Anti-Racism Oversight Committee Action Plan Report

January 2021

Michigan Medicine

Prepared by:

Phyllis M. Blackman, MBA David C. Miller, MD Ali M. Von Au Douglas Patricia Andreski Portia Bonner Brittanii Lyons On behalf of the Anti-Racism Oversight Committee

TABLE OF CONTENTS

PART I – EXECUTIVE SUMMARY	3
PART II – ACTION PLAN	4
1.0 INTRODUCTION 1.1 Background	4
1.2 Committee Charge 1.3 Committee Membership 2.0 SPEAK UP/SHOW SOLIDARITY	5
 3.0 OPPORTUNITIES FOR CONVERSATIONS	9
5.0 DIVERSIFY THE WORKFORCE	14
7.0 Advocacy & Professional Development 8.0 Communication Plan	19
8.1 External Communication Plan 8.2 Internal Communication Plan	21
9.0 IMPLEMENTATION	
PART III – APPENDICES	23
Appendix 1.1	23

PART I – EXECUTIVE SUMMARY

In response to a nationwide call to stand in solidarity against racism, Michigan Medicine leadership formed the Anti-Racism Oversight Committee (AROC) and sought feedback from faculty, staff, nurses and learners about how we can eliminate racism and inequities that may exist today at Michigan Medicine. Invited committee members were divided up into six subcommittees and asked to develop action plans based on the feedback received from the Michigan Medicine community. Each subcommittee has submitted an action plan that includes short-term and long-term objectives, deliverables, timelines, outcome measures of success and operational partners. Short-term objectives will be completed by June 30, 2021. Subcommittees will utilize existing resources where possible, for initiatives that are currently deployed or planned to be deployed. A list of short term (i.e. within the next 12-months) and long-term resource requests, including a detailed communication plan to engage our internal and external community, were presented and endorsed by Michigan Medicine Leadership in December 2020. Detailed long-term financial support and personnel support requested by the sub-committees will be presented at a later date.

PART II – ACTION PLAN

1.0 INTRODUCTION

Over the course of six months, stakeholders from across the institution came together to develop the Michigan Medicine Anti-Racism Action Plan. This work is sponsored by executive leadership and was overseen directly by our leadership sponsors:

Executive Sponsors: Marschall S. Runge, MD, PhD Brian J. Zink, MD T. Anthony Denton, JD, MHA

Leadership Sponsors: David J. Brown, MD Deloris Hunt, MSA Sonya R. Jacobs, MS Steven L. Kunkel, PhD

1.1 Background

Following open displays of racism in our country, Michigan Medicine leadership held a Racial Discrimination and Social Unrest Town Hall on June 5, 2020. In preparation for the town hall, a brief survey was conducted to help inform the conversation and subsequent action plans. Respondents were asked how they were currently feeling and what actions Michigan Medicine needed to take to address racism. Feelings expressed by respondents were classified using "A Data-Driven Classification of Feelings" by Thomson and Crocker (2012). Among 1005 participants, the survey results reveal that our community was feeling Sad (35%), Angry (19%), Fearful (17%), Frustrated (11%), Fatigued (7%), Hopeful (4%) and detached, judgmental, inadequate (7%).

In addition, members of the Black Medical Student Association and White Coats for Black Lives presented to Michigan Medicine leadership a list of <u>concerns</u>¹, the first of which was the establishment of an Anti-Racism Oversight Committee (AROC).

1.2 Committee Charge

To address these concerns, the AROC was charged with the following objectives:

- 1. Identify practices that contribute to racism and discrimination and recommend changes in Michigan Medicine, if needed.
- 2. Identify an approach that achieves an anti-racist culture and identify metrics to track the progress and outcomes.
- 3. Develop and recommend a plan around contributions we can, and must make to eliminate racism and inequities that may exist today at Michigan Medicine.

¹ These concerns are being presented as shared by the group. AROC does not necessarily agree with each factual premise or request stated in the concerns.

Through review of the Social Unrest Survey results and student concerns, the following six areas were identified as the initial focus of the committee's work. These areas represent the six subcommittees for the AROC.

- 1. Speak Up/Show Solidarity
- 2. Opportunities for Conversations
- 3. Education and Clinical Practice
- 4. Diversify the Workforce
- 5. Community Work
- 6. Advocacy and Professional Development

1.3 Committee Membership

The committee is chaired by Phyllis M. Blackman, director of the Office of Health Equity and Inclusion (OHEI), and Dr. David C. Miller, president of the University of Michigan Health System (UMHS), executive vice dean for clinical affairs and professor in the Department of Urology.

The committee includes broad representation from across Michigan Medicine, including leadership, faculty, staff, nursing and learners. The full committee roster can be found in Appendix 1.1.

2.0 SPEAK UP/SHOW SOLIDARITY

Co-Chairs: S. Vinson, V.Sukumar

<u>Members:</u> P. Andreski, S. Schroeder, L. Chervenak, C. Kendrick, D. Trejo, K. Lang, S. Liaw, P. Wright, A. Ramakrishnan, A. Elam, E. Odukoya, S. Lewis

Overall goal of subcommittee: Foster an inclusive culture of anti-racism by providing Michigan Medicine with an escalation framework, education and tools so we feel safe when speaking up and showing solidarity against unlawful bias and discrimination.

<u>Alignment of priorities with institutional needs</u>: Alignment with High Reliability Organization (HRO) principles; Working in tandem with Office of Patient Experience and other stakeholders to develop comprehensive Patient Bias Policy; Aligns with Core Values: Teamwork, Integrity, Inclusion, Innovation & Caring; Creating a Culture of Accountability; Meeting Michigan Medicine Expectations; Workplace Innovation and Staff Experience (WISE)

