To improve health and health care, UCLA will:

• Sustain a thriving community of the best and brightest
• Create world leaders in health and science
• Discover the basis for health and cures for disease
• Optimize health through community partnerships
• Heal humankind one patient at a time
Our Values

- Excellence
- Integrity
- Discovery
- Innovation
- Service
- Respect
- Teamwork
- Compassion
People

VISION

Sustain a thriving community of the best and brightest

Priority Strategies, 2011-2012

• Recognize, retain, and recruit outstanding research faculty and trainees

• Recognize faculty educational activities in compensation, career evaluation and promotion

• Create a nurturing environment to support our people in achieving their goals
**Strategy:** Recognize, retain and recruit outstanding research faculty and trainees.

### Progress To-Date

- Created funding to support recruitment of 30 faculty who represent the best and brightest in clinical and translational research. Review Committee and Chair named.
- Strengthened IMED (Institute for Molecular Medicine) designed to provide intensive training experiences for physician-scientists.
- Continued to successfully recruit and retain top investigators spanning the entire spectrum of research: molecular biology, computational bioscience, clinical investigation, health services research, and health policy.
- Faculty who are under consideration for academic personnel advancement are given the opportunity to have their interdisciplinary work specifically addressed in their dossiers.
- Office of the VC for research has developed new approaches to IP, MTAs and industrial relations. Conflict of interest policies are being rewritten by a committee of Law School faculty.
- A database of all DGSOM space is being established.
- Planned seismic stabilization of the CHS South Tower will begin in April, 2012.

### Expected Outcomes 2012

- Committee will meet quarterly to review applicants. Approximately 6 candidates will be selected.
- Broaden the pool of mentors to be more inclusive. Assign faculty to remaining laboratory space. Full integration of IMED with the CTSI.
- Ongoing searches in Medicine, Surgery, Urology and the College will be successfully completed.
- A more balanced view of the entire portfolio of a faculty members’ research contributions will be evaluated reflecting modern team science.
- This system should be approved shortly & will greatly enhance faculty productivity and potential revenue (through patents and license agreements).
- Chair and ORU Directors will be accountable for all space utilization and effectiveness.
- This process will continue through 2013.

### Key Challenges Anticipated

- Challenges associated with recruiting faculty to Los Angeles given resource challenges in California and the UC System. Trying to compare faculty across disparate fields.
- Ensuring that the physician-scientists have sufficient protected time for research.
- Review committees will need to define criteria by which interdisciplinary research is valued and evaluated.
- This group will need additional resources and space (incubators).
- Obtaining, maintaining reliable data is challenging. Policies associated with space assignments will need to be developed.
- Challenges to maintaining Pathology’s operations during construction. Funding will be needed to establish labs on floors 2 through 10.

---

**Key Contacts:** John Mazziotta, Judith Gasson, Steve Dubinett
### Strategy:
Recognize faculty educational activities in compensation, career evaluation and promotion.

<table>
<thead>
<tr>
<th>Progress To-Date</th>
<th>Expected Outcomes 2012</th>
<th>Key Challenges Anticipated</th>
</tr>
</thead>
</table>
| • A committee was organized with Jan Tillisch as chair, to develop recommendations for this strategy.  
• An interim report indicates that they have considered several models of support for medical student teaching and are working toward a firm recommendation for the Dean's office. | • Final recommendation report to be submitted to the Dean’s office from the committee in 2012. | • Until submission of the final recommendation report, the DGSOM cannot be specific as to the challenges, but anticipates recommendations for increased funding in support of teaching; it will be a challenge to develop a source for that funding. |

**Key Contacts:** Alan G. Robinson, Lu Ann Wilkerson
**Strategy:** Create a nurturing environment to support our people in achieving their goals.

