

Strategic Plan (v1.3) Progress Report



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, Strategic Plan v1.2 was implemented consisting of data tables for each mission area. 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 verifiable 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.

In 2023, Strategic Plan v1.3 continued to use SPEED and had refined data tables for each mission area and a new mission area of branding and communication added. Completion of the metrics from each unit continued to improve as a data autoloading feature was implemented and familiarity with SPEED grew as it remained a consistent process. Further, seven different areas of improvement were included based on unit and mission leader feedback. Receptiveness to continuous improvement of the SPEED tool for planning purposes enhanced its effectiveness. Confidence that SPEED would continue to be used grew as it was refined to be a practical and accurate tool.

Across all academic units, approximately 72 metrics were collected, of which most 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 (both faculty and staff) 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. The 3-minute videos were created and posted to provide “how-to” guidance. While the technical innovation of electronic data input across the mission areas was successful, it is anticipated that the full verification of data by the faculty and staff of the unit will be a future step forward. Likewise, the linking of the color coding to altering actionable tactics to achieve the goal will take another year.

PROGRESS REPORT

Overall, 100% of departments participated and over 85% of the requested metrics were completed. A comparison analysis of FY22, FY23 and FY24 results (Table 1) reveals that an increased or stable metric completion was progressive across all the mission areas. The most sustained increase was seen in the research mission, which is attributed, in part, to the complexity of the metrics (14 metrics to include grants, publications, patents, inventions) and the continuous improvement to auto-load verified data.

Mission Area	v1.1 (FY22)	v1.2 (FY23)	v1.3 (FY24)
Faculty Affairs	27% (6/22)	86% (19/22)	95% (21/22)
DEI	41% (9/22)	86% (19/22)	95% (21/22)
Education	0% (0/22)	50% (11/22)	100% (22/22)
Research	14% (3/22)	68% (15/22)	91% (20/22)
Patient Care	55% (12/22)	77% (17/22)	77% (17/22)
Finance	100% (22/22)	86% (19/22)	91% (20/22)
Development	82% (18/22)	95% (21/22)	82% (18/22)
Communications	ND	64% (14/22)	73% (16/22)

Table 1. Three-year progressive success of metric completion within mission areas by COM-T units. Metrics in each of the mission areas were analyzed to determine how many units successfully completed up to 75% of the metrics (including YR1 goals, projections and tactics supporting each vision element) by the May 1 deadline.

Approximately 72 metrics represent the mission areas, and these are collected over the 22 units, resulting in 1,584 total metrics. ND was not determined since in FY22, communication as a mission area was under development.

In v1.3 (FY24), the marked improvement factors included auto-loading of the data from the mission leaders and the shift to verification of the data by the units. In addition, the expanded drop-down information to include faculty names for verification complemented the faculty numbers as a metric and allowed for easier verification by the unit. The color coding by the program by objectively comparing the data collected to the goal emphasized the function of the tool to alert the unit for a need to change goal or tactics. Increased emphasis on the utility of the tool for unit planning purposes in collaboration with the dean increased the success of adopting the tool. In fact, units are now requesting expansion of the tool for unit-specific customization of the metrics.

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

Adoption and engagement remain a challenge for only a minority of academic units, approximately 10%, due to interim leadership as recruitment is ongoing. For this progress report, academic units are de-identified and referred to as departments. The dean will review color coding data with each unit leader as part of their FY24 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 the majority of the 22 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.

Seven specific improvements were:

1. Goals and Results were defined clearly with the time stated as FY with the inclusive dates specified — since users were confused by the business-type nomenclature.
- 2.—Current state data was autoloaded by the mission leaders. The YR 1, YR2, YR3, YR4 Goals were fixed after being

submitted by the department.