Objectives	Deliverables	Timeline	Outcome Measure of Success	Operational Partners
Leverage and create synergies with other safety/quality initiatives that encourage transparent and effective communications across all levels of the organization	Leadership statement acknowledging previous barriers and committing to creating safe space for Speaking Up – Align with Stepping in roll out Commitment from leadership ensuring that retaliation for reporting will not be tolerated	12/20 - 1/21 12/20 - 1/21	Delivery of Leadership statement-All Staff, Leadership Update, Take 5 Increased frequency of speaking up, showing solidarity and reporting	Michigan Leadership Team (MLT); Department of Communications
	Incorporate Speaking up in Universal and Leadership Skills training Incorporate Speaking up in New employee and faculty orientation Guidance on how to implement Speaking Up and Showing Solidarity into daily huddles and department/unit meetings	01/21- 03/21 7/21(toolkit) 1/21 - 03/21 7/21 (toolkit) 03/21	DEI Pulse Survey Score Improvements— Respect, Safety, Trust, Teamwork, Net Promoter Score Cross-Unit Collaborations on Speaking Up and Showing Solidarity	Human Resources (HR); Clinical Leadership; Organizational Learning (OL); Department/Unit Leadership; DEI Leads/Facilitators

culture of reporting by bringing awareness to reporting by mechanisms, and resources in an estifut to understand the protess of reporting and esclation on how to escalate to escalate to escalated to escalated to add an easy to histon ont to add an easy to histon ontoinced by to add an easy to homenages - Communicate broadid1/21-6/21 to add an easy to to add an easy to homenages - communicate broadidReporting button on all Dept. websites- increased visibility and awareness and awareness (HTS)Hist Clinical Department Administrators (CDA)s; Heath Information Technology & Services (HTS)Accelerate anti- racism education by response toolkit to aley seeling mechanism in the macing and employee bias response toolkit to help support to help support time to help support to help support time to help support time to help support to help support time to		1	1	1	
reporting by mechanisms and effort to understand the effort to understand the process of reporting clarity for staff who are confused by the process of education on two there optime and providing education on to tescalate confused by the process of find, recognizable find, recognizable button/link to bepartment all logt, website-button/link to bepartment all logt, website-button/link to bepartment all logt, website-commicate broadly the proteins and awareness resources to an employee, employee bias towards a an employee,	Encourage	Inventory of	11/20 -	Survey Results	Office for Institutional
bringing awareness to reporting mechanisms, ensuring safety when reporting and providing education on how to escalate concernsresources of reporting and escalation and providing education on how to add an easy to find, recognizable mind, recognizable mochanism in the RES office to add an easy to find, recognizable mochanism in the RES office System accompanied by response toolkit1/21-6/21 reporting to add an easy to find, recognizable increased reportsPatient Relations/Clinical Risk Ombuds Office; OT Department Administrators (CDAS); Halt homergages - CommunicateCommunicate broadly1/1/122 - GommunicateIncreased reportsHR: Clinical Department Administrators (CDAS); Halth Information Technology & Services (HTS)Accelerate anti- racism education, providing the tools, resources and opportunitive to develop skilly and opportunity to engioyee situal towards an patient).11/20- 11/20- 11/20-6/21 11/20-6/			12/20		
awareness to reporting mechanisms, ensuring safety when reporting and providing education on how to escalate concernseffort to understand the process of reporting and escalation mathways for employeesReporting clarity for reporting button on all Dept, websites- Increased visibility and awareness Increased visibility and awareness Increased visibility and awareness (IITS)Ris (Clinical Department Administrators (CDAs); Health Information Technology & Services (IITS)ConcernsImplement a plan to add an easy to monicate broadly1/21-6/21 reporting website button/link to Departmental homepages - Communicate broadlyReporting button on all Dept, websites- Increased visibility and awareness Increased reportsHR; Clinical Department deministrators (CDAs); Health Information Technology & Services (IITS)Create an employce bias towards a andemployce, employce bias towards a apatient).1/1/22 - 6/1/22Increased reportsQuality; HI'IS; Nursing; OHE; OPE; OIE; HRAccelerate anti- communicate providing the cols, resources and opportunities to help support employce groups who have less flow have less flow have less flow have less flow have less flowards a policy to allot protected employce for training resources flowards a policy to allot protected employce for training courses.OHEI; OI; HR; Executive OfficersAccelerate anti- cols, resources and opportunity to engage in edwelo pikility and opportunity to allot protected employce frow to be addetermined by s-month post evaluations of training courses.OHEI;					
reporting understand the repertang preparent and any soft of each array for escalation and providing escalation and providing the escalation and providing the escalation and providing the escalation of the add an easy to add an eas	00			of Reporting avenues	
mechanisms, ensuring safety when reporting and providing education on how to escalate concerns methods and easy to find, recognizable Nisconduct Departmenta plan concerns					
ensuring safety when reporting and providing education on how to escalate concerns to add an easy to find, recognizable Reporting website button/link to Departmental homepages- Communicate broadly Create an employee bias reporting accompanied by response toolkit to develop skills to develop skills to speak up Collect resources and opportunities reporting to all to add an easy to find, recognizable button/link to Departmental homepages- Communicate broadly Create an employee bias reporting mechanism the RL Safety System accompanied by response toolkit to develop skills to speak up employee groups who have less frexuite accossibility for employee groups and opportunity to engage in education by recommending a policy to allot protected employee and opportunity to engage in education by recommending a policy to allot protected employee frexuite to develop skills to speak up Accessibility and accessibility for engage in education by recommending a policy to allot protected employee frexuite to help opport to help opportunite framework for strategies to speak up as determined by arcompanied by arcompanied by accessibility for engage in education by recommending a policy to allot protected employee professional development time. Collect resources tooks, strategies and statements is available for all tevels of faculty. Collect resources tooks frategies and statements is available for all tevels of faculty. Collect resources to add statements is available for all tevels of faculty. Collect resources to add statements is available for all tevels of faculty. Collect resources to add statements is available for all tevels of faculty. Collect so faculty. Collect resources to add statements is available for all tevels of faculty. Collect resources to add statement is available for all tevels of faculty. Collect so faculty. Collect resources to add statement to policy faculty. Collect resources to add s	1 0				
