



APPENDIX A: HUMAN RESOURCES TEMPLATES



Departmental Institutional Effectiveness Annual Report

Department/Unit/Program: Human Resources

Reporting Period: July 1, 2011 - June 30, 2012

Prepared By: Denise Britt

1. **Unit or Academic Program Charge/ Mission/Statement of Purpose:** The Department of [Human Resources](#) strives to collaborate with the institution to ensure our workforce is competitive and includes talented faculty and staff dedicated to the institution’s mission. We will always maintain a work environment that encourages respect, supports skill development, and effectively administers policies, procedures, and programs that advance the institution.
2. **Link to MSM Strategic Goal:** Academic Excellence Research Excellence Clinical and Community Excellence
 Operational Excellence
3. **Please complete the tables below:**

Department/Unit/Program: Human Resources			Reporting Period: July 1, 2011 - June 30, 2012		
GOAL 1					
Goal/Outcome	How does this goal meet the Unit’s need(s)?	Metric (Baseline/Target)	Assessment Methods (Mechanism of data collection and what data did you collect)	Analysis of Data (Results of assessment)	Outcomes M=Goals Met N= Not Met
Increase staff participation rate in development and training programs.	Maximize investment in human capital through training and skills development	22%/75%	Tracked staff participation rate in Learning Management System (LMS); conducted training needs assessments with key leaders re employee development areas.	Employee skill gaps were identified as the basis for expanding training offerings to begin to address skill gaps.	Goal Not Met 68%
<ul style="list-style-type: none"> • If the goal was not met, what improvements were determined to be needed? Need to continue expansion of training offerings to address 					

identified skill gaps, and provide more content in the Learning Management System.

- **How were the improvements implemented?** Implemented Learning Management System (LSM) in 2011 with initial courses based on critical needs identified from training needs assessment. The LMS enables us to create, manage and provide 24/7 access to learning opportunities. We also leveraged other internal resources for development of in-house programs and co-facilitation with faculty on courses that a wider employee base could participate in. This improvement led to a staff participation rate in training programs at year-end 2012 of 98%.

Department/Unit/Program: Human Resources			Reporting Period: July 1, 2011 - June 30, 2012		
GOAL 2					
Goal/Outcome	How does this goal meet the Unit's need(s)?	Metric (Baseline/Target)	Assessment Methods (Mechanism of data collection and what data did you collect)	Analysis of Data (Results of assessment)	Outcomes M=Goals Met N= Not Met
Maintain a voluntary staff turnover rate of less than 8% and reduce involuntary staff turnover rate to less than 5%	Helps approximate the costs of replacements and productivity losses; helps pinpoint problem areas that drive undesired voluntary turnover; provides informative statistics for workforce planning.	9%/8%	Looked at voluntary terminations during the reporting period as a percentage of average headcount; conducted exit interviews.	Based on exit interview data, we analyzed why employees left MSM. We saw trends in certain areas. (e. g. managing conflict, on-boarding, communications, etc.) that contributed to the turnover rates.	Goal Met Voluntary rate: 7.57% Involuntary Rate 4.18%
<ul style="list-style-type: none"> • What improvements were determined to be needed? Managers need training in matters relating to communications and managing employees • How were the improvements implemented? Developed specific training tools for managers. Implemented new onboarding process in January 2013 that ensures completion of all activities essential to effective new hire engagement and enhances new hire time-to-productivity. 					



APPENDIX C: INFORMATION TECHNOLOGY (IT) TEMPLATES



Departmental Institutional Effectiveness Annual Report

Department/Unit/Program: Information Technology

Reporting Period: July 1, 2011-June 30, 2012

Prepared By: Annemarie Eades

1. **Unit or Academic Program Charge/ Mission/Statement of Purpose:** Enabling institutional success by ensuring efficient and effective use of technology solutions
2. **Link to MSM Strategic Goal:** Academic Excellence Research Excellence Clinical and Community Excellence Operational Excellence
3. **Please complete the tables below:**

Department/Unit/Program: Information Technology			Reporting Period: July 1, 2011-June 30, 2012		
GOAL 1					
Goal/Outcome	How does this goal meet the Unit's need(s)?	Metric (Baseline/Target)	Assessment Methods (Mechanism of data collection and what data did you collect)	Analysis of Data (Results of assessment)	Outcomes M=Goals Met N= Not Met
Maintain information systems availability of greater than 98.5%	Minimize lapses in service and productivity	97%/98.5%	Data is collected periodically throughout the day every day using an application that polls networking and system components to measure "up time" for the purposes of determining availability levels. Periods of service interruption were noted and action was then taken to	Once root cause for the service interruption was determined, measures were taken to prevent the interruption from occurring in the future	Goal Met 99.6%

			identify the root cause of the service interruption.		
<ul style="list-style-type: none"> • What improvements were determined to be needed? It was determined that changes implemented in the environment without sufficient preparation and planning caused service interruptions • How were the improvements implemented? In FY 2012, we implemented a more refined change control process to ensure that all systems are fully tested by users as well as IT resources before the change can be considered complete and promoted to the production environment. 					

Department/Unit/Program: Information Technology			Reporting Period: July 1, 2011-June 30, 2012		
GOAL 2					
Goal/Outcome	How does this goal meet the Unit's need(s)?	Metric (Baseline/Target)	Assessment Methods (Mechanism of data collection and what data did you collect)	Analysis of Data (Results of assessment)	Outcomes M=Goals Met N= Not Met
Reduce the number of service problem related incidents by 25%	Improve customer service; minimize lapses in service and productivity	8497/6373	Service call data is collected and entered into a service management tool by help desk agents daily.	Service call reports were reviewed and analyzed	Goal Met 3335
<ul style="list-style-type: none"> • If the goal was not met, what improvements were determined to be needed? It was determined that service was problematic for one specific user group due to improper system configuration parameters. • How were the improvements implemented? Configuration adjustments to system-related parameters were implemented during FY 12 to avoid future service problems for the impacted user group. 					

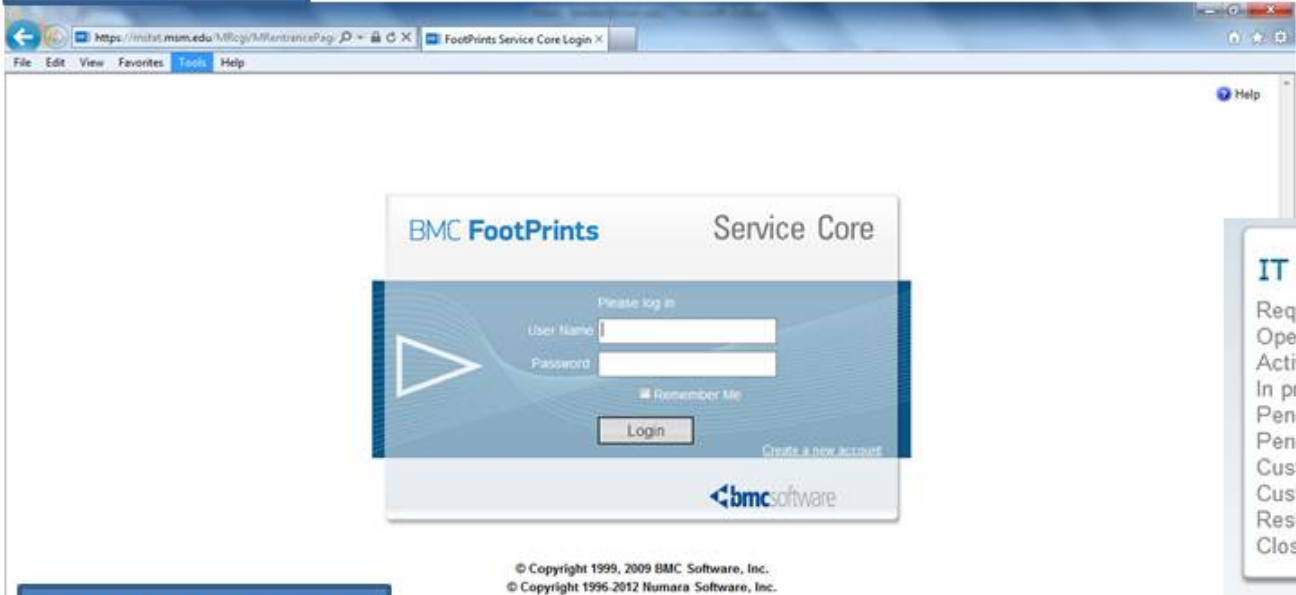
Department/Unit/Program: Information Technology			Reporting Period: July 1, 2011-June 30, 2012		
GOAL 3					
Goal/Outcome	How does this goal meet the Unit's need(s)?	Metric (Baseline/Target)	Assessment Methods (Mechanism of data collection and what data did you collect)	Analysis of Data (Results of assessment)	Outcomes M=Goals Met N= Not Met
Reduce the Call Center Abandonment Rate to 18%	Improve customer service; minimize lapses in service and productivity	25.6%/18%	Call abandonment reports were reviewed and analyzed on a weekly basis by service desk management. Review of these reports revealed that during peak times, callers are hanging up after being on hold for greater than 1 minute. It was also determined that agents did not have visibility into the call queue so that proactive measures to avoid abandoned calls could be made.	We were able to trend call volume to determine peak call times and compare peak volume times to when calls were dropped.	Goal Met 15%
<ul style="list-style-type: none"> • What improvements were determined to be needed? Need to increase the availability of Call Center staff during peak periods, and provide staff with ability to see and manage in-coming calls. • How were the improvements implemented? Adjustments were made to increase staff availability during high-volume call periods. We installed a utility that provided call agents with visibility into the all queue. 					



APPENDIX D: IT CUSTOMER SERVICE MANAGEMENT TOOLS 1

Incident Management Tools

Reporting Tool



A screenshot of a web browser displaying the BMC FootPrints Service Core login page. The page has a light blue and white color scheme. At the top, it says "BMC FootPrints Service Core". Below that, there is a "Please log in" section with fields for "User Name" and "Password", a "Remember Me" checkbox, and a "Login" button. There is also a "Create a new account" link. The BMC Software logo is at the bottom. Copyright information is visible at the very bottom: "© Copyright 1999, 2009 BMC Software, Inc. © Copyright 1996-2012 Numara Software, Inc."

Incident Summary

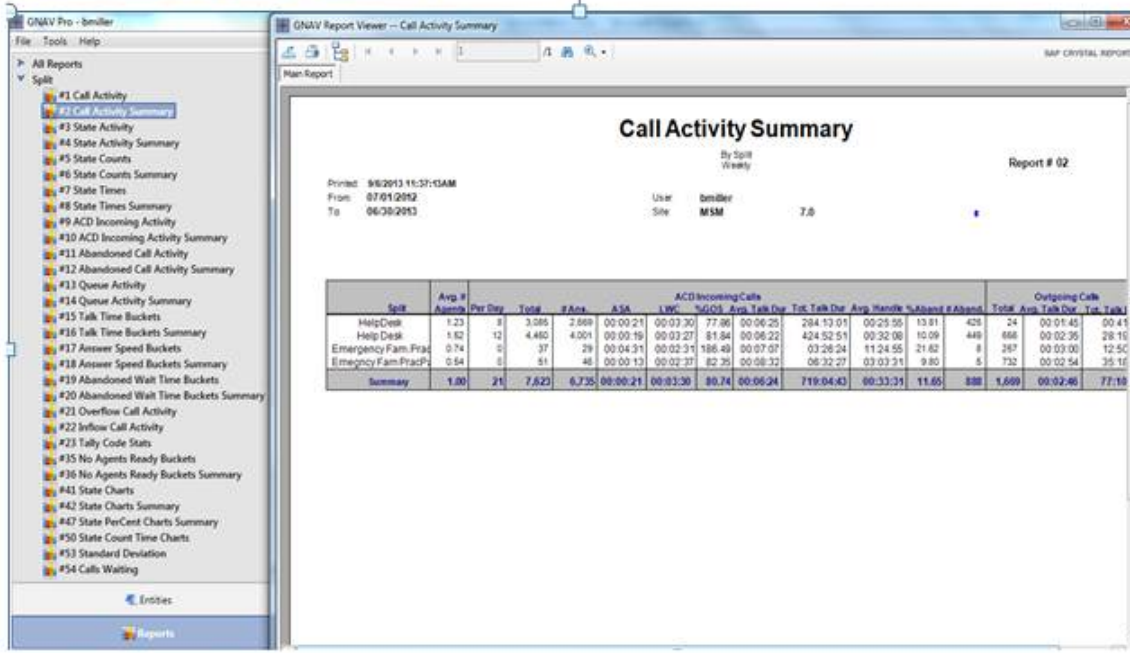
IT Service Desk Totals	
Request	12
Open	249
Active	969
In progress	41
Pending Customer	48
Pending 3rd Party	8
Customer Responded	76
Customer Pickup	4
Resolved	539
Closed	7059

Monthly Report

Issue Number	Priority	Status	Short Description	Date Submitted	Assignees
Priority: Critical					
7974	Critical	Open	Projector in MRC G-14 not working	08/13/2013	Audio Visual: Ka'sette Goins
7864	Critical	Closed	upload files to camtasia	08/06/2013	Media:
7960	Critical	Closed	Computer will not come on in the Westview Gate.	08/12/2013	Robert Hill

Call Tracking Tools

ACD Reporting Tool



Call Activity Summary
By Split Weekly Report # 02

Printed: 9/6/2013 11:57:15AM
From: 07/01/2012
To: 06/30/2013

User: bmiller
Site: MSM 7.0

Split	Avg # Agents	Per Day	Total	#Ana	ASA	ACD Incoming Calls								Outgoing Calls			
						WV	%GOS	Avg Talk Dur	Tot Talk Dur	Avg Handle	%Aband	# Aband	Total	Avg Talk Dur	Tot Talk		
HelpDesk	1.23	8	3,585	2,869	00:00:21	00:03:30	77.06	00:06:25	284:13:01	00:25:05	13.91	425	24	00:01:45	00:41		
Help Desk	1.82	12	4,480	4,001	00:00:19	00:03:27	81.84	00:06:22	424:52:51	00:32:08	10.99	449	866	00:02:35	28:10		
Emergency Fam.Prac	0.74	0	37	28	00:04:21	00:03:31	186.48	00:07:07	03:26:24	11:24:55	21.62	8	387	00:03:00	12:50		
Emergency Fam.PracP	0.54	0	81	48	00:00:13	00:02:37	82.35	00:08:32	08:32:27	03:03:21	9.80	5	732	00:02:54	35:16		
Summary	1.00	21	7,622	6,735	00:00:21	00:03:30	80.74	00:06:24	719:04:43	00:33:21	11.65	888	1,669	00:02:40	77:18		

Call Volume Patterns

State Counts Summary

By Split by Days of Week Report # 06

Printed: 9/6/2013 11:56:14AM
From: **Saturday, 1 June, 2013**
To: **Sunday, 30 June, 2013**

User: **bmiller**
Site: **MSM** 7.0

Split: HelpDesk

Days of Week	Avg. Num Agents	ACD Incoming Avg. # Ans/Agent	Total # Ansd	ACD Internal Avg # /Agent	Total # Calls	Work Mode Avg # /Agent	Total Work #	Break Avg # /Agent	Mode Total Break #	ACD I/C % Count	ACD INT % Count	Work % Count	Break % Count
Monday	1.76	66.48	117	35.74	63	27.80	49	0.00	0	51.09	27.51	21.40	0.00
Tuesday	1.41	93.62	132	54.80	77	32.74	46	0.00	0	51.76	30.20	18.04	0.00
Wednesday	1.56	93.59	146	48.08	75	35.90	56	0.00	0	52.71	27.08	20.22	0.00
Thursday	1.04	82.93	136	42.01	69	41.40	68	0.00	0	49.82	25.27	24.91	0.00
Friday	1.25	45.46	75	26.63	44	36.31	60	0.00	0	41.90	24.58	33.52	0.00
Summary	1.60	377.69	606	204.43	328	173.89	279	0.00	0	49.96	27.04	23.00	0.00



APPENDIX E: CUSTOMER SERVICE MANAGEMENT TOOLS 2

Call Activity Summary

By Split
Daily

Report # 02

Printed: 9/3/2013 12:29:51PM
From: 07/01/2012
To: 06/30/2013

User: bmilller
Site: MSM 7.0

Split	Avg. # Agents	ACD Incoming Calls											Outgoing Calls		
		Per Day	Total	# Ans.	ASA	LWC	%GOS	Avg. Talk Dur	Tot. Talk Dur	Avg. Handle	%Aband	# Aband.	Total	Avg. Talk Dur	Tot. Talk Dur
HelpDesk	1.23	8	3,085	2,659	00:00:21	00:03:30	77.86	00:06:25	284:13:01	00:25:55	13.81	426	24	00:01:45	00:41:57
Help Desk	1.52	12	4,450	4,001	00:00:19	00:03:27	81.84	00:06:22	424:52:51	00:32:08	10.09	449	656	00:02:35	28:19:30
Emergency Fam. Prac.	0.74	0	37	29	00:04:31	00:02:31	186.49	00:07:07	03:26:24	11:24:55	21.62	8	257	00:03:00	12:50:35
Emergency Fam PracPart	0.54	0	51	46	00:00:13	00:02:37	82.35	00:08:32	06:32:27	03:03:31	9.80	5	732	00:02:54	35:18:52
Summary	1.00	21	7,623	6,735	00:00:21	00:03:30	80.74	00:06:24	719:04:43	00:33:31	11.65	888	1,669	00:02:46	77:10:54

2012-2013 Abandonment Rate = 11.65%

Monthly Abandonment Rate Summary
2011 – 2012

Month	Abandonment Rate
2011 - 2012	
July	22%
August	18%
September	18%
October	13%
November	9%
December	11%
January	15%
Feburary	13%
March	16%
April	11%
May	16%
June	19%
Total	15%

Monthly High Priority Incidents MTTR
2011 – 2012

Ref.(C. support/ MSTAT)

Month	High Priority Incidents MTTR
2011-2012	
July	2
August	3
September	2
October	1
November	1
December	1
January	1
February	2
March	3
April	3
May	1
June	2
July	5
	2.10

Monthly Service Incidents

2011 – 2012

Ref.(C. support / MSTAT)

Month	Incidents
2011 - 2012	
July	321
August	423
September	293
October	177
November	247
December	298
January	303
February	266
March	207
April	277
May	275
June	268
Total	3355



APPENDIX F: PUBLIC SAFETY TEMPLATE



Departmental Institutional Effectiveness Annual Report

Department/Unit/Program: Public Safety

Reporting Period: July 1, 2011- June 30, 2012

Prepared By: Joseph Chevalier

1. Unit or Academic Program Charge/ Mission/Statement of Purpose:

The MSM Department of Public Safety is committed to providing a safe and secure environment for faculty, staff, students and visitors where security is balanced with freedom of movement, and individual rights are balanced with community needs.