3. SPEED defined the color coding for comparison of YR1 Goal to YR1 Results. Definition was Green (>50%); Yellow (30-50%); Red (<30%).
4. Listing of current specific faculty names for verification by department.
5. Reduction of Patient Care Metrics from nine to three to focus on service, efficiency and quality as these are already collected and monitored metrics by Banner.
6. A department access audit report was created to estimate faculty or staff engagement based on the use of the dashboard by the provisioned faculty/staff members within the departments.
7. An invited national presentation of SPEED as a strategic planning tool was presented at the American Association of Medical Colleges Joint Spring Meeting, April 19, 2024, in Boston. The session was featured in a session of the Group on Business Affairs and Group on Institutional Planning (GBA/GIP) and was delivered by Dr. Jameshia Granberry. Her outstanding presentation was met with requests from four peer-CoM schools (UC Davis, UCLA, UCSD and University of Oklahoma) for more information about the process and how this can be created/implemented at their institutions.

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 (v1.3 Strategic Plan for FY24). The color coding was done by the SPEED program by comparison of the YR1 Goal and YR1 Results. Definition was Green (>50%); Yellow (30-50%); Red (<30%). Of note, non-clinical departments only included 7 mission areas (i.e., no patient care).

Mission Area: Faculty Affairs

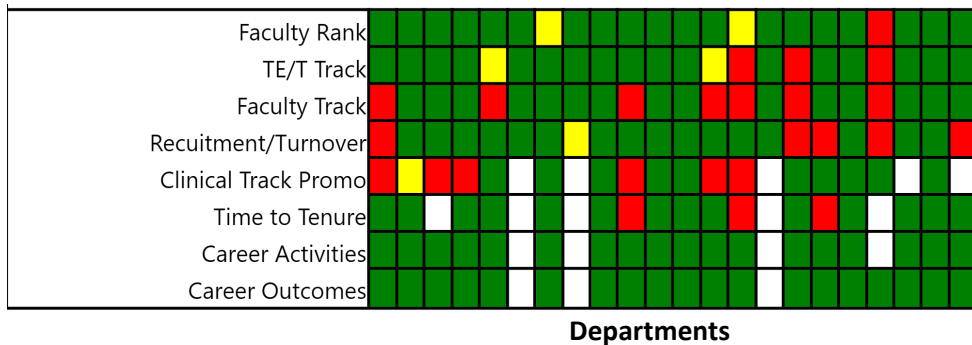


Table 1. Color coding of 8 faculty affairs metrics by each department. The 8 metrics were color coded by SPEED. Each department either met (green), was likely to meet (yellow) or did not meet (red) the FY1 Goal. Uncoded metrics (white) represent that either data was missing or the metric did not apply to the unit.

Comments: In FY24, v1.3, the metrics were identical as compared to v1.2. Approximately 50% (11/22) of units had at least one metric that was coded red (not met). This is in stark contrast to v1.2 where only 18% (4/22) of units had at least one metric that was coded red (not met). We note that a hiring freeze imposed by the University of Arizona likely accounts for the most common red (not met) metrics in the clinical track promotions and the balance of faculty tracks. Most units (86%) responded as either having met the metrics or being likely to meet them.

Mission Area: Diversity Equity and Inclusion

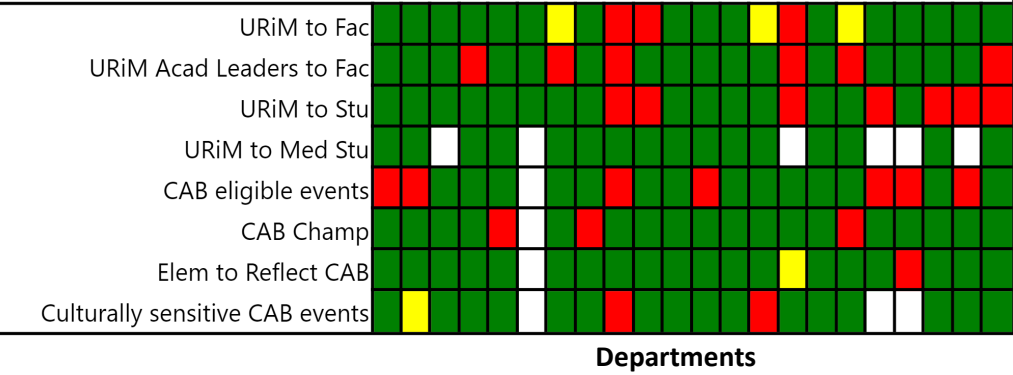


Table 2. Color coding of 8 DEI metrics by each department. The 8 metrics were color coded by SPEED. Each department either met (green), was likely to meet (yellow) or did not meet (red) the FY1 Goal. Uncoded metrics (white) represent either data was missing or the metric did not apply to the unit.