<table>
<thead>
<tr>
<th>Progress to-date</th>
<th>Expected Outcomes 2012</th>
<th>Key Challenges Anticipated</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Sponsored several key Health Sciences community events and celebrations, including DGSOM 60th anniversary.</td>
<td>• Create inclusive communities by promoting dialogue and outreach by leadership with all members of the health sciences community through regular in-person and virtual meetings, updates and events.</td>
<td>• Need to market and publicize new childcare services. Availability may be limited.</td>
</tr>
<tr>
<td>• Wellness events and programs offered throughout Health Sciences, including faculty and staff health self-assessments, fairs, lectures, exercise, meditation; smoking and fried foods banned across Health Sciences campus.</td>
<td>• Build on successful Wellness initiative to raise health consciousness and promote healthy behaviors for faculty, trainees, students and staff.</td>
<td>• Need to promote Wellness throughout Health Sciences community requiring commitment of added resources.</td>
</tr>
<tr>
<td>• 331 departmentally based action plans in place to address concerns and opportunities raised in 2010 Health System-wide staff opinion survey.</td>
<td>• Expand childcare services to include other dependents and coverage for personal/family needs.</td>
<td>• May require resources to implement teaching and training programs.</td>
</tr>
<tr>
<td>• Diversity Mixers in CHS in October and December 2011.</td>
<td>• Establish a leadership academy for emerging leaders to support succession planning and management development.</td>
<td></td>
</tr>
<tr>
<td>• Initiated Junior Faculty Lecture Series.</td>
<td>• Faculty Forward Survey will be received and key initiatives based upon this report identified.</td>
<td></td>
</tr>
<tr>
<td>• Completion of Faculty Forward Survey in November 2011.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Strategy: Create a nurturing environment to support our people in achieving their goals. (cont’d)

Expected Outcomes 2012 (cont’d)

- Implement several key human resource planning strategies aimed at recruiting and retaining hard-to-fill staff professional and technical occupational groups.
- Pursue designated Nursing Magnet hospital accreditation for both the Santa Monica–Orthopaedic and Resnick Neuropsychiatric hospitals.
- Offer Diversity awareness learning modules for Health Sciences managers, supervisors and staff.
Education

Create world leaders in health and science

Priority Strategies, 2011-2012

- Strengthen biomedical sciences graduate programs

- Provide medical students with optimal educational experiences so that they are prepared to pursue careers as leaders in medicine and science to meet the needs of society

- Ensure that UCLA residencies and clinical fellowships remain among the most attractive and effective residency programs in the country
**Strategy:** Strengthen biomedical sciences graduate programs.

<table>
<thead>
<tr>
<th>Progress To-Date</th>
<th>Expected Outcomes 2012</th>
<th>Key Challenges Anticipated</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Proceeded with reorganization of graduate education.</td>
<td>• Final report and recommendations of the Bioscience PhD Program Committee</td>
<td>• Development of a new funding mechanism for graduate education will require changes in support by the campus and a major development initiative.</td>
</tr>
<tr>
<td>➢ College of Letters &amp; Science and the DGSOM engaged AMC Strategies to develop a strategic plan for graduate student education; this involved interviews with leading faculty educators and students in the school and the college.</td>
<td>• Submit recommendations for new graduate education and begin implementation of new governance and organization.</td>
<td>• Organization of training grants around the reorganization into home programs will take time and centralized help.</td>
</tr>
<tr>
<td>➢ Held a one-day retreat in spring 2011 with invited speakers from UCSF and Stanford; faculty participated in small group work sessions to make recommendations on improving graduate education. Retreat recommendations included:</td>
<td>• Continue upgrade of the website to synchronize the graduate programs with the website topic areas and provide easy links to individual faculty members based on home program and individual research interests.</td>
<td>• There is a need to engage the new Graduate Dean to accept, encourage and participate in the centralization of resources and core activities as defined by the retreat.</td>
</tr>
<tr>
<td>▪ Reorganize existing graduate programs into eight to ten &quot;home programs&quot; to better engage faculty in recruitment and mentoring and to give students an identifiable home;</td>
<td>▪ Data are being gathered to prepare a comprehensive inventory of graduate teaching.</td>
<td></td>
</tr>
<tr>
<td>▪ Admit students to each of the home programs through an umbrella organization;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>▪ Develop a unified funding mechanism to cover graduate student support for three years;</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Strategy:** Strengthen biomedical sciences graduate programs. *(cont’d)*

---

**Progress To-Date (cont’d)**

- Retreat recommendations included: *(cont’d)*
  - Recognize graduates teaching in the college and medical school to balance the need for graduate teaching with undergraduate teaching;
  - Develop a centrally administered UCLA biosciences program to organize core activities;
  - Improve the website to better present our programs to potential students.

- A Bioscience PhD Program Committee has been formed to oversee the implementation of recommendations developed at the spring retreat.
- The DGSOM website has been redesigned to list all PhD programs by topic areas as well as professors qualified to take on students in those areas.

---

**Key Contacts:** Alan G. Robinson, Victoria Sork, Ren Sun
**Strategy:** Provide medical students with optimal educational experiences so that they are prepared to pursue careers as leaders in medicine and science to meet the needs of society.

