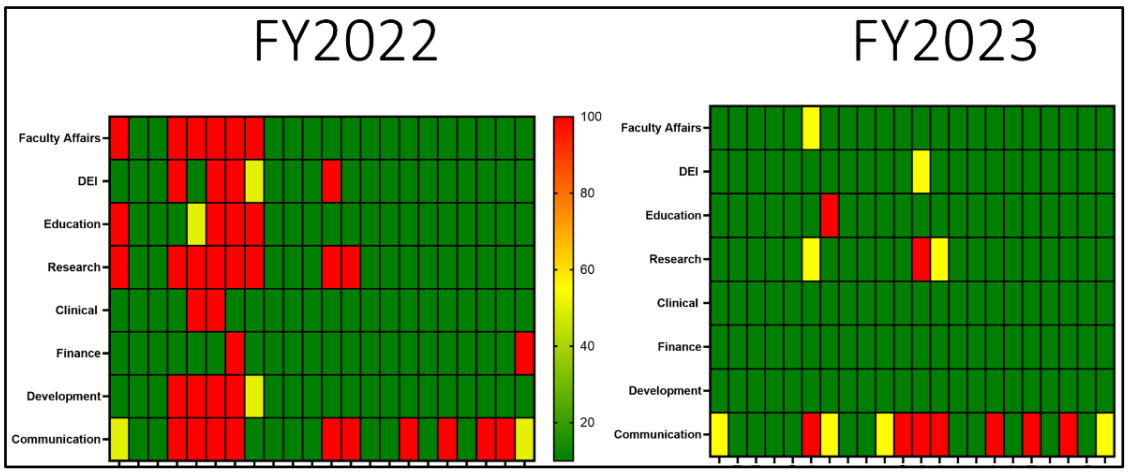


Table 10. Color coding of metric completion across mission areas by each department. The 8 mission areas were analyzed for the ability of the Department to complete the coding for all metrics. Coding indicates either met (green, >75%), moderately met (yellow, 25%-75%) or not met (red, <25%).

The comparison results in **Table 10** indicate a significant improvement of metric completion over all the units in FY 2023 as compared to FY 2022. A major reason for this improvement is likely the use of the SPEED process, increasing the training for its use and the increased engagement of the mission leaders with the unit leaders. We also note that increasing the customization of the training to the support staff of each of the units, increased communication to the faculty leaders within the units and consistent messaging about the importance of the exercise by CoM-T leadership were important features of the improved engagement.

Mission Area	FY22	FY23
Faculty Affairs	27% (6/22)	86% (19/22)
DEI	41% (9/22)	86% (19/22)
Education	0% (0/22)	50% (11/22)
Research	14% (3/22)	68% (15/22)
Patient Care	55% (12/22)	77% (17/22)
Finance	100% (22/22)	86% (19/22)
Development	82% (18/22)	95% (21/22)
Communications	ND	64% (14/22)

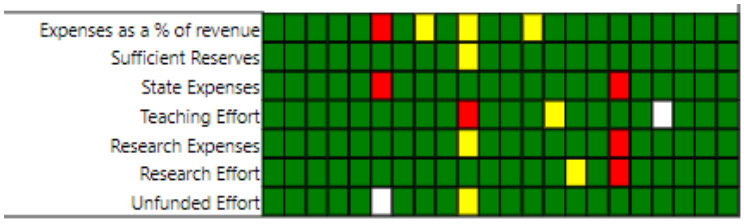
Table 11. Department metric completion across mission areas. The 8 mission areas were analyzed for the % of departments that completed most of the metrics required.

A detailed view of the metric completion by the department faculty and staff is shown in **Table 11** to further analyze the improvement. In 2023, all mission areas showed improvement or maintenance of department metric input.

We attribute the use of accurate and actionable point of contact (POC) lists of both faculty and staff for each of the mission areas provided increased awareness, understanding of the metrics and engagement for understanding the state of their department and communicate to the mission leaders. We also acknowledge that new leadership of the department units undoubtedly is a factor in some units, adding to the success of the implementation.

The Color-Coding Process of Metric Evaluation:

A major element of the strategic planning process remains to evaluate each metric as being met (green), likely to be met (yellow) or not met (red). The color coding is agreed upon jointly by the mission leader and the department head. Coding is an important visual tool to inform the Department Heads to areas that require either refining the metric or addressing the barrier to success. In a reciprocal fashion, an inspection of the color coding across all departments will inform the mission leaders of metric(s) results that are in common with most departments. In this way, common barriers (i.e., coded red) across departments will provide valuable information for improvement. Similarly, a scattering of the color code across a metric will indicate that some department tactics work well (i.e., green) and may be applicable to other departments for their use to turn yellow or red to green. Below is an example of color coding across departments for one of the tables.