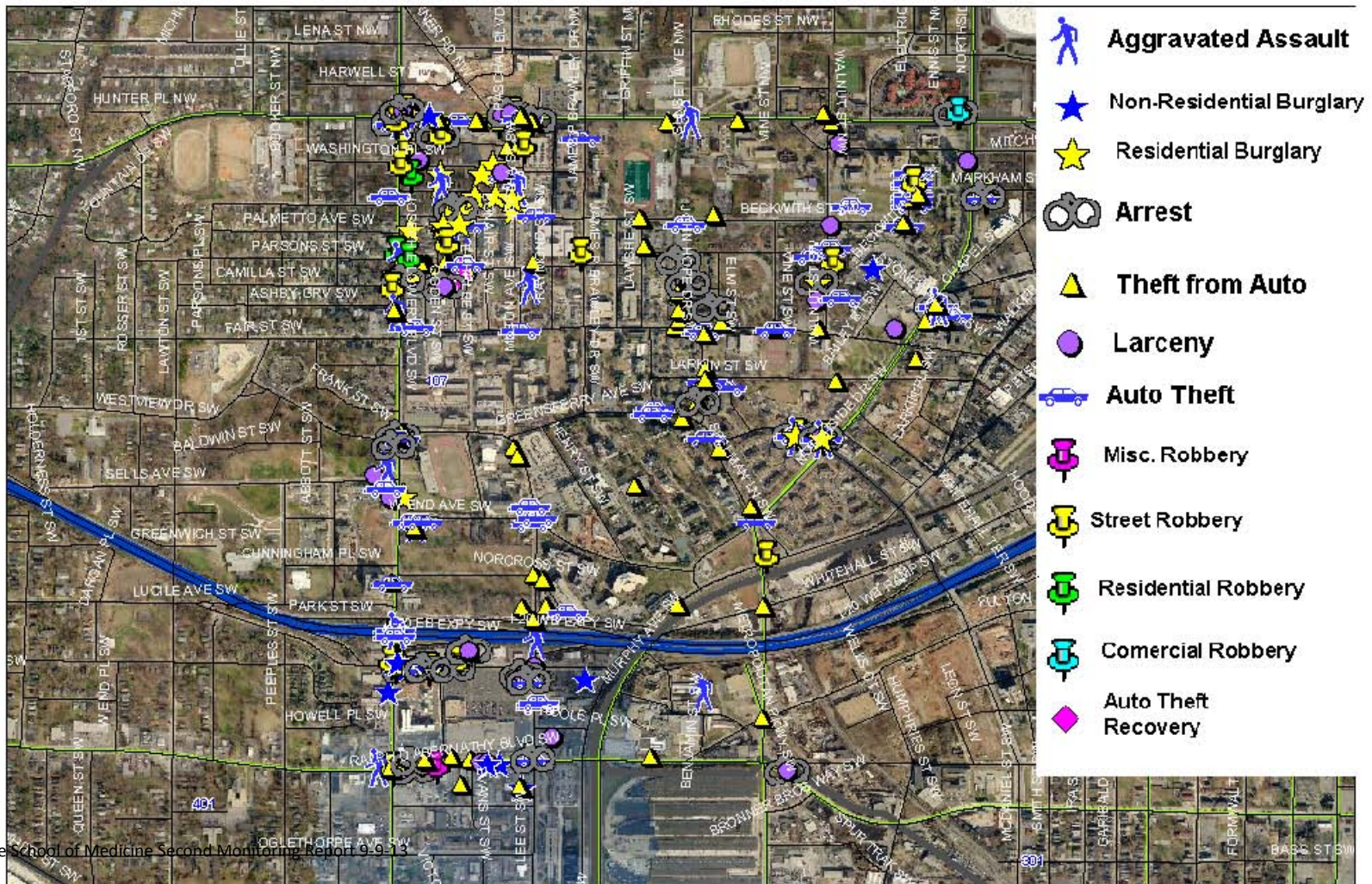
2. Link to MSM Strategic Goal: Academic Excellence Research Excellence Clinical and Community Excellence Operational Excellence

3. Please complete the tables below:

GOAL 1					
Goal/Outcome	How does this goal meet the Unit's need(s)?	Metric (Baseline/Target)	Assessment Methods (Mechanism of data collection and what data did you collect)	Analysis of Data (Results of assessment)	Outcomes M=Goals Met N= Not Met
Reduce the annual number of incidents	Helps Public Safety monitor the overall safety of the environment	30/23	Review of area crime statistics	Prevalence of crime in the area warrants measures to reduce vulnerability of MSM campus	Goal Met 20
<ul style="list-style-type: none"> • What improvements were determined to be needed? Need to expand electronic building access to all buildings on campus, improve video surveillance capability to cover more areas and store historical data, and provide safety and awareness training for employees. • How were the improvements implemented? Improved existing electronic building access system with current technology to all but one building on campus in 2011. In 2012 completed the first phase of updating video surveillance in the most vulnerable areas on campus. In 2011 conducted a series of six safety and awareness classes for employees, which continue. 					

APPENDIX G: PUBLIC SAFETY AU CENTER CRIME 2009

Part I Crimes – AU Center – 2009 YTD



APPENDIX H: PUBLIC SAFETY CRIME STATISTICS

August 11, 13 – August 16, 13 Reports

<i>Reports</i>											
CASE #	UCR CRIME TYPE	DISP	BEAT	STREET ADDRESS	REPT DATE	DATE FROM	TIME FROM	DATE TO	TIME TO	WATCH	DAY
ZONE 4											
RAPE											
132271668	RAPE		410	1824 HONEYSUCKLE LN SW	8/15/2013	8/14/2013	23:30	8/15/2013	16:29	Unk	Thu
TOTAL: 1											
ROBBERY											
132240228	ROBBERY-RESIDENCE		407	751 FAIRBURN RD SW	8/12/2013	8/12/2013	2:00	8/12/2013	2:30	Mom	Mon
132270001	ROBBERY-PEDESTRIAN		409	2909 CAMPBELLTON RD SW	8/15/2013	8/14/2013	23:50	8/15/2013	0:00	Mom	Wed
132230572	ROBBERY-PEDESTRIAN		410	1935 ALISON CT SW @FRANCISCAN CLUB APT	8/11/2013	8/11/2013	6:15	8/11/2013	6:20	Mom	Sun
132271677	ROBBERY-PEDESTRIAN		410	1842 HONEYSUCKLE LN SW	8/15/2013	8/15/2013	16:15	8/15/2013	16:20	Eve	Thu
132250042	ROBBERY-PEDESTRIAN		411	3000 CONTINENTAL COLONY PKWY SW	8/13/2013	8/11/2013	23:45	8/12/2013	0:00	Mom	Sun
132260316	ROBBERY-RESIDENCE		412	4079 SUNSET DR SW	8/14/2013	8/14/2013	3:00	8/14/2013	3:45	Mom	Wed
132230103	ROBBERY-PEDESTRIAN		413	2440 BARGE RD SW	8/11/2013	8/11/2013	0:20	8/11/2013	0:34	Mom	Sun
132252083	ROBBERY-PEDESTRIAN		413	2110 BUTNER RD SW	8/13/2013	8/13/2013	20:00	8/13/2013	20:02	Eve	Tue
TOTAL: 8											
AGG ASSAULT											
132250024	AGG ASSAULT		401	784 POOLE PL SW	8/13/2013	8/13/2013	0:18	8/13/2013	0:22	Mom	Tue
132230817	AGG ASSAULT		402	1449 RICHLAND RD SW	8/11/2013	8/11/2013	10:00	8/11/2013	10:10	Day	Sun
132242537	AGG ASSAULT		408	1954 SANDTOWN RD SW	8/13/2013	8/12/2013	23:30	8/12/2013	23:59	Mom	Mon
132261384	AGG ASSAULT		409	2020 CHILDRESS DR SW	8/14/2013	8/14/2013	12:30	8/14/2013	13:30	Day	Wed
132280398	AGG ASSAULT		409	3041 LANDRUM DR SW	8/16/2013	8/16/2013	4:00	8/16/2013	4:03	Mom	Fri
132250403	AGG ASSAULT		412	CAMPBELLTON RD SW / KIMBERLY RD SW	8/13/2013	8/13/2013	7:00	8/13/2013	7:40	Day	Tue
132261644	AGG ASSAULT		412	4467 CAMPBELLTON RD SW	8/14/2013	8/14/2013	16:15	8/14/2013	16:15	Eve	Wed
132230299	AGG ASSAULT		413	3672 BARROW PL SW	8/11/2013	8/11/2013	2:26	8/11/2013	2:26	Mom	Sun
TOTAL: 8											
BURGLARY-RESIDENCE											
132241302	BURGLARY-RESIDENCE		402	1255 PLAZA AVE SW	8/12/2013	7/4/2013	0:50	8/12/2013	14:00	Unk	Unk
132262348	BURGLARY-RESIDENCE		402	1030 OAKLAND DR SW	8/14/2013	8/14/2013	17:30	8/14/2013	21:00	Eve	Wed
132240274	BURGLARY-RESIDENCE		403	148 BELMONTE DR SW	8/12/2013	8/12/2013	0:01	8/12/2013	2:30	Mom	Mon

Reports

CASE #	UCR CRIME TYPE	DISP	BEAT	STREET ADDRESS	REPT DATE	DATE FROM	TIME FROM	DATE TO	TIME TO	WATCH	DAY
132261234	BURGLARY-RESIDENCE		403	1451 OAKLAND DR SW	8/14/2013	8/14/2013	8:00	8/14/2013	12:46	Day	Wed
132261580	BURGLARY-RESIDENCE		403	1221 PRINCESS AVE SW	8/14/2013	8/13/2013	18:00	8/14/2013	9:00	Mom	Wed
132272577	BURGLARY-RESIDENCE		403	1089 OAKLAND DR SW	8/15/2013	8/15/2013	19:00	8/15/2013	23:00	Eve	Thu
132261585	BURGLARY-RESIDENCE		404	326 INMAN ST SW	8/14/2013	8/14/2013	7:30	8/14/2013	16:01	Day	Wed
132261721	BURGLARY-RESIDENCE		406	3151 W MANOR CIR SW	8/14/2013	8/14/2013	5:15	8/14/2013	16:00	Day	Wed
132261181	BURGLARY-RESIDENCE		407	320 FAIRBURN RD SW	8/14/2013	8/14/2013	12:10	8/14/2013	12:13	Day	Wed
132261584	BURGLARY-RESIDENCE		407	415 FAIRBURN RD SW	8/14/2013	8/14/2013	8:00	8/14/2013	15:30	Day	Wed
132271407	BURGLARY-RESIDENCE		407	3615 GINNIS RD SW	8/15/2013	8/15/2013	7:00	8/15/2013	14:30	Day	Thu
132240884	BURGLARY-RESIDENCE		408	1946 SANDTOWN RD SW	8/12/2013	8/12/2013	7:00	8/12/2013	10:00	Day	Mon
132230092	BURGLARY-RESIDENCE		409	3142 IMPERIAL CIR SW	8/11/2013	8/9/2013	9:00	8/10/2013	22:00	Unk	Sat
132240134	BURGLARY-RESIDENCE		409	2909 CAMPBELLTON RD	8/12/2013	8/12/2013	1:09	8/12/2013	1:20	Mom	Mon
132242346	BURGLARY-RESIDENCE		409	2900 LANDRUM DR SW	8/12/2013	8/12/2013	10:00	8/12/2013	21:00	Eve	Mon
132270035	BURGLARY-RESIDENCE		409	3449 PARC DR SW	8/15/2013	8/14/2013	8:00	8/15/2013	0:00	Unk	Wed
132260731	BURGLARY-RESIDENCE		410	1994 BENT CREEK WAY SW	8/14/2013	8/14/2013	7:20	8/14/2013	8:52	Day	Wed
132262095	BURGLARY-RESIDENCE		411	3000 STONE HOGAN CONN SW	8/14/2013	8/14/2013	8:00	8/14/2013	19:00	Day	Wed
132272228	BURGLARY-RESIDENCE		411	2618 BLACK FOREST TRL SW	8/15/2013	8/12/2013	10:00	8/15/2013	19:58	Unk	Unk
132242130	BURGLARY-RESIDENCE		413	3668 BUNKER HILL DR SW	8/12/2013	8/12/2013	7:00	8/12/2013	19:32	Day	Mon
132231516	BURGLARY-RESIDENCE		414	3402 LANDINGS SOUTH DR SW	8/11/2013	8/9/2013	12:30	8/11/2013	16:40	Unk	Unk
132232220	BURGLARY-RESIDENCE		414	3725 PRINCETON LAKES PKWY SW	8/11/2013	8/9/2013	16:00	8/11/2013	22:15	Unk	Unk
132242030	BURGLARY-RESIDENCE		414	3366 SOMERSET TRL SW	8/12/2013	8/12/2013	9:30	8/12/2013	18:50	Day	Mon
132252393	BURGLARY-RESIDENCE		414	3540 N CAMP CREEK PKWY SW	8/13/2013	8/13/2013	8:00	8/13/2013	23:00	Eve	Tue
132252460	BURGLARY-RESIDENCE		414	3450 N CAMP CREEK PKWY SW	8/13/2013	8/13/2013	23:58	8/14/2013	0:30	Mom	Wed

TOTAL: 25

BURGLARY-NONRES

132260107	BURGLARY-NONRES		404	1654 S ALVERADO TERR	8/14/2013	8/14/2013	0:36	8/14/2013	0:40	Mom	Wed
132230543	BURGLARY-NONRES		409	2265 CAMPBELLTON RD	8/11/2013	8/11/2013	0:41	8/11/2013	5:15	Mom	Sun
132260884	BURGLARY-NONRES		410	2200 CAMPBELLTON RD SW	8/14/2013	8/13/2013	11:50	8/14/2013	11:59	Unk	Tue
132231106	BURGLARY-NONRES		411	3215 VERDANT DR SW	8/11/2013	8/9/2013	17:00	8/11/2013	13:31	Unk	Unk

TOTAL: 4



APPENDIX I: FINANCE TEMPLATES



Departmental Institutional Effectiveness Annual Report

Department/Unit/Program: Finance

Reporting Period: July 1, 2010 -June 30, 2011

Prepared By: Donnetta Butler

Unit or Academic Program Charge/ Mission/Statement of Purpose: The Finance & Administration Units provide the administrative infrastructure to sustain academic, research, clinical and community health excellence through partnerships with internal and external customers. Our services are provided in a customer focused manner with an emphasis on ensuring compliance with regulatory and legal requirements; and in accordance with generally accepted accounting principles.

4. **Link to MSM Strategic Goal:** Academic Excellence Research Excellence Clinical and Community Excellence Operational Excellence

5. Please complete the tables below:

GOAL 1					
Goal/Outcome	How does this goal meet the Unit's need(s)?	Metric (Baseline/Target)	Assessment Methods (Mechanism of data collection and what data did you collect)	Analysis of Data (Results of assessment)	Outcomes M=Goals Met N= Not Met
Provide enhanced functionality for greater operational efficiencies, improved reporting, analysis, and decision support capabilities	Improve data processing time and access to data needed for reporting, analysis and decision making	Current status: Numerous stand-alone systems that are not able to communicate with each other	Assessed the compatibility of computer-based data and processing systems throughout the institution	Many stand-alone systems incapable of communicating with each other required and produced multiple sources of the same data, leading to data discrepancies	Goal Met
<ul style="list-style-type: none"> • If the goal was not met, what improvements were determined to be needed? The school needs to invest in a major systems application that will address most of the data processing and storage needs for academic programs and support services • How were the improvements implemented? In January 2010, the school implemented the Banner enterprise resource planning (ERP) system along with associated reporting tools, for finance, human resources/payroll and student affairs. 					

