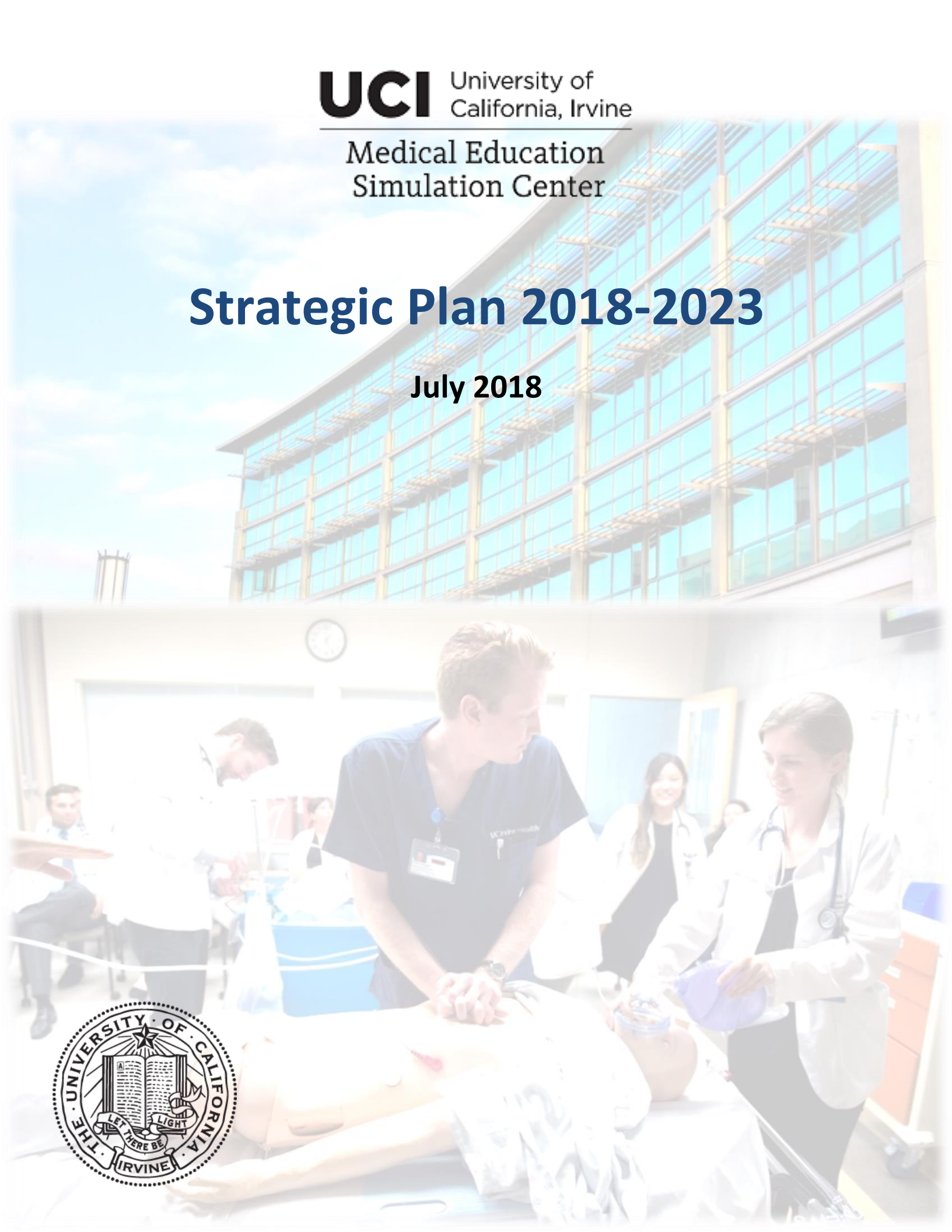


**UCI** University of  
California, Irvine

Medical Education  
Simulation Center

# Strategic Plan 2018-2023

July 2018



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# Strategic Plan Key Members

## Internal Processes

### Medical Education

To assess the leadership perspective, the strategic planning Qualtrics® survey was distributed to all senior School of Medicine, Medical Education staff, which included - Vice Dean of Medical Education, Chief Administrative Officer, Sr. Financial Analyst, Associate Dean of Clinical Science Education & Educational Technology, and Director of CME.

### Simulation Center

Medical Education Simulation Center staff and simulation fellows were engaged early in the center's strategic planning process to provide their perspectives on the characteristics that guide activities within the simulation center. Through a series of small group discussion sessions, the opinions and insights of all simulation center staff were gathered. These diverse perspectives contributed to the development of the final strategic plan.

## Gathering External Input

To gather the perspective of the end users or clients of the simulation center, a survey was created to seek stakeholder input. The Qualtrics® survey was distributed to leaders, staff, and students of the various programs, including School of Nursing, that use the services at the simulation center. Each respondent was asked to rate aspects of the services that the simulation center provide. It focused on – importance of programs and services, satisfaction of programs and services, strengths, and weaknesses. Respondents were also solicited to provide information on what services should be discontinued or expanded, followed by free text comments. Information gathered was anonymous.

## Executive Summary

I am very pleased to share with you the 2018-2023 UC Irvine School of Medicine Medical Education Simulation Center Strategic Plan.