Comments: Monitoring ODEI metrics across the units revealed that the majority, 84% (147/176), met or were likely to meet the metric goals. Only one unit exceeded 50% of the metrics as not met. Approximately 86% (19/22) of units had at least one metric that was color coded red (not met) and 18% (4/22) of units uniformly coded all metrics green (met). The most common red metric was the unit hosting of ODEI-eligible events.

Mission Area: Education

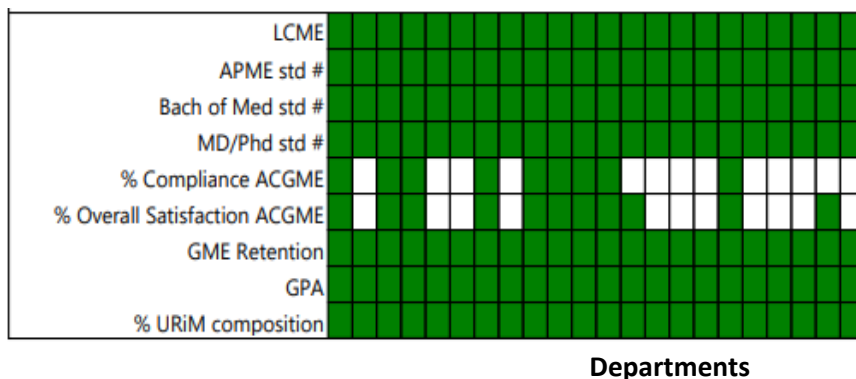


Table 3. Color coding of 9 education metrics by each department. The 9 metrics were color coded by SPEED. Each department either met (green), was likely to meet (yellow) or did not meet (red) the FY1 Goal. Uncoded metrics (white) represent either data was missing or the metric did not apply to the unit.

Comments: Since most of the education metrics are largely dictated by the American Association of Medical Colleges (AAMC) and are not department-specific, the majority of the metrics were met. The exceptions to this were ACGME resident scores and percent retention in GME in a specialty area. The lack of data (white boxes) indicates either that the data was missing or the metric did not apply to the unit.

Mission Area: Research

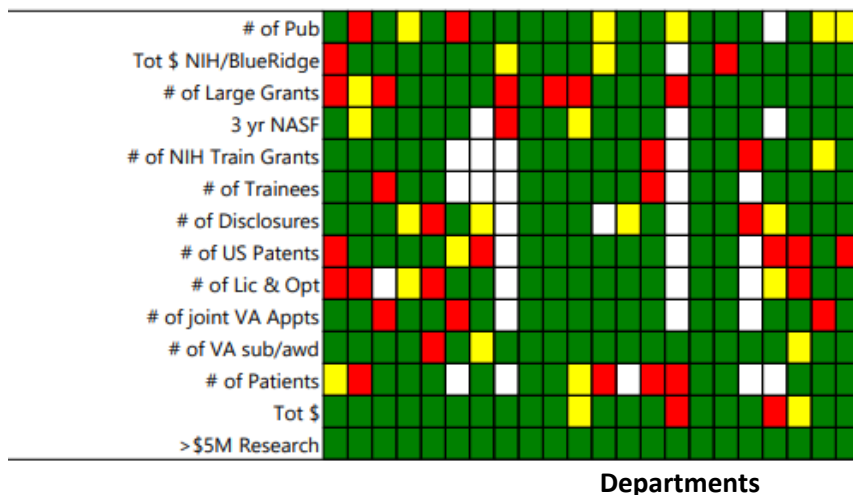


Table 4. Color coding of 14 research metrics by each department. The 14 metrics were color coded by SPEED. Each department either met (green), was likely to meet (yellow) or did not meet (red) the FY1 Goal. Uncoded metrics (white) represent either data was missing or the metric did not apply to the unit.