Departmental Institutional Effectiveness Annual Report

Department/Unit/Program: Finance

Reporting Period: July 1, 2010-June 30, 2011

Prepared By: Donnetta Butler

GOAL 2					
Goal/Outcome	How does this goal meet the Unit's need(s)?	Metric (Baseline/Target)	Assessment Methods (Mechanism of data collection and what data did you collect)	Analysis of Data (Results of assessment)	Outcomes M=Goals Met N= Not Met
Maintain an operating reserve of at least 8.5% of total operating expenditures	Maintains institution's financial stability and flexibility to maximize support for programs	4.2%/8.5%	Operating reserve as a percentage of annual expenses	Increase in net assets greatly improved operating reserve	Goal Not Met 7.6%
Reduce the institutional support efficiency ratio to 15%		16.5%/15.0%	Institutional support expenses to total expenses	Assessment of institutional support expenses indicate improvement can be made by implementing cost-cutting measures and improved procurement practices	Goal Not Met 15.10%
<ul style="list-style-type: none"> • What improvements were determined to be needed? A change was needed in the investment strategy for the endowment since investment losses reduces the unrestricted net assets. It was also determined that operating expenses needed to be reduced. • How were the improvements implemented? In 2010 engaged investment consultants that understood the School's need for greater investment returns. In 2012 implemented procurement practices that would reduce operating expenses without adversely affecting the school's mission, including establishing a purchasing partnership with another institution to leverage the purchasing power of the two institutions and implementing a print management program that generated savings in lease/purchase of equipment and purchase of supplies. 					



APPENDIX J: MSM RESEARCH UNITS

- ❖ Atlanta Clinical and Translational Science Institute (ACTSI)
- ❖ Cardiovascular Research Institute (CVRI)
- ❖ Cardiovascular and Sleep Disorders Research Training Program
- ❖ Center for Clinical and Translational Research (RCTR)
- ❖ Center of Excellence on Health Disparities
- ❖ Center for Laboratory Animals Resources (CLAR)
- ❖ Clinical Research Center (CRC)
- ❖ Howard Hughes Medical Institute Medical Students Research Program
- ❖ MSM Medical Students Research Experience Program
- ❖ National Center for Primary Care (NCPC)
- ❖ Neuroscience Institute (NI)
- ❖ Prevention Research Center (PRC)
- ❖ Research Centers in Minority Institutions Program (RCMI)
- ❖ Research Initiative for Scientific Enhancement
- ❖ Satcher Health Leadership Institute (SHLI)
- ❖ Trans-disciplinary Center on Health Equity Policy Research
- ❖ Veterans Administration Center of Excellence



APPENDIX K: ORSA TEMPLATES

Departmental Institutional Effectiveness Annual Report

Department/Unit/Program: Office of Sponsored Research Administration

Report Period: July 1, 2011- June 30, 2012

Prepared By: Sandra Harris-Hooker

1. Unit or Academic Program Charge/ Mission/Statement of Purpose:

Create a culture of outstanding scholarship throughout MSM and strengthening the competitive quality and national reputation of the research enterprise

2. Link to MSM Strategic Goal: Academic Excellence Research Excellence Clinical and Community Excellence Operational Excellence

3. Please complete the table below:

GOAL					
Goal/Expected Outcome	How does this goal meet the Unit's need(s)?	Assessment Methods (Mechanism of data collection and what data did you collect)	Metric (Baseline/Target)	Analysis of Data (Results of assessment)	Outcomes M=Goals Met N= Not Met E= Exceeded
Strengthen research support systems and enhance recruitment, retention and productivity of a critical mass of investigators	Accomplishing this goal would produce outcomes that contribute to an environment of research excellence	Needs assessment surveys were conducted relative to support units (OGC, Purchasing, OSRA, HR, IT, etc.). Collected information relative to processing time for grant development, pre- and post- award activities,	1) Number of grants submitted Baseline:110 Target:200 2) Number of R01 awards funded Baseline:7 Target:12 3)Number of investigator initiated awards funded	Assessment showed paper requisitions or POs as only methods for purchasing supplies. Assessment indicated that all Units (academic depts., centers and institutes, etc.) do not have	1)NM 2) M 3) E 4) NM 5) M 6) E

		<p>staff hiring, compliance, etc. Additional needs assessment via faculty reps to RDC.</p>	<p>Baseline: 65 Target: 75 4) Number of pubs in peer-reviewed journals Baseline: 171 Target: ≥ 205 5) Purchasing efficiency (length of time to process) Baseline: 2-3 wks Target: 24-72 hrs 6) IT assistance (time from problem reported response) Baseline: 24-48 hrs Target: 2-3 hrs 7) Grant submission time (time from internal submission to Agency submission) Baseline: 1-3 days before due to Agency Target: 5-7 days before due to Agency 8) Number of invention disclosures Baseline: 14 Target: 27</p>	<p>adequate grant-related assistance.</p> <p>Assessment indicated that responses to IT help requests were labor intensive rather than electronic</p> <p>Online help ticket (MSTAT) was launched by IT</p>	<p>7) NM</p> <p>8) M</p>
<p>The target date for these measurable outcomes is 2014. However, we analyze data annually.</p>					

- **If the Goal/Expected Outcome was not met, what improvements were determined to be needed?**

1. Grant submission target- Not Met:

Assistance from a grant writer was determined to be needed

2. Publications in peer-review journals-Not Met

Assistance from consultant with expertise in advising researchers on how to strategically prepare data and formulate their manuscript

3. Internal Grant Submission Time – Not Met

Providing expanded assistance from grant administrators was determined to be needed

- **How were the improvements implemented?**

1. A database of grant writer assistants was developed. The database was populated by sending out institution-wide communications and requesting recommendations from faculty of persons who were research area experts. OSRA added persons to the database who had previously served as grant writing assistants. Faculty can contact OSRA and request to work with a grant writer and the services are paid from an institutional fund source.

2. A consultant has been contracted to conduct a 12-week interactive online course that will provide the mechanics for successfully writing, editing, and submitting a scientific manuscript to a journal. The online component will include lectures for review and ancillary reference materials (e.g., bibliography, useful links, and samples of journal reference styles).

3. Intent to Submit Form - Intent to Submit Form was developed and placed on the Web so that faculty can indicate their intention to submit a grant application.

Grant Administrator Designation - Upon receipt of Form, OSRA designates a grant administrator to that faculty who offers assistance throughout the submission process.

Electronic Submission Implemented – Electronic submission training and implementation was implemented prior to Agency mandates.



Departmental Institutional Effectiveness Annual Report

Department/Unit/Program: Office of Sponsored Research Enterprise

Report Period: July 1, 2012- June 30, 2013

Prepared By: Sandra Harris-Hooker

1. Unit or Academic Program Charge/ Mission/Statement of Purpose:

Create a culture of outstanding scholarship throughout MSM and strengthening the competitive quality and national reputation of the research enterprise

2. Link to MSM Strategic Goal: Academic Excellence Research Excellence Clinical and Community Excellence Operational Excellence

3. Please complete the table below:

GOAL					
Goal/Expected Outcome	How does this goal meet the Unit's need(s)/mission?	Assessment Methods (Mechanism of data collection and what data did you collect)	Metric (Baseline/Target)	Analysis of Data (Results of assessment)	Outcomes M=Goals Met N= Not Met
To strengthen and fully develop high priority research programs; achieving national recognition for biomedical science, community-based participatory	Accomplishing this goal would produce outcomes relative to developing or acquiring participant databases, clinical research repositories and local, national	Institution-wide needs assessment conducted by research program evaluators.	Number of participant database and clinical repositories Baseline: 1 Target: 7	Assessment indicated that several databases and repositories were discussed but not implemented.	Databases and repositories = M

and clinical research; ultimately impacting minority and global health.	and international relationships.				
<ul style="list-style-type: none"> If the Goal/Expected Outcome was not met, what improvements were determined to be needed? It was determined that the research enterprise could not establish the patient databases and repositories alone. As a consequence, IT was recruited to help build an in-house database system. How were the improvements implemented? After several months of discussion and planning, the ORSA moved forward with the guidance of IT to develop the first database of patients who have agreed to participate in biomedical and clinical studies. The databases were IRB approved and followed HIPAA guidelines. This spawned the development of six additional databases. Furthermore, with the assistance of clinical leaders on campus, repositories of patient biological samples were created from the patients listed in the databases for research studies. These repositories were also IRB approved and followed HIPAA regulations. 					

APPENDIX L: NEEDS ASSESSMENT SURVEY



Clinical and Translational Research

Clinical and Translation Research (Integrating Infrastructure)

Name	Department
Gianluca Tosini	Pharmacology
Yasmin Tyler-Hill	Pediatrics
Mesha Ellis	CHPM
Shailesh Singh	MBI
Leroy Reese	CHPM
Stephanie Miles-Richardson	CHPM
Yuan-Xiang Meng	Family Medicine
Beatrice Gee	Pediatrics/CVRI
Tabia Henry Akintobi	CHPM
Marilyn Foreman <small>MOREHOUSE SCHOOL OF MEDICINE</small>	Medicine
Natasha Browner (Staff)	RCMI
Elizabeth Ofili (Chair)	CRC

2. I am familiar with the following campus resources and requirements for research:

	I am a:					Response Totals
	a. Physician	b. Basic Scientist	c. Behavioral Researcher	D. Community-based Researcher	e. Other	
a. Clinical Research Center	81.8% (9)	72.2% (13)	100.0% (5)	100.0% (4)	100.0% (2)	80.0% (28)
b. pilot project funding	63.6% (7)	61.1% (11)	100.0% (5)	100.0% (4)	100.0% (2)	68.6% (24)
c. biostatistical support	54.5% (6)	55.6% (10)	80.0% (4)	75.0% (3)	100.0% (2)	60.0% (21)
d. community engagement core	18.2% (2)	11.1% (2)	60.0% (3)	75.0% (3)	50.0% (1)	25.7% (9)
answered question	11	18	5	4	2	35
	skipped question					10

3. I am aware of the procedures for initiating a clinical, translational, or community-based study (involving human subjects).

	I am a:					Response Totals
	a. Physician	b. Basic Scientist	c. Behavioral Researcher	D. Community-based Researcher	e. Other	
yes	61.5% (8)	52.6% (10)	80.0% (4)	100.0% (4)	50.0% (1)	63.2% (24)
no	38.5% (5)	47.4% (9)	20.0% (1)	0.0% (0)	50.0% (1)	36.8% (14)
answered question	13	19	5	4	2	38
	skipped question					7

4. I have adequate support in research study design.

	I am a:					Response Totals
	a. Physician	b. Basic Scientist	c. Behavioral Researcher	D. Community-based Researcher	e. Other	
yes	61.5% (8)	57.9% (11)	40.0% (2)	25.0% (1)	50.0% (1)	52.6% (20)
no	38.5% (5)	42.1% (8)	60.0% (3)	75.0% (3)	50.0% (1)	47.4% (18)
answered question	13	19	5	4	2	38
	skipped question					7

5. I can easily find a clinical, basic science, or community-based investigator for a research collaboration.

	I am a:					Response Totals
	a. Physician	b. Basic Scientist	c. Behavioral Researcher	D. Community-based Researcher	e. Other	
yes	53.8% (7)	57.9% (11)	20.0% (1)	50.0% (2)	0.0% (0)	54.1% (20)
no	46.2% (6)	42.1% (8)	80.0% (4)	50.0% (2)	100.0% (1)	45.9% (17)
answered question	13	19	5	4	1	37
	skipped question					8

6. There are enough senior faculty to provide guidance for me to develop a research project.

	I am a:					Response Totals
	a. Physician	b. Basic Scientist	c. Behavioral Researcher	D. Community-based Researcher	e. Other	
yes	38.5% (5)	68.4% (13)	0.0% (0)	25.0% (1)	0.0% (0)	48.6% (18)
no	61.5% (8)	31.6% (6)	100.0% (5)	75.0% (3)	100.0% (1)	51.4% (19)
answered question	13	19	5	4	1	37
skipped question						8

7. My Department Chair adequately supports and rewards my research efforts.

	I am a:					Response Totals
	a. Physician	b. Basic Scientist	c. Behavioral Researcher	D. Community-based Researcher	e. Other	
yes	91.7% (11)	94.7% (18)	80.0% (4)	75.0% (3)	100.0% (1)	88.9% (32)
no	8.3% (1)	5.3% (1)	20.0% (1)	25.0% (1)	0.0% (0)	11.1% (4)
answered question	12	19	5	4	1	36
skipped question						9

8. Communication about changes in institutional policies and guidelines is provided in a timely manner.

	I am a:					Response Totals
	a. Physician	b. Basic Scientist	c. Behavioral Researcher	D. Community-based Researcher	e. Other	
yes	50.0% (6)	52.6% (10)	20.0% (1)	75.0% (3)	0.0% (0)	50.0% (18)
no	50.0% (6)	47.4% (9)	80.0% (4)	25.0% (1)	100.0% (1)	50.0% (18)
answered question	12	19	5	4	1	36
	skipped question					9

10. The IRB provides regular training/workshops to the institution.

	I am a:					Response Totals
	a. Physician	b. Basic Scientist	c. Behavioral Researcher	D. Community-based Researcher	e. Other	
yes	36.4% (4)	47.4% (9)	20.0% (1)	0.0% (0)	100.0% (2)	38.9% (14)
no	63.6% (7)	52.6% (10)	80.0% (4)	100.0% (4)	0.0% (0)	61.1% (22)
answered question	11	19	5	4	2	36
	skipped question					9

11. The IRB provides adequate guidance and timely feedback on my protocols.

	I am a:					Response Totals
	a. Physician	b. Basic Scientist	c. Behavioral Researcher	D. Community-based Researcher	e. Other	
yes	88.9% (8)	64.7% (11)	100.0% (4)	100.0% (2)	100.0% (2)	77.4% (24)
no	11.1% (1)	35.3% (6)	0.0% (0)	0.0% (0)	0.0% (0)	22.6% (7)
answered question	9	17	4	2	2	31
skipped question						14

13. I am familiar with the policies/guidelines related to submission of an IRB application.

	I am a:					Response Totals
	a. Physician	b. Basic Scientist	c. Behavioral Researcher	D. Community-based Researcher	e. Other	
yes	75.0% (9)	63.2% (12)	100.0% (5)	100.0% (4)	100.0% (2)	73.0% (27)
no	25.0% (3)	36.8% (7)	0.0% (0)	0.0% (0)	0.0% (0)	27.0% (10)
answered question	12	19	5	4	2	37
skipped question						8

14. I am aware of pre- and post-award grant procedures.

	I am a:					Response Totals
	a. Physician	b. Basic Scientist	c. Behavioral Researcher	D. Community-based Researcher	e. Other	
yes	50.0% (6)	68.4% (13)	80.0% (4)	50.0% (2)	50.0% (1)	59.5% (22)
no	50.0% (6)	31.6% (5)	20.0% (1)	50.0% (2)	50.0% (1)	40.5% (15)
answered question	12	19	5	4	2	37
	skipped question					8

15. My department has a Research Administrator.

	I am a:					Response Totals
	a. Physician	b. Basic Scientist	c. Behavioral Researcher	D. Community-based Researcher	e. Other	
yes	18.2% (2)	84.2% (16)	60.0% (3)	75.0% (3)	50.0% (1)	61.1% (22)
no	81.8% (9)	15.8% (3)	40.0% (2)	25.0% (1)	50.0% (1)	38.9% (14)
answered question	11	19	5	4	2	36
	skipped question					9

16. My department's administrator is knowledgeable about pre- and post-award grant management.

		I am a:					
		a. Physician	b. Basic Scientist	c. Behavioral Researcher	D. Community-based Researcher	e. Other	Response Totals
yes		33.3% (3)	78.9% (15)	75.0% (3)	100.0% (3)	50.0% (1)	69.7% (23)
no		66.7% (6)	21.1% (4)	25.0% (1)	0.0% (0)	50.0% (1)	30.3% (10)
answered question		9	19	4	3	2	33
		skipped question					12

17. My department provides adequate support for preparation of grant proposals (e.g., writing, budget preparation, on-line grant submissions).