The purpose of this document is to layout a roadmap for the Medical Education Simulation Center to guide its development through 2023 and beyond. Importantly; however, it represents only one of several strategic initiatives going on in the College of Health Science and is not meant to be all encompassing or limiting. It is intended to focus on initiatives that are strategic while recognizing the potential change over the next few years as integration and maturation with the College of Health Science occurs.



The last strategic planning process for the Medical Education Simulation Center was in 2013, in parallel with UC Irvine School of Medicine's strategic initiatives. The center's strategic plan was fully realized by 2017. In 2017, UC Irvine School of Medicine, in coordination with UCI Health, was developing a new strategic vision for the future, and the Medical Education Simulation Center suspended any strategic planning until the current UCI Health Strategic Plan and initiatives were made public.

Recent national societal developments to include patient safety initiatives, inter-professional education, collaborative practice, and accreditation mandates have led to fundamental transformation in the education of healthcare professionals. This transformation requires changes in traditional educational models; medical simulation offers one solution to these challenges. Simulated experiences bridge the gap from educational to clinical environments through the use of realistic equipment and supplies.

Our new strategic plan intersects both UCI School of Medicine and UCI Health efforts and uniquely focuses on medical simulation for 2018-2023.

The highest priorities that emerged from our strategic planning process include:

- Provide a safe simulated environment for learning, where quality patient care and professionalism is emphasized, through the utilization of evidenced based clinical decision-making and evaluation methods to ensure best practice.
- Develop new ways to integrate inter-professional scenarios into the simulation curriculum to enrich multidisciplinary learning.
- Foster simulation research to improve healthcare education, processes and outcomes.
- Maintain transparency, communication, efficiency and feedback to guarantee high quality stakeholder satisfaction.
- Create simulation-based educational programs to assist in maintenance of certification, to improve and enhance learner competence, and to serve as outreach to professional organizations.

This plan, presented in a format that is designed primarily for internal use, offers tactics for addressing priorities. This is designed as a living document; All tactics or actions plans listed in the plan may not be all encompassing at this point or may be altered depending on need. This plan represents ambitious and aspirational goals that, we believe, can be achieved within 5 years.



**Cameron Ricks**

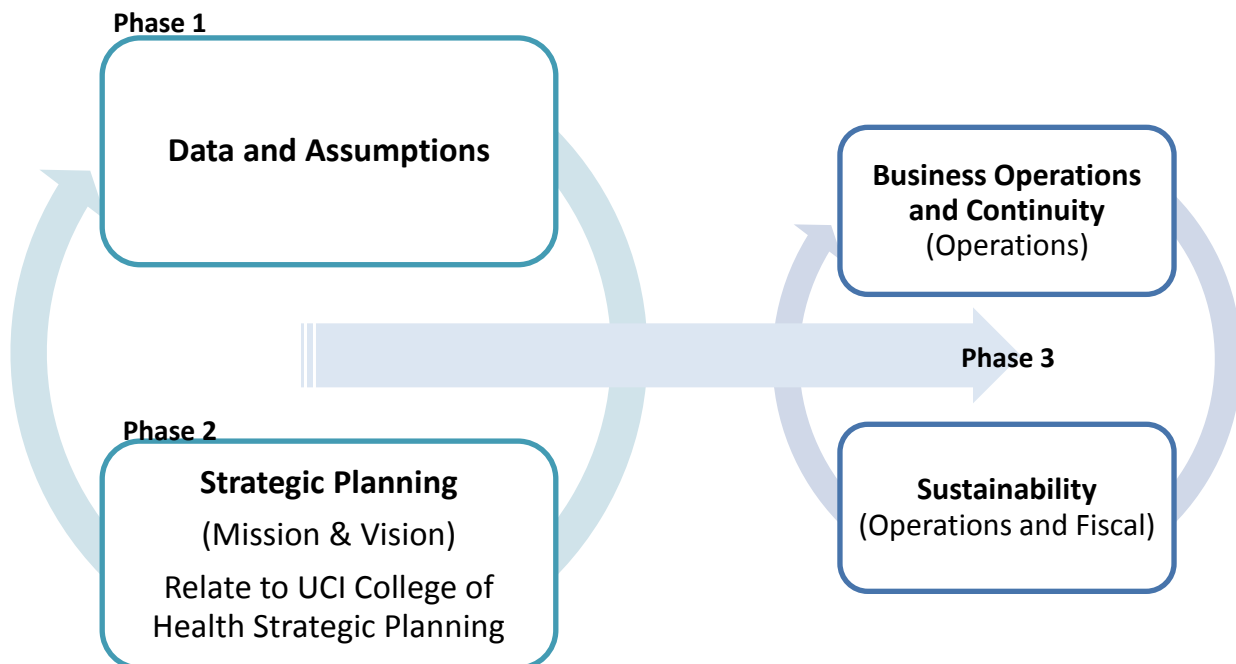
Director

# Strategic Planning Process Explained

## *How the Strategic Plan was developed*

The UC Irvine School of Medicine, Medical Education Simulation Center 2018-2022 Strategic Plan was developed through an extensive and inclusive process. The center leadership reviewed and re-affirmed the center's mission and vision align with the rest of the organizational goals of the School of Medicine as well as UC Irvine College of Health Sciences.

Our strategic planning process used a 3 phase approach.



### Phase 1

#### **Data and Assumptions**

A key component and an excellent starting place in strategic planning is looking at the External and internal situation we have at the School of Medicine and what our current capabilities and competencies are presently. We then begin to frame the internal ideas and assumptions that we have for our own business. We author and distribute a survey to all key stakeholders to help us identify any external assumptions and ideas that we are blinded from and analyze them as a group. Finally, we generate a SWOT (strengths, opportunities, weaknesses, and threats) document.