Comments: Approximately 77% (17/22) of departments either met or were likely to meet the majority of their target metrics. Approximately 90% (20/22) of the departments had at least one red (not met) metric. Of these, the most common unmet metric was the number of large grants. Only two of the departments had more than 50% of the metrics as white, indicating an inability to color code the metric. It is important to note that the departments that are unable to provide data were those undergoing leadership changes.

Mission Area: Patient Care

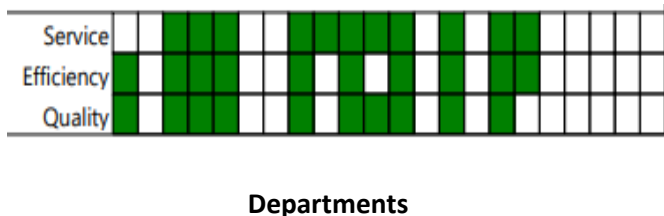


Table 5. Color coding of 3 patient care metrics by each department. The 3 metrics were color coded by SPEED. Each department either met (green), was likely to meet (yellow) or did not meet (red) the FY1 Goal. Uncoded metrics (white) represent either data was missing or the metric did not apply to the unit.

Comments: In FY24, the majority of the clinical departments contained either all green (met) metrics or had white (no data) available at the time of coding. The inability to retrieve accurate and verifiable data for analysis, verification and coding was seen in approximately 50% (9/18) of clinical departments.

Mission Area: Finance

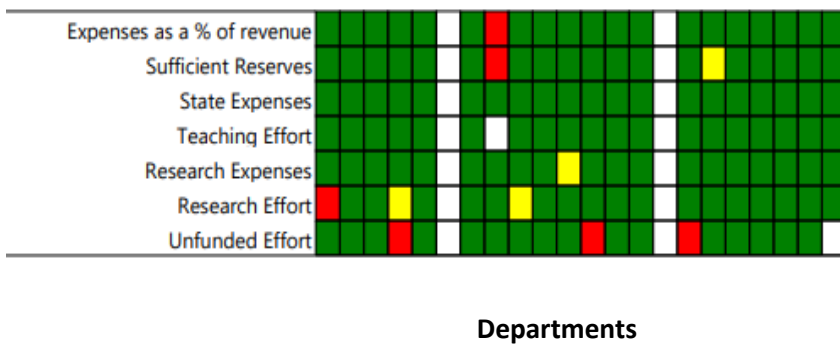


Table 6. Color coding of 7 finance metrics by each department. The 7 metrics were color coded by SPEED. Each department either met (green), was likely to meet (yellow) or did not meet (red) the FY1 Goal. Uncoded metrics (white) represent either data was missing or the metric did not apply to the unit.

Comments: In FY24, 23% (5/22) units coded at least one red metric. The most common red metric was the unfunded effort. The number of units with unassigned metrics remained stable at (2/22) in FY24, FY23 and FY22.

Mission Area: Development

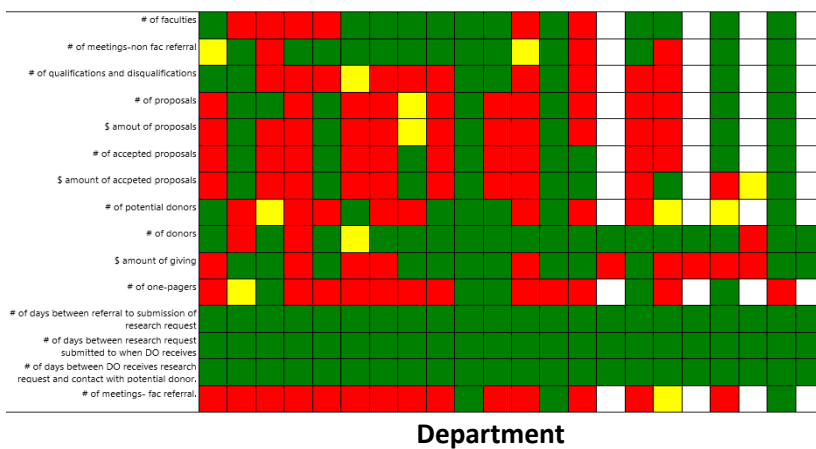


Table 7. Color coding of 15 development metrics by each department. The 15 metrics were color coded by SPEED. Each department either met (green), was likely to meet (yellow) or did not meet (red) the FY1 Goal. Uncoded metrics (white) represent either data was missing or the metric did not apply to the unit.