		I am a:					
		a. Physician	b. Basic Scientist	c. Behavioral Researcher	D. Community-based Researcher	e. Other	Response Totals
yes		16.7% (2)	36.8% (7)	40.0% (2)	50.0% (2)	50.0% (1)	32.4% (12)
no		83.3% (10)	63.2% (12)	60.0% (3)	50.0% (2)	50.0% (1)	67.6% (25)
answered question		12	19	5	4	2	37
		skipped question					8

20. The Office of Sponsored Research Administration provides adequate guidance on pre- and post-award grant procedures.

	I am a:					
	a. Physician	b. Basic Scientist	c. Behavioral Researcher	D. Community-based Researcher	e. Other	Response Totals
yes	36.4% (4)	77.8% (14)	60.0% (3)	75.0% (3)	50.0% (1)	65.7% (23)
no	63.6% (7)	22.2% (4)	40.0% (2)	25.0% (1)	50.0% (1)	34.3% (12)
answered question	11	18	5	4	2	35
	skipped question					10

21. I adhere to institutional policies and/or guidelines for grant submissions

	I am a:					
	a. Physician	b. Basic Scientist	c. Behavioral Researcher	D. Community-based Researcher	e. Other	Response Totals
yes	100.0% (9)	94.4% (17)	80.0% (4)	75.0% (3)	100.0% (2)	93.9% (31)
no	0.0% (0)	5.6% (1)	20.0% (1)	25.0% (1)	0.0% (0)	6.1% (2)
answered question	9	18	5	4	2	33
	skipped question					12

22. The Office of Sponsored Research Administration is responsive and provides timely specific feedback to investigators (e.g. budget preparation).

	I am a:					Response Totals
	a. Physician	b. Basic Scientist	c. Behavioral Researcher	D. Community-based Researcher	e. Other	
yes	60.0% (6)	82.4% (14)	60.0% (3)	100.0% (4)	50.0% (1)	75.8% (25)
no	40.0% (4)	17.6% (3)	40.0% (2)	0.0% (0)	50.0% (1)	24.2% (8)
answered question	10	17	5	4	2	33
skipped question						12

24. The hiring process for new research personnel is efficient and timely.

	I am a:					Response Totals
	a. Physician	b. Basic Scientist	c. Behavioral Researcher	D. Community-based Researcher	e. Other	
yes	0.0% (0)	29.4% (5)	0.0% (0)	0.0% (0)	0.0% (0)	15.2% (5)
no	100.0% (11)	70.6% (12)	100.0% (4)	100.0% (3)	100.0% (2)	84.8% (28)
answered question	11	17	4	3	2	33
skipped question						12

25. There is adequate orientation for new personnel about necessary research functions (e.g., safety, purchasing, information technology, media resources)

	I am a:					Response Totals
	a. Physician	b. Basic Scientist	c. Behavioral Researcher	D. Community-based Researcher	e. Other	
yes	33.3% (3)	47.1% (8)	0.0% (0)	0.0% (0)	0.0% (0)	34.4% (11)
no	66.7% (6)	52.9% (9)	100.0% (4)	100.0% (3)	100.0% (1)	65.6% (21)
answered question	9	17	4	3	1	32
	skipped question					13

The biggest issue is \$\$\$\$ and how can we get it.

There are CORE labs that are non-functional at MSM, someone need to address the issues on behavioral equipment, bioinformatic core and cell sorting core.

The division of Biostatistics should be actively involved in study design development. OSP or someone should be well versed in developing budgets.

The IRB should provide reviews, in between their regularly schedule monthly meetings.

Signatures for acceptance of proposals for submissions outside of the institution should be streamlined.

Allow the investigator to concentrate on the written aspect of the project and have colleagues critique the proposal.

	a. Physician	b. Basic Scientist	c. Behavioral Researcher	D. Community-based Researcher	e. Other	Response Text
	X					Number 6 and 8 should be separate. In theory, support may be a "yes" but it is not tangible. There are few rewards at MSM. Mar 29, 2011 1:02 PM

Barriers to the Performance of Clinical Research and the Professional Development of Clinician-Scientists – Recommendations from the MSM Clinician Scientists Work Group November 14, 2011, submitted to RDC : # 1 of 3

1. Problem: Protected Time

• Participants:

- Iris Buchanan, MD, MSc
- Marilyn G. Foreman, MD, MS
- Beatrice Gee, MD
- Lilly Immergluck, MD, MSCR
- Nkechi Mbaezue, MD, MSCR
- Yuan Xiang Meng, MD, MSCR
- Adesoji Oderinde, MD, MSCR
- Priscilla Pemu, MD, MSCR
- Christopher Phillips, MD, MPH
- Gloria Westney, MD, MSCR

Recommendations:

- A. The financial penalty for lost clinical revenue should be removed.
- B. The minimum percent effort to pursue research should be no less than 20% effort. Efforts at less than this threshold are insufficient and likely to be unsuccessful.
- C. Protected time should be consolidated blocks of time to enhance productivity and encouraged through such means as job sharing where service time is traded.

2. Problem: Mentorship

There are insufficient numbers of senior mentors to support/launch junior investigators

Recommendations:

- A. Recognize and provide financial support for mentorship
- B. Create a list of mentors at MSM that includes their research focus and identifies their external collaborators (Leverage CRECD; ACTSI)
- C. Schedule activities that facilitate interaction between clinicians and basic science researchers
- D. Develop mentoring committees, as is the practice for graduate student training

Barriers to the Performance of Clinical Research and the Professional Development of Clinician-Scientists – Recommendations from the MSM Clinician Scientists Work Group November 14, 2011, submitted to RDC : # 2 of 3

• Participants:

- Iris Buchanan, MD, MSc
- Marilyn G. Foreman, MD, MS
- Beatrice Gee, MD
- Lilly Immergluck, MD, MSCR
- Nkechi Mbaezue, MD, MSCR
- Yuan Xiang Meng, MD, MSCR
- Adesoji Oderinde, MD, MSCR
- Priscilla Pemu, MD, MSCR
- Christopher Phillips, MD, MPH
- Gloria Westney, MD, MSCR

3. Problem: Research support

There is insufficient administrative and technical support for research within clinical departments Problem

Recommendations:

A. Staffing: Each clinical department with investigators performing funded research should have the following staffing at a percent FTE that correlates with the number of funded researchers in that department:

- a. Research Coordinator/Research Assistant
- b. Administrative Support

B. Training (Pre/Post award): These individuals should receive basic training under the auspices of the Office of Sponsored Research Administration (OSRA), continuously interface with OSRA, and return periodically for more in-depth experience

4. Problem: Grant and Manuscript Writing Development

Recommendations:

A. Hiring of a scientific writer

B. Grant opportunities: Continue distributing notices of funding opportunities that are emailed from the Manager of Information Services in OSRA. This service is very helpful and has improved in the past several years.

Barriers to the Performance of Clinical Research and the Professional Development of Clinician-Scientists – Recommendations from the MSM Clinician Scientists Work Group November 14, 2011, submitted to RDC : # 3 of 3

• **Participants:**

- Iris Buchanan, MD, MSc
- Marilyn G. Foreman, MD, MS
- Beatrice Gee, MD
- Lilly Immergluck, MD, MSCR
- Nkechi Mbaezue, MD, MSCR
- Yuan Xiang Meng, MD, MSCR
- Adesoji Oderinde, MD, MSCR
- Priscilla Pemu, MD, MSCR
- Christopher Phillips, MD, MPH
- Gloria Westney, MD, MSCR

5. Problem: Lack of access to core services

Despite the presence of institutional and RCMI or A-CTSI-supported core facilities/services to support translational research, early and mid-career clinician scientists have trouble accessing these services due to lack of funding or “connections.”

Recommendations:

1. Which core services are available and the cost to the investigator should be clearly defined when the research proposal is reviewed
2. There should be better dissemination of the scope of the core services available with clear instructions on how to access them
3. In-services for the R-Center Web Portal should be available at an off campus location in addition to on-campus
4. Until researchers are able to successfully secure sustainable funding, core services (including biostatistical support) should be available to researchers at a reasonable low/no cost, which should be included as part of the ‘start up’ package for new faculty and junior investigators.
5. Start-up or seed funds: Clinician scientists need basic start-up funds when they are building their research program. This is true both for new hires and established clinicians who are developing clinical translational research programs. The institution and department need to realistically anticipate the financial support needed by investigators to carry out proposed projects.



Departmental Institutional Effectiveness Annual Report

Department/Unit/Program: Satcher Health Leadership Institute (SHLI)

Report Period: July 1, 2011 to June 30, 2012

Prepared By: Dr. Kisha B. Holden, Deputy Director

1. Unit or Academic Program Charge/ Mission/Statement of Purpose:

Vision: To be a leading transformative force for global health equity.

Mission: To develop a diverse group of exceptional leaders, advance and support comprehensive health strategies, and actively promote policies and practices that will reduce and ultimately eliminate disparities in health.

Values: We are an educational institution that is continuously learning and creating opportunities for personal growth, interpersonal effectiveness, critical thinking and success in a supportive environment that values the following:

- Integrity and trustworthiness
- Excellence
- Diversity
- Collaboration and partnership
- Consensus building and communication
- Prevention as a priority
- Equal access to quality health services for all

2. Link to MSM Strategic Goal: Academic Excellence Research Excellence Clinical and Community Excellence Operational Excellence

3. Please complete the table below:

GOAL 1					
Goal/Expected Outcome	How does this goal meet the Unit's need(s)?	Assessment Methods (Mechanism of data collection and what data did you collect)	Metric (Baseline/Target)	Analysis of Data (Results of assessment)	Outcomes M=Goals Met N= Not Met
To increase cross-disciplinary research collaboration	Supports the values of SHLI	It was determined based on the number of faculty that submitted research grants for funding in collaboration with other MSM, and institutes departments, centers, that the school had a large number of researchers who could engage in cross-disciplinary collaborations, but needed assistance with obtaining funding.	Number of co-investigator roles designated on grant submissions to public and private sources of funding 2011 Baseline = 0 2012 Target = 2	We tallied the number of research grants that were submitted by SHLI faculty in collaboration with other MSM departments, centers, and institutes Results = 4	M
<ul style="list-style-type: none"> If the Goal/Expected Outcome was not met, what improvements were determined to be needed? The number of researchers in SHLI who were Principal Investigators (PI) on grants needed to increase, but this was difficult to accomplish due to the low rates of award as a consequence of the reduced budgets at the NIH, and other grant funding agencies. How were the improvements implemented? It was determined that establishing more multi-Co PI, cross-disciplinary grants rather than single PI grants, SHLI would have better success rates of being awarded funding. This would also ensure that multiple investigators in SHLI could obtain funding through the submission of only one grant. 					

GOAL 2					
Goal/Expected Outcome	How does this goal meet the Unit's need(s)?	Assessment Methods (Mechanism of data collection and what data did you collect)	Metric (Baseline/Target)	Analysis of Data (Results of assessment)	Outcomes M=Goals Met N= Not Met
To disseminate research outcomes in the academic community	Supports the values of SHLI	It was determined based on the number of publications in academic journals	Number of manuscripts accepted for publication in academic journals 2011 Baseline = 0 2012 Target = 8	We tallied the number of faculty publications Results = 5	N
<ul style="list-style-type: none"> • If the Goal/Expected Outcome was not met, what improvements were determined to be needed? There is a need to identify protected time for faculty to engage in academic writing and manuscript preparation for journals. • How were the improvements implemented? We established a monthly academic writing workshop for SHLI faculty to encourage improved productivity in the submission of manuscripts to journals. 					



Departmental Institutional Effectiveness Annual Report

Department/Unit/Program: Satcher Health Leadership Institute (SHLI)

Report Period: July 1, 2012 to June 30, 2013

Date Submitted: August 20, 2013

Prepared By: Dr. Kisha B. Holden, Deputy Director

1. Unit or Academic Program Charge/ Mission/Statement of Purpose:

Vision: To be a leading transformative force for global health equity.

Mission: To develop a diverse group of exceptional leaders, advance and support comprehensive health strategies, and actively promote policies and practices that will reduce and ultimately eliminate disparities in health.

Values: We are an educational institution that is continuously learning and creating opportunities for personal growth, interpersonal effectiveness, critical thinking and success in a supportive environment that values the following:

- Integrity and trustworthiness
- Excellence
- Diversity
- Collaboration and partnership
- Consensus building and communication
- Prevention as a priority
- Equal access to quality health services for all

2. Link to MSM Strategic Goal: Academic Excellence Research Excellence Clinical and Community Excellence Operational Excellence

3. Please complete the table below:

GOAL 1					
Goal/Expected Outcome	How does this goal meet the Unit's need(s)?	Assessment Methods (Mechanism of data collection and what data did you collect)	Metric (Baseline/Target)	Analysis of Data (Results of assessment)	Outcomes M=Goals Met N= Not Met
To improve the financial sustainability of SHLI	Supports the overall vision of SHLI	It was determined based on the number of faculty that received grant funding that would help to sustain on-going health disparities related research and programmatic initiatives for the next the next five years.	Number of investigator-initiated grants targeting public and private sources of funding 2011 Baseline = 5 2012 Target = 8	We tallied the number of research grants acquired to enhance SHLI's research portfolio Results = 8	M
<ul style="list-style-type: none"> If the Goal/Expected Outcome was not met, what improvements were determined to be needed? It was determined that success rates of receiving grant funding was greatly improved when researchers sought grant writing assistance in the early stages of preparing their grant applications. How were the improvements implemented? SHLI members who were planning to submit grants within the next 12-18 months were required to seek assistance from the Office of Sponsored Research Administration, by engaging in the office's grant writing assistance program. This ensured a more acceptable and error-free grant application. 					



APPENDIX N: NCPC TEMPLATES



Departmental Institutional Effectiveness Annual Report

Department/Unit/Program: National Center For Primary Care

Report Period: July 1, 2011 to June 30, 2012

Prepared By: Dominic Mack, MD

1. Unit or Academic Program Charge/ Mission/Statement of Purpose:

Mission: to promote excellence in community-oriented primary healthcare and optimal health outcomes for all with a special emphasis on underserved populations and eliminating health disparities.

Purpose: To serve as a national resource for encouraging doctors to pursue primary care careers; for making primary care practice more effective and for supporting primary care professionals serving in the underserved areas.

2. Link to MSM Strategic Goal: Academic Excellence Research Excellence Clinical and Community Excellence Operational Excellence

3. Please complete the table below:

GOAL 1					
Goal/Expected Outcome	How does this goal meet the Unit's need(s)?	Assessment Methods (Mechanism of data collection and what data did you collect)	Metric (Baseline/Target)	Analysis of Data (Results of assessment)	Outcomes M=Goals Met N= Not Met
Increase the number of federal, state and non-governmental grants	This allows us to continue our overall mission by funding projects which directly impact the elimination health disparities.	Based on historical data for grant acquisition and submissions, it was determined that a target of 3 new grants was realistic.	Reviewed grant submission history and determined based on faculty and staff ability, a target of 3 new grants for FY12 was realistic. FY11 baseline – 2 current grants FY12 Target—3 new grants	We reviewed the number of grants submitted and acquired	M
<ul style="list-style-type: none"> • If the Goal/Expected Outcome was not met, what improvements were determined to be needed? <ol style="list-style-type: none"> 1. More mentoring and education around research and grant submission 2. Increase collaborative efforts between faculty to increase the potential for the submission of more competitive grant applications. 3. Increase access to Medicaid claims data to provide statistical information to develop new research projects. • How were the improvements implemented? <ol style="list-style-type: none"> 1. Dr. Rust began grooming Dr. Mack with goal of transitioning Dr. Mack into more of a leadership role within NCPC. This would free Dr. Rust to focus more on research development activities and faculty mentoring. 2. Re-instituted the weekly Interdisciplinary Research Team meetings 3. Acquisition of National Medicaid Claims data 					



Departmental Institutional Effectiveness Annual Report

Department/Unit/Program: National Center for Primary Care

Report Period: July 1, 2012 – June 30, 2013

Prepared By: Dominic Mack, MD

1. Unit or Academic Program Charge/ Mission/Statement of Purpose:

Mission: to promote excellence in community-oriented primary healthcare and optimal health outcomes for all with a special emphasis on underserved populations and eliminating health disparities.

Purpose: To serve as a national resource for encouraging doctors to pursue primary care careers; for making primary care practice more effective and for supporting primary care professionals serving in the underserved areas.

2. Link to MSM Strategic Goal: Academic Excellence Research Excellence Clinical and Community Excellence Operational Excellence

3. Please complete the table below:

GOAL 1					
Goal/Expected Outcome	How does this goal meet the Unit's need(s)?	Assessment Methods (Mechanism of data collection and what data did you collect)	Metric (Baseline/Target)	Analysis of Data (Results of assessment)	Outcomes M=Goals Met N= Not Met



Establish an Endowment Fund	The goal enables NCPC to become sustainable.	Based on an analysis of the endowment funds for similarly sized organizations with a similar mission.	<p>We reviewed what would be necessary to establish a core endowment which would allow us to ensure sustainability.</p> <p>FY12 Baseline – 0 FY13 target - \$10-\$15 million</p>	Reviewed endowment funds received	N
<ul style="list-style-type: none"> • If the Goal/Expected Outcome was not met, what improvements were determined to be needed? <ol style="list-style-type: none"> 1. This was a novel institutional task and we realized that we needed expert assistance from sources outside of the institution. 2. Develop a Strategic Plan for raising funds for an endowment. 3. Consult with and receive guidance from members of similarly sized organizations with similar missions who have successfully established endowments. • How were the improvements implemented? <ol style="list-style-type: none"> 1. Expert assistance was obtained to initiate the first steps in developing a strategic plan to raise funds for the endowment. 2. An Advisory Council was created that consisted of members from nationally prominent health-disparities organization to provide mentorship to the institution in the process of establishing an endowment. 					