<table>
<thead>
<tr>
<th>Progress To-Date</th>
<th>Expected Outcomes 2012</th>
<th>Key Challenges Anticipated</th>
</tr>
</thead>
<tbody>
<tr>
<td>• With the assistance of professional space planners and an architectural firm, an intense space planning exercise was completed for a new David Geffen School of Medicine Medical Education Building. Configuration of space, size of space needed for education and administration, and desired adjacencies have been determined.</td>
<td>• Design of a new Medical Education Building will be completed to prepare a bid for groundbreaking in 2013.</td>
<td>• A major challenge is funding of the new Medical Education Building.</td>
</tr>
</tbody>
</table>
| • An architectural firm has been hired to design the building.                  | • In the PRIME dual degree program:  
  ➢ Eleven students are completing MPH at UCLA;  
  ➢ One student completing MPH at Harvard;  
  ➢ Five students completing a Masters in Public Policy at UCLA;  
  ➢ One student completing MBA at UCLA; | • Identifying funding to support the joint program in Bioengineering.                                                                               |
| • Began initial stages of development for new student scholarship and support campaign. | • Fifty medical students have enrolled in the track for clinical and translational science. Ten students will present posters at Carmel. A new selective on Introduction to Clinical and Translational Research is underway. |                                                                                               |
| • A new initiative in global health has been started with rave reviews by the students. | • Planning to be completed on a joint program in Bioengineering                                                                                                                                             |                                                                                               |
| • A track has begun for medical students interested in clinical and translational research. | • The CTSI Education, Research, and Training Core will launch the Summer Health Disparities Research Training Program for health professions students who will conduct translational research in low income communities in Los Angeles. |                                                                                               |

**Key Contacts:** Alan G. Robinson, Lu Ann Wilkerson, Neil Parker
Strategy: Provide medical students with optimal educational experiences so that they are prepared to pursue careers as leaders in medicine and science to meet the needs of society. (cont’d)

Progress To-Date (cont’d)

• Prime students have demonstrated their leadership by engaging in research projects related to disadvantaged/underserved; many serve as class officers and officers in other student organizations; they have been leaders at community health fairs; they have represented UCLA at the AAMC organization of student representatives; and, they created a leadership Council to involve PRIME programs from other UC campuses.

• Prime students instituted a selective on Health and Healthcare Needs of the Recently Incarcerated that now has current enrollment of 26 students

• As part of the MSTP program, discussions have begun to develop a joint MD/PhD in Bioengineering
**Strategy:** Ensure that UCLA residencies and clinical fellowships remain among the most attractive and effective residency programs in the country.

**Progress To-Date**

- To ensure that UCLA residencies and clinical fellowships remain among the most attractive and effective programs in the country, discussions are underway on how to retain the best UCLA medical students in our residencies and leverage the positive attributes of Southern California and Los Angeles to all prospective trainees and faculty.

**Expected Outcomes 2012**

- New interventions and initiatives will be identified for sustaining competitiveness of UCLA Residency Programs.

**Key Challenges Anticipated**

- There is a need for close affordable housing for residents and clinical fellows.
- New interventions and initiatives will be identified for sustaining competitiveness of UCLA Residency Programs.
Research

Vision

Discover the basis for health and cures for disease

Priority Strategies, 2011-2012

• Bolster comprehensive, multidisciplinary, collaborative high-impact team science initiatives at UCLA

• Provide core research facilities and infrastructure that offer advanced, innovative instrumentation and/or specialized services needed by a broad segment of the DGSOM research community
**Strategy:** Bolster comprehensive, multidisciplinary, collaborative high-impact team science initiatives at UCLA.

<table>
<thead>
<tr>
<th>Progress To-Date</th>
<th>Expected Outcomes 2012</th>
<th>Key Challenges Anticipated</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provided Secured major competitive award of $81.3 million from the NIH to support UCLA’s Clinical and Translational Sciences Institute. Through the CTSI:</td>
<td>• By providing educational programs and grant resources, CTSI will equip the research field with scientists prepared to conduct comprehensive research by integrating elements like biostatistics and ethics into a patient-oriented research model for a study design with broader scope.</td>
<td>• The amount of funding falls short of the scope of work in the application.</td>
</tr>
<tr>
<td> UCLA partnered with three institutions – Cedars-Sinai Medical Center, Charles Drew University of Medicine and Science, Los Angeles Biomedical Research Institute at Harbor-UCLA Medical Center – to work together to uncover solutions for the health problems that are most prevalent to the diverse population of Los Angeles County.</td>
<td> Provide continual support through clinical trials.</td>
<td>• Integration across partner institutions related to issues such as IRB harmonization and contracting.</td>
</tr>
<tr>
<td> Created strong trans-disciplinary teams to tackle the challenges associated with preventing and treating mental health, diabetes &amp; obesity, cardiovascular disease &amp; stroke, cancer, addiction and HIV.</td>
<td> Establish an Office of Investigator Services that co-reports to the Dean as well as the Vice Chancellor for Research as a home for clinical trials.</td>
<td></td>
</tr>
<tr>
<td> Cultivated collaboration and data sharing between network of leading scientific investigators, clinicians and community leaders to create a research continuum.</td>
<td> Create a Rapid Response Initiative that will proactively tap into health reform funding for innovative research.</td>
<td></td>
</tr>
<tr>
<td></td>
<td> Establish team science awards to fund at least six to eight trans-disciplinary teams who are anticipating preparing program project style proposals for federal funding mechanisms.</td>
<td></td>
</tr>
</tbody>
</table>