when reporting and providing education on how to escalate concernsescalation pathways for employees Implement a plan to add an easy to to pertimental homepages – Communicate broadly1/21-6/21 the add and any to the add an easy to the add and add and add and add and add add					Experience
and providing education on how to escalate concernspathways for employeesner-ased implement a plan to add an easy to find, recognizable button/link to Departmental homepages - Communicate1/21-6/21 horesaged visibility and awareness Increased reportsHR; Clinical Department Administrators (CDAs); Health Information Technology & Services (HITS)Create an employee bias reporting mechanism in the RL Safety System accompanied by response toolkit (i.e. patient bias to bay poper tools, resources to develop skills1/1/22 - 6/1/22Increased reports Improved EE survey resultsQuality; HITS; Nursing; OHEI; OPE; OIE; HRAccelerate anti- racism education tracking response toolkit to help support11/20- 06/21Increased response toolkit training as determined by MyLin cregistrations.OHEI; OL; HR; Executive OfficersAccelerate anti- racism education tracking resonse toolkit to help support employees with11/20- 06/21Increased participation in training as determined by 3-month post evaluations of training courses.OHEI; OL; HR; Executive OfficersCollect resources, tools, resources policy to allot protected employee and and statements is available for all develop skills06/21 training courses.Toolkit Website ClicksHR; CDAs; HITS; OIE; OL; OHEI; OL; OHEI; OL; OHEI; MCompliance; Patient Relations; Or Divid Stategies and statements is available for all tevisio fraculty, statal elamers06/21 Toolkit website ClicksHR; CDAs; HITS; OIE; OL; OHEI; MCompliance; Patient Relations; Or Divid Stategies Tool				-	
education on how to escalate concernsemployeesImplement a plan tad an easy to tad an easy to tad an easy to hind, recognizable homepages - Communicate broadly1/21-6/21 concernsReporting button on all Dept, websites- Increased visibility and awarenessHR; Clinical Department Administrators (CDAS); Health Information Technology & Services (HITS)Network Departmental homepages - Communicate broadlyIncreased reports of/122 - employee bias reporting mechanism in the accompanied by response toolkit to avards an employee bias towards an patient).Increased patient)OHEI; OL; HR; Executive OfficersAccelerate anti- racism education, providing the to develop skills to belp support11/20-6/21 accessibility for employee scillsIncreased patient)OHEI; OL; HR; Executive OfficersAccelerate anti- racism education, protected employee groups who have less flexibility and opportunity to engage in education by recommending a policy to allot protected employee11/20-6/21 accessibile Anti- accessible Anti- accessible Anti- develop strategiesOHEI; OLS				process	
to escalate concerns Implement a plan to add an easy to find, recognizable Misconduct Reporting website button/link to Departmental homepages - Communicate broadly Create an broadly Create an employee bias towards a patient). Accelerate anti- racism education, providing the tools, resources and opportunities and opportunities and opportunities and opportunities and opportunities and opportunities and opportunities and opportunities and opportunities and patient). Accelerate anti- racism education, providing the tools, resources and opportunities and opportent to be flexibility and opportunities and statements if rom the Safety, Reporting and staff and learners broad and staff and learners broad staff and learners b					
concernsto add an easy to find, recognizable Misconduct Reporting website button/link to Departmental homepages - Communicate broadlyall Dept. websites- increased visibility and avareness Increased reportsAdministrators (CDAs); Health Information Technology & Services (HITS)Create an employee bias reporting mechanism in the RL Safety System accompanied by results1/1/22 - 6/1/22Increased reports Improved EE survey resultsQuality: HITS; Nursing; OHEI; OPE; OIE; HRAccelerate anti- rowards an employee, employee bias towards a towards a patient).11/20- 11/20- 06/21Increased mechanism in the supervisors and managersOHEI; OL; HR; Executive OfficersAccelerate anti- racism education, providing the to develop skillsCollection of training resources to help support education by recommending a policy to allot protected employee education by recossibility for employee education by recossibility for employee processional develop skillsIncreased towards a patient).OHEI; OL; HR; Executive OfficersAccelerate anti- racism education, providing the to develop skillsCollection of training resources to help support education by recommending a policy to allot protected employee professional development time.Increased to support evaluations of training courses.OHEI; OL; HR; Executive OfficersCollect resources, to develop skillsCollection of training courses.Increased for strategies to speak up a determined by 3-month post evaluations of training courses.OHEI;					
Increased visibility and awarenessHealt Information Technology & Services (HTS)Departmental homepages - Communicate broadly1/1/22 - 6/1/22Increased reportsHealt Information Technology & Services (HTS)Create an employee bias reporting mechanism in the RL Safety System accompanied by response toolkit todyce, employee, end opportunity to develop skills to develop employee, erostrand end advelopment time.11/20-6/21 tools, strategies to speak up as determined by 3-month post 			1/21-6/21		
Misconduct Reporting website button/link to Departmental homepages - Communicate broadyand awarenessTechnology & Services (HITS)Increased reports oddyIncreased reports(Mathematical and awareness)Guality; HITS; Nursing; OHEI; OPE; OIE; HRCreate an employee bias accompanied by response toolkit (i.e. patient bias towards an employee, employee, and to develop skills1/1/22 - (and awareness)Increased reportsQuality; HITS; Nursing; OHEI; OPE; OIE; HRAccelerate anti- racionganied by response toolkit towards an patient).11/20- 06/21Increased policy and follow-up framework for supervisors and managersOHEI; OL; HR; Executive OfficersAccelerate anti- racism education, providing the to help support to develop skillsCollection of training resources towards a patient).11/20-6/211 training resources tokardsIncreased managersOHEI; OL; HR; Executive OfficersAccelerate anti- racism education, providing the to help support11/20-6/211 accessibility for employee groups who have less engage in education by recommending a policy to allot protected employee professional development time.Increased use of strategies to speak up as determined by 3-month post evaluations of training courses.HR; CDAs; HITS; OIE; OL; OHEI; MC compliance; Patient Relations; OHEI; MC compliance; Patient Relations; OHEI; MC compliance; Patient Relations; OHEI; MC compliance; Patient Relations;Collect resources, tools, strategies and statements from the Safety, resources06/21 tools strategi	concerns				
Reporting website button/link to Departmental homepages - CommunicateIncreased reports(HITS)Create an employee bias towards a patient).1/1/22 - 6/1/22Increased reportsQuality; HITS; Nursing; OHEI; OPE; OIE; HRR Safety System accompanied by response toolkit response toolkit racism education, racism education, racism education, response toolkit to help supportIncreased reports Improved EE survey resultsQuality; HITS; Nursing; OHEI; OPE; OIE; HRAccelerate anti- racism education, racism education, response toolkit to help support11/20- 06/21Increased participation in training as determined by MyLinc registrations.OHEI; OL; HR; Executive OfficersAccelerate anti- racism education, racism education, response toolkit to help support11/20- 06/21Increased participation in training as determined by MyLinc registrations.OHEI; OL; HR; Executive OfficersIncreased use of strategies to speak up as determined by month post enployee enployee professional policy to allot protected employee professional policy to allot protected employee professional policy to allot protected employee professional policy to allot protected employee professional development time.No/2/1Toolkit Website ClicksHR; CDAs; HITS; OIE; OL; OHEI; MM Compliance; Patient Relations; Patient Relations; Patient Relations; Patient Relations; Patient Relations; Patient Relations; Patient Relations; Patient Relations;Collect resources tools, strategies and statements from the Safety, levels of faculty, <br< td=""><td></td><td></td><td></td><td></td><td></td></br<>					