## Phase 2

### **Strategic Planning**

Strategic planning is identifying what we currently do and comparing what we think we should do against the mission and vision of the larger organization, namely UC Irvine School of Medicine. We then will make a strategic assessment based on the alignment to the larger organization that will ultimately provide direction for us to work from. Once complete, we can then look to specific goals we would like to/need to tackle in the next 5 years and the associated objectives and actions to accomplish those goals. The final part of the strategic planning process is to look at and address any wildcards that may be out there looming on the horizon.

## Phase 3

### **Business Continuity**

The concept of operations (ConOps) for our business is fairly straight forward, we serve and operate medical simulation education primarily to the UC Irvine School of Medicine and also service the Sue and Bill Gross School of Nursing, and a myriad of medical departments at the UC Irvine Medical Center. We operate our business under approved policies and procedures and have continuity built into the document (i.e. – weather, instructor no show, etc...). Additionally, the simulation specialists have identified key continuity measures and have published a tech continuity document as well as simulation session/course prep cards. Finally, the administrative staff maintains an administrative continuity folder. These documents help run the day-to-day operations of the Medical Education Simulation Center.

### **Sustainability**

The final step in the strategic planning process is to look toward the overall sustainability of the medical education simulation program. To ensure the sustainability and potential expansion, based on future leadership direction, we need to:

- Remain integrated into the medical student curriculum for all 4 years of medical school, to include various student interest groups.
- Manage operational objective to costs and have a zero sum approved budget.
- Look at current best practices and replicate, but also look toward future state of best practices to stay current and relevant.
- Include competency within the medical simulation environment for medical students. This would include directed feedback of learners as well as instructor staff.
- Integrate human performance and/or simulation-specific research to the operational plan of the simulation center and SOM as a whole.



## Medical Education Simulation Center Mission Statement

The Medical Education Simulation Center advances UCI Health's mission of Discover • Teach • Heal by developing, delivering, and evaluating pre-clinical, graduate, and inter-professional medical simulation education and training activities for learners, faculty, and staff to enhance competence and strengthen collaborative practice across the continuum of care.

## Medical Education Simulation Center Vision Statement

The Medical Education Simulation Center aims to:

- **Provide** a safe simulated environment for learning, where quality patient care and professionalism is emphasized, through the utilization of evidenced based clinical decision-making and evaluation methods to ensure best practice.
- **Develop** new ways to integrate inter-professional scenarios into the simulation curriculum to enrich multidisciplinary learning.
- **Foster** simulation research to improve healthcare education, processes and outcomes.
- **Maintain** transparency, communication, efficiency and feedback to guarantee high quality stakeholder satisfaction.
- **Create** simulation-based educational programs to assist in maintenance of certification, to improve and enhance learner competence, and to serve as outreach to professional organizations.

## Medical Education Simulation Center Core Values



**Accountability** – Responsibility to provide the best curriculum to prepare our learners

**Respect** – Embrace our diverse backgrounds, talents, and perspectives

**Integrity** – To be honest, ethical, and consistent in our actions

**Excellence** – To achieve the highest standards in everything we do

**Service through teamwork** - Commit to working together to ensure the best experience for learners

**Innovation** – To create new approaches to medical education and redefine existing ones

# Medical Education Simulation Center Strategic Analysis – SWOT

<b>STRENGTHS</b> <i>Helpful to achieving the mission</i>	<b>WEAKNESSES</b> <i>Harmful to achieving the mission</i>
	

<b>OPPORTUNITIES</b> <i>Could be helpful to achieving the mission</i>	<b>THREATS</b> <i>Could be harmful to achieving the mission</i>
	

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## **Medical Education Simulation Center Strategic Plan**

## Strategic Goal

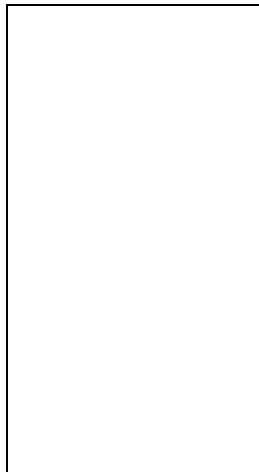
# 1

Provide a safe simulated environment for learning, where quality patient care and professionalism is emphasized, through the utilization of evidenced-based clinical decision-making and evaluation methods to ensure best practice

<sup>1</sup>COHS Tied: T1, T5

Objective	Measurables/ Results	Action Items	Timeline	Updates/ Notes
1. Consistent and trained teaching staff for core MS simulations	<div data-bbox="877 1138 1562 1192" style="background-color: red; color: yellow; text-align: center; padding: 5px;">NOT INTENDED FOR PUBLIC</div>			

<sup>1</sup> UC Irvine College of Health Science Strategic Plan tied goals. See Appendix A.