**Key Contacts:** John Mazziotta, Judith Gasson, Steve Dubinett
**Strategy:** Provide core research facilities and infrastructure that offer advanced, innovative instrumentation and/or specialized services needed by a broad segment of the DGSOM research community.

### Progress To-Date

- Provided major support to new campus-wide initiative creating The Shared Resource Consortium which will solicit and evaluate requests for campus-wide support based upon established criteria. The committee and chair have been identified.

### Expected Outcomes 2012

- Approximately $1M in funding support for shared resources will be distributed across the campus.
- Partner with the Clinical and Translational Science Institute to support core facilities throughout UCLA emphasizing the School of Medicine. Utilizing the core “voucher” system, we will provide the infrastructure to support translation of UCLA discoveries into innovations that improve health. A Request for Applications (RFA) allows faculty to apply for vouchers for core services. The CTSI expects to award as many as 25 vouchers for up to $10,000 each in support of cores.
- Expect to coordinate closely in 2012 with the UCLA campus in the initiative creating The Shared Resource Consortium. As part of this new initiative, tools will be developed to evaluate core facilities.
- Senior Associate Dean for Research will meet annually with key Core Directors and all Cores receiving financial support from the Dean’s Office to discuss current progress, goals and possible future support.

### Key Challenges Anticipated

- Shared resource directors will need to obtain and report key data to be considered for support.
- Challenges in securing future funding for cores outside current David Geffen School of Medicine (DGSOM) existing resources.
- Challenges in identifying and competing for federal support targeted at core facilities.
- Review committees will need to clearly define the criteria by which cores are valued and evaluated.
- Challenge in working with cores no longer necessary or essential to “sunset” these services. Administration is challenged in supporting a process of closing cores no longer needed or reducing core infrastructure to save costs and meet current needs.
- There will always be more demand than resources available, so the Shared Resource Consortium will be given the opportunity to evaluate and determine where limited financial resources are best utilized to meet the goals and objectives at UCLA and throughout the DGSOM.

**Key Contacts:** John Mazziotta, Leonard Rome, Judith Gasson
**Strategy:** Continue to support key core research facilities that are integral to specific cross-cutting programs in the School of Medicine. In 2011, $1,414,209 was provided to centralized core research areas including the Behavioral Testing Core, Virology/Cord Blood Core, Difference Gel Electrophoresis Core, Atherosclerosis Research Core, Cardiovascular Research Lab Core, Pediatrics Cardiology Core, Molecular Instrumentation Center, Electron Microscopy Core, Proteomics Core, Terasaki Vivarium, Imaging Facility, ImmunoSpot Core, Transgenic & Embryonic Stem Core, CURE Research Center, Biacore/Peptide Synthesis Core, Functional Proteomics Core, Computing Research Lab Core, Flow Cytometry Core Facility, and the Molecular Genetics Technology Core.

- Leveraged the research core support listed above with matching funds throughout UCLA. This effectively doubled the committed support to approximately $3 million in core funds.

**Progress To-Date (cont’d)**

**Key Contacts:** John Mazziotta, Leonard Rome, Judith Gasson
Optimize health through community partnerships

Community Engagement

Priority Strategies, 2011-2012

• Institutionalize community engagement as a core mission of the DGSOM & UCLA Health System

• Adopt recognized principles of community engagement as a standard for managing successful community engagement endeavors
**Strategy:** Institutionalize community engagement as a core mission of the DGSOM & UCLA Health System.