button/link to Departmental homepages - Communicate broadlyIncreased reportsQuality; HITS; Nursing; OHEI; OPE; OIE; HRCreate an employee bias reporting mechanism in the RL Safety System accompanied by response toolkit (i.e. patient bias towards an patient).Increased reports (Improved EE survey resultsQuality; HITS; Nursing; OHEI; OPE; OIE; HRAccelerate anti- racism education, providing the tools, resources and opportunities to speak up11/20- 06/21Increased managersOHEI; OL; HR; Executive OfficersAccelerate anti- racism education, providing the tools, resources and opportunities to develop skills to speak up11/20- 06/21Increased participation in training resources 06/21OHEI; OL; HR; Executive OfficersTools, resources employee groups who have less townack a a patient).11/20-6/21 a determined by 3-month post evaluations of training courses.OHEI; OL; HR; Executive OfficersCollect resources, professional development time.06/21 comethy comethy comethy determined by 3-month post evaluations of training courses.OHEI; OL; HR; Executive OfficersCollect resources, and statements from the Safety, Reporting and savallable for all levels of faculty, reported fail and learners06/21 colkit use in Department ofHR; CDAs; HITS; OIE; OL; OHEI; MM Compliance; Patient Relations; OHEI; MM Compliance; Patient Relations; Department of				and awareness	
Departmental homepages - Communicate broadlyDepartmental homepages - Communicate broadlyIncreased reports Improved EE survey resultsQuality: HITS; Nursing; OHEI; OPE; OIE; HRCreate an employee bias reporting mechanism in the RL Safety System accompanied by response toolkit (i.e. patient bias towards an employee bias towards an employee bias towards an employee, employee bias towards an employee bias towards an patient).Increased patient)OHEI; OL; HR; Executive OfficersAccelerate anti- and opportunity to all opportunity to speaking Up11/20- 06/21Increased patient, Creased use of strategies to speak up as determined by 3-month post evaluations of training courses.OHEI; OL; HR; Executive OfficersEnsure engage in equication by recommending a policy to allot protected employee professional development time.06/21 tools, strategies to speak up as determined by 3-month post evaluations of training courses.HR; CDAs; HITS; OIE; OL; OL; OL; OHEI; MM Compliance; Patient Relations; OHEI; MM Compliance; Patient Relations; OHEI; MM Compliance; Patient Relations; Department of					(HITS)
homepages - Communicate broadlyIntreased reportsQuality; HITS; Nursing; OHEI; OPE; OIE; HRCreate an employee bias reporting mechanism in the accompanied by response toolkit (i.e. patient bias towards an employee bias towards an patient).Increased reports improved EE survey resultsQuality; HITS; Nursing; OHEI; OPE; OIE; HRAccelerate anti- racism education, providing the tools, resources and opportunities to speak upIncreased improved EE survey policy and follow-up framework for supervisors and managersOHEI; ODE; HRAccelerate anti- racism education, providing the tools, resources index essibility for employee groups who have less flexibility and opportunity to engage in education by recommending a policy to allot protected employee employee encomploine to by speaking upIncreased use of strategies to speak up as determined by 3-month post evaluations of training courses.Collect resources encomployee protected employee pr				Increased reports	
Communicate broadlyIncreased reports 6/1/22Quality; HITS; Nursing; OHEI; OPE; OIE; HRCreate an employee bias reporting mechanism in the RL Safety System accompanied by response toolkit (i.e. patient bias towards an employee, employee bias towards a patient).Increased reports Improved EE survey resultsQuality; HITS; Nursing; OHEI; OPE; OIE; HRAccelerate anti- racism education, to develop skills to develop skills to speak upCollection of training resources employee, employee, empl					
broadlyImage: constraint of the second s		10			
Create an employee bias reporting mechanism in the RL Safety System accompanied by response toolkit (i.e. patient bias towards an employee, employee bias towards an patient).Increased reports resultsQuality; HITS; Nursing; OHEI; OPE; OIE; HRAccelerate anti- racism education, providing the to develop skillsCollection of training resources to help supportEstablish response policy and follow-up framework for managersOHEI; OL; HR; Executive OHEI; OL; HR; Executive OfficersAccelerate anti- racism education, providing the to develop skillsCollection of training resources to help support11/20- 06/21Increased participation in training as determined by MyLinc registrations.OHEI; OL; HR; Executive OfficersAccelerate anti- racism education, providing the to develop skillsSpeaking UpMyLinc registrations.OHEI; OL; HR; Executive OfficersAccessibility for employee groups who have less engage in education by recommending a policy to allot protected employee professional development time.11/20-6/21 training courses.Increased use of strategies to speak up as determined by 3-month post evaluations of training courses.Collect resources, tools, strategies and statements from the Safety, Reporting and06/21 toolkit that savailable for all tools of faculty, training courses06/21 training courses.HR; CDAs; HITS; OIE; OL; OHEI; MM Compliance; Patient Relations; Ombuds Office; Patient Relations;					
employee bias reporting mechanism in the RL Safety System accompanied by response toolkit (i.e. patient bias towards an employee, employee, employee, employee, employee, bias towards a patient).Gollection of 11/20- Increased participation in training as determined by MyLinc registrations.OHEI; OPE; OIE; HRAccelerate anti- racism education, providing the tools, resources and opportunitiesCollection of to help support to help support of/1/2211/20- Increased participation in training as determined by MyLinc registrations.OHEI; OL; HR; Executive OfficersEnsure and opportunities to develop skills to speak upEnsure accessibility for employee groups who have less flexibility and opportunity to engage in education by recommending a policy to allot protected employee professional develop strategies apaientimeOHEI; OL; HR; Executive OfficersCollect resources, tools, strategies tools, strategies and statements from the Safety, Reporting and06/21Increased use of strategies to speak up as determined by 3-month post evaluations of training courses.Collect resources, tools, strategies and statementsAccessible Anti- is available for all is available for all staff and learners06/21Toolkit use in Department Department of			1 11 122		
