

UNM School of Medicine FY2014 Action Plan

March 5, 2013

School of Medicine strategies are mapped where relevant to Joint Operations Plan goals.

Goal 1: Improve health and health care to the populations we serve with community-wide solutions.

Strategy 1.1: Strengthen external partnerships to improve health in New Mexico by developing broader networks of affiliated organizations and health care providers. (Cross references to JOP-1e, 1g, 1h, 1i, and 1l)

Tactics:

1. Expand clinical, research, and educational outreach directed at community health priorities.
2. Continue to foster strong community engagement, proactively address community concerns, and be a leading innovator in meeting the needs of our communities and serving the public mission in a changing reimbursement environment.
3. Develop effective research and clinical partnerships between the Brain and Behavioral Health Initiative and New Mexico communities.

Metric: At least 1 new significant community outreach activity for each Department, (Chairs, Drs. Ford, Timm, Voss, and Kaufmann)

Strategy 1.2: Explore strategic partnerships to achieve market growth and align resources to better serve the continuum of care. (Cross references to JOP-1e, 1g, 1h, 1i, and 1l)

Tactic:

1. Create preferred partnerships with local providers for preventive and post-acute care, and begin discussions around joint protocols and data sharing.

Metric: At least 2 new significant partnerships. (Dr. Voss)

Goal 2: Build the workforce of New Mexico by providing a premier education and transformative experience that prepares students to excel in the workplace.

Strategy 2.1: Measurably increase the production and retention of health care professionals in New Mexico in the needed professions and geographic areas.

Tactics:

- 2.1.1: Office for Community Health will build mechanisms to measure and evaluate workforce needs in New Mexico and disseminate the Workforce information to

the relevant programs and assist in developing plans to align program outputs with New Mexico community needs. (*Drs. Kaufman and Chang and GME program directors*)

Metric 1: Workforce report completed by September 2013

Metric 2: Workforce report disseminated to GME office and programs by December 2013

- 2.1.2: Matriculate 103 total medical students/year (BA/MD plus regular admission) beginning fall 2013. (*Drs. Sapien and Timm*)

Metric: size of entering class 2013

- 2.1.3: Increase enrollment in Health Professions & Public Health Programs to the degree supported by current resources and as the workforce in the State of NM dictates. (*Drs. Danielson and Timm*)

Metric: Identify which HP/PHP programs face shortages in statewide workforce by December 2013

- 2.1.4: Increase number of UNM students matching in UNM residencies (*Drs. Chang, and Espey*)

Metric: By December 2013 convene a work group to review factors influencing number of UNM students matching in UNM residents and develop proposals to increase number of UNM students matching here.

- 2.1.5: Achieve and maintain full institutional and GME program accreditation of all graduate medical education programs and maintain institutional readiness for program site visits and institutional CLER visits. (*Dr. Chang*)

Metric 1: By July 2013 have a readiness checklist and a readiness team for the CLER visit.

Metric 2: By July 2013 convene a work group for the Phase 2 programs entering into the ACGME Next Accreditation System (NAS).

- 2.1.6: Work with HSC Office of Academic Affairs to establish a protocol for sending learners from all SOM programs to Sandoval Regional Medical Center that ensures that the learning environment is suitable for the learner and is complementary to the experiences that can be obtained in established sites. (*Drs. Timm, Chang, Danielson, Espey, and Ogburn*)

Metric 1: By June 2013 Meet with Associate Dean for Students, Associate Dean for GME, Assistant Dean for Allied Health Programs, and CMO at SRMC to develop plan to for incorporation of learners in SRMC.

Metric 2: By June 2013 Review and/or finalize affiliation agreement between UNM SOM and SRMC regarding roles and responsibilities for learners

Metric 3: By December 2013 create 'policies and procedures' manual for SOM learners at SRMC delineating roles and responsibilities of both institutions and the individual learner.

Strategy 2.2: Transform health profession education across the UNM Health Sciences Center (HSC) to meet the needs of our diverse learners, our professions, and our state.