2. Environment that provides for psychological and physical safety of learners

3. Core MS curriculum reflects current and up-to-date standards of care



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4. Enrich the core curriculum to reflect the changing dynamics of patients

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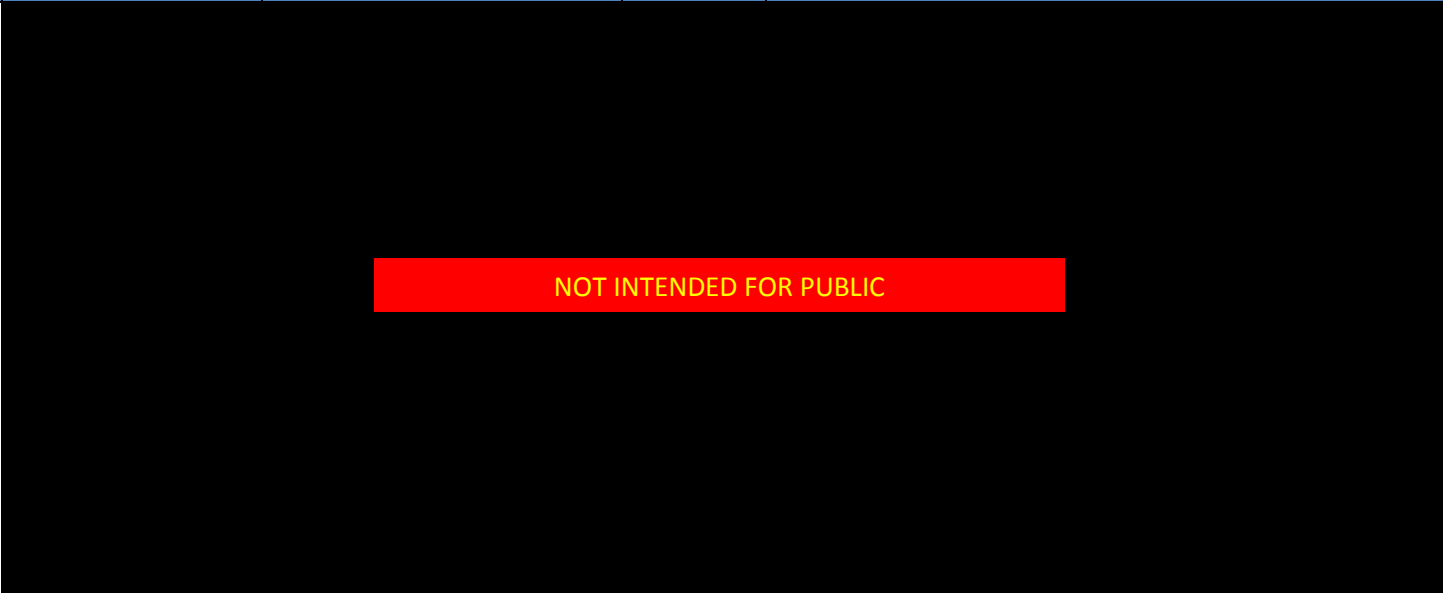


# Strategic Goal

# 2

Develop new ways to integrate inter-professional scenarios in the simulation curriculum to enrich multidisciplinary learning

<sup>2</sup>COHS Tied: T1, T6, H6, H7

Objective	Measurables/ Results	Action Items	Timeline	Updates/ Notes
5. Incorporate College of Health Sciences (COHS) elements: Nursing, Public Health, Pharmacy	 A large black rectangular area redacts the content of the table. A red horizontal bar with the text "NOT INTENDED FOR PUBLIC" is overlaid on the redacted area.			

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<sup>2</sup> UC Irvine College of Health Science Strategic Plan tied goals. See Appendix A.