reporting mechanism in the RL Safety System accompanied by response toolkit (i.e. patient bias towards an employee, employee bias towards a patient).Improved EE survey resultsAccelerate anti- racism education, providing the tools, resourcesCollection of training resources to help support employee swithEstablish response policy and follow-up framework for supervisors and managersOHEI; OL; HR; Executive OfficersAccelerate anti- racism education, providing the tools, resources to help support employee swith11/20- 06/21Increased participation in training as determined by MyLinc registrations.OHEI; OL; HR; Executive Officers5peaking Up11/20-6/21 accessibility for engage in education by recommending a policy to allot profesional development time.11/20-6/21 colkit WebsiteIncreased use of eraining courses.Collect resources, tools, strategies and statements from the Safety, Reporting and06/21 colkit that is available for all is available for all staff and learners06/21 colkit use in Department ofToolkit use in Department of				Increased reports	
mechanism in the RL Safety System accompanied by response toolkit (i.e. patient bias towards an employee, employee bias towards a patient).resultsAccelerate anti- racism education, providing the tools, resources and opportunitiesCollection of training resources tools accessibility for employee groups11/20- 06/21Increased participation in training as determined by 3-month post evaluations of training courses.OHEI; OL; HR; Executive OfficersAccelerate anti- racism education, providing the tools, resources and opportunitiesCollection of training resources employee swith11/20- 06/21Increased strategies to speak up as determined by 3-month post evaluations of training courses.OHEI; OL; HR; Executive OfficersCollect resources endoge in education by recommending a policy to allot protected employee professional develops strategies06/21Increased use of strategies to speak up as determined by 3-month post evaluations of training courses.Collect resources, tools, strategies and statements is available for all from the Safety, Reporting and06/21Toolkit Website ClicksHR; CDAs; HITS; OIE; OL; Dickit use in Dombuds Office; Department of			6/1/22		OHEI; OPE; OIE; HR
RL Safety System accompanied by response toolkit towards an employee bias towards a patient).Establish response policy and follow-up framework for supervisors and managersAccelerate anti- racism education, providing the to develop skills to speak upCollection of to help support employee swith11/20- 06/21Increased participation in training as determined by MyLinc registrations.OHEI; OL; HR; Executive Officersto develop skills to speak upEnsure employee groups who have less flexibility and opportunity to engage in education by recommending a policy to allot protected employee flexibility to allot protected employee fractism colkit that is available for all06/21Increased participation in training as determined by duptic registrations.Collect resources, tools, strategiesCacessibility for engage in education by recommending a policy to allot protected employee professional development time.11/20-6/21Increased use of strategies to speak up as determined by 3-month post evaluations of training courses.Collect resources, tools, strategies tools, strategies tools, strategies tools, strategies to allot protected employee professional development time.06/21Toolkit Website ClicksHR; CDAs; HITS; OIE; OL; Patient Relations; Patient Relations; Patient Relations; Patient Relations;					
accompanied by response toolkitEstablish response policy and follow-up framework for supervisors and managersi.e. patient biasframework for supervisors and managersemployee, employee bias towards a patient).IncreasedAccelerate anti- cacism education, to help support06/21fracting resources to develop skillsCollection of to help supportto develop skills to develop skills11/20-6/21to speak upEnsure employee groups who have less11/20-6/21to speak upaccessibility for employee groups who have less11/20-6/21to speak upeccessibility for employee groups who have lessIncreased use of strategies to speak up as determined by 3-month post evaluations of training courses.collect resources, tools, strategiesAccessibel Anti- accessional development time.06/21Collect resources, tools, strategiesAccessibel Anti- accessional development time.Notic Website ClicksHR; CDAs; HITS; OIE; OL; Patient Relations;Collect resources, tools, strategiesracism toolkit that is available for all staff and learners06/21Toolkit Website ClicksHR; CDAs; HITS; OIE; OL; Patient Relations;from the Safety, Reporting andstaff and learners10/2/21Toolkit use in Dopartment of				results	
response toolkit (i.e. patient bias towards an employee, employee bias towards a patient).policy and follow-up framework for supervisors and managersAccelerate anti- racism education, providing the tools, resources to develop skillsCollection of training resources11/20- 06/21Increased participation in training as determined by MyLinc registrations.OHEI; OL; HR; Executive Officersto develop skills to speak upEnsure employee groups11/20-6/21 increased use of strategies to speak up as determined by 3-month post evaluations of training courses.Increased use of strategies to speak up as determined by 3-month post evaluations of training courses.HR; CDAs; HITS; OIE; OL; OHEI; NL; MC compliance; patient time.Collect resources, tools, strategiesAccessible Anti- racism toolkit that is available for all evaluations;Toolkit Website ClicksHR; CDAs; HITS; OIE; OL; Ombuds Office;Collect resources, tools, strategiesAccessible Anti- racism toolkit that is available for all form the Safety, levels of faculty,06/21Toolkit Website ClicksHR; CDAs; HITS; OIE; OL; Ombuds Office;Collect resources, tools, strategiesAccessible Anti- racism toolkit that is available for all for the Safety, levels of faculty,06/21Toolkit we in Department of					
(i.e. patient bias towards an employee, employee bias towards a patient).framework for supervisors and managersAccelerate anti- racism education, training resourcesCollection of to help suport11/20- 06/21Increased participation in training as determined by MyLinc registrations.OHEI; OL; HR; Executive OfficersAccelerate anti- racism education, tools, resourcesCollection of to help suport11/20- 06/21Increased participation in training as determined by MyLinc registrations.OHEI; OL; HR; Executive Officersand opportunities to speak upEnsure employee groups who have less flexibility and opportunity to engage in education by recommending a policy to allot protected employee professional development time.Increased use of strategies to speak up as determined by and nost evaluations of training courses.Collect resources, tools, strategies and statementsAccessible Anti- racism toolkit that is available for all is available for all form the Safety,06/21Toolkit Website ClicksHR; CDAs; HITS; OIE; OL; OthEI; MM Compliance; Patient Relations;Collect resources, form the Safety,Accessible Anti- racism toolkit that is available for all form the Safety,06/21Toolkit use in DepartmentOmbuds Office; Othebus Office;					
towards an employee, employee bias towards a patient).supervisors and managersAccelerate anti- racism education, racism education, to help support11/20- 06/21Increased participation in training as determined by MyLinc registrations.OHEI; OL; HR; ExecutiveAccelerate anti- to belp supportCollection of training resources11/20- 06/21Increased participation in training as determined byOfficersand opportunities to develop skillsEnsure employee groups11/20-6/21 strategies to speak up as determined byIncreased use of strategies to speak up as determined byfexibility and opportunity to engage in education by recommending a policy to allot protected employee professional development time.Of/21Increased training courses.Collect resources, tools, strategies and statementsAccessible Anti- racism toolkit that is available for all saff and learners06/21Toolkit Website ClicksHR; CDAs; HITS; OIE; OL; OHEI; MM Compliance; Patient Relations;Collect resources, from the Safety, Reporting andAccessible Anti- racism toolkit that is available for all staff and learners06/21Toolkit use in DepartmentCollect resources form the Safety, recommending and policy to allale protected employee professional development time.06/21Toolkit use in DepartmentCollect resources, tools, strategies and statementsAccessible Anti- racism toolkit that is available for allDof/21Toolkit use in Department of					
employee, employee bias towards a patient).managersAccelerate anti- racism education, providing the tools, resourcesCollection of training resources11/20- 06/21Increased participation in training as determined by MyLinc registrations.OHEL; OL; HR; Executive OfficersSpeaking UpMyLinc registrations.OfficersOfficersto speak upEnsure11/20-6/21 accessibility for employee groupsIncreased use of strategies to speak up as determined by 3-month post evaluations of training courses.Increased use of strategies to speak up as determined by 3-month post evaluations of training courses.Collect resources, tools, strategiesAccessible Anti- racism toolkit that is available for all form the Safety, levels of faculty, staff and learners06/21Toolkit use in Department ofCollect resources, form the Safety, form the Safety, form andAccessible Anti- racism toolkit that is available for all course staff and learners06/21Toolkit use in Department of					
employee bias towards a patient).employee bias towards a patient).employee bias towards a patient).employee bias towards a patient).Accelerate anti- racism education, providing the to help support tools, resourcesCollection of training resources11/20- 06/21Increased participation in training as determined by MyLinc registrations.OHEI; OL; HR; Executive Officersand opportunities to develop skills to speak upSpeaking UpMyLinc registrations.Officersaccessibility for employee groups who have less flexibility and opportunity to engage in education by recommending a policy to allot protected employee professional development time.11/20-6/21 training courses.Increased use of strategies to speak up as determined by 3-month post evaluations of training courses.Collect resources, and statements is available for all evaluation06/21Toolkit Website ClicksHR; CDAs; HITS; OIE; OL; OHEI; MM Compliance; Patient Relations;Collect resources, Reporting andAccessible Anti- is available for all is available for all evalues06/21Toolkit we in Department of				•	
towards a patient).towards a patient).IncreasedOHEI; OL; HR; ExecutiveAccelerate anti- racism education, providing the tools, resources and opportunities to develop skillsCollection of training resources of employees with11/20- 06/21Increased participation in training as determined by MyLinc registrations.OHEI; OL; HR; Executive Officersto develop skills to speak upSpeaking UpMyLinc registrations.OHEI; OL; HR; Executive Officersto develop skills to speak upEnsure11/20-6/21 accessibility for employee groups who have less flexibility and opportunity to engage in education by recommending a policy to allot protected employee professional development time.11/20-6/21 accessible Anti- racism toolkit that savilable for all tes savilable for all savilable for all06/21Toolkit Website ClicksHR; CDAs; HITS; OIE; OL; OHEI; MM Compliance; Patient Relations; Department				managers	
patient).patient).IncreasedOHEI; OL; HR; ExecutiveAccelerate anti- racism education, providing the tools, resourcesCollection of training resources11/20- 06/21Increased participation in training as determined by MyLinc registrations.OHEI; OL; HR; Executive Officersand opportunitiesSpeaking UpMyLinc registrations.OHEI; OL; HR; Executive Officersto develop skills to speak upEnsure11/20-6/21Increased use of strategies to speak up as determined by 3-month postIncreased use of strategies to speak up as determined by 3-month postflexibility and opportunity to engage in education by recommending a policy to allot protected employee professional development time.Of/21Toolkit Website ClicksHR; CDA; HITS; OIE; OL; OHEI; MM compliance; Patient Relations;Collect resources, tools, strategies is available for all recom the Safety, Reporting and06/21Toolkit use in DepartmentOHEI; MM compliance; Patient Relations;Reporting andstaff and learnersLoolkit use in Department ofOmbuds Office; Department of					
Accelerate anti- racism education, providing the tools, resources and opportunities to speak upCollection of training resources to help support employees with11/20- 06/21Increased participation in training as determined by MyLinc registrations.OHEI; OL; HR; Executive Officersand opportunities to develop skillsSpeaking UpMyLinc registrations.OHEI; OL; HR; Executive Officersto speak upEnsure accessibility for employee groups who have less flexibility and opportunity to engage in education by recommending a policy to allot protected employee professional development time.Increased use of strategies to speak up as determined by 3-month post evaluations of training courses.Collect resources, tools, strategiesAccessible Anti- racism toolkit that is available for all06/21Toolkit Website ClicksHR; CDAs; HITS; OIE; OL; OHEI; MC compliance; Patient Relations; Toolkit use in Department of					
racism education, providing the to help support06/21participation in training as determined byOfficersand opportunities to develop skillsemployees withdetermined byMyLinc registrations.Increased use of strategies to speak up as determined byto speak upaccessibility for employee groupsIncreased use of strategies to speak up as determined byIncreased use of strategies to speak up as determined byfexibility and opportunity to engage in education by recommending a policy to allot protected employee professional development time.Increased use of strategies to speak up as determined by s-month post evaluations of training courses.Increased use of s-month post evaluations of training courses.Collect resources, tools, strategies and statements is available for all06/21Toolkit Website ClicksHR; CDAs; HITS; OIE; OL; OHEI; MM Compliance; Patient Relations; Toolkit use in Department of	Accelerate anti-		11/20-	Increased	OHEL OL · HR· Executive
providing the tools, resources and opportunities to develop skillsto help support employees with Speaking Uptraining as determined by MyLinc registrations.to develop skills to speak upEnsure11/20-6/21 accessibility for employee groupsIncreased use of strategies to speak up as determined by 3-month post evaluations of training courses.Increased use of strategies to speak up as determined by 3-month post evaluations of training courses.education by recommending a policy to allot development time.Increased use in education by recommending a policy to allotCollect resources, tools, strategies and statements from the Safety, Reporting and06/21Toolkit Website Toolkit use in Department ofKeporting and Reporting andIs variable for all staff and learners06/21Toolkit use in DepartmentDepartment ofToolkit use in Department ofOmbuds Office; Department of					
tools, resources and opportunities to develop skills to speak upemployees with Speaking Updetermined by MyLinc registrations.to speak upEnsure accessibility for employee groups who have less flexibility and opportunity to engage in education by recommending a policy to allot protected employee professional development time.11/20-6/21Increased use of strategies to speak up as determined by 3-month post evaluations of training courses.Collect resources, tools, strategiesAccessibe Anti- recissional development time.06/21Toolkit Website ClicksHR; CDAs; HITS; OIE; OL; Patient Relations;Collect resources, tools, strategiesAccessibe Anti- racism toolkit that is available for all levels of faculty,06/21Toolkit use in Department ofOmbuds Office; Department of			00/21		onicers
and opportunities to develop skills to speak upSpeaking UpMyLinc registrations.Ensure11/20-6/21Increased use of strategies to speak up as determined by flexibility and opportunity to engage in education by recommending a policy to allot professional development time.Increased use of strategies to speak up as determined by a-month post evaluations of training courses.Collect resources, and statementsAccessible Anti- to speak to faculty, Reporting and06/21Toolkit Website ClicksHR; CDAs; HITS; OIE; OL; Patient Relations;from the Safety, Reporting andis available for all staff and learners06/21Toolkit use in DepartmentOmbuds Office; Patient fold					
to develop skills to speak upEnsure11/20-6/21accessibility for employee groups who have less flexibility and opportunity to engage in education by recommending a policy to allot protected employee professional development time.Increased use of strategies to speak up as determined by 3-month post evaluations of training courses.Collect resources, tools, strategies and statementsAccessible Anti- is available for all06/21Toolkit Website ClicksHR; CDAs; HITS; OIE; OL; Departmentfrom the Safety, Reporting andlevels of faculty, staff and learners06/21Toolkit use in DepartmentOmbuds Office; Department					
to speak upaccessibility for employee groupsIncreased use of strategies to speak up as determined by 3-month post evaluations of training courses.éducation by recommending a policy to allot			11/20-6/21	ing hine registrations.	
employee groups who have less flexibility and opportunity to engage in education by recommending a policy to allot protected employee professional development time.strategies to speak up as determined by 3-month post evaluations of training courses.Collect resources, tools, strategiesAccessible Anti- of a valiable for all from the Safety, Reporting and06/21Toolkit Website Collkit use in DepartmentHR; CDAs; HITS; OIE; OL; OHEI; MM Compliance; Patient Relations;			11/20 0/21	Increased use of	
who have lessup as determined by 3-month post evaluations of training courses.opportunity to engage in education by recommending a policy to allot protected employee professional development time.up as determined by 3-month post evaluations of training courses.Collect resources, tools, strategies and statementsAccessible Anti- is available for all for all06/21Toolkit Website ClicksHR; CDAs; HITS; OIE; OL; OHEI; MM Compliance; Patient Relations;from the Safety, Reporting andlevels of faculty, staff and learnersToolkit use in DepartmentOmbuds Office; Department	to spean ap				
flexibility and opportunity to engage in education by recommending a policy to allot protected employee professional development time.3-month post evaluations of training courses.Collect resources, tools, strategies and statementsAccessible Anti- is available for all from the Safety, Reporting and06/21Toolkit Website Colkit use in DepartmentHR; CDAs; HITS; OIE; OL; OHEL; MM Compliance; Patient Relations;					
opportunity to engage in education by recommending a policy to allot protected employee professional development time.evaluations of training courses.Collect resources, tools, strategies and statementsAccessible Anti- is available for all from the Safety, Reporting and06/21Toolkit Website Collick use in DepartmentHR; CDAs; HITS; OIE; OL; OHEL; MM Compliance; Patient Relations;					
engage in education by recommending a policy to allot protected employee professional development time.training courses.Collect resources, tools, strategies and statementsAccessible Anti- is available for all from the Safety, Reporting and06/21Toolkit Website ClicksHR; CDAs; HITS; OIE; OL; OHEI; MM Compliance; Patient Relations; Ombuds Office; Department					
education by recommending a policy to allotImage: commending a policy to allotImage: commending a policy to allotprotected employee professional development time.Image: commending a policy to allotImage: commending a policy to allotCollect resources, tools, strategies and statementsAccessible Anti- is available for all06/21Toolkit Website ClicksHR; CDAs; HITS; OIE; OL; OHEI; MM Compliance; Patient Relations;from the Safety, Reporting andlevels of faculty, staff and learnersToolkit use in DepartmentOmbuds Office; Department of				training courses.	
recommending a policy to allot protected employee professional development time.Image: Collect resources, racism toolkit thatImage: Collect resources, racism toolkit that06/21Toolkit Website ClicksHR; CDAs; HITS; OIE; OL; OHEI; MM Compliance; Patient Relations;Collect resources, tools, strategiesAccessible Anti- racism toolkit that06/21Toolkit Website ClicksHR; CDAs; HITS; OIE; OL; OHEI; MM Compliance; Patient Relations;from the Safety, Reporting andlevels of faculty, staff and learnersToolkit use in DepartmentOmbuds Office; Department of				U U	
policy to allot protected employee professional development time.protected employee professional development time.protected employee professional development time.Collect resources, tools, strategiesAccessible Anti- racism toolkit that is available for all from the Safety, Reporting and06/21Toolkit Website ClicksHR; CDAs; HITS; OIE; OL; OHEI; MM Compliance; Patient Relations;from the Safety, Reporting andlevels of faculty, staff and learnersToolkit use in DepartmentOmbuds Office; Department of					
protected employee professional development time.Image: constraint of the state of th					
employee professional development time.employee professional development time.employee professional development time.Collect resources, tools, strategiesAccessible Anti- racism toolkit that06/21Toolkit Website ClicksHR; CDAs; HITS; OIE; OL; OHEI; MM Compliance; Patient Relations;and statementsis available for all levels of faculty,Toolkit use in DepartmentOmbuds Office; Department of					
professional development time.Image: constraint of time in time i					
development time.development time.Collect resources, tools, strategiesAccessible Anti- racism toolkit that06/21Toolkit Website ClicksHR; CDAs; HITS; OL; OL; OHEI; MM Compliance; Patient Relations;and statementsis available for all levels of faculty,Toolkit use in DepartmentOmbuds Office; Department of					
Collect resources, tools, strategiesAccessible Anti- racism toolkit that06/21Toolkit Website ClicksHR; CDAs; HITS; OIE; OL; OHEI; MM Compliance; Patient Relations;and statementsis available for all levels of faculty, Reporting andFor the Safety, staff and learnersToolkit use in DepartmentOmbuds Office; Department of					
tools, strategies and statementsracism toolkit that is available for all levels of faculty, Reporting andClicksOHEI; MM Compliance; Patient Relations; Ombuds Office; Departmenttools, strategies rom the Safety, Reporting andlevels of faculty, staff and learnersToolkit use in DepartmentOmbuds Office; Department of	Collect resources,		06/21	Toolkit Website	HR; CDAs; HITS; OIE; OL;
from the Safety, Reporting andlevels of faculty, staff and learnersToolkit use in DepartmentOmbuds Office; Department of	tools, strategies	racism toolkit that		Clicks	OHEI; MM Compliance;
Reporting and staff and learners Department Department of	and statements	is available for all			Patient Relations;
Training in the Meetings Communications:		staff and learners		Department	
	Training	in the		Meetings	Communications;
Subgroups to organization Wellness Office	Subgroups to	organization			Wellness Office

create a	(Housed in OHEI,		Improved Feedback	
comprehensive	linked to		from EE and DEI	
Anti-Racism	Department		Pulse Survey results	
Speak Up and	websites)		-	
Show Solidarity			Increased	
Toolkit	Communication	06/21	misconduct reports	
	Campaign to		initially- decreased	
	promote		reports over time	
	awareness of and			
	widespread usage		Increased training	
	of the Speak Up		participation	
	and Show			
	Solidarity Toolkit		#1 US News and	
	– create		World Report	
	identifiable SUSS		(USNWR) "Best Place	
	Logo		to Work" ranking	

3.0 OPPORTUNITIES FOR CONVERSATIONS

Co-Chairs: M. Freer, G. Mashour

Members: K. Brower, C. Dickenson, L. Jensen, E. Odukoya, B. Uridge, K. Ward

Overall goal of subcommittee: Create sustainable opportunities for formal and informal conversations throughout Michigan Medicine addressing societal racism in a psychologically safe environment.

Objectives	Deliverables	Timeline	Outcome Measure of Success	Operational Partners
Expand the Becoming Series throughout Michigan Medicine	Introduce the Becoming Series to Michigan Medicine during a regularly scheduled community conversation Provide Becoming Series	11/20 - 02/21 2/21-	Program launch in early 2021 Track participation by	OHEI; Communications Team; Michigan Institute for Clinical & Health Research (MICHR) MICHR to consult;
	material to all Michigan Medicine departments to implement	06/21	departments/units and solicit feedback via follow-up surveys	OHEI; Individual Departments/Units; Advocacy and Professional Development Subcommittee Co- Chairs
Expand Communication between Michigan Medicine	Division of Public Safety & Security (DPSS) Protocol for Incident Reporting	11/20- 02/21	Transparent protocol established	MLT; DPSS
Community and DPSS	DPSS public safety video with an emphasis on the importance of creating an inclusive community across Michigan Medicine	11/20- 6/21	Short-take video (2- 8min) created and used in multiple settings.	DPSS; MLT; Communications
	DEI-informed professional development program for Security and Guest Safety Services staff	12/20- 06/21	Program designed and implemented. Metrics around participation and learning objectives established.	OHEI; OL; DPSS
Provide materials for leaders to create space for conversations	Training materials for local leaders and wellness advocates to create psychologically safe spaces with High Reliability	11/20- 01/21	Professionally prepared materials	OHEI; OL; Human Resources Development (HRD); Wellness Office
Explore the implementation of Restorative Justice practices	Targeted speaker series to integrate the basic steps of a restorative justice primer.	01/21 - 06/21	Registration counts and post event surveying	OHEI; OGPS; OL; HRD
at Michigan Medicine	Informational material describing Restorative Justice to the Michigan Medicine Community.	01/21 - 06/21	Professionally prepared materials distributed	OHEI; OL; HRD; Wellness Office; U- M Law School

4.0 EDUCATION & CLINICAL PRACTICE

Co-Chairs: M. Caird, K. Gran

Members: C. Anidi, L. Baru, M. Daniel, A. Dering, S. Gay, K. Grob, R. Jagsi, M. Lukela, R. Mangrulkar, M. Maz, E. McKean, G. Mulligan, D. VanSickle, B. Weeks, P. Zazove

Overall goal of subcommittee: Learners and educators in Undergraduate Medical Education (UME), Graduate Medical Education (GME), Continuing Medical Education (CME) and graduate studies across Michigan Medicine and the Medical School should be competent and have access to curricula and best practices developed with expertise in intersectional framework and health justice

<u>Alignment of priorities with institutional needs:</u> Alignment with Institutional Values of Caring, Inclusion, Teamwork, Innovation

Objectives	Deliverables	Timeline	Outcome Measure of Success	Operational Partners
Design the UME/GME/CME and staff curricula using intersectional	Connection with Schools of Law and Education	10/20	Expert(s) recruited and curriculum/training materials updated;	U-M Schools of Law and Education
framework and critical race theory in partnership with health justice education professionals	Incorporate critical race theory, health justice, and intersectionality framework into doctoring materials	7/21-7/23	demonstrated increased understanding of critical race theory and intersectional concepts as	UMMS Curriculum Policy Committee; Seetha Monrad & Karri Grob
	Recruitment of critical race theory, health justice education, and intersectionality expert(s) to develop scholarship/update med school curriculum, residency/educator training Provide anti-racism, critical race theory, health justice, and intersectionality resident education for residents as applied to medical care and include curriculum based on Ibram Kendi's Stamped from the	7/23-7/25 9/20- 12/25	 measured by: Demonstrated increase