TOGETHER, WE WILL REALIZE OUR NEW DEPARTMENT OF MEDICINE VISION OF:

“Being a medical community that sets the standard of excellence for patient care, research and learning.”
Dear Colleagues,

As Chair and Chief for the Department of Medicine it is my privilege to present our 2015 – 2020 Strategic Plan, “Setting the Standard.” This plan is for our patients, students, faculty, staff and the communities we serve. It was developed through consultation with hundreds of caring and thoughtful individuals who stepped forward to make a difference. Their contributions are greatly appreciated.

This strategic roadmap reflects our commitment to excellence and to meeting the needs of the people we serve. It builds on our strengths, faculty and staff expertise and knowledge, a track record of research success and a reputation for academic distinction. It recognizes the need for change and focuses on the future challenges and opportunities before us. Our new plan is bold and progressive, dares us to think and act in different ways, and sets a clear course for us to focus our efforts and resources on the priorities, which will accelerate our impact on patients, learners and research.

This plan asks each member of the Department of Medicine to step forward, commit to a shared direction and turn our strategy into meaningful action. Now is the time to create specific and achievable goals for research, education and clinical services. And, together, we will realize our new Department of Medicine Vision of:

“Being a medical community that sets the standard of excellence for patient care, research and learning.”

Sincerely yours,

James Calvin, MD, MBA, FRCPC, FACC, FACP
Chair & Chief
Department of Medicine
Schulich School of Medicine & Dentistry
Western University
This strategic plan is a culmination of an 8-month process that began in May 2014 when the Western University Department of Medicine (DOM) embarked on the first strategic planning process undertaken by the Department in over a decade. It marked the critical first step in developing a results-based accountability system for the DOM, the largest department within the Schulich School of Medicine and Dentistry.

The strategic planning process was designed to engage many diverse voices, release the passion we have for the valuable work we do, and generate distinctive ideas for charting our future. The consultation was an unqualified success with more than 200 faculty, trainees, staff and leaders getting involved. The result is a strategic plan that is bold, thoughtful and focused on the future.

THE STRATEGIC PLANNING APPROACH WE USED WAS BASED ON THE BALANCED SCORECARD PLANNING METHODOLOGY, WHICH ASKS FOUR CRITICAL QUESTIONS.

- In order to achieve the DOM vision and mission, what outcomes must we achieve for patients, learners and the communities we serve?
- In order to achieve those outcomes, at what must the DOM excel?
- In order for the DOM to excel in these areas, what capacity (human resources, technology, infrastructure and culture) do we need?
- In order to build and sustain that capacity, how will we allocate and employ resources and measure performance?

To find these answers, a vital component in the strategic planning wheel was our thorough environmental scan whereby we collected and analyzed data, information, evidence, research and best practices in tandem with obtaining feedback, ideas and experiences from our stakeholders. As a result of this comprehensive assessment, we identified organizational strengths and several critical forces of change in the internal and external environments that ultimately shaped our Strategy Map. The following is a review of the strengths we will leverage and the strategic influences that will be a catalyst for change within our department.
PATIENTS FIRST!
Our faculty and trainees are passionate about ensuring the consistent delivery of patient-centered care, including safety and quality. Putting patients first encompasses world-class clinical care, but it also means we focus on the patient’s whole experience, including attending to their emotional, informational and spiritual needs.

RESEARCH
The DOM has outstanding intellectual capacity and a proven history of generating research that has demonstrated both scientific and clinical impact. Over the years we have invested in our research infrastructure and achieved success in the highly competitive Canadian arena for research grants.

FISCAL STEWARDSHIP
As a fully accredited department, we are proud to have a longstanding practice of balanced financial management, which has consistently focused on making prudent investments in our people, infrastructure and resources.

TEACHING
Department of Medicine possesses a strong track record of academic excellence. We attract the best and brightest students, residents, and fellows, because of our excellent faculty and staff, innovative teaching methods and rich and diverse learning experiences in an environment that is supportive and nurturing.

OUR PEOPLE
Our faculty, residents, trainees and staff are the Department of Medicine’s greatest asset. Our work is complex and challenging and it is only through the resilience, competency and commitment of the DOM team that we can achieve great outcomes. Whether providing clinical care to patients, teaching, conducting research or providing administrative support, our 250 faculty and staff possess the skills, expertise and experience needed to make a difference.