<table>
<thead>
<tr>
<th>Progress To-Date</th>
<th>Expected Outcomes 2012</th>
<th>Key Challenges Anticipated</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Established a Steering Committee for Community Engagement with the following key objectives:</td>
<td>• Results from the Community Engagement Faculty Survey Inventory conducted in partnership with the CTSI will be available through the newly implemented UCLA Community Engagement searchable and continually updated Website</td>
<td>• Engaging and encouraging faculty to complete the CE survey</td>
</tr>
<tr>
<td>➢ Conduct an inventory of community-based programs and activities led and/or supported by faculty, staff and trainees;</td>
<td>• A plan to collect comprehensive data on community based programs in the domains of clinical care and education will be developed and implemented</td>
<td>• Identifying the needed resources to keep the website current with innovative content that drives both faculty and community member to it.</td>
</tr>
<tr>
<td>➢ Review current efforts to communicate these programs and activities to both internal and external audiences, and make recommendations for enhancing communications;</td>
<td>• Assessment of AMC best practices will be completed.</td>
<td>• Identify the needed resources as outlined in the business plan for the development and continued operation of either a physical or virtual institute.</td>
</tr>
<tr>
<td>➢ Conduct an assessment of “best practices” in community engagement at leading academic health centers in the U.S.; and</td>
<td>• An assessment of the role of social media approaches such as Twitter and Facebook as potential communication vehicles for both internal and external CE stakeholders will be completed.</td>
<td></td>
</tr>
<tr>
<td>➢ Develop recommendations to more effectively institute and advance community engagement in the UCLA Health System and DGSOM.</td>
<td>• A business plan will be completed that will describe the needed organizational structure to achieve the goals of the strategic plan and will also define the level of resources needed to sustain the institute over time.</td>
<td></td>
</tr>
<tr>
<td>• Continued to advance specific initiatives related to Community Engagement.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Developed funds in support of full-time staff to further develop strategic priorities and implement tactics for Community Engagement.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Key Contacts:** Carol Mangione, Posie Carpenter
### Strategy:
Adopt recognized principles of community engagement as a standard for managing successful community engagement endeavors.

<table>
<thead>
<tr>
<th>Progress To-Date</th>
<th>Expected Outcomes 2012</th>
<th>Key Challenges Anticipated</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Formation of an Advisory Group of identified UCLA and community stakeholders.</td>
<td>• Development of a plan to insure that certain ethical standards are met for all CE activities.</td>
<td>• Implementing institutional cultural change that leads to greater value placed on community engaged activities.</td>
</tr>
<tr>
<td>• Categories of stakeholders and partners have been identified.</td>
<td>• Liaison with CTSI and other groups on campus whose mission is to enhance CE in the DGSOM and the Health System.</td>
<td>• Successfully communicating our activities to the SOM and community at large.</td>
</tr>
<tr>
<td></td>
<td>• Use the newly developed website and featured articles in existing DGSOM and Health System publications to promulgate the NIH COPR principles for community engagement</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Development of a set of criteria that the advisory group will use to evaluate whether new CE projects are aligned with the COPR principles and a system of endorsement that the institute will use for projects that meet these criteria.</td>
<td></td>
</tr>
</tbody>
</table>
Clinical Care

Priority Strategies, 2011-2012

• Provide high quality, patient-centered, efficient, cost-effective care

• Function as a full-service, integrated group practice providing the full continuum of care to all patients

• Foster innovation across the UCLA Health System to radically improve the quality of health care delivery locally and globally

• Grow clinical volume
**Strategy:** Provide high quality, patient-centered, efficient, cost-effective care.

<table>
<thead>
<tr>
<th>Progress To-Date</th>
<th>Expected Outcomes 2012</th>
<th>Key Challenges Anticipated</th>
</tr>
</thead>
</table>
| • Continued to advance CI-CARE initiative which underpins continued improvements in patient satisfaction.  
  ➢ Significantly improved patient satisfaction scores by putting the “face of the patient” into every decision made at UCLA.  
  ➢ Now rank among the very best hospitals in the nation on patient satisfaction scores.  
  • Launched the Care Transformation Council designed to accelerate the rate of improvement in quality, cost and satisfaction.  
  ➢ Identified three key targets for clinical performance improvement in calendar 2012: readmissions, sepsis and other hospital-acquired conditions, and mortality rate.  
  • Launched efforts to provide consistent standard of patient service across outpatient clinics and settings.  
  • Launched efforts to design first two Integrated Practice Units as prototypes for new multidisciplinary structures for care delivery. | **Short-term: (6 months)**  
• Align the UCLA Health System leadership around the 3 core goals of Readmissions, Sepsis, and Mortality. Commitment to:  
  ➢ Top 5th percentile performance for those 3 goals,  
  ➢ Measure, review and improve performance in a transparent fashion,  
  ➢ Lead the communication to the rest of the leadership and to the rank-and-file.  
• Develop data systems and processes to support clinical performance improvement.  
  ➢ Establish partnership with UHC to maximize resource use and impact of data systems and processes.  
  ➢ Optimize the use of existing data.  
  ➢ Begin collecting and disseminating clinical performance data, especially in priority areas (e.g., morbidity/mortality, sepsis, and readmissions), in a manner useful to clinical quality leaders and all Health System staff.  
  ➢ Improve coding to maximize accuracy of current reporting. | • Developing data systems, processes, and staffing to support clinical performance improvement.  
• Establishing clear lines of accountability and authority to drive clinical changes necessary to improve performance.  
• Identifying responsible leads and support staff in each clinical department and service to carry out the performance improvement activities.  
• Establishing process for providing specific data to all clinical leads, with closed loop for improvement and reporting back. |