Comments: The metrics for development increased from 9 to 15. In v 1.3, unmet metrics (red) was expressed in 32% (107/330) of the metrics scored across all departments. Approximately 90% (20/22) of 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

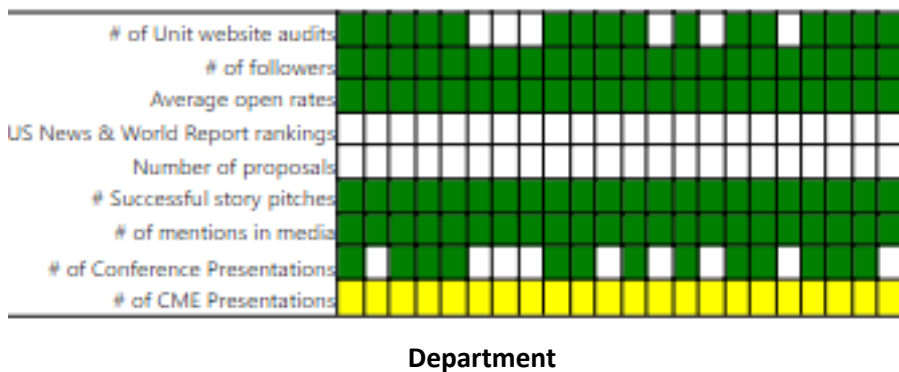


Table 8. Color coding of 9 communications metrics by each department. The 9 metrics were color coded by SPEED. Each department either met (green), was likely to meet (yellow) or did not meet (red) the FY1 Goal. Uncoded metrics (white) represent either data was missing or the metric did not apply to the unit.

Comments: This is a relatively new mission area for the College of Medicine – Tucson and across 7 most of the departments, there is optimism that the metrics will be met as indicated by most of the metrics coded as green.

The shift of mission metrics in units for quality improvement between v1.1, 1.2 and 1.3. 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 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)	V 1.3 (FY 24)
Table 1. Faculty Affairs	15	8	8
Table 2. ODEI	4	8	8
Table 3. Education	20	9	9
Table 4. Research	11	14	14
Table 5. Patient Care	9	8	3
Table 6. Finance	7	7	7
Table 7. Development	6	15	15
Table 8. Communications	n/a	9	8

Table 9. The number of mission area metrics and their shift between v 1.1, v1.2 and v1.3. 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 FY23. 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.