CONNECTED
We are fortunate to be part of a larger healthcare system that works to deliver the health solutions that people require in London and Southwestern Ontario. The Department of Medicine has demonstrated an ongoing commitment to work closely with academic hospitals, the Southwest Local Health Integrated Network and community physicians and partners to achieve our shared goal of accessible and sustainable healthcare for all.

“Scientists have become the bearers of the torch of discovery in our quest for knowledge.”
Stephen Hawking
The following are strategic influences, both external and internal, that inform the choices that will shape the Department of Medicine’s Strategic Plan.

**External Influences:**

**HEALTH OUTCOMES**

Southwestern Ontario has disproportionately elevated rates of chronic disease in contrast to other regions within Ontario.¹ Currently, incidence rates of diabetes, cancer, obesity, neurological diseases, respiratory disease and hypertension are among the highest in the province.²

An aging baby boomer population and combined with the prevalence of chronic diseases and an increase in acuity of population, multiple co-morbidities, results in greater need for more services to care for specialized populations. Also, this stress on current health care delivery models will continue to grow for many years to come.

According to Dr. Samir Sinha, lead of the Ontario Senior Care Strategy, “The current acute care model .. was developed years ago when most adults tended not to live past 65 ... and usually only had one active issue that brought them to hospital. Indeed, innovative models of care need to be incorporated across the continuum, from acute care to community and continuing care settings to address this changing reality.” Dr. Theres Stukel, ICES senior scientist, reinforces this challenge, “the current health care structure and payment system in Ontario is focused on acute care and is poorly aligned with the needs of patients with chronic disease. Serious quality gaps in providing chronic disease care are attributed to poor coordination among health care providers and fragmentation of care.”

**POVERTY**

Too many people in Southwestern Ontario are living in poverty or close to the poverty line, a real public health issue, as economic status is a primary determinant of health outcomes. For example, in 2011, the overall poverty rate in London (CMA) based on the after-tax Low Income Cut Off (LICO), was 11.6%, up 6.4% from 2000 and 31.8% higher than the national average.³ Furthermore, in 2010, the poverty rate of single-parent families in the London CMA was 35.3% compared to 14.2% in Canada and half of immigrant households were living below the poverty line.⁴ Making the situation even more concerning is that in 2010, 35.4% of all earners in London (CMA) were not earning a living wage (i.e. had an annual income under $20,000.)⁵

**MENTAL HEALTH**

There has been a reported increase in mental health and addictions prevalence across the Southwest LHIN, specifically among adolescent populations, in Alzheimer-related cases within the growing senior’s population and in rural communities. Estimates for severe and persistent mental illness in the adult population indicate approximately 11,574 cases in London-Middlesex. Crisis response services for mental health are insufficient in London & Middlesex and accordingly the hospital emergency departments are the expensive defaults, with significant impacts on clinical teaching units and other Department of Medicine divisions.

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¹ Robarts Research, http://www.robarts.ca/facing-facts
² Lawson Research, https://www.lawsonresearch.com/clinical_research/lifecycle_research_network.html
³ Statistics Canada, Survey of Labour and Income Dynamics
⁴ Statistics Canada, National Household Survey 2010
⁵ Statistics Canada, 2010
⁶ Southwest LHIN, IHSP, 2010
SHFIFING & COMPLEX HEALTHCARE AND FUNDING LANDSCAPE
The Ontario government has pledged to eliminate Ontario’s $12.5-billion deficit by 2018. This commitment means that healthcare, which accounts for almost half of provincial spending, will remain under the microscope and the drive to make the healthcare system more efficient will continue, with a focus on appropriateness of care and treatment. Accordingly, there is a continual push for us to introduce innovative, evidence-based models of care and service and to build our internal and external linkages across our divisions and with other departments, providers and sectors.

At the same time, the Department of Medicine has experienced consecutive years of university budget reductions and increasing accountability expectations from Schulich related to academic productivity, performance and impact.

RESEARCH FUNDING
Many of the department’s researchers apply for funding through the Canadian Institutes of Health Research, which receives just over a billion dollars a year from Ottawa for health science research. “About half of that money is awarded through an open competition, however the process is so competitive that recently only around 15 per cent of those who apply are successful in securing research grants.”