Tactics:

2.2.1: Convene a group to review AAMC Teaching for Quality curriculum (Te4Q) and make recommendations as to how this can be used to educate faculty, residents, and medical students on the continuous Quality Improvement process and incorporate learners at all levels into institutional QI processes and mandates. (Drs. Timm and Chang)

Metric 1: By December 2013 convene group of educators/clinicians to review Te4Q curriculum and report on feasibility for incorporation into UME and GME curricula

2.2.2: Train additional faculty in “Feedback Initiative” with Harvard workshop at UNM SOM in June 2013. (Dr. Timm)

Metric: Harvard workshop provided to 20-25 SOM faculty in June 2013.

2.2.3: Review entire SOM curriculum content and pedagogies. (Dr. McGuire)

Metric: Committee assembled by September 2013 and proposal to address curricular review by December 2013.

Goal 3: Foster innovation, discovery and creativity, and translate our research and discoveries into clinical or educational practice.

Strategy 3.1: Develop and/or foster our nationally recognized areas of excellence that address national and state health priorities.

Tactics:

1. Build our capabilities in clinical informatics, health outcomes, and comparative effectiveness research.

2. Support information and sustainment of interdisciplinary programs that foster integrative and collaborative scholarship.
3. Support efforts to ensure the continuation of cutting edge research into biomedical problems.

1. Departments provide adequate support and develop administrative resources to support grant applications or writing.

Metric: Number of departments with new, improved or consolidated resources for grant submission. (*Williams and Ford*)

2. Working with the Vice Chancellor for Research, continue to support instrument acquisition and equipment.

Metric: Increased funding for renovation and equipment (*Ford*)

3. Departments to provide faculty to participate in:
 - a. Submitting inter-disciplinary or inter-departmental grants with multiple PI's, or
 - b. Support renewals of the CTSA or Cancer Center grants, or
 - c. Submitting large inter-disciplinary programmatic grants (eg. U - or P- series or equivalent), SPOREs, R43s or R44s.

Metrics: CTSA and CC grants submitted. Four U or P series grants or equivalent submitted. (***all Chairs***)

4. Provide faculty who will assist in reviewing and modifying the BSGP curriculum to develop innovative new programs in graduate education.

Metric: Report of faculty with recommendations to the EVD and VCR. (***Basic Science, IM and Pathology Chairs***)

Other Metrics: CTSC and Cancer Center core support renewals submitted. (Drs. Larson and Willman). At least 25 PCORI applications submitted for funding. (***Chairs*** and Dr. Ford) BBHI obtains at least one extramural source of funding. (Dr. Ford) CIDI submits at least one new programmatic grant application (Drs. Mold and Ford)

Strategy 3.2: Enhance economic activity by expanding biotechnology transfer.

Tactics:

1. Develop an economically sustainability model for offering telehealth options/opportunities to the community that considers impact to those living outside the greater Albuquerque metro area, as well as cost and return on investment. (Cross references to JOP-1i)

Metric: Implement 2 new telehealth programs addressing clinical, education, research, and community engagement goals. (Drs. Alverson, Voss, Timm, and Ford)

2. Develop and implement a process to reliably encourage and facilitate public-private partnerships using our new biotechnology developments.

Metric: Departments with substantial NIH funding or patents will submit at least one SBIR or STTR application. (Chairs)

Goal 4: Provide the environment and resources to enable our people and programs to do their best.

Strategy 4.2: Promote professional development of faculty and staff.

Tactic:

1. Continue to enhance recruitment and retention processes, with particular emphasis on minority groups.

Metrics: 1) All search committee members complete on-line training about unconscious bias. 2) Identify 10 faculty to participate as a mentor in the Mentoring pilot project for minority junior faculty as part of their Educational FTE. 3) Nominate at least one female or minority candidate for the Leadership Academy, or other leadership training opportunity.

2. Develop a plan for professional development, demonstration of excellence, and scholarship in education for tenure track and CE faculty focusing on best practices for student learning.

Metric: Plan developed by June 30, 2014.