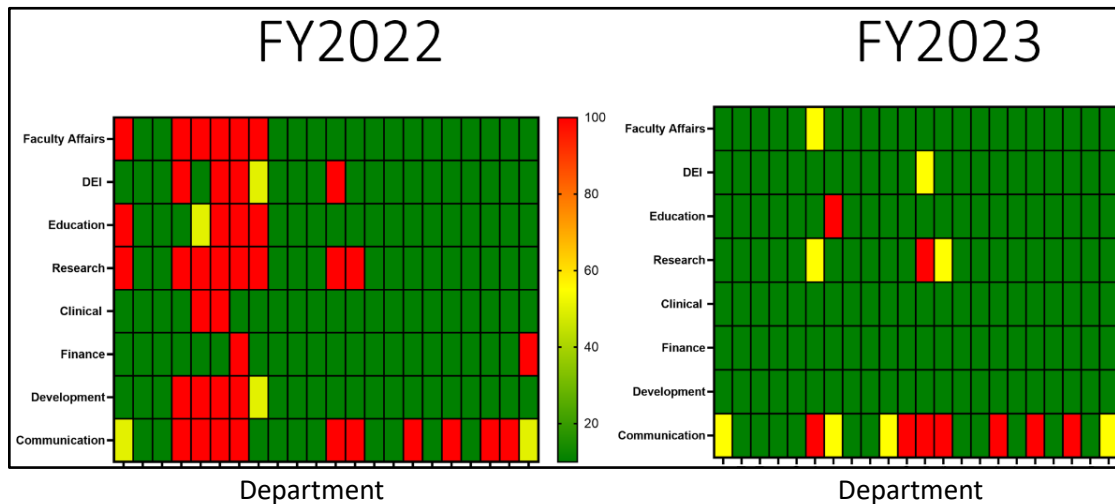


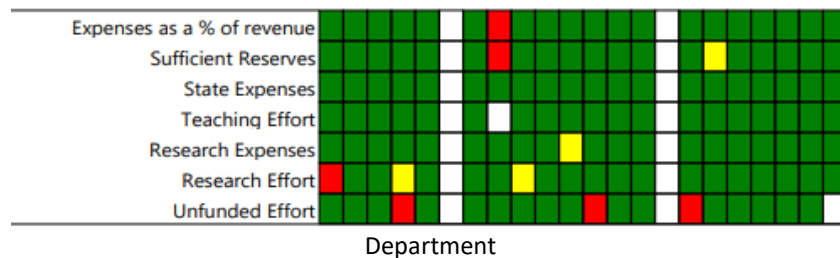
Table 10. Color coding of metric completion across mission areas by each department. The 8 mission areas were analyzed for the ability of the department to complete the coding for all metrics. Coding indicates either met (green, >75%), moderately met (yellow, 25%-75%) or not met (red, <25%).

The comparison results in **Table 10** indicate a significant improvement of metric completion over all the units in FY23 as compared to FY22. 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.

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 was done by the SPEED program by comparison of the YR1 Goal and YR1 Results. The definition was Green (>50%); Yellow (30-50%); Red (<30%). 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. Three departments indicated red (unmet) metric for unfunded efforts. Two units were unable to add data (white areas) since these are units currently undergoing leadership changes.

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 was continued 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 tactics 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 Torchbearer acknowledgement for outstanding women faculty.
 - Continued 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.
- Junior faculty scholars on the career track were engaged for promotion opportunity to balance faculty ranks.
 - Dossier process streamlined; increased career advancement workshops by faculty affairs office staff.
 - Established Clinical Scholar Hub space to provide modern and open areas for scholarship using a mixed-use space model. The Clinical Scholar Hub solves the need for one day per week type flex space for faculty who require proximity to the Banner Hospital.

In v 1.3, the prior identified barriers were eliminated, and these improvements will be continued in SPEED v1.4. These include:

- Listing key questions as FAQs on the website.

- 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.
- Change of timeline (SPEED end date is July and dean reviews start in late August into September) to ensure that output will be used for annual review of the department.

Innovative tactics uncovered by the strategic planning process

An inspection of the tactics used by different units to achieve the same goal revealed creative solutions that will be very useful to be shared after the completion of the next version, SPEED v1.4 (FY25). For example, some units identified that the use of social clubs increases the effectiveness of the faculty recruitment/retention process. In addition, use of student/trainee involvement at all levels increases the effectiveness across mission areas (such as education, research and faculty affairs). While some of the tactics are unit-specific and related to their discipline, it is important to note that in SPEED v1.4 increased attention will be paid to the tactics used across the units to reach their goals. SPEED v1.4 (YR25) is dubbed “the year of the tactics” since the placeholders used as previous entries will be analyzed to identify and share common success tactics for achieving the goals.

SUMMARY

The third iteration of the COM-T strategic plan (v1.3) 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 continue to be improved with input from the mission leaders, unit leaders, and engaged faculty and staff to culminate in better outcomes, and ultimately in the realization of successful alignment, engagement, and accountability across mission areas and across academic units. The fourth iteration (SPEED v1.4) was implemented in July 2024.