6. Incorporate external interdisciplinary elements

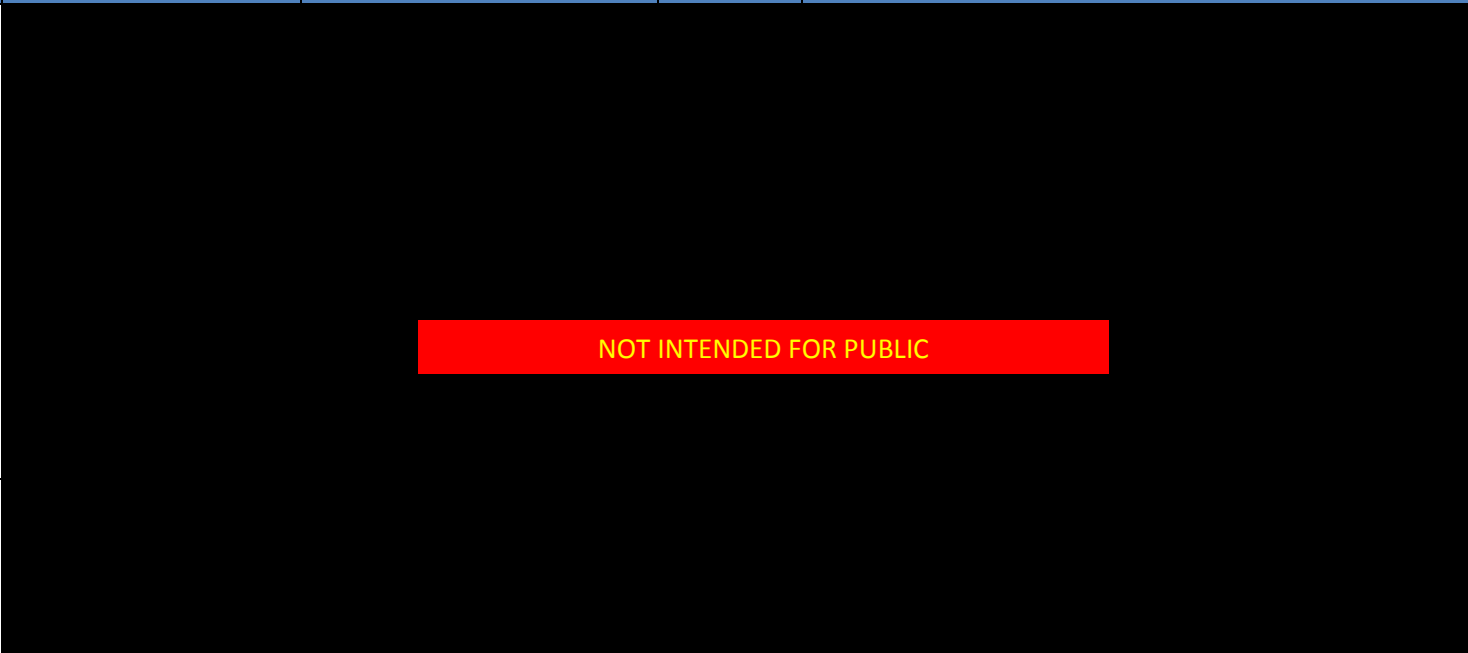


# Strategic Goal

# 3

Foster simulation research to improve healthcare education, processes, and outcomes

<sup>3</sup>COHS Tied: D1, D2, D5, D7

Objective	Measurables/ Results	Action Items	Timeline	Updates/ Notes
7. Setting up a system to readily access research				
8. Simulation Interest Group (SIMIG)				

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<sup>3</sup> UC Irvine College of Health Science Strategic Plan tied goals. See Appendix A.

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## Strategic Goal

# 4

Maintain transparency, communication, efficiency and feedback to guarantee high quality stakeholder satisfaction

<sup>4</sup>COHS Tied: T1, H6

Objective	Measurables/ Results	Action Items	Timeline	Updates/ Notes
10. Meet with various CF directors annually				
11. Presenting at MedEd "all call" staff meeting				
12. Director of Operations presenting at "director's meeting"				

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<sup>4</sup> UC Irvine College of Health Science Strategic Plan tied goals. See Appendix A.

13. Report of simulation activities for ACS accreditation every 2 years

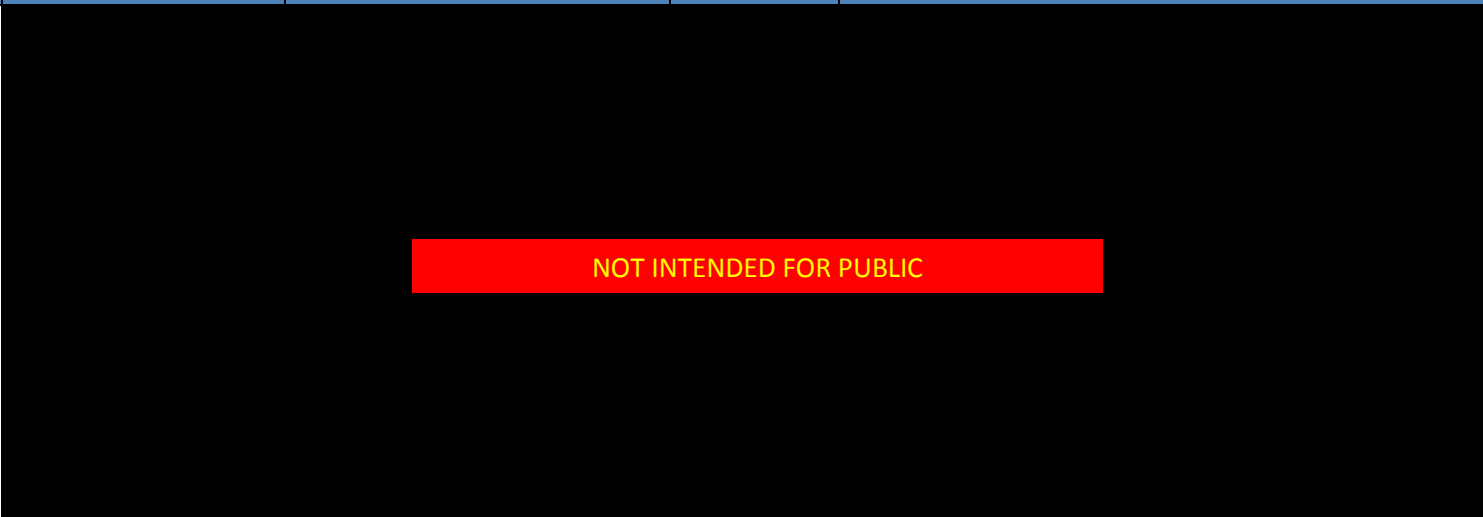
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## Strategic Goal

# 5

Create simulation-based educational programs to assist in maintenance of certification, to improve and enhance learner competence, and to serve as outreach to professional organizations

<sup>5</sup>COHS Tied: T5

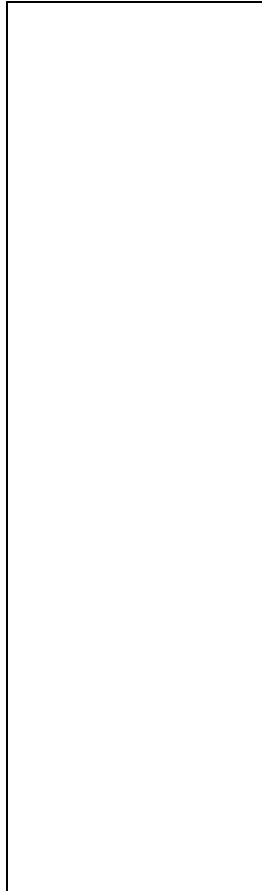
Objective	Measurables/ Results	Action Items	Timeline	Updates/ Notes
14. Ensure proper staffing and learner experience				

<sup>5</sup> UC Irvine College of Health Science Strategic Plan tied goals. See Appendix A.