APPENDIX O: PRC TEMPLATES



Departmental Institutional Effectiveness Annual Report

Department/Unit/Program: Prevention Research Center

Report Period: July 1, 2011 to June 30, 2012

Prepared By: Tabia Henry Akintobi, PHD, MPH

1. Unit or Academic Program Charge/ Mission/Statement of Purpose:

Mission: To advance scientific knowledge in the field of prevention in African American and other minority communities and to disseminate new information and strategies of prevention through nationally-recognized community-based participatory research and practice.

2. Link to MSM Strategic Goal: Academic Excellence Research Excellence Clinical and Community Excellence
 Operational Excellence

3. Please complete the table below:

GOAL 1					
Goal/Expected Outcome	How does this goal meet the Unit's need(s)?	Assessment Methods (Mechanism of data collection and what data did you collect)	Metric (Baseline/Target)	Analysis of Data (Results of assessment)	Outcomes M=Goals Met N= Not Met
To increase communication of PRC research findings to professional audiences through scholarly publication and scientific presentations	This outcome is significant to ensuring scholarly productivity, national reach of emerging best practices and improved awareness regarding the work	Quarterly monitoring of training activities through Qualtrics (e-database) database by PRC faculty and staff	Baseline=0 Target: Fifteen journal articles and scientific presentations per year	Completed 60 scientific and community presentations. Prepared and submitted 9 manuscripts to scholarly journals and other publications	M



	of the center in collaboration with community and academic partners				
<ul style="list-style-type: none"> If the Goal/Expected Outcome was not met, what improvements were determined to be needed? We needed to build the national reputation of the PRC. Our successes and accomplishments were not being widely acknowledged beyond the institution. We needed to increase the number of publications submitted to and accepted by peer-reviewed journals. We also needed to increase the presence and participation of PRC members in scientific and community presentations. How were the improvements implemented? To increase the number of publications submitted and accepted to peer-reviewed journals, faculty and students received manuscript writing assistance from the Office of Sponsored Research Administration (ORSA). To increase the number of scientific and community presentations, the ORSA also assisted in the writing and submission of abstracts for conferences, formatting data for presentations (along with the assistance of the institution's Office of Administrative Services, which helped design the poster presentations), and the PRC earmarked funding to provide travel support for selected participants. 					



Departmental Institutional Effectiveness Annual Report

Department/Unit/Program: Prevention Research Center

Report Period: July 1, 2012 – June 30, 2013
Prepared By: Tabia Henry Akintobi, PHD, MPH

1. Unit or Academic Program Charge/ Mission/Statement of Purpose:

Mission: To advance scientific knowledge in the field of prevention in African American and other minority communities and to disseminate new information and strategies of prevention through nationally-recognized community-based participatory research and practice.

2. Link to MSM Strategic Goal: Academic Excellence Research Excellence Clinical and Community Excellence
 Operational Excellence

3. Please complete the table below:

GOAL 1					
Goal/Expected Outcome	How does this goal meet the Unit's need(s)?	Assessment Methods (Mechanism of data collection and what data did you collect)	Metric (Baseline/Target)	Analysis of Data (Results of assessment)	Outcomes M=Goals Met N= Not Met
To increase the number of public health students trained by MSM PRC faculty and staff on careers in prevention research and public health	This goal aligns with our aim to prepare the next generation of minority translational research scientists, clinicians, prevention research scientists and public health practitioners	Quarterly monitoring of training activities through Qualtrics (e-database) by PRC faculty and staff	50 trainees engaged per year. Baseline=0 Target=100	Result: Number of trainees =155	M



• **If the Goal/Expected Outcome was not met, what improvements were determined to be needed?**

We have traditionally had a high number of trainees, but felt that we could successfully increase that number to meet the need for more minority scientists, clinicians, prevention research scientists and public health practitioners. We used feedback from trainees provided in Qualtrics to determine if the supervisor/trainee relationships needed to be enhanced before increasing the number of trainees. We did not want to bring additional trainees into a training program that required major improvements.

• **How were the improvements implemented?**

The overall feedback provided in Qualtrics was favorable with the majority of responses being either agree or strongly agree. However, the feedback showed that responses for question #11 (Supervisor[s] was available for consultation and discussion) received responses that included neutral, disagree, in addition to agree or strongly agree. The supervisors made provisions to block additional times during the day to meet with trainees who needed additional attention and help.

GOAL 2					
Goal/Expected Outcome	How does this goal meet the Unit's need(s)?	Assessment Methods (Mechanism of data collection and what data did you collect)	Metric (Baseline/Target)	Analysis of Data (Results of assessment)	Outcomes M=Goals Met N= Not Met
To increase the total number of collaborative CBPR (community based participatory-research)-focused grants/contracts funded	<ul style="list-style-type: none"> Increased funding streams and expanded research portfolio, beyond CDC Center funding Center sustainability 	<ul style="list-style-type: none"> Number of funded grants and contracts Total Grant Dollars 	<ul style="list-style-type: none"> Number of investigator initiated grants <p>Baseline=5</p> <p>Target=2 new grants</p>	<p>Annual log of funded grant and contracts</p> <p>Results=2 new grants</p>	M



	ensured				
<ul style="list-style-type: none"> If the Goal/Expected Outcome was not met, what improvements were determined to be needed? A substantial portion of our funding in the early stages was provided by the Centers for Disease Control (CDC). We have become increasingly reliant on the CDC, but determined that the PRC needed to become more self-sufficient in its funding resources for sustainability. How were the improvements implemented? We aggressively compiled and analyzed resting data that had been acquired over the long-term. This was used to generate several new CBPR project proposals. The more well-developed projects were submitted for competitive CBPR grant submissions. 					

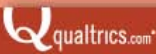
GOAL 3					
Goal/Expected Outcome	How does this goal meet the Unit's need(s)?	Assessment Methods (Mechanism of data collection and what data did you collect)	Metric (Baseline/Target)	Analysis of Data (Results of assessment)	Outcomes M=Goals Met N= Not Met
Award community grant to community-based organizations to increase their capacities to implement community prioritized health initiatives	This goal is aligned with our established community value which states that "Community members should be empowered to initiate their own research projects, which address needs they	Funds distributed and mini-grants awarded	O=baseline 2=target	2 grants were awarded	M




	identify themselves”				
<ul style="list-style-type: none">• If the Goal/Expected Outcome was not met, what improvements were determined to be needed? Members of community-based organizations who were involved in PRC research studies wanted to remedy the preventive healthcare issues in their communities. Many wanted to host cancer and diabetes prevention classes at their churches, or similar places, but did not have the funds to move forward.• How were the improvements implemented? PRC faculty and staff decided that funding from the center should be earmarked for awarding at least two community-based projects that addressed health disparities-associated diseases.					

APPENDIX P: QUALTRICS SURVEY

Survey | Qualtrics Survey Software





The purpose of this survey is to collect information on your Morehouse School of Medicine Prevention Research Center Trainee experience. The information will be used to help us identify areas of strength, weakness, and improvements for our program. There are no right or wrong answers. Your thoughtful feedback and recommendations are important to us.

Type of Training

Rotation	Practicum	Elective	Fellowship	Didactic Series	Internship	Other (Please explain)
<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Training Duration

	Month	Day	Year
Start Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
End Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Preceptor/Supervisor

Start-Up and Orientation

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
1. Relevant information regarding assignments was provided prior to starting my training.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. Relevant information regarding learning objectives was provided prior to starting my training.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. My work space was set up and ready for use.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. I was introduced to Prevention Research Center staff.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5. My assignments were well defined.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Assignments

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
6. Assignments were a good match with my training needs/ requirements.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7. Sufficient guidance was provided for my assignments.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8. Adequate resources were provided to allow me to perform my assignments.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Supervision

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
9. Supervisor(s) explained responsibilities.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10. Supervisor(s) provided guidance on tasks.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11. Supervisor(s) was available for consultation and discussion.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
12. Supervisor(s) reviewed assigned tasks and provided feedback in a timely manner.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13. Supervisor (s) was friendly and easy to work with.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
14. Training expectations and deadlines set by supervisor(s) were realistic.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

General Satisfaction

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not Applicable
15. Overall, I am satisfied with all aspects of my training.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

15a. Please use the space below to explain the rating you chose in response to question 15 about your satisfaction with all aspects of your training experience.

16. Please answer the questions below.

a. In which projects and/or activities did you participate?

b. How well do you feel your learning objectives were achieved through these activities/projects?

c. What contribution do you believe you made to the Center?

17. What skills did you gain as a result of your experience at the Center?

18. What did you like **most** about the training you received at the Center?

19. What did you like the **least** about the training you received at the Center?

20. What would you have improved about your training experience at the Center?

21. Overall, what **recommendations** do you have for improving upon training experience for Center trainees in the future?

Thank You



0% 100%



APPENDIX Q: NI TEMPLATES



Departmental Institutional Effectiveness Annual Report

Department/Unit/Program: Neurobiology/Neuroscience Institute

Report Period: July 1, 2011 – June 30, 2012

Prepared By: Byron Ford, PhD

1. Unit or Academic Program Charge/ Mission/Statement of Purpose:
2. Link to MSM Strategic Goal: Academic Excellence Research Excellence Clinical and Community Excellence Operational Excellence
3. Please complete the table below:

GOAL					
Goal/Expected Outcome	How does this goal meet the Unit's need(s)?	Assessment Methods (Mechanism of data collection and what data did you collect)	Metric (Baseline/Target)	Analysis of Data (Results of assessment)	Outcomes M=Goals Met N= Not Met
To develop a neurobiology course for graduate students at MSM	To increase the knowledge of students at MSM with an interest in neuroscience research	Institute-wide and Departmental assessment conducted by NI Program Advisory Committee and MSM GEBS Committee	Development of neuroscience course and approval by GEBS Committee	The neuroscience course was developed, approved and taught in classes for MSM graduate students	M
<ul style="list-style-type: none"> • If the Goal/Expected Outcome was not met, what improvements were determined to be needed? Students who were interested in Neuroscience research needed a stronger knowledge of neurobiology prior to working in the research labs to complete their Ph.D. 					



dissertations.

- **How were the improvements implemented?** A neurobiology course was developed to help students be better prepared for engaging in their neuroscience-based research projects.

<p>To establish a procedure for communicating progress and emergent needs of the MSM/NI SNRP-related activities to MSM Administration in a timely manner</p> <p>To provide appropriate space for SNRP activities</p> <p>To provide resources to cover service contracts and patent applications</p>			<p>opportunities (e.g., grant writing, networking, etc.)</p> <p>Leadership Team has regularly scheduled meetings with a Senior MSM Administrator</p> <p>Allocation of 1200 sq. ft. of new space for the Neuroscience Institute</p> <p>President's letter 10/22/12 commits to support</p>	<p>NI Leadership Team meets weekly</p> <p>New space allocated for Dr. An Zhou and the NI Proteomics Core in 2013</p> <p>Funds provided for patent applications.</p>	<p>M</p> <p>M</p> <p>NM</p>
<ul style="list-style-type: none"> If the Goal/Expected Outcome was not met, what improvements were determined to be needed? A source of funding is needed to pay for service contracts and patent applications. How were the improvements implemented? Determining how crucial this is to the success of the institute, the President has committed to provide funds for this in the fiscal year. 					



APPENDIX R: PROGRAM ADVISORY COMMITTEE (PAC)

SURVEY REPORT



Michael Iuvone, M.D.

Emory University

Not in Attendance

Gerry Fischbach, M.D.

Simons Foundation

Martha Constantine-Paton, Ph.D.

Massachusetts Institute of Technology

William Powers, M.D.

Scientific Advisory Committee

Michael Menaker, Ph.D.

University of Virginia

Fred Turek, Ph.D.

Northwestern University

NINDS Official

Michelle Jones-London, Ph.D.

Program Officer, NINDS Office of Minority Health and Research

Meeting Hosts

Peter R. MacLeish, Ph.D.

Director, Neuroscience Institute

Belinda B. Farmer

Research Administrator

Signed for the PAC,

A handwritten signature in cursive script that reads "Ray Dugledine".

March 25, 2011



OVERVIEW AND ASSESSMENT OF INSTITUTE PROGRESS

Members of the Program Advisory Committee (PAC) and of the Scientific Advisory Committee for the current U54 Award to Morehouse School of Medicine from the National Institute for Neurological Disorders and Stroke met with leaders and investigators of the Morehouse Neuroscience Institute (NSI) and with the acting Dean and President of Morehouse School of Medicine on March 21, 2011. The PAC feels strongly that Dr. MacLeish has provided outstanding leadership to the NSI and to Morehouse School of Medicine over the last 16 years and that MSM is fortunate to have recruited and retained him throughout this period.

Progress in the last year

This past year has seen remarkable growth of the NSI with recruitment of Drs. Roger Simon, Zhigang Xiong, Robert Meller and An Zhou. This team adds considerable depth in the area of cerebral ischemia. Dr. Simon in addition brings a national perspective and long history of leadership to the NSI that should prove valuable as the NSI develops further.

A start has been made towards devising a strategic plan for the NSI. In December 2010 all NSI investigators met in a retreat to identify areas of overlap among the investigators' interests. This meeting was followed up in March 2011 with a group effort to identify programmatic themes that could tie together the research activities of the investigators, including the area of inflammation. Now that the scope of expertise within the NSI has been significantly expanded with recruitment of Dr. Simon and his colleagues, planning efforts should bear considerable fruit.

The NSI currently has 15 faculty, the largest number in its history, and for the first time the large majority of investigators have at least several years of experience. In particular, Drs. MacLeish, Tosini, Simon, Ford and Benveniste provide a breadth of academic experience and leadership. Additionally, the very recent recruitment of Dr. Jason DeBruyne (U. Penn.) will add strength in the molecular genetics of circadian rhythms that will complement existing strengths. MSM has committed four new faculty slots to be recruited under Dr. Simon's leadership. These new appointments are all expected to be members of the NSI.

The PAC was told that the institution has committed to provide 20% of indirect costs back to the Departments (8% to the investigator and 12% to the department itself) for grants carrying a start date of July 1, 2009 or later. This replaces a 15% indirect cost return that had been in effect until this year. This is a welcome change that should further incentivize departmental and investigator efforts to attract external sponsored research support.

Evolving role of the Specialized Neuroscience Research Programs (SNRP, U54)

In the early years of the U54 the primary purpose was two-fold: a) to help MSM create and stabilize an infrastructure for neuroscience research by purchasing shared equipment, and b) to support pilot projects for NSI investigators that would bridge them to successful R01 applications. These stated goals provided a valuable mechanism for Dr. MacLeish to progressively strengthen the NSI by continuous but selective pruning of the NSI membership coupled with progressively stronger recruitments. Through successive rounds of recruitments and dismissals the faculty investigators of the NSI are now the strongest cadre in the 16 year history of the NSI.

The future of the SNRP U54 now appears to be under fresh consideration at NINDS and its role going forward is unclear. The Report from the Strategic Planning Advisory Panel on Workforce Diversity (Zach Hall, chair) recommends seven changes to the existing SNRP policies. Among these recommendations, these seem most relevant to the NSI: 4) reconfigure the policies, anticipated pathway and expected milestones of the SNRP program to reward success and to better accommodate different stages of growth; 5) require strong leadership and a strong Scientific Advisory Committee as prerequisites for a



SNRP award; 6) allow SNRP programs that are sufficiently mature to add a teaching or educational component to their activities to attract minority students to neuroscience research. Regarding #4, the Panel elaborates "The second phase [of support] should emphasize competitive grant funding for individual projects and investigators. Success at this stage should not signal the end of SNRP support, as this is one of the most vulnerable points along the road to building a strong center". The Panel recommends a third stage of SNRP support that focuses on administration, faculty recruitment, seminars, graduate student recruitment, and other needs for which dollars are often short at minority-serving institutions. This would seem particularly relevant to the Morehouse Neuroscience Institute, which has already been supported through three competitive rounds of funding and could benefit from a stronger graduate program.

Current and pending support

The NSI has a total of 20 active grant awards amounting to more than \$3 million in direct costs and \$1 million in indirect costs. In addition to the SNRP U54, there is a U01 (Ford), four R01s (Tosini, Namura, Simon, Meller), an S11 (Benveniste), an R21 (Tosini), several subcontracts and other awards. This appears to be the most funding the NSI has ever enjoyed, although a number of these grant awards are terminating this year and next, as now described.

Challenges and opportunities in 2011-2012

Declining NIH funding levels nationally are of special concern to minority-serving institutions, which typically have low financial flexibility for administrative and programmatic support in lean times. The 2012 fiscal year (beginning September 2011) is expected to be particularly difficult at NIH. In this regard several important NIH grants within the NSI expire in 2011 or 2012, including those to Byron Ford (U01, total \$649,000 ending 5/31/2011), Gianluca Tosini (R01 \$280,000 ending 6/30/2011; R21 \$212,000 ending 6/20/2012), and Morris Benveniste (S11 \$245,000 ending 6/30/2012). Moreover, NIH is reconsidering the SNRP Program and it is highly unlikely it will survive in its present role. An NINDS advisory committee recommended closure of all but the most successful SNRP programs; this advice is likely to be considered most intently by panels that review SNRP competing renewals in the next couple of years.