**Key Contacts:** David Feinberg, Molly Coye
**Strategy:** Provide high quality, patient-centered, efficient, cost-effective care. *(cont’d)*

Expected Outcomes 2012 *(cont’d)*

**Short-term: (6 months) *(cont’d)*

- Develop data systems and processes to support clinical performance improvement: *(cont’d)*
  - Evaluate needs identified at CTC for quality improvement tasks.
    - Plan for centralization and standardization of data for regular use in improvement work by all units.
    - Analytic software: issue RFP for products that will integrate with XDR and produce useful analytics for improvement by 02/12. Implement within Q2 12.
    - Analyze needs for additional PE and QI staff to support improvement work for FY 2013.

  - Develop forums and management processes to manage quality and clinical performance improvement and maintain accountability.
  - Implement specific improvement programs in the three priority areas (based on CTC recommendations).
    - Establish partnership with UHC to maximize resource use and impact of improvement programs in the three priority areas.
    - Establish measurable goals for performance as of July 1, 2012 for each of the three priority areas. Report on progress each month.

  - O/E Mortality.
    - Initiate “morbidity and mortality redesign” project.
    - Create process to investigate reasons behind all deaths within the hospital.
    - Ensure coding is thorough and accurate.

  - Sepsis.
    - Disseminate sepsis mortality data institution-wide, including on a unit and physician level
    - Provide institution-wide sepsis education, including teaching all health care workers how to recognize it and empowering nurses to take early action.
    - Collect relevant sepsis data consistently.

  - Monitor key processes of care in “real time”.

**Key Contacts:** David Feinberg, Molly Coye
**Strategy:** Provide high quality, patient-centered, efficient, cost-effective care. *(cont’d)*

**Expected Outcomes 2012 (cont’d)**

**Short-term: (6 months)(cont’d)**

- Implement specific improvement programs in the three priority areas (based on CTC recommendations). *(cont’d)*
  - Preventable admissions and readmissions.
    - Produce a clear definition of the readmissions and preventable admissions targets, and educate staff about the reasons for this priority, definitions, and strategies for reduction.
    - Develop data systems and reports to support the effort, optimizing the use of existing data.
    - Inventory and rationalize all existing programs targeting readmissions and available tools within UCLA.
    - Begin a coordinated attack on readmissions across all hospitals.
  - Clarify leadership to provide oversight for achieving Quality Goals, and identify a point person.
    - Establish frequency of reports, and reporting structure.
    - Ensure support is mobilized if milestones are missed.

**Mid-term: (1 year)**

- Improve our Observed/Expected mortality rates to become among the best in the nation = 95th percentile on UHC scores.
- Decrease preventable admissions and readmissions to among the lowest in the nation = 90th percentile on UHC scores.
- Achieve and maintain top performance in the management of sepsis and the prevention of hospital-acquired infection = 95th percentile on UHC scores.

**Key Contacts:** David Feinberg, Molly Coye
**Strategy:** Function as a full-service, integrated group practice providing the full continuum of care to all patients.