15. Aligning with simulation industry best practices







16. Foster a system(s) that entrench simulation-based competency into the medical school curriculum



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## Potential Future Strategic Goals Related to Department Growth

- Establish a College of Health Sciences Simulation Education and Competency Advisory Committee
- Establish UCI Health Inter-professional Simulation Advisory Committee
- Expand ultrasound training program into the simulation environment
- Merging of Clinical Skills, Simulation, and Ultrasound into a single department
- Implement the availability of credentialing for simulation educators and technicians
- Submit application for accreditation through the Society for Simulation in Healthcare

## Appendix A – Acronyms and Simulation Modalities

### Acronyms Used in This Document

Acronym	Definition
ACS	American College of Surgeons
ADDIE	Analyze, Design, Develop, Implement, and Evaluate
AHA	American Heart Association
A/V	Audio-visual
CF	Clinical Foundations
COHS	College of Health Sciences
ConOps	Concept of Operations
CY	Calendar Year
DoO	Director of Operations
GME	Graduate Medical Education
IMSH	International Meeting for Simulation in Healthcare
IRB	Institutional Review Board
ITCI	Inter-professional Team Critical Incident training
LCME	Liaison Committee on Medical Education
MOCA	Maintenance of Certification in Anesthesia
MS	Medical student year
QA/QI	Quality Assurance / Quality Improvement
QR	Quick Response Code
SIMIG	Simulation Interest Group
SITC	Simulation Instructor Training Course
SOM	School of Medicine
SON	School of Nursing
SSH	Society for Simulation in Healthcare
SWOT	Strengths, Weaknesses, Opportunities, and Threats
UCI / UC Irvine	University of California Irvine
UCIMC	University of California Irvine Medical Center
UME	Undergraduate Medical Education
VD	Vice Dean

### Current Simulation Modalities

Modality	Definition
<b>Human Patient Simulator (high Fidelity)</b>	A computerized full-body manikin programmed to provide realistic physiological responses to learner actions.  <i>Example: CAE HPS, Laerdal SimMan 3G</i>
<b>Human Patient Simulators (mid-low fidelity)</b>	A full-body manikin typically used for a specific type of learning. The manikin may or may not be computerized capable.

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*Example: Laerdal MegaCode Kellie*

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**Hybrid (multi-modal) simulation**

The use of multiple modalities of simulation in the same simulation activity

*Example: The use of a simulator and a task trainer in the same activity*

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**Partial Task Trainer**

A device designed to train just key elements of a procedure or skill being learned

*Example: lumbar puncture trainer, IV insertion trainer*

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**Voice Assisted Manikins (VAMs)**

A task training device designed to provide audio feedback to the learner on a specific task.

*Example: HeartCode ACLS*

---

**Screen-based simulation**

A simulation presented on a computer screen using text and images, similar to popular gaming formats, where the operator interacts with the interface.

*Example: HeartCode ACLS*

---

**Standardized Patient**

Volunteers or paid actors that are taught to portray a patient realistically and consistently in a scenarios.

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**Procedural Simulation**

The use of a piece of simulation equipment to assist in the process of learning a specific technical or procedural skill.

*Example: DaVinci Trainer*

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**Virtual Reality Environment**

The use of computer technology to create interactive 3D world in which objects have a sense of spatial presence. It is generally defined by the type of technology that it uses, such as head mounted displays.

*Example: Oculus Rift®*

---

**Augmented Reality Environment**

A type of virtual reality in which synthetic stimuli are superimposed on real-world environments.

*Example: Google® Glass®*

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# Appendix B - College of Health Sciences Strategic Plan

Excerpts taken from UCI Health Strategic Plan <http://strategicplan.health.uci.edu/>

## Vision

Powered by discovery and innovation, UC Irvine Health will advance individual and population health.

## Mission

Discover. Teach. Heal.

## Goals

---

*Discover*

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### Goal 1

Rejuvenate and grow a robust research faculty at all levels, including recruiting top researchers with a track record for extramural funding.

Strategies:

<b>Rejuvenate and build research faculty</b> — Recruit basic, translational and clinical researchers who will have the maximum impact on the missions of the School of Medicine and the UC Irvine Health clinical enterprise.	<b>Fund new positions</b> — Identify additional opportunities to fund new positions in collaboration with the clinical enterprise.	<b>Mentor researchers</b> — Create and fund a mentorship program to help our research recruits members achieve their goals and to monitor their successes.
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### Goal 2

Advance research resources to enable state-of-the-art research.

Strategies:

<b>Develop research resources and support infrastructure</b> — Develop resources to conduct state-of-the-art research;	<b>Enhance and expand clinical trials</b> — Expand infrastructure to support clinical trials; maximize institutional
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enhance infrastructure for sponsored projects, both before and after receiving extramural awards. Infrastructure includes statistical, computing, data management and informatics support.	coordination of research activities, including clinical trials.
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**Goal 3**

Integrate clinical and research strengths that have the potential for extramural funding and philanthropy, for clinical growth and for advancing population health.