Furthermore, the research climate has been changing, and will continue this shift, from a traditional focus on investigator-based, solo-laboratory research to broader multi-centre studies undertaken in numerous laboratories by interdisciplinary collaborative teams, with a focus on patient outcomes and demonstrating value for money. For example, Canada’s Strategy for Patient-Oriented Research (SPOR) has shifted to further focus on ensuring that the ‘right patient receives the right intervention at the right time.’ The objective of SPOR is to cultivate evidence-informed health care by taking innovative diagnostic and therapeutic methods to the point of care, so as to promote better quality, accountability, and accessibility of care.

COMPETENCE BY DESIGN
“Competence by Design (CBD) is a multi-year initiative that will introduce a competency-based medical education (CBME) model of learning and assessment to resident training and specialty practice across Canada.” CBME is an ‘outcomes-driven’ approach to medical education that the College believes will more effectively prepare and support doctors for the expectations of modern practice. CBD will drive significant change within the DOM, impacting culture, health human resource planning, scheduling, workload and accountability.

CBC, ‘Scientists will be forced to knock on doors under health research grant changes,’ December 3, 2014
University of Toronto, Beyond the Cutting Edge, Surgery Strategic Plan, 2012-2017
Canadian Institutes of Health Research
Royal College of Physicians and Surgeons, 2013 Annual Review
**Internal Influences:**

Our comprehensive internal review of the Department of Medicine identified key areas of opportunity that require strategic attention.

<table>
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<tr>
<th>AREA OF FOCUS</th>
<th>STRATEGIC OPPORTUNITIES</th>
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| Research      | Improve core research infrastructure and supporting conditions and processes, including mentorship, grant writing, statistics, database and information management and sustainable funding  
                | Strengthen interdisciplinary research and scientific collaborations  
                | Support and train junior faculty, our next generation of researchers  
                | Accelerate translation of research into health outcomes |
| Education     | Fortify the teaching curriculum, specifically experiential, ambulatory, simulation and quality improvement  
                | Optimize evaluation and mentorship  
                | Prepare for Competence-by-Design education model  
                | Accelerate faculty development in areas of mentorship and quality improvement |
| Clinical Care | Build capacity to meet evolving needs of complex patients and the aging population  
                | Develop innovative, outcome-based patient care models to better serve emerging needs  
                | Optimize patient care navigation for seamless transition through the healthcare system  
                | Direct more attention to health promotion and disease prevention  
                | Strengthen the infrastructure and resources  
                | Partner with the community to enhance health through solutions to deal with the social determinants of health |
| DOM Capacity  | Create a stronger, more vibrant Department of Medicine culture  
                | Accelerate leadership development / succession planning / talent management  
                | Optimize recruitment and retention of faculty and staff, particularly due to aging workforce  
                | Improve efficiency of clinical, operational and administrative processes  
                | Fortify accountability models and the quality improvement agenda  
                | Build cross-faculty / university / hospital and community partnerships  
                | Invest in transformative technology and tools |

“Strategy without tactics is the slowest route to victory. Tactics without strategy is the noise before defeat.”

*Sun Tzu*
Clinical Care in Young Adults with Type 1 Diabetes After Transition to Adult Care

Background
- Transition to adult care for patients with Type 1 diabetes may be a challenge for provision of medical care
- This may be due to physiological and psychological changes associated with adolescence and differences in care delivery between the two systems
- Transition is often associated with deteriorating glycemic control and increased risk of diabetic complications in patients with Type 1 diabetes
- The odds of having higher HbA1c values are 2.5 times higher for patients who have left pediatric care
- Conversely, adherence to attending physician or clinic visits is associated with improved glycemic control

Objectives
- To identify all T1D patients transitioned from pediatric care at Children’s Hospital, London Health Sciences Centre to adult care at St. Joseph’s Health Care Centre (SJHCC) over the last 10 years
- To determine the impact of transition of care in this cohort
- To quantify the impact of transition by determining changes in metabolic parameters, prevalence of diabetic complications

Inclusion Criteria:
- Patients who transitioned between 2002-2012
- Patient age 16-20 years
- Patient has T1D
- At least one visit recorded in WebDR

Exclusion Criteria:
- Patients with missing data for any of the outcomes measured in the transition period

Outcomes were calculated for 2 years prior to and post transition for each patient

Results
- Search databases for patients that met inclusion criteria (n=645 patients)
- Searched data for 2 years prior and post transition (n=645 patients)
- Excluded patients with incomplete data (n=45 patients)
- Final study sample (n=600 patients)