<table>
<thead>
<tr>
<th>Progress To-Date</th>
<th>Expected Outcomes 2012</th>
<th>Key Challenges Anticipated</th>
</tr>
</thead>
</table>
| • Formal search resumed for Executive Director of Ambulatory Services; principals of search firm re-visited UCLA; interviewed key personnel for buy-in and fresh ideas.  
• Developing infrastructure to extend HMO patient tracking to non-HMO patients; recruitment initiating for FPG quality lead to report to Dr. Skootsky as extent of task grows.  
• APCA group incorporated as working physician oversight body for CareConnect. Monthly meetings with Dr. Pfeffer to work through key agenda items for system-wide, cross-department decisions. APCA’s bringing forth key input to Care Connect process and disseminating information back to Departments at the front-line physician level.  
• Advanced primary care redesign by:  
  1. Developed and presented UCLA Population Management model that included implicit primary care redesign.  
  2. Developed primary care innovation model context. | **Short-term: (6 months)**  
• Recruit and establish an Executive Director of Ambulatory Services.  
• Extend HMO patient tracking to non-HMO patients receiving primary care within the UCLA Health System.  
• Maximally utilize APCA program to successfully implement EPIC on time across UCLA Health System, using common care pathways and paradigms across specialties. Utilize EPIC installation to better integrate FPG-wide IT systems.  
**Mid-term: (1 year)**  
• Common standards of ambulatory clinical practices across the UCLA Health System.  
• Establish a single point for patient and referring physician contact for timely and coordinated appointments within the UCLA Health System.  
• Establish at least three integrated practice units.  
• Develop and implement FPG-wide physician incentives based on individual and/or team-based quality metrics. | • Challenge to find Executive Director who can matrix into UCLA Health System organization.  
• Complexity and rules of UC HR in hiring new FTE for new roles.  
• Culture change and sustainability.  
• Current $1M per year for five years for Primary Care redesign through DSRIP grant cannot fund the current innovation model if fully developed.  
• Acceptance and buy-in from each department to commit to develop and/or hire secondary care providers.  
• Need for further change in Departmental compensation plans as intermediate steps to future economic integration. |

**Key Contacts:** Patricia Kapur and Sam Skootsky
Strategy: Function as a full-service, integrated group practice providing the full continuum of care to all patients. (cont’d)

Progress To-Date (cont’d)

• Advanced primary care redesign by: (cont’d)

  3. Engaged five initiation sites (Medicine, Geriatrics, Family Med, CPN, SMBP).

• Through retreat and design teams, created redesign goals (Team Building, System Support, Objective Metrics of Success, Lower Costs) and a specific plan now in implementation.

• Advanced integration within each DGSOM department and division with initial steps to expand secondary care availability and access:
  ➢ DOM hired more specialists and initiated “same-week” availability on DOM website,
  ➢ Orthopaedics hired clinicians to increase community-level orthopaedic availability,
  ➢ JSEI initiated Santa Monica Office with primary ophthalmology, limited secondary ophthalmology, and optometric services,
  ➢ UCLA Health System and SMBP sleep labs integrated into one seamless service and overall sleep lab availability increased (had quite a backlog),
  ➢ General Surgery hired Dr. Brunicardi and is stepping up availability of community level general surgery at SM-UCLA,
  ➢ Pain Management Center in Santa Monica hired 2 additional faculty to meet access back-log for primary care referrals and support.

• Advanced integration among departments starting on an organizational basis, but not yet integrating new revenue paradigms:
  ➢ New multi-specialty breast center being developed in Santa Monica,
  ➢ Northwest Valley UCLA centers being developed by DOM. Some of the sites have plans for one or more of: SMBP to provide Urgent Care, Radiology presence, Laboratory presence, secondary internal medicine specialists, general surgeon,
  ➢ Neurosurgery planning brain tumor center with participation by Neurology, Radiation oncology, etc.

Key Contacts: Patricia Kapur and Sam Skootsky
**Strategy:** Foster innovation across the UCLA Health System to radically improve the quality of health care delivery locally and globally.