The national economy continues to struggle, making it ever more difficult to secure philanthropic support of even outstanding research programs. On the other hand, the Morehouse NSI is now stronger, scientifically and by reputation, than it has ever been, which is fortunate in a continuing period of declining NIH support for research nationally. Moreover, the arrival of a new Dean and Executive Vice President of the School of Medicine, Dr. Valerie Montgomery Rice, offers an opportunity to reconfirm institutional support of the NSI.

Recommendations

1. Create a formal Strategic Plan for developing research and training programs within the NSI over the next five years. This plan should culminate in a prioritized list of specific 5-year goals, identify resources needed to accomplish these goals, and practical ways to develop these resources. The planning group should be convened and charged by the President and Dean, and the Plan submitted to them for approval. Approval carries responsibility for joint resource development in pursuit of the plan. The following topics (not comprehensive) should be addressed in this plan:
 - a. The opportunity to develop a strong translational research program, led by Roger Simon. Coordination with Grady and Emory for brain injury studies, and success in the upcoming SPIRP application, would be likely components.
 - b. Opportunities to develop joint research programs with the Cardiovascular Research Institute;

- c. Eventual size of the Neuroscience Institute;
 - d. Identification of the best opportunity and specific aims for the upcoming SNRP application;
 - e. Funding of NSI infrastructure and pilot programs after SNRP funding terminates;
 - f. Mechanisms (e.g., marketing) to attract more neuroscience graduate students, and ways to increase the fraction of existing training grant slots that are devoted to neuroscience students.
 - g. Identification of specific Institute-wide goals that are both achievable within 5 years and will substantially improve the research environment and culture.
 - h. A plan for NSI endowment growth, with a fund raiser supported and paid for by the medical school.
2. Reconfirm with SAC members their obligation to read and comment upon federal grant applications of the investigators. The specific aims page should receive the most attention, and be sent by the investigator to the SAC member well enough ahead of time (4-5 months) to allow meaningful revisions based on comments.

STUDENTS AND TRAINEES

The PAC did not interview students and postdoctoral fellows this year, but from conversations with NSI leadership and from the written report we offer the following observations. Given the strength of individual faculty members and increased numbers within the NSI, efforts to improve the visibility of NSI to incoming graduate students would be timely. Although the current PhD program is dominated by medical student courses, it should now be feasible to develop an attractive neuroscience graduate training stream that would create a game changing educational environment and allow attraction of a higher caliber of student.

Recommendations.

1. The PAC recommends that a minimum GRE score be established for applicants considered by the program.
2. We further recommend that Drs. MacLeish, Tosini and Simon work together with the graduate programs and senior Morehouse leadership to insert a stronger neuroscience presence into graduate education. This would include development of a new curriculum of general and specialized neuroscience graduate courses, and a marketing campaign targeted to advanced undergraduates.

ASSESSMENT OF INDIVIDUAL INVESTIGATORS

Alec J Davidson, Ph.D. Understanding the Health Consequences of Chronic Jet Lag

Research Plan

The Davidson lab is focused primarily on two projects: (1) effect of chronic jet lag on inflammatory immune responses, and (2) causes and consequences of desynchronization within the SCN, using Multiposition Automated Bioluminescence Imaging (MABI).

Effects of chronic jet lag (CJL) on inflammatory responses

In the past year, Dr. Davidson's group has continued to develop this project, which began with the observation that in old mice repeated phase advances were lethal and prior to death led to increased inflammatory markers, such as IL6. In significant new studies, they have developed a similar model in younger adult mice, in which four weeks of phase advances increases the susceptibility to endotoxin (LPS)-induced IL6 production and death. They have subsequently shown that macrophages isolated from mice exposed to CJL are hypersensitized to LPS-induced IL6 production in vitro. This cellular model should provide for a more mechanistic approach to study the effect of CJL on inflammation. They have shown that Bmal1 and MCP-1 expression (a gene product involved in inflammation), which show robust circadian rhythms in macrophages from control mice, are arrhythmic in mice exposed to CJL, indicative of disrupted circadian function. On the other hand, Per2 oscillations persist with an altered phase, most likely under the influence of clocks elsewhere. They published a strong paper in the Journal of Immunology on these data that could provide the basis for an R01 application. Prior to publication of this data, they submitted an R01 that included some of this new information; it was unscored and they are awaiting critiques. In addition, the lab is poised to move this analysis into humans, with a collaboration with the Division of Sleep Medicine at Harvard with the Chuck Czesler and Steve Lockely labs; a pilot grant proposal has been submitted to support initial pilot studies.

Desynchronization within the Suprachiasmatic Nuclei (SCN)

Using MABI to track the phase and amplitude of single cell Per2 bioluminescence rhythms, the lab members have characterized the 3-dimensional phase heterogeneity in clock gene expression in subregions of the SCN in vitro. They showed that the phase organization is more complex than predicted by the current core/shell, AVP/VIP anatomical descriptions. They also showed that phase in one region does not depend on light input. A paper on this study was published in PLoS One in January 2011. They have now gone on to study phase plasticity of the SCN. They found that the central retinorecipient core region can adopt altered phase relationships with the dorsal and lateral shell region in response to long days (20h light: 4 h dark). This is being used to test a model of oscillator interaction. They plan to use this model and technique to explore how oscillators within the SCN communicate, using pharmacological and genetic approaches.

In the coming year Dr. Davidson and his lab intend to further describe changes that occur in the circadian & immune systems during chronic jet lag. They also intend to determine how macrophage rhythms are affected by jet lag, and how their chronic phase shifting protocol alters genes involved in the innate immune response in these cells. They will begin collaborations to study rhythms in innate immune function in humans. They also intend to leverage their photoperiodic dissection of rhythms in the SCN in order to study how different oscillators communicate and interact with each other, a key outstanding question in this field.

Performance on Year 3 Benchmarks, and other research progress

The benchmarks for year 3 have been largely achieved, as outlined:

1. *Carry out the proposed experiments on the effects of circadian disruption on the immune system.*
They have observed that Bmal1 and Per2 rhythms are altered in macrophages of shifted mice. They have also observed that peripheral blood monocytes exhibit a heightened LPS response in vitro, similar to the changes observed in mature peritoneal macrophages.
2. *Using SCN imaging, obtain preliminary data addressing a specific and well-articulated mechanistic hypothesis or a biological question that will be suitable for a grant submission in Year 4.*
They have identified key questions to be addressed, including: A) What are the mechanisms by which SCN cellular oscillators interact and communicate in order to couple into a coherent

oscillator network; B) Are cellular oscillators a fixed entity? Or rather is the presence of oscillations or the amplitudes of those oscillations regulated by clock status and environmental input? If so, by what mechanisms? and C) What are the consequences of SCN reorganization by photoperiod on region-specific SCN neuronal activity or membrane properties, on oscillations in clock genes and on physiological activity/responses? It is unclear that they are far enough along with a mechanistic approach on this project for an R01 application to be competitive.

3. *Publish a first paper describing multi-position automated bioluminescence imaging.*

Benchmark achieved. Evans et al., Intrinsic Regulation of Spatiotemporal Organization of the SCN. PLoS One, 2011.

4. *Submit a second paper describing further mechanistic or biological studies done with MABI*

These experiments are described in the above referenced paper. They examined LD cycles, constant darkness, and immunohistochemistry to determine the correlations between cell phenotype (by region) and that region's phase.

5. *Publish a first paper describing the mechanism of the effects of CJL on the immune system.*

Benchmark achieved. Castanon-Cervantes et al., Dysregulation of inflammatory responses by Chronic Circadian Disruption, J Immunol. 2010.

6. *Apply for non-NIH funding, either on the effects of CJL on the immune system or another project.*

Benchmark achieved. They have applied for an Atlanta Clinical Translational Science Initiative (ACTSI) pilot award to support the project involving human inflammatory responses.

7. *Present a poster or talk at one or more meetings*

Benchmark achieved. Dr. Davidson presented 5 invited talks since May 2010. Multiple posters have also been presented by lab members at national meetings.

Assessment and Recommendations

Dr. Davidson has made excellent progress in all areas except for obtaining independent R01 support, a difficult task in this funding environment. He has achieved almost all of his benchmarks for the year. He published 5 papers, 1 from each of his two individual U54 projects, two from the completed P20 grant, and one review article on health consequences of circadian disruption. The observations on CJL and inflammatory markers are interesting, novel, and have high potential clinical significance, with relevance to health risks associated with shift work. The establishment of the *in vitro* macrophage model provides a unique opportunity to understand mechanism of CJL-induced inflammatory responses, and planned experiments on human macrophages make this project even more relevant. The studies on SCN imaging are elegant, but still descriptive in nature. A clear path to moving this project forward to understand the mechanisms of neuronal circadian oscillator interaction is not apparent. Pharmacological and genetic studies may help, but these experiments may be difficult to interpret.

The committee enthusiastically recommends continued support by the U54. We recommend a focused attention to mechanism-based approaches to achieve the research goals. We suggest that Dr. Davidson focus on the CJL project for an R01 application and the SCN imaging project for a NSF proposal.

Benchmarks for the coming year

SCN imaging

1. Publish at least 1 paper in Year 4. Two appear to be in development:
 - a. Effects of repeated jet lag and aging on mouse circadian organization

- b. How do cell- and region-specific SCN molecular rhythms correlate with behavioral rhythm characteristics
2. Measure clock gene expression patterns in the SCN *ex vivo* with immunohistochemistry in order to verify that *in vitro* measurements of reorganization reflect *in vivo* reorganization of this structure.
3. Use broad-spectrum inhibitors of cellular communication (i.e. TTX and gap junction blockers) to determine that their observations of coupling between the core and shell of the SCN *in vitro* reflect cellular interactions mediated by action potentials or electrical synapses.

Circadian disruption-induced dysregulation of inflammatory responses

4. Establish a collaboration with Harvard Medical School & begin data collection to evaluate *human* inflammatory responses across the circadian day, and following circadian disruption.
5. Measure immune responses after photoperiodic dissociation of SCN regions, to tie together the two photoperiod manipulations we use in the lab.
6. Measure expression patterns of all of the major clock genes in macrophages after 4 weeks of jet lag, and measure the *rhythm* of the immune response in LD and after circadian disruption.
7. Identify candidate transcripts that may account for the change in the inflammatory response in macrophages after circadian disruption.

General goals

8. Attend and present research at 1 or more national or international meetings.
9. Prepare specific aims for grant applications on the CJL project and the SCN imaging project. These aims should be prepared well in advance of the grant submission deadline and submitted to the SAC member and others for evaluation, feedback and guidance. If SAC and internal peer review indicates it is ready for development into a full grant application, proceed accordingly.

Ketema Paul, Ph.D. Bmal1: A Potential Homeostatic Regulator of the Sleep-Wake Cycle

Dr. Ketema Paul joined the Morehouse School of Medicine in 2006 as an Assistant Professor in the Department of Anatomy and Neurobiology. Prior to his position at Morehouse, he was a postdoctoral fellow in Fred Turek's laboratory at Northwestern University, where he worked on the effect of reproductive hormones on sleep. As a result of his training with Dr. Turek and also his graduate work with Dr. Albers at Georgia State University, Dr. Paul has a solid background in the areas of circadian rhythms, sleep and reproductive endocrinology.

Research Plan Dr. Paul's research is focused on two major projects, one of which, "Bmal1: A Potential Homeostatic Regulator of the Sleep-Wake Cycle, is supported by the U54. The second project explores the basis of gender differences in sleep patterns.

Bmal1: A Potential Homeostatic Regulator of the Sleep-Wake Cycle - This project builds upon findings from the Turek laboratory showing that mice lacking BMAL1 have increased sleep and an attenuated compensatory response to sleep deprivation. Dr. Paul has examined the effects of BMAL1 over-expression in different tissues. In previous work, he showed that over-expression of BMAL1 in the muscle results in reduced sleep rebound following a six-hour period of deprivation. He also initiated experiments to selectively rescue BMAL1 expression in different tissues and determine effects on sleep.

Over the past year Dr. Paul has further characterized the effects of BMAL1 over-expression in the muscle and has made significant progress in the tissue-specific rescue of sleep in BMAL1 knockout mice. He finds that slow wave sleep is decreased by muscle over-expression of BMAL1, which is consistent with decreased sleep homeostasis. Conversely, the only effect of over-expressing BMAL1 in the brain (this was done inducibly using a Tet system) is a small increase in REM recovery sleep. In the rescue experiments, BMAL1 expression in the muscle did not rescue the baseline sleep phenotype. However, it restored slow wave sleep and sleep rebound to control levels. These data suggest that BMAL expression in the brain is required for the regulation of spontaneous sleep:wake, but the homeostatic response to sleep deprivation depends upon BMAL1 expression in the muscle. Dr. Paul is collaborating with Dr. Esser, a muscle physiologist, at the University of Kentucky to address the molecular effects of BMAL1 expression in muscle.

Basis of gender differences in sleep. Males typically sleep more than females, and Dr. Paul has found that gonadectomy does not obviate this difference. To determine if the mechanism underlying gender differences in sleep lies in other regulatory components on sex chromosomes, Dr. Paul is using animals where the development of gonads is dissociated from the sex chromosome complement through manipulation of the Sry gene. He finds that sleep deprived males, but not females, show a pronounced afternoon siesta. He intends to build upon these findings through additional behavioral experiments and possibly also identification of the relevant molecular locus. In support of a link to humans, dissipation of delta power, which typically builds up during prolonged wakefulness, is similar in mice and humans.

Progress on Year 3 Benchmarks, and other research progress

Benchmarks are noted below followed by progress on these:

1. To complete baseline sleep recording in *Bmal1* brain-rescue transgenic mice and complete experiments in the muscle-rescue line and its congenic controls. *This has been largely achieved.*
2. Submit at least two manuscripts (1 from the current project) for publication. *Not accomplished. No manuscripts had been submitted by the time of the PAC meeting.*
3. Submit an R01 application for the gender project. *A grant was submitted, but the grant did not score high enough to receive priority for funding.*
4. Verify exogenous *Bmal1* in overexpression and rescue lines. *Protein levels have not been examined yet, although mRNA expression has been verified*

Recommendation of the PAC: Dr. Paul has developed two interesting projects that are independent of each other and yet connected. His finding that muscle-specific expression of BMAL1 can rescue sleep homeostasis phenotypes of the knockout mice represents a conceptual advance in the sleep field, which is typically focused on brain mechanisms. There are also obvious follow-up experiments to be conducted- for instance, to identify the molecular effects of BMAL1 loss (or over-expression) in the muscle. The second project has also yielded interesting observations that form the basis of Dr. Paul's R01 application.

While recognizing the potential of Dr. Paul's work, the committee is concerned about his productivity. He has been at the Morehouse School of Medicine for ~5 years, but has published only one paper as senior author. Notably, this paper was not on either of the projects described above and so Dr. Paul has yet to publish the findings from his major areas of interest. Such publications could also make a significant difference in his ability to get a grant. As an early stage investigator (ESI), Dr. Paul is in a very good position to be awarded an R01 application. His last application was scored in the 35th percentile, so with a little improvement, he may be within the funding range for ESIs.

The committee notes that Dr. Paul has been quite effective in recruiting trainees to his laboratory. He has two graduate students and recently recruited a postdoctoral fellow who will start in June. In addition, his



trainees have been recognized for their efforts through awards/fellowships. Dr. Paul has also been active in the community, presenting at meetings and participating in a study section on an adhoc basis.

Milestones for the following year are the following:

1. Two Paul lab manuscripts should be published.
2. Submit an R01 application for either the gender or the Bmal1 project. The committee recommends that Dr. Paul first develop specific aims pages for these two grants, and obtain feedback from the SAC and others. After two iterations of feedback on the specific aims pages Dr. Paul should focus on whichever of the two projects appears to be stronger and submit an R01 application on this project. If time remains and the second project appears viable, an R21 or R01 submission should be initiated.
3. Collaboration with the Esser lab should be continued to determine the mechanism through which *Bmal1* overexpression in muscle tissue alters sleep.
4. Sleep recording should be completed in all *Bmal1* lines.
5. Graduate student Felicia Jefferson should resubmit her F31 application.