In this example, compliance for coding was approximately 90% and represented a mixture of responses with no common red areas noted across all departments. It was noted that three departments indicated most red metrics, indicating areas to be corrected, perhaps using the tactics of the departments that reported green in the specific metric. In a similar fashion, all green across

departments can reveal common tactics used by several departments, which can inform the departments in red. One department had the highest coding of yellow.

How did the data translate to action items?

Using the color-coding similarities, significant common tactics areas were persistent to support mission metrics. These tactics were applied across the academic units and listed below:

- Pre-retention tactic to prevent faculty loss by identifying flight risks early and engaging them.
  - Resulted in 67 at risk faculty retention efforts, with an 85% success rate.
- Increased use of tactic for faculty acknowledgement, reward, and celebration of successes
  - Resulted in two-fold increase in acknowledgement of successes.
  - Continued use of the Frontier Fridays of Biomedical Research monthly presentations of outstanding faculty research.
  - Creation of Torch-bearer acknowledgement for outstanding women faculty.
  - Increased use of Investiture Ceremonies to celebrate endowed chair awards.
  - Use of a letter campaign to congratulate faculty for national grant awards.
  - Utilization of social clubs to advance clinical specialty training.
  - Specialty hours include journal clubs, clinical presentations, career information.

In the last version (v1.1), using the color-coding information with a focus on the non-coded metrics, it became clear that there were distinct barriers in some departments for completing the exercise in SPEED.

In v 1.2, the barriers diminished considerably since the success of metric input was increased by the SPEED tool. However, we discovered that several technical details needed to be changed. These are:

- Listing key questions as FAQs.
- Access to provisioning for back-up staff in the units.
- Use of Microsoft Teams for “on the fly” assistance with the web-based SPEED tool.
- Increased retrieval and auto-population of verified data for academic units to analyze and use for planning.
- Continuous updating of point of contact list generated from departments of faculty leaders providing mission specific metrics and tactics.
- Continuous updating of point of contact list generated from mission leader team to provide data to Departments.
- Mismatch of timeline with potential use of the output for an annual review of the department.
- Continued discussion of timeline adjustment such that final progress report and annual reviews will be aligned.

Using the color-coding information with a focus on the green metrics, there were common tactics used for success in several units. Below are some representative examples of tactics used by several units that have been expanded upon college-wide to result in greater success across the College of Medicine.

Innovative Tactics uncovered by the strategic planning process

- Senior level trainees are included in the process to “grow your own” for faculty positions.

- Increased faculty engagement by increased data transparency through the strategic plan exercise.

We also note that the grouping of the departments to observe the color coding of metrics across the mission areas, provides insight into departments that are by their nature cautious (most metrics yellow), optimistic (most metrics green) or pessimistic (most metrics red).

Finally, the increased communication between the mission leaders as the strategic planning process was moving forward, resulted in significant process improvements. It was noted that some metrics had been listed in more than one mission area. While this might appear duplicative, it was used to recognize that the tactics to drive the metric to success will benefit from working on a common goal by two mission leaders in a dyad-type model. Below are some examples of key areas that resulted in new efforts.

- Common metrics that overlap mission areas can be effective to drive change
  - Example 1: Table 1 (Faculty Affairs) and Table 2 (ODEI), resulted in Women in Medical Sciences (WIMS) program.
  - Example 2: Table 1 (Faculty Affairs) and Table 6 (Finance), resulted in Faculty Finance Committee (FFC) to expeditiously approve faculty hires/transactions to ensure financial responsibility.
  - Example 3: Table 4 (Research) and Table 5 (Patient Care), resulted in Strategic Project Initiative to aid creation of clinically relevant and high impact translational research.
  - Example 4: Table 4 (Research) and Table 1 (Faculty Affairs), resulted in initiating an electronic ticketing system (provisionally called COM-Works) to easily process post-doctoral and research staff postings, hires, transactions and retentions.

SUMMARY

The second iteration of the COM-T strategic plan (*v*1.2) as a tactical and useful planning tool has resulted in approximately 90% of the academic units responding with increased use, yielding several insights. The increased engagement and increased refinement of specific tactics and metrics were noted to achieve the goals. We fully expect that subsequent iterations will be better adopted because of improved communication and overall process, culminating in better outcomes, and ultimately, in the realization of successful alignment, engagement, and accountability across mission areas and across academic units. The third iteration (*v*1.3) was implemented in July 2023.