<table>
<thead>
<tr>
<th>Progress To-Date</th>
<th>Expected Outcomes 2012</th>
<th>Key Challenges Anticipated</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Launched the new UCLA Institute for Innovation in Health.</td>
<td><strong>Short-term: (6 months)</strong></td>
<td>• Complexity of negotiations and approval process for tele-ICU.</td>
</tr>
<tr>
<td>• Advanced the following innovations:</td>
<td>• Develop innovation components of Advanced Specialty Care (Tertiary/Quaternary Care) strategy:</td>
<td>• Need for ‘detailing’ to referring physician offices to advance e-Consult system.</td>
</tr>
<tr>
<td>➢ Produced study of the potential of tele-ICU for UCLA as part of ‘hub’ strategy;</td>
<td>➢ ‘Hub’ strategy to leverage tele-ICU for regional network of community hospitals – contract negotiated and possible beginning of implementation;</td>
<td>• Need for additional support for five lead primary care practices as they model transformation to the Innovation Model.</td>
</tr>
<tr>
<td>➢ Developed prototype software for e-Consult and Curbside Consult system at UCLA, piloting with 5 departments;</td>
<td>➢ ‘Hub’ strategy to leverage specialist time through E-Consult system – built out and fully functioning within first 3-4 departments;</td>
<td>• Need to grow risk-based populations that UCLA is responsible for – critical element to supporting broad population management initiatives.</td>
</tr>
<tr>
<td>➢ Initiated design phase for Primary Care Innovation Model, on track for design and early deployment, including:</td>
<td>➢ ‘Stretch’ goal = Establish outreach campaign communicating “just call us” availability of response to referring physicians.</td>
<td>• Recruitment of Global Lab director and secure funds for design and launch of Global Lab.</td>
</tr>
<tr>
<td>▪ Clinic practice redesign with five lead clinics,</td>
<td>• Complete design phase and implementation in first five clinic sites for Primary Care Innovation Model (DSRIP program) – this will ultimately be the foundation for improvement in all primary care in the system.</td>
<td></td>
</tr>
<tr>
<td>▪ Home-based Palliative Care,</td>
<td>• Ambulatory/in-home palliative care.</td>
<td></td>
</tr>
<tr>
<td>▪ MA’s and other extenders.</td>
<td>• Clinic redesign of processes.</td>
<td></td>
</tr>
<tr>
<td>➢ Gave multiple presentations to national audiences on innovation at UCLA.</td>
<td>• Use extenders to leverage physician resources.</td>
<td></td>
</tr>
<tr>
<td>➢ Developed initial agreement with LA County DHS to develop Innovation Practice; lead at UCLA identified.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Key Contacts:** Molly Coye, David Feinberg, Patricia Kapur
Strategy: Foster innovation across the UCLA Health System to radically improve the quality of health care delivery locally and globally. (cont’d)

Expected Outcomes 2012 (cont’d)

Short-term: (6 months) (cont’d)
• Use technology to reach broader population for management within HMO contracts.
• Establish regional and national recognition of UCLA model for Innovation in Health.
• Production of 3-4 articles, monographs, and presentations to national audiences.
• Advance planning of Innovation Practice with LAC DHS and other partners as regional focus for innovation in population health management.
• Complete planning phase of launch of new UCLA Institute for Innovation in Health.
• Decide whether to establish a physical Global Lab for Innovation.
• Secure funds to support virtual or physical Global Lab and launch.
• Recruit Director of Global Lab.
• Plan launch and first year of Global Lab activities.

Mid-term: (1 year)
• Establish UCLA as the leader in building an extended network of regional care for ICU care and referrals for advanced specialty care.
• Co-lead in successful implementation of the Primary Care Innovation Model as a template for primary care expansion in the region, with introduction of innovations in population health management.
• Plan for the Fall FY 2013 external launch of a Global Innovation Lab to serve as a platform for external partnerships with innovators nationally and internationally.

Key Contacts: Molly Coye, David Feinberg, Patricia Kapur
**Strategy:** Grow clinical volume.

<table>
<thead>
<tr>
<th>Progress To-Date</th>
<th>Expected Outcomes 2012</th>
<th>Key Challenges Anticipated</th>
</tr>
</thead>
</table>
| • Expanded physician capacity by bringing Santa Monica Bay Physicians Group, a group of primary care providers, to UCLA. | **Short-term: (6 months)**  
  - Further clarify hospital alliances.  
  - Advance 101 Corridor expansion.  
  - Clarify tertiary/quaternary growth strategy.  
  - Identify Chief Strategy Officer.  
**Mid-term: (1 year)**  
- Double current primary care capacity.  
- At a minimum, increase secondary care capacity to a level that is able to care for our current primary care population.  
- Begin implementation of tertiary/quaternary growth strategy. | • Keep pace with growing number of independent clinicians wanting to join UCLA Faculty Practice.  
• Identify strategies and targets for hospital alliances.  
• Develop tertiary/quaternary strategy for growth in services and referrals.  
• Hire Chief Strategy Officer. |
| • Crafted preliminary strategy for greater Los Angeles Basin expansion.          |                                                                                      |                                                                                         |
| • Continued discussions with additional potential partners and alliances for ambulatory and inpatient care. |                                                                                      |                                                                                         |
| • Launched recruitment for Chief Strategy Officer for UCLA Health System.        |                                                                                      |                                                                                         |

**Key Contacts:** David Feinberg
Here.
Now.
UCLA

Shaping the Future

Strategic Plan 2011-2015