Figure 1: Study flow chart

Figure 2: Mean values of HbA1c, Weight, LDL, and number of days with HbA1c > 8 percentage points for two years prior and post transition
- HbA1c decreased from 8.2% to 7.7% (p=0.02)
- Weight decreased from 73.2 kg to 70.8 kg (p=0.001)
- LDL decreased from 140 mg/dL to 123 mg/dL (p=0.006)
- Number of days with HbA1c > 8% decreased from 30 days to 20 days (p=0.001)

Post transition all complications were physician validated

However, pre-transition the following criteria were used:
1. Hypertension: average of 2 years prior transition BP>140 systolic, or BP>90 diastolic
2. Dyslipidemia: average of 2 years prior to transition LDL>4.0
3. Nephropathy: >2 values of ACR > 2.8 on separate occasions
“Nothing great in the world has ever been accomplished without passion.”

Georg Wilhelm Friedrich Hegel

**OUR ROOTS**

Our environment is more demanding and complex than ever and the work we do has never been needed as much as it is today. The time is now to move forward and bring about real and sustainable change. To fulfill this mandate, we must leverage our collective strengths and stay anchored to our aspirations and core values. Our Strategic Plan begins with a new Mission and Vision for the Department of Medicine’s future.
OUR BALANCED SCORECARD
STRATEGIC PLAN

OUR MISSION
Our mission clarifies our Department’s purpose and acts as the benchmark against which we judge our actions and decisions.

To our patients, we use our expertise to provide the best possible care.

To our community, we are responsive to their needs including safe and timely treatment and prevention, and facilitating the development of a healthy community.

To ourselves, we are a faculty that is never satisfied with the status quo; dedicated to continually improving patient care, creating innovative learning opportunities for all learners, and advancing knowledge through research excellence.

OUR VISION
Our vision serves as the foundation for our Strategy Map. It represents our greatest aspirations for those we serve.

We aspire to be a medical community that sets the standard of excellence for patient care, research and learning.

OUR VALUES
The Department of Medicine’s values are our compass, shaping our actions, reactions and behaviours.

In all we do, we value:

- Achieving excellence through innovation and quality improvement
- Compassionate, patient-centred care
- Teamwork and collaboration
- Accountability to our communities
- Trust-based relationships
- Respect for diversity
To achieve the Department of Medicine vision and mission, what outcomes must we achieve for patients, learners and the communities we serve?

In order to achieve those outcomes, at what must the DOM excel?

In order for the Department of Medicine to excel in these areas, what capacity (human resources, technology, infrastructure and culture) do we need?

In order to build and sustain capacity, how will we allocate and employ resources and measure performance?

The Strategic Pillars are translated into four parallel Strategic Directions and supporting goals. For example, the ‘Patients, Students & Communities Pillar’ has been translated into the strategic direction, Standard of Excellence! Within this strategic direction, we have prioritized seven outcome-based goals.
Patients – Exceptional patient experience and outcomes

1. Patients receive high quality, patient-centred health care
2. Patients are treated and cared for in a safe and responsive environment

Research Communities – Patient-centred, clinically relevant research excellence

3. Patient outcomes improve through the discovery, transfer and translation of research
4. Research outcomes contribute to better health and community benefits

Learners – Future leaders in medicine

5. Learners are fully prepared to achieve excellence
6. Learners are inspired to contribute to society and make a difference
7. Faculty members are lifelong learners

Achievement of the seven “Standard of Excellence” outcome-based goals is enabled by the Strategic Drivers, represented by the remaining three strategic directions and their goals and objectives:

- **Processes Pillar:** Process Excellence
- **Capacity Pillar:** An Excellent Place To Make A Difference
- **Sustainability Pillar:** Thriving!

The Department of Medicine Strategy Map follows. Moving from the bottom of the map to the top, the Department of Medicine is:

- Guided by our values, and will ...
- Use our resources wisely, and
- Build a strong and prepared team, so we can
- Operate with effectiveness and efficiency and
- Meet the needs of the people we serve, thus
- Achieving our mission and vision

Our Balanced Scorecard Strategic Plan
Thus, achieving our VISION.

Our Mission: To our patients, we use our expertise to provide the best possible care; facilitating the development of a healthy community. To ourselves, we are a faculty that is never satisfied with the status quo; dedicated to continually improving patient care, creating innovative learning opportunities for all learners and advancing knowledge through research excellence.

Our Vision: We aspire to be a medical community that sets the standard of excellence for patient care, research and learning.