APPENDIX S: MMA TEMPLATES



Departmental Institutional Effectiveness Annual Report

Department/Unit/Program: Morehouse Medical Associates

Report Period: July 1, 2011- June 30, 2012

Prepared By: Clinical Affairs Leadership Team

1. Unit or Academic Program Charge/ Mission/Statement of Purpose: To increase health service market share and elevate community health value. To train health professionals to foster excellence in community-based service, research, clinical and public health practice in order to promote health, improve health status and quality of care and eliminate health disparities throughout Georgia, nationally and globally

2. Link to MSM Strategic Goal: Academic Excellence Research Excellence Clinical and Community Excellence Operational Excellence

3. Please complete the table below:

Department/Unit/Program: Morehouse Medical Associates			Report Period: July 1, 2011- June 30, 2012		
GOAL 1					
Goal/Expected Outcome	How does this goal meet the Unit's need(s)?	Assessment Methods (Mechanism of data collection and what data did you collect)	Metric (Baseline/Target)	Analysis of Data (Results of assessment)	Outcomes M=Goals Met N= Not Met
Achieve High level of Patient satisfaction for service/quality	Achieving a high level of patient satisfaction is considered the foundation for successfully operating and growing our clinical enterprise,	The practice plan conducts patient satisfaction surveys with analysis of results to make improvements	Baseline 94% FY11 Target > 95%	Problem areas from patient surveys identified included ability to get appointments in timely manner, a determination was made to increase the	2012 rating: 93% Goal not met however results were used to implement improvements



	<p>ultimately this will lead to more patient referrals, an increase in health market share and fostering excellence in community service</p>			<p>number of slots for appointments, a need to improve phone customer service also identified</p>	
<ul style="list-style-type: none"> • If the Goal/Expected Outcome was not met, what improvements were determined to be needed? A need to revise the appointment scheduling template was identified, the need to improve customer service and phone protocol also identified • How were the improvements implemented? MMA redesigned patient services processes and established quality of service metrics and reporting tools that consistently supported the evaluation of the medical office experience. The executive director of the practice plan implemented a clinical flow tracking and analysis program. MMA revised patient scheduling template to open up new appointment slots starting at 8 am. 					



Department/Unit/Program: Morehouse Medical Associates		Report Period: July 1, 2011- June 30, 2012			
GOAL 2					
Goal/Expected Outcome	How does this goal meet the Unit's need(s)?	Assessment Methods (Mechanism of data collection and what data did you collect)	Metric (Baseline/Target)	Analysis of Data (Results of assessment)	Outcomes M=Goals Met N= Not Met
Improve management of patient calls to practice plan	This goal affirms the plans commitment to improving the patient's experience and to responding in a timely manner	Number of dropped call monitored daily, at the beginning of the year the average was 12-14 %, these reports are reviewed monthly by the practice plan	Baseline: 12-14% of calls not getting through Target: achieve national standard of 5-8 % for dropped calls	Data analysis revealed major problems with the phone system, there were too many patient prompts which resulted in long hold times before a call was answered improvements included a reduction from 8 prompts to 4 prompts and a re-vamping of the phone center protocol	Goal Met FY 12 MMA rate was 7% The entire phone system was re-vamped Revised call-center protocol for optimal customer service Customer service training was also initiated
<ul style="list-style-type: none"> • If the Goal/Expected Outcome was not met, what improvements were determined to be needed? This goal was met, improvements were implemented as noted above • How were the improvements implemented? Re-vamped call center protocol, reduced number of prompts from 8 to 4, customer training also was implemented 					



Department/Unit/Program: Morehouse Medical Associates Report Period: July 1, 2011- June 30, 2012

GOAL 3

Goal/Expected Outcome	How does this goal meet the Unit's need(s)?	Assessment Methods (Mechanism of data collection and what data did you collect)	Metric (Baseline/Target)	Analysis of Data (Results of assessment)	Outcomes M=Goals Met N= Not Met
Achieve Patient Centered Medical Home (PCMH) recognition	Achieving Patient Centered Medical Home allows MMA to measure the practice based on national standards, this recognition positions the practice plan for changes related to the Affordable Care Act and as an entity committed to quality patient care in a primary care setting consistent with the mission of MSM, it fosters our commitment to training future physicians to provide coordinated patient centered care	PCMH scores based on qualifying metrics which includes such items as same day access to appointments, training on self-management , tracking referrals, e-prescribing	Baseline :0 sites certified as PCMH Goal: MMA sites will achieve PCMH status	Improvements made based on initial PCMH assessment such that Comprehensive Family Healthcare Center Site reached level I certification based on improvements and scoring and ability to meet required elements	Goal Met: Obtained Level I PCMH for MMA CFHC at site



- **If the Goal/Expected Outcome was not met, what improvements were determined to be needed?** Goal was met
- **How were the improvements implemented?** Improvements occurred in the area of e-prescribing, improvements to the electronic health record system, improvements in tracking of referrals and high risk labs, web portal for patients also established. Major improvements were implemented to the faculty practice plan Morehouse Medical Associates based on analysis of data collected which included patient surveys. Improvements included re-vamping the entire phone system, opening up earlier appointment slots. Improvements resulted in a major reduction in the number of dropped calls and increase ability to schedule patients and ability to reach national standard regarding dropped calls. Additionally improved procedures and protocols were implemented at Comprehensive Family Healthcare Center site based on PCMH survey tools and scoring of required elements such that level I status was achieved, improvements were implemented in the areas of e-prescribing, tracking referrals, improvements to EMR.



Departmental Institutional Effectiveness Annual Report

Department/Unit/Program: Morehouse Medical Associates (MMA)

Report Period: July 1, 2012 – June 30, 2013

Prepared By: MMA Leadership Team

1. **Unit or Academic Program Charge/ Mission/Statement of Purpose:** Broadening the patient base and assuring the highest quality of patient care and level of customer service: increase health service market share and elevate community health value. To train health professionals to foster excellence in community-based service, research, clinical and public health practice in order to promote health, improve health status and quality of care and eliminate health disparities throughout Georgia, nationally and globally.
2. **Link to MSM Strategic Goal:** ___ Academic Excellence ___ Research Excellence X Clinical and Community Excellence
___ Operational Excellence
3. **Please complete the table below:**

Department/Unit/Program: Morehouse Medical Associates		Report Period: July 1, 2012 – June 30, 2013			
GOAL 1					
Goal/Expected Outcome	How does this goal meet the Unit's need(s)?	Assessment Methods (Mechanism of data collection and what data did you collect)	Metric (Baseline/Target)	Analysis of Data (Results of assessment)	Outcomes M=Goals Met N= Not Met
Achieve high level of Patient service satisfaction survey ratings	Achieving a high level of patient satisfaction is considered the foundation for successfully operating and growing our clinical enterprise, ultimately this will	Patient surveys analysis revealed wait time was frequently cited as a problem area	Baseline: 93% satisfaction rate in 2013 Target > 95%	Analysis of data revealed a need to improve patient wait time	2013 survey results: 97% satisfaction rating, goal met and surveys areas indicated improvements implemented in 2011-2012 which included expanded



	lead to more patient referrals, an increase in health market share and fostering excellence in community service				appointment times, re-vamping phone system, addressing patient wait time, were productive
<ul style="list-style-type: none"> What improvements were determined to be needed? Improvement in patient wait time was determined to be needed How were the improvements implemented? Clinical flow tracking and analysis system was implemented to improve patient wait time, wait times were also monitored more frequently 					



Department/Unit/Program: Morehouse Medical Associates		Report Period: July 1, 2012 – June 30, 2013			
GOAL 2					
Goal/Expected Outcome	How does this goal meet the Unit's need(s)?	Assessment Methods (Mechanism of data collection and what data did you collect)	Metric (Baseline/Target)	Analysis of Data (Results of assessment)	Outcomes M=Goals Met N= Not Met
Expand array of patient services in 2012-2013	A major goal of the practice plan is to address health disparities consistent with the mission of MSM, expanding clinical services in areas that disproportionately impact people of color addresses this unit goal	<p>Weekly meetings with clinical chairs and Associate Dean of Clinical Affairs to determine service expansion needs</p> <p>Regular Meetings with clinical faculty at departmental level</p> <p>Referral and Screening data revealed number of outside referral for specific service areas, need for in house services</p>	Target : Expand in at least two areas consistent with identified health disparities areas	<p>Sleep lab established in 2012 to target sleep apnea, an area under diagnosed and undertreated in people of color</p> <p>Recruited and hired colorectal surgeon in 2012-2013 to address high prevalence of colorectal cancer in population served</p>	Goal of expanding two services met
<ul style="list-style-type: none"> • What improvements were determined to be needed? Improved ability to evaluate and treat sleep apnea and sleep related disorders in population served, need to expand services to address colorectal screening and cancer prevalence • How were the improvements implemented? Improvements to the practice plan included establishing a sleep lab, recruitment of colorectal surgeon 					



Department/Unit/Program: Morehouse Medical Associates		Report Period: July 1, 2012 – June 30, 2013			
GOAL 3					
Goal/Expected Outcome	How does this goal meet the Unit's need(s)?	Assessment Methods (Mechanism of data collection and what data did you collect)	Metric (Baseline/Target)	Analysis of Data (Results of assessment)	Outcomes M=Goals Met N= Not Met
Achieve Patient Centered Medical Home (PCMH) national recognition for MMA sites	Achieving Patient Centered Medical Home allows MMA to measure the practice based on national standards, this recognition positions the practice plan for changes related to the Affordable Care Act and as an entity committed to excellence and quality patient care in a primary care setting consistent with the mission of MSM, it fosters our commitment to training future physicians to provide coordinated patient centered care	Assessment methods included scoring based on PPC-PCMH nine Standards Utilization of the PPC-PCMH Recognition Survey Tool and qualifying points	Baseline: Level I status obtained for Comprehensive Family Healthcare site Target: Achieve scores to obtain PCMC status, additional MMA sites	Grady East Point faculty practice site scored in range based on improvements to reach level 3 recognition	Level 3 for Grady East Point, achieved goal met
What improvements were determined to be needed? And How were the improvements implemented; improvements implemented included enhancements to EMR, care management services, improvements in tracking referrals, labs, self-management support. Major areas of improvement in 2013 resulted in the achievement of Level 3 status for Grady East Point faculty practice site. Improvements were implemented					



based on PCMH elements resulting in Level 3 for one site, Achieving Level 2 or Level 3 requires compliance with all 10 elements in survey tool items, additionally improvements in patient wait times were implemented with clinical flow tracking program at the 75 Piedmont sites. 2013-2014 goals includes implementing improvements in e-prescribing, enhancements to electronic medical record, improvements in referral tracking, care coordination to achieve level 3 Patient centered medical home recognition for 75 Piedmont site , adding quality nurse position in 2014 will allow full implementation of a comprehensive quality improvement plan.

APPENDIX T: PATIENT SATISFACTION SURVEYS

Morehouse Medical Associates Patient Satisfaction Survey Results - March 2012

1. Patient Information

Patient Gender

Response	Frequency	Percent	
Male	25	25.5%	
Female	73	74.5%	

Patient Race/Ethnicity

Response	Frequency	Percent	
Asian	0	0.0%	
Black/African American	94	95.9%	
White	2	2.0%	
Pacific Islander	0	0.0%	
American Indian/ Alaskan Native	0	0.0%	
Hispanic or Latino	1	1.0%	
Other	1	1.0%	

Age of Patient

Response	Frequency	Percent	
0-12	19	20.0%	
13-19	3	3.2%	
20-29	12	12.6%	
30-39	8	8.4%	
40-49	11	11.6%	
50-64	29	30.5%	
65+	13	13.7%	

2. Ease of Getting Care

Ability to get appointment

Response	Frequency	Percent	
Excellent	72	66.7%	
Good	30	27.8%	
Fair	5	4.6%	
Poor	1	0.9%	

Convenient hours of operation

Response	Frequency	Percent	
Excellent	66	66.7%	
Good	30	30.3%	
Fair	3	3.0%	
Poor	0	0.0%	





Convenient location

Response	Frequency	Percent	
Excellent	68	66.0%	
Good	30	29.1%	
Fair	3	2.9%	
Poor	2	1.9%	





Phone calls get through easily

Response	Frequency	Percent	
Excellent	52	54.2%	
Good	24	25.0%	
Fair	12	12.5%	
Poor	8	8.3%	





Calls quickly returned

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	46	46.9%						
Good	28	28.6%						
Fair	16	16.3%						
Poor	8	8.2%						





3. Waiting
How many minutes spent in waiting room

Response	Frequency	Percent	0	20	40	60	80	100
0-15 Minutes	39	37.5%						
15-30 Minutes	43	41.3%						
30-45 Minutes	15	14.4%						
More than 45 Minutes	7	6.7%						





Time spent in checkout area

Response	Frequency	Percent	0	20	40	60	80	100
0-15 Minutes	88	88.3%						
15-30 Minutes	13	12.7%						
30-45 Minutes	1	1.0%						
More than 45 Minutes	0	0.0%						





4. Payment
What you pay is reasonable

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	56	56.8%						
Good	37	37.4%						
Fair	6	6.1%						
Poor	0	0.0%						





Explanation of charges

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	47	56.6%						
Good	30	36.1%						
Fair	6	7.2%						
Poor	0	0.0%						





5. Facility
Neat and clean building

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	74	69.2%						
Good	29	27.1%						
Fair	3	2.8%						
Poor	1	0.9%						

Easy to find clinic

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	67	66.3%						
Good	32	31.7%						
Fair	2	2.0%						
Poor	0	0.0%						

Handicap accessibility

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	60	68.2%						
Good	27	30.7%						
Fair	1	1.1%						
Poor	0	0.0%						

Comfort and safety while waiting

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	70	69.3%						
Good	28	27.7%						
Fair	3	3.0%						
Poor	0	0.0%						

6. Front Desk

Friendly and helpful to you

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	82	77.4%						
Good	20	18.9%						
Fair	4	3.8%						
Poor	0	0.0%						

7. Nurses and Medical Assistants

Friendly and helpful to you

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	76	72.4%						
Good	28	26.7%						
Fair	1	1.0%						
Poor	0	0.0%						

Answers your questions

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	70	75.3%						
Good	23	24.7%						
Fair	0	0.0%						
Poor	0	0.0%						

8. Provider(s)

Listens to you

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	88	83.0%						
Good	18	17.0%						
Fair	0	0.0%						
Poor	0	0.0%						

Spends enough time with you

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	79	79.0%						
Good	21	21.0%						
Fair	0	0.0%						
Poor	0	0.0%						





Answers your questions

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	79	79.8%						
Good	20	20.2%						
Fair	0	0.0%						
Poor	0	0.0%						

Friendly and helpful to you





Response	Frequency	Percent	0	20	40	60	80	100
Excellent	82	82.0%						
Good	18	18.0%						
Fair	0	0.0%						
Poor	0	0.0%						

Gives you good advice and treatment





Response	Frequency	Percent	0	20	40	60	80	100
Excellent	79	80.6%						
Good	19	19.4%						
Fair	0	0.0%						
Poor	0	0.0%						

9. All Other Staff

Friendly and helpful to you



Response	Frequency	Percent	0	20	40	60	80	100
Excellent	76	73.8%						
Good	27	26.2%						
Fair	0	0.0%						
Poor	0	0.0%						

Answers your questions



Response	Frequency	Percent	0	20	40	60	80	100
Excellent	66	70.2%						
Good	27	28.7%						
Fair	1	1.1%						
Poor	0	0.0%						

10. General

Would you send your friends and relatives to us?

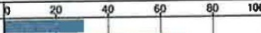

Response	Frequency	Percent	0	20	40	60	80	100
Yes	101	98.1%						
No	2	1.9%						

Is this center your main source of care?