3. Train faculty in the principles of inter-professional education

Metric: Develop and hold workshop for at least 20 faculty members. (Dr. Romero-Leggott)

Strategy 4.3: Engage staff and faculty so that they are respectful of one another, clinicians, patients and their families.

Tactic:

1. Create an environment that continues to support diversity efforts and strengthens the cultural competency of HSC faculty and staff.

Metric: Identify 10 new faculty or residents who would serve as preceptors for Diversity of the Human Experience as part of their Educational FTE. (Dr. Romero-Leggott, Chairs)

Strategy 4.4: Improve efficiency and utilization of support units.

Tactic:

1. SOM faculty hiring will complete projects to streamline hiring/onboarding and payroll processes from the faculty perspective, monitoring and maintaining equity, tracking and transparency in promotion and tenure processes, and improved access to financial information and education. (Cross references to JOP-4.a)

Metric: Chairs agree that Position Request and Letter of Offer process is more efficient by June 30, 2014. (Drs. Williams, Wilson)

Goal 5: Deliver a well-integrated academic health center that provides high quality of care and safety while being accessible to all New Mexicans.

Strategy 5.1: Grow and enhance the efficiency of patient care services

Tactics:

1. Develop Tertiary Centers Program with emphasis on Cardiovascular, Oncology, Children's and Obstetrics services. Create access points for signature services such as pediatrics and cancer (Cross references to JOP-1.a)

Metric: Plans developed and programs initiated by June 30, 2014. (Chairs)

2. Integrate ambulatory organization to improve clinic throughput (Cross references to JOP-1b).

Metrics: Increase clinic throughput by >5%. Increase primary care capacity by >10%. Reduce ambulatory backlog by >10%. (Chairs, Dr. Voss)

3. Develop SRMC inpatient census, outpatient visits, diagnostic studies, and inpatient and outpatient surgery to budgeted volumes (Cross references to JOP-1j).

Metric: SRMC activity levels meet budget (Dr. Ogburn, Chairs)

4. Increase UNM surgical case health system-wide (Cross references to JOP-1k).

Metric: Case volume increased by > 5%. (Chairs)

Strategy 5.2: Maintain and enhance the quality and safety of patient care

Tactics:

1. Become a mature lean organization aligned with value streams consistent with the operating and strategic plans.

Metric: Value stream goals are met. (Dr. Voss, Chairs)

2. Increase number of department Crimson Management Tool users

*Metric: Users increase by >10%. (Dr. Munk and **Chairs**)*

Strategy 5.3: Enhance patient satisfaction

Tactic:

1. Improve inpatient and ambulatory patient satisfaction (Cross references to JOP-3a).

*Metric: HCAHPS > 68. CGCAPS survey. (Dr. Voss, **Chairs**)*

Strategy 5.4: JOP 4a-e map to SOM Action Plan Goals 4 and 6

Strategy 5.5: Strengthen School of Medicine Finances

Tactics:

1. Focus on revenue cycle management ensuring that the institution maximizes FOM collections per RVU (JOP-5c), in part via better documentation of encounters in patient records.

*Metric: Increase FOM collections per RVU by >2% (Dr. Williams and **Chairs**).*

2. Revamp funds flows among clinical components (Cross references to JOP-5f).

*Metric: Fund flows revamped by June 30, 2014. (**Chairs**, Dr. Williams).*

Goal 6: Nurture and embrace an environment of diversity, integrity and transparency.

Strategy 6.1: Promote our academic depth and capabilities, while maintaining our mission to the underserved.

Tactic:

1. Create internal and external communications that actively promote the academic contributions of the School of Medicine faculty, staff, and students.

*Metric: Create at least 3 communications employing one or more of a variety of media illustrating each Department. (**Chairs** and Dr. Buchanan)*

Strategy 6.2: Engage faculty and staff in climate assessment

Tactic:

1. Name a departmental champion to review the climate survey data, and recommend actions to the Chair and the HSC Diversity Council as appropriate.

*Metric: Each department names a champion. (**Chairs**)*