And, meet the needs of the PEOPLE we serve,

Patients
Exceptional patient experience and outcomes

- Patients receive high quality, patient-centred health care
- Patients are treated and cared for in a safe and responsive environment

Patient-centred, exceptional research output and outcomes

- Patient outcomes improve through the discovery, transfer and translation of research
- Research outcomes contribute to better health and community benefits.

So we can operate with EFFECTIVENESS & EXCELLENCE,

Providing evidence-informed, personalized care
Ensuring patient safety
Seamless patient navigation and service planning
Multi-morbidty assessment, treatment and prevention

Interdisciplinary research, collaboration, knowledge exchange and deployment

And, build a STRONG & PREPARED department,

Hire, develop, champion and mobilize competent and passionate talent
- Nurture leaders at all levels
- Cultivate and promote mentorship
- Recognize and reward excellence in teaching, research and care

Foster and recognize collaboration, teamwork
- Create an inclusive, cohesive and engaging Department of Medicine culture
- Expand interdisciplinary cooperation and synergies

We use our RESOURCES wisely,

Set high standards, measure performance relentlessly and continuously improve
Advance the quality agenda focused on patient-centred care, efficacy, efficiency, equity, safety and access
Align resources to our vision, strategy and strategic priorities

Guided by our VALUES,

Achieving excellence
Innovation
Compassionate, patient-centred care
Trust-based relationships
Respect for diversity
OUR VISION & MISSION

Our Mission:
To our patients, we use our expertise to provide the best possible care. To our community, we are responsive to their needs including safe and timely treatment and prevention; and we are never satisfied with the status quo; dedicated to continually improving patient care, creating innovative learning opportunities for all learners and advancing knowledge through research excellence.

Our Vision:
We aspire to be a medical community that sets the standard of excellence for patient care, research and learning.

STANDARD OF EXCELLENCE!

Research excellence will produce the following outcomes:

Research
clinically relevant research excellence

Learners
Future leaders in medicine

• Learners are fully prepared to achieve excellence
• Learners are inspired to contribute to society and make a difference
• Faculty members are lifelong learners

PROCESS EXCELLENCE!

The Department of Medicine will EXCEL in:

• Providing evidence-informed, personalized care
• Ensuring patient safety
• Seamless patient navigation and service planning
• Multi-morbidity assessment, treatment and prevention
• Interdisciplinary research collaboration, knowledge exchange and deployment
• Maintaining efficient and effective research and knowledge management practices and processes
• Delivering a superior learning experience for all students
• Exceptional academic programming driven by relevance, innovation and application

PLACE TO MAKE A DIFFERENCE!

With the capacity to excel, the Department of Medicine will:

THRIVING!

To ensure we have the necessary capacity to excel, the Department of Medicine will:

RESOURCES wisely

To ensure we use resources wisely, the Department of Medicine will:

• Set high standards, measure performance relentlessly and continuously improve
• Advance the quality agenda focused on patient-centred care, efficacy, efficiency, equity, safety and access
• Align resources to our vision and strategic priorities
• Provide community-based healthcare leadership and advocacy
• Quantify and evaluate research output and success
• Be fiscally accountable and transparent

OUR VALUES

centred care relationships

Teamwork and collaboration

Accountability to our communities

Respect for diversity
IMPLEMENTING OUR STRATEGIC PLAN

Our thoughtful and bold Strategy Map provides us with our plan, that when implemented with full resolve, will drive a transformation of the Department of Medicine. In the months ahead, we will shift our attention to enacting and implementing the strategies and action items in pursuit of our goals.

Our strategic implementation processes will actively engage faculty and staff in the next stage of our journey. Together, we will apply a project management methodology to our work and will have access to a toolkit of resources to support us in this significant endeavour. We will formulate annual project priorities and operational initiatives to focus attention on the most critical performance improvement opportunities, thus translating the strategy map into action to achieve desired results.

MEASURING OUR VISION – THE BALANCED SCORECARD

We have always strived to achieve excellence, but our new Vision and Strategy Map raises the bar for all of us and inspires us to accelerate our efforts. We will evaluate these efforts and our progress in several different ways, such as:

- Through the eyes, ears and voices of the patients / families, learners and communities we serve. Their experiences with Department of Medicine will tell us a story about how we are doing in achieving our goals.
- We will seek feedback from our partners and other stakeholders.
- We will harness the diverse perspectives and ideas of our greatest resource - our faculty and staff - to gauge how we are doing and what we can improve.