Response	Frequency	Percent	0	20	40	60	80	100
Yes	93	92.1%						
No	8	7.9%						

Report Created on 3/22/2012








Morehouse Medical Associates
Patient Satisfaction Survey Results - March 2013, FY13 Q3
1. Patient Information
Patient Gender

Response	Frequency	Percent	0	20	40	60	80	100
Male	53	30.6%						
Female	120	69.4%						





Patient Race/Ethnicity

Response	Frequency	Percent	0	20	40	60	80	100
Asian	1	0.6%						
Black/African American	166	92.2%						
White	5	2.8%						
Pacific Islander	1	0.6%						
American Indian/ Alaskan Native	1	0.6%						
Hispanic or Latino	0	0.0%						
Other	6	3.3%						





Age of Patient

Response	Frequency	Percent	0	20	40	60	80	100
0-12	43	24.0%						
13-19	12	6.7%						
20-29	17	9.5%						
30-39	36	20.1%						
40-49	21	11.7%						
50-64	29	16.2%						
65+	21	11.7%						

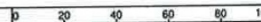
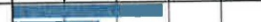


2. Ease of Getting Care
Ability to get appointment

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	150	70.4%						
Good	49	23.0%						
Fair	13	6.1%						
Poor	1	0.5%						





Convenient hours of operation

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	126	63.3%						
Good	64	32.2%						
Fair	9	4.5%						
Poor	0	0.0%						





Convenient location

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	118	57.6%						
Good	68	33.2%						
Fair	16	7.8%						
Poor	3	1.5%						





Phone calls get through easily

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	100	49.3%						
Good	66	32.5%						
Fair	28	13.8%						
Poor	9	4.4%						

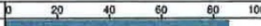



Calls quickly returned

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	91	45.3%						
Good	71	35.3%						
Fair	30	14.9%						
Poor	9	4.5%						

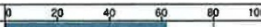



3. Waiting
How many minutes spent in waiting room

Response	Frequency	Percent	0	20	40	60	80	100
0-15 Minutes	118	55.1%						
15-30 Minutes	62	29.0%						
30-45 Minutes	23	10.7%						
More than 45 Minutes	11	5.1%						





Time spent in checkout area

Response	Frequency	Percent	0	20	40	60	80	100
0-15 Minutes	163	85.8%						
15-30 Minutes	18	9.5%						
30-45 Minutes	7	3.7%						
More than 45 Minutes	2	1.1%						

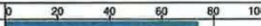



4. Payment
What you pay is reasonable

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	120	61.9%						
Good	56	28.9%						
Fair	17	8.8%						
Poor	1	0.5%						

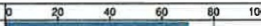



Explanation of charges

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	107	63.7%						
Good	49	29.2%						
Fair	10	6.0%						
Poor	2	1.2%						

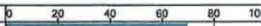



5. Facility
Neat and clean building

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	155	73.8%						
Good	48	22.9%						
Fair	7	3.3%						
Poor	0	0.0%						

Easy to find clinic

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	138	70.1%						
Good	51	25.9%						
Fair	7	3.6%						
Poor	1	0.5%						

Handicap accessibility

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	124	69.7%						
Good	45	25.3%						
Fair	6	3.4%						
Poor	3	1.7%						

Comfort and safety while waiting

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	144	72.4%						
Good	47	23.6%						
Fair	8	4.0%						
Poor	0	0.0%						

6. Front Desk
Friendly and helpful to you

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	184	88.0%						
Good	23	11.0%						
Fair	2	1.0%						
Poor	0	0.0%						

7. Nurses and Medical Assistants
Friendly and helpful to you

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	182	86.7%						
Good	26	12.4%						
Fair	2	1.0%						
Poor	0	0.0%						

Answers your questions

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	165	85.9%						
Good	25	13.0%						
Fair	2	1.0%						
Poor	0	0.0%						

8. Provider(s)
Listens to you

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	179	87.3%						
Good	21	10.2%						
Fair	3	1.5%						
Poor	2	1.0%						

Spends enough time with you

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	167	83.5%						
Good	27	13.5%						
Fair	5	2.5%						
Poor	1	0.5%						

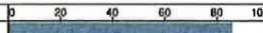



Answers your questions

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	172	85.1%						
Good	26	12.9%						
Fair	2	1.0%						
Poor	2	1.0%						

Friendly and helpful to you





Response	Frequency	Percent	0	20	40	60	80	100
Excellent	179	87.3%						
Good	23	11.2%						
Fair	2	1.0%						
Poor	1	0.5%						

Gives you good advice and treatment

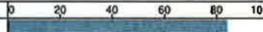



Response	Frequency	Percent	0	20	40	60	80	100
Excellent	167	85.6%						
Good	24	12.3%						
Fair	2	1.0%						
Poor	2	1.0%						

9. All Other Staff

Friendly and helpful to you

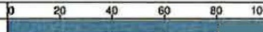

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	172	82.7%						
Good	31	14.9%						
Fair	5	2.4%						
Poor	0	0.0%						

Answers your questions

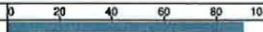

Response	Frequency	Percent	0	20	40	60	80	100
Excellent	161	83.9%						
Good	28	14.6%						
Fair	3	1.6%						
Poor	0	0.0%						

10. General

Would you send your friends and relatives to us?

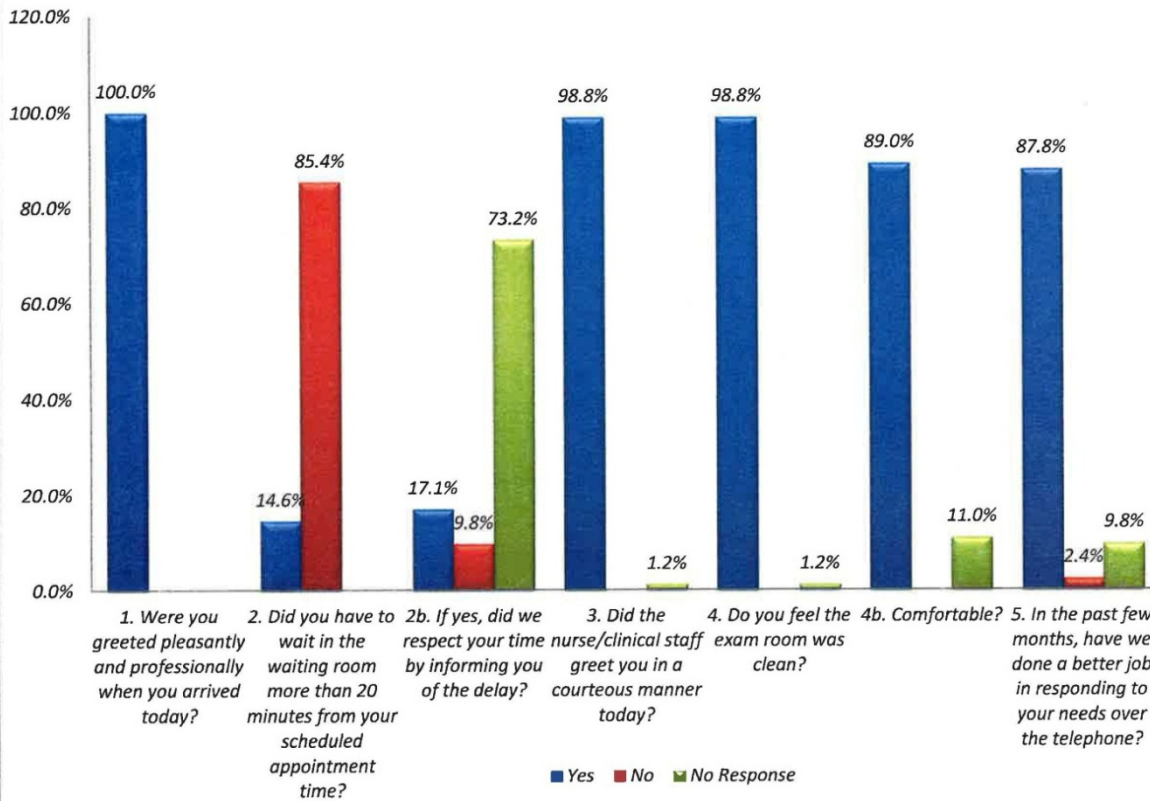
Response	Frequency	Percent	0	20	40	60	80	100
Yes	207	98.1%						
No	4	1.9%						

Is this center your main source of care?

Response	Frequency	Percent	0	20	40	60	80	100
Yes	187	90.3%						
No	20	9.7%						

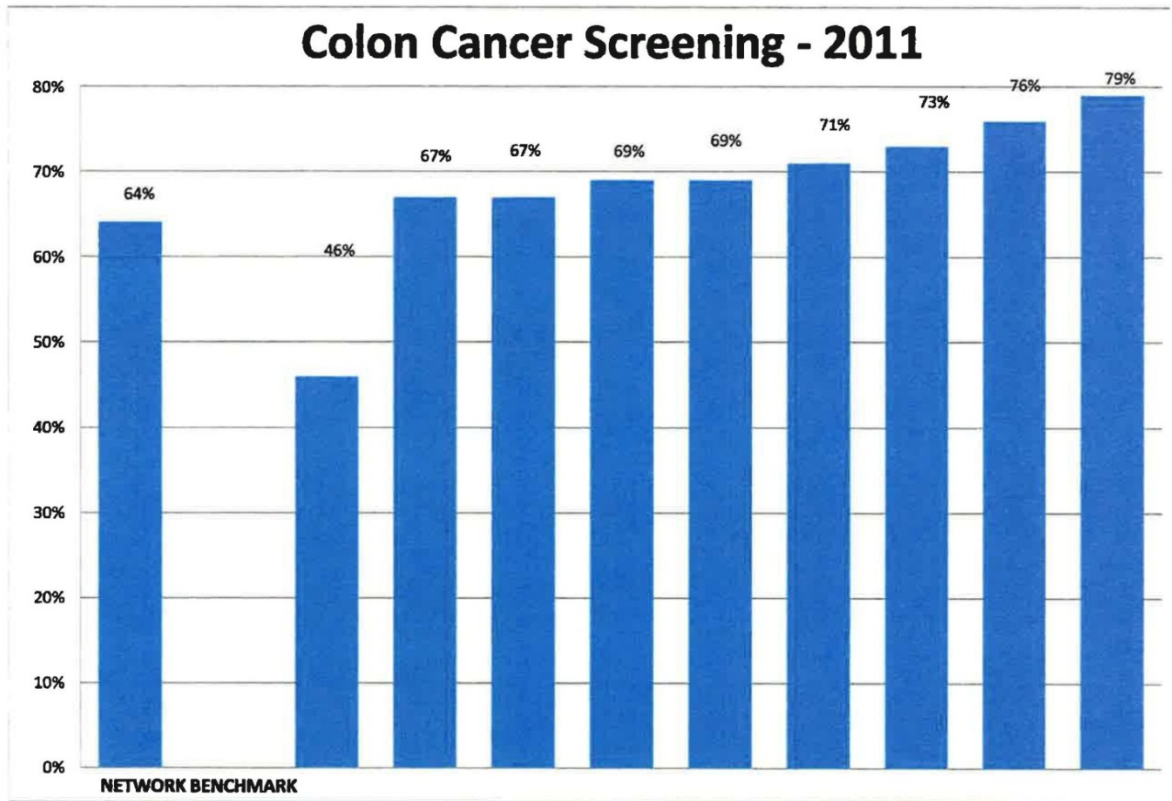
Report Created on 4/18/2013

**Patient Check-Up Survey Results
May 2013
(82 Surveys)**

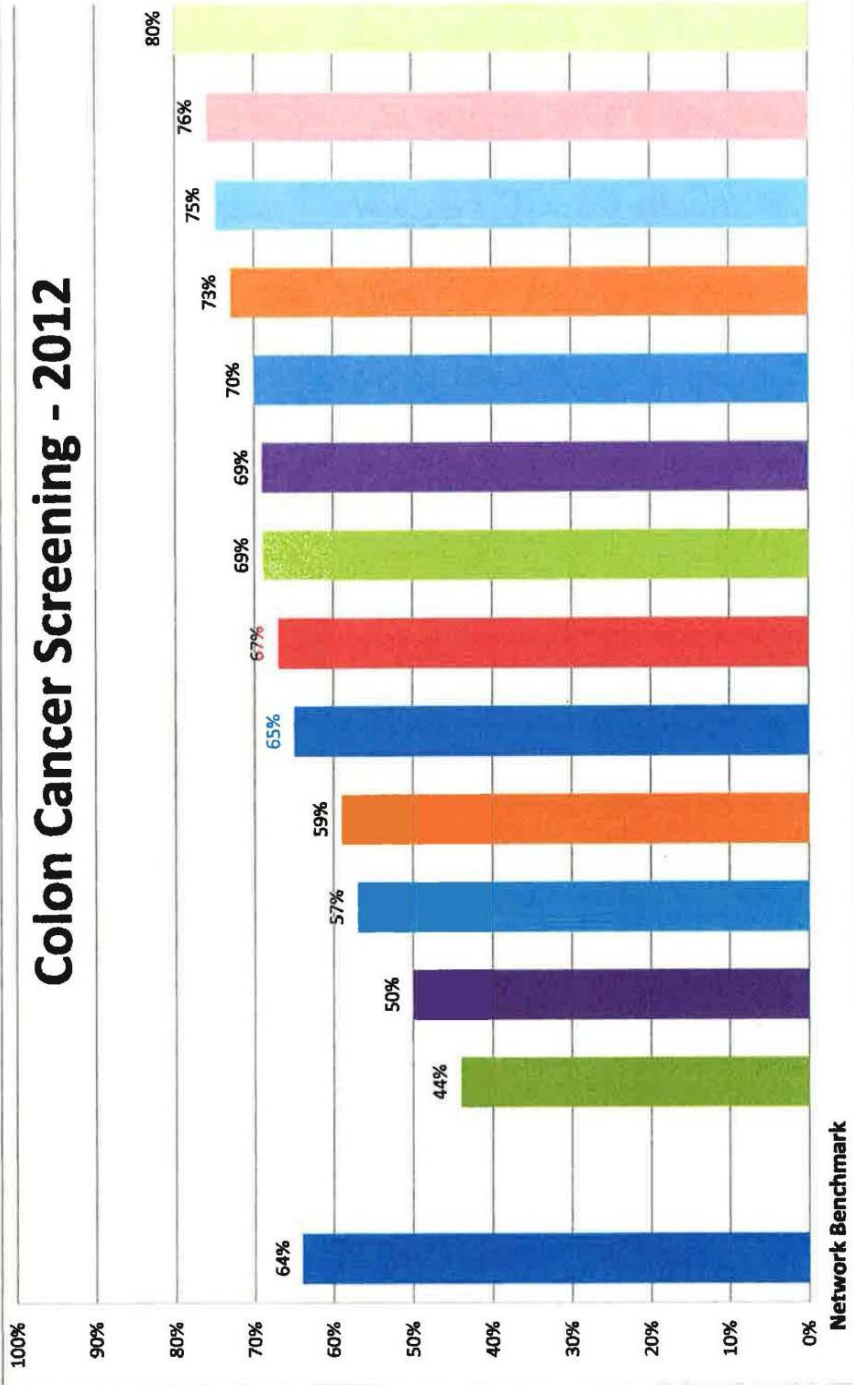




APPENDIX U: SCREENING DATA



Colon Cancer Screening - 2012





APPENDIX V: REFERRAL TRACKING DATA

REFERRAL STATISTICS FOR APRIL - JUNE 2011

Source - LOGS maintained by Referral Coordinators & Nursing Staff @ 75P

SPECIALTY	SPECIALISTS				SENT FOR PC / PA	
	INT	EXT	TOT	% to Ext	#	% of TOT
Allergy / Immunology	0	3	3	100%	1	33%
Audiology	0	3	3	100%	0	0%
Bariatric Surgery	0	5	5	100%	1	20%
Cardiology	36	3	39	8%	12	31%
Cardiology Procedures	46	3	49	6%	22	45%
Cardiology- PEDS	0	31	31	100%	0	0%
Dentist	0	1	1	100%	1	100%
Dermatology	0	46	46	100%	4	9%
DM Self Mgmt Training	0	4	4	100%	0	0%
Endocrinology	4	0	4	0%	4	100%
Endocrinology - PEDS	5	0	5	0%	1	20%
ENT	0	32	32	100%	6	19%
GI	0	82	82	100%	32	39%
Home Health	0	11	11	100%	0	0%
Infectious Disease	2	0	2	0%	0	0%
Mental Health	4	8	12	67%	4	33%
Nephrology	13	1	14	7%	4	29%
Neurology	31	9	40	23%	12	30%
Neurosurgery	1	1	2	50%	0	0%
Nutritionist/Dietician	0	3	3	100%	0	0%
OB/ Dr. Geary	121	0	121	0%	82	68%
OB/GYN	47	0	47	0%	20	43%
Oncology	0	4	4	100%	2	50%
Oncology -GYN	1	0	1	0%	1	100%
Oncology -Hematology	1	4	5	80%	1	20%
Ophthalmology	29	14	43	33%	11	26%
Orthopedics	0	31	31	100%	12	39%
Pain Management	0	8	8	100%	7	88%
PCP	2	0	2	0%	0	0%
Pediatric Neurology	0	2	2	100%	1	50%
Pediatric Mental Health	1	16	17	94%	1	6%
PFT / Pulm Rehab	0	15	15	100%	3	20%
PT/OT/Speech	0	22	22	100%	5	23%
Plastic Surgery	0	1	1	100%	0	0%
Podiatry	0	40	40	100%	10	25%
Pulmonary/ Pulm Rehab	11	5	16	31%	8	50%
Radiology	0	506	506	100%	136	27%
Rehab	0	5	5	100%	0	0%
Rheumatology	0	10	10	100%	1	10%
Sleep Study	0	12	12	100%	10	83%
Surgery	48	12	60	20%	14	23%
Urology	0	27	27	100%	8	30%
Vascular	0	4	4	100%	4	100%
Winship Cancer Center	0	1	1	100%	1	100%
TOTALS	403	985	1388	71%	442	32%

*PC= PRECERT
*PA= PREAUTH

* Processed by Referral Coordinators



REFERRAL STATISTICS FOR MAY - JULY 2011 @ CFHC

Logs maintained by Referral Coordinators

FAMILY MEDICINE

of Pts needing Authorizations

<i>Specialty</i>	<i>Internal #</i>	<i>External #</i>	<i>Total #</i>	<i>% to External</i>	<i>#</i>	<i>% of Total</i>
Cardiology	1	14	15	93%	0	0%
Endocrinology	0	4	4	100%	0	0%
ENT	0	6	6	100%	0	0%
Gastro	0	28	28	100%	0	0%
Hematology/ Oncology	0	2	2	100%	0	0%
Infectious Disease	0	0	0	0%	0	0%
Nephrology	0	6	6	100%	0	0%
Neurology	0	7	7	100%	0	0%
OB/GYN	2	1	3	33%	0	0%
Ophthalmology	1	24	25	96%	0	0%
Orthopedics	0	11	11	100%	0	0%
Podiatry	0	20	20	100%	0	0%
Pulmonary	0	1	1	100%	0	0%
Surgery	10	0	10	0%	0	0%
Urology	0	7	7	100%	0	0%
TOTALS	14	131	145	81%	0	0%