Strategies:

<b>Grow research strategically</b> — Support research based on strategic considerations, including existing areas of strength, emerging opportunities and technologies, and new areas of clinical focus.	<b>Link researchers and centers</b> — Encourage faculty members to link themselves with existing, funded clinical research centers.	<b>Advance population outcomes research</b> — Build partnerships to advance population-based outcomes research with communities that have a strong interest in research; develop the means to ensure that faculty members have protected time for research.
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**Goal 4**

Incentivize and support research efforts for all School of Medicine faculty members.

Strategies:

<b>Grow knowledge and translation (KT) awards</b> — Increase the number of institutional KT awards.	<b>Mentor junior faculty</b> — Provide incentives for faculty members to mentor junior faculty and supporting their grant development.	<b>Allocate time for clinical faculty research</b> — Identify clinicians who have a strong interest in research and develop the means to ensure that they have protected time for research.
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**Goal 5**

Expand research opportunities for trainees.

Strategies:

<b>Integrate research into undergraduate and graduate medical education</b> — Integrate research opportunities within Undergraduate Medical	<b>Mentor clinical trainees in research</b> — Develop a research mentoring program specifically for clinical trainees.
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Education (UME) and Graduate Medical Education (GME), as well as for post-doctoral candidates, to foster greater interest in research.	
--	--

**Goal 6**

Grow existing research collaborations and develop new ones across health sciences’ disciplines (Nursing, Pharmaceutical Science and Population Health).

Strategy:

<b>Enhance cross-school collaboration</b> — Create mechanisms to foster research collaborations across health science disciplines that will garner new and incremental funding.
---

**Goal 7**

Grow industry-sponsored research, philanthropy and other non-government funding that benefits our academic mission and the university, while preserving our current funding sources.

Strategies:

<b>Expand UC and other partnerships</b> — Enhance partnerships with other University of California campuses and with other organizations that will enhance our research opportunities.	<b>Develop new funding</b> — Develop industry, foundation and non-National Institutes of Health funding opportunities.
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**Goal 8**

Develop our intellectual property.

Strategies:

<b>Enhance UC Irvine’s Applied Innovation Collaboration</b> — Design programs with the university’s Applied Innovation Collaboration to support the needs of the School of Medicine, including the	<b>Monetize intellectual property</b> — Enhance the support and training of faculty members the rest of the UC Irvine Health community about the importance and advantages of
--	---

development of intellectual property.	protecting and monetizing intellectual property.
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**Goal 9**

Incentivize and reward approaches to team/ensemble science.

Strategy:

**Increase cross-departmental submissions** — Develop incentives and identify best practices that foster collaboration and improved communications across departments and will result in increasing the submission of joint grants.

---

*Teach*

---

**Goal 1**

Redesign, innovate and integrate curricula to maximize value to learners and educators.

Strategies:

<b>Innovate the curricula</b> — Design a curriculum that integrates clinical and basic science courses.	<b>Assess and optimize the size of graduate medical education (GME) programs</b> — Align the size of GME programs with strategic plans for clinical expansion and research growth, as well as to meet future trends in medicine.	<b>Create GME institutional curricula</b> — Create a curricula for GME that aligns institutional interests, accreditation and innovative trends, including piloting new certificate programs in graduate medical education.
<b>Condense the undergraduate medical education (UME) curriculum</b> — Assess the impact of condensing the UME curriculum to three years.	<b>Individualize curricula</b> — Develop individualized curricula across health sciences schools and programs.	

**Goal 2**

Recruit and retain learners and educators whose profile is both diverse and representative of our community.

Strategies:

<b>Advance diversity among learners, faculty and staff</b> — Establish the Office of Diversity and Inclusion within the School of Medicine’s Office of Medical Education.	<b>Expand the diversity pipeline</b> — Create diversity through pipeline programs across all learner groups and faculty.
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**Goal 3**

Create and foster an environment that rewards educational effort, achievement and innovation.

Strategies:

<b>Align faculty incentives to foster a consistent learner experience</b> — Develop standards and rewards for clinical and basic science department chairs that reinforces faculty engagement in education and ensures a more consistent experience for learners.	<b>Reward educational effort</b> — Develop and implement a funding methodology for education-related faculty efforts.
---	---

**Goal 4**

Attract and retain the best learner and educator talent.

Strategies:

<b>Align education programs</b> — Align educational programs with distinguished UC Irvine Health clinical and research programs.	<b>Support mentoring of learners</b> — Identify and support both research and clinical mentors who will support and serve learners.	<b>Require a scholarly component within the curriculum</b> — Require a scholarly component as part of the curriculum for all learners.
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**Goal 5**

Educate and prepare health professionals to excel in an evolving healthcare environment.

Strategy:

**Develop curricula for care delivery that can evolve —**  
Differentiate healthcare curricula to teach competencies and skill sets that are needed by future employers and that respond to evolving models of care delivery.

**Goal 6**

Design inter-professional, team-based programs with curricula coordinated across health science disciplines.

Strategies:

<b>Create multidisciplinary teams</b> — Develop multidisciplinary team approaches within curricula.	<b>Develop team-based curricula</b> — Create inter-disciplinary learning experiences that incorporate multiple professions and participation by all.
--	---

**Goal 7**

Promote inter-school collaborations across the university campus to equip the next generation of healthcare leaders.

Strategies:

<b>Enhance university collaborations</b> — Develop collaborations among university schools, such as business or the humanities, to create new elective choices for students in the health professions.	<b>Create leadership curriculum</b> — Create a curriculum to teach and promote leadership among learners and faculty members.
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**Goal 1**

**Achieve integration of the clinical enterprise.**

Strategy:

**Achieve clinical integration —**  
Develop economic and operational models that integrate and align strategic decision-making within the faculty as well as between the faculty, UC Irvine Medical Center and the rest of the UC Irvine Health clinical enterprise.

**Goal 2**

**Be the destination provider for distinctive service lines.**

Strategies:

<b>Invest strategically in clinical programs —</b> Identify clinical programs for strategic investment and growth based on current and potential future strengths.	<b>Expand service-line management —</b> Enhance and potentially expand our service-line management structure to focus on growth, clinical and financial performance, and patient experience.	<b>Enhance physician communication —</b> Enhance communication and reinforce relationships with community primary care providers (PCPs) as well as community specialists to strengthen referral sources for tertiary and quaternary services.
<b>Redefine our value proposition —</b> Redefine the UC Irvine Health value proposition to payers, referring physicians and patients.		

**Goal 3**

**Ensure appropriate and adequate access to care.**

Strategy:

**Ensure appropriate capacity** — Maximize existing inpatient and ambulatory care capacity and secure additional capacity as appropriate.

**Goal 4**

**Create a competitive patient-centric ambulatory network.**

Strategy:

**Develop a high-value, integrated ambulatory care network** — Establish high-value, cost-effective ambulatory healthcare locations in key geographic areas.

**Goal 5**

**Provide unparalleled quality and value to our patients and healthcare purchasers.**

Strategies:

<b>Operational transformation</b> — Implement a plan to transform clinical care and costs that improves efficiency and reduces the overall cost of care.	<b>Advance quality, patient safety and satisfaction</b> — Improve quality and safety performance with a focus on moving toward value-based reimbursement. Cultivate loyal relationships with consumers and patients through exceptional patient experiences.	<b>Integrate IT systems</b> — Implement Epic successfully and integrate disparate IT systems.
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**Improve clinical protocols**

— Strengthen best-practice clinical protocols using clearly defined goals and incentives for clinical outcomes.

**Goal 6**

**Integrate education activities with basic, clinical and translational research to enhance the clinical mission and provide the most advanced, innovative care options.**

Strategies:

<b>Improve clinical and research collaboration</b> — Identify collaboration opportunities by establishing forums to enable research leadership to partner with clinical service leaders.	<b>Enhance University of California collaborations</b> — Enhance collaboration with other UC medical centers in the areas of patient care, education and research.	<b>Develop inter-professional education</b> — Capitalize on inter-professional education opportunities with UC Irvine to provide the best possible clinical care and patient experience.
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**Goal 7**

**Create and implement competencies to manage our patient populations.**

Strategies:

<b>Increase collaboration across the health sciences</b> — Engage with the School of Nursing, the Department of Pharmaceutical Sciences and the Program in Public Health to enhance our population health management systems and practices.	<b>Advance population health delivery models</b> — Ensure that our healthcare delivery models can support the comprehensive needs of our patient populations from primary through quaternary care.	<b>Develop global risk competencies</b> — Develop expertise in managing global risk for patient populations. This should include tools to coordinate, competencies in contracting and risk management, and capabilities in analytics and information technology.
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**Goal 8**

**Reduce health disparities of underserved populations.**

Strategies:

<p><b>Collaborate to aid underserved populations —</b> Collaborate across UC Irvine health sciences to develop models that address healthcare needs of underserved populations both clinically and geographically.</p>	<p><b>Leverage our family health center experience —</b> Leverage experiences at our federally qualified health centers (FQHCs) in Anaheim and Santa Ana to enhance healthcare delivery models in support of population health.</p>	<p><b>Address health disparities —</b> Partner with other health systems and community resources to address health disparities within our communities.</p>
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# Appendix C – Strategic Planning Survey

INTERNAL ONLY

## Appendix D – Important Dates

<b>January 26, 2018</b>	Strategic Planning Survey Creation
<b>January 26, 2018</b>	Strategic Planning Survey Distribution
<b>February 26, 2018</b>	Strategic Planning Survey Closeout
<b>February 28-March 4, 2018</b>	Survey Results Review
<b>March 12, 2018</b>	Planning Meeting #1 (Review of survey results and SWOT)
<b>April 17, 2018</b>	Planning Meeting #2 (Review of Mission and Vision. Work on Goals)
<b>May 22, 2018</b>	Planning Meeting #3 (Strategies and Measurable)
<b>May 30, 2018</b>	Strategic Planning Worksheet sent to Director, Simulation Center for first review
<b>June 4, 2018</b>	Strategic Planning Worksheet sent to staff for review
<b>June 15, 2018</b>	Strategic Plan draft
<b>June 28, 2018</b>	Final Edits
<b>June 29, 2018</b>	Final Version



**UCI** University of  
California, Irvine

**Medical Education  
Simulation Center**



Document Prepared

By

*Keith A. Beaulieu, MBA, BS, BA*  
Director of Operations  
Medical Education Simulation Center

and

*Danica Rogacion, BS*  
Program Manager  
Medical Education Simulation Center

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