Finally, through our Balanced Scorecard, consequential performance and outcome measurements will be developed for each of the Strategic Directions and stretch targets established. Through our Balanced Scorecard we will examine the implementation and effectiveness of our Strategic Plan, assess gaps between actual and targeted performance and identify opportunities for improvement or celebration. Ultimately, this process will move the Department of Medicine closer to being a true learning organization that gains knowledge from both successes and setbacks. Please see Appendix One for a selection of the performance measurements that will be part of our Balanced Scorecard.
CLOSING WORDS

Proudly, the Department of Medicine’s strategic plan is our promise to one another and the people we serve: It is a bold and thoughtful declaration of what we learned, of the course we are charting to achieve our goals. The strategic plan is also a call to action; an invitation to join us on the next segment of our evolving journey. Ultimately, the plan challenges all of us – faculty, staff and partners, alike - to bring together our strengths and work collaboratively to achieve our goals and vision of:

“Being a medical community that sets the standard of excellence for patient care, research and learning.”

We have the courage to begin this journey, and with our strategic plan, we have the roadmap!
APPENDIX ONE

BALANCED SCORECARD

Following is a sample of performance measurements that may be included in the Department of Medicine Balanced Scorecard. Once finalized, baseline performance will be specified and annual performance targets established and measured on a quarterly basis. Improvement action plans will then be developed to correct any negative variances.

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<thead>
<tr>
<th>Strategic Pillar</th>
<th>Performance Measurements</th>
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<tbody>
<tr>
<td><strong>Standard of Excellence</strong></td>
<td>• Patient satisfaction scores</td>
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<tr>
<td><em>How will we assess if we are achieving our Patient, Learner and Research Outcomes?</em></td>
<td>• Learner satisfaction scores</td>
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<td></td>
<td>• Learner graduation and promotion rates</td>
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<td>• Faculty evaluation scores (by learners)</td>
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<td>• Patient Safety</td>
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<td>• Clinical Outcomes by specialty</td>
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<td>• Patient Experience Metrics, related to access, navigation, information, etc.</td>
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<td></td>
<td>• Research Impact measurements</td>
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<td><strong>Process Excellence</strong></td>
<td>• Unplanned readmissions within 30 days</td>
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<td><em>How will we assess if we are excelling at key processes in order to achieve our Stakeholder Outcomes?</em></td>
<td>• Wait times</td>
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<td>• Continuity of care / service</td>
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<td>• Research productivity metrics, such as citations, papers published</td>
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<td>• Research grants awarded as a percentage of grant proposal submissions</td>
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<td>• Number of successful inter-disciplinary research collaborations</td>
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<td>• Growth in experiential and simulation learning practices</td>
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<td>• Mentorship effectiveness</td>
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<td></td>
<td>• Faculty productivity metrics</td>
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<td></td>
<td>• New faculty on-boarding successfully completed</td>
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<tr>
<td><strong>An Excellent Place To Make A Difference</strong></td>
<td>• Physician satisfaction scores</td>
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<tr>
<td><em>How will we assess if we have the right people, with the right skills, working in an optimum culture / climate with the right tools, technology and infrastructure?</em></td>
<td>• Staff satisfaction scores</td>
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<td>• Faculty / staff retention rates</td>
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<td>• Faculty / staff engagement scores</td>
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<td>• Faculty recruitment success rates</td>
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<td>• Timeliness of faculty recruitment in response to need</td>
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<td>• Faculty / staff development</td>
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<td>• Growth of value-added technology and infrastructure</td>
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<td>• Communication effectiveness metrics</td>
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<td>• Faculty participation rates (i.e. meetings, task forces, training, etc.)</td>
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<tr>
<td><strong>Thriving!</strong></td>
<td>• Quality Improvement projects successfully completed</td>
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<tr>
<td><em>How will we assess our ability to sustain our capacity and achieve our Vision, Mission and goals?</em></td>
<td>• Reporting transparency and timeliness for balanced scorecard</td>
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<td>• Community leadership and partnership impact metrics</td>
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<td>• Return-on-Investment performance metrics (i.e. for research; change projects, technology investments)</td>
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<td>• Financial metrics</td>
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<td>• Department / division accreditation / external review results</td>
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<td>• Community / stakeholder outreach productivity and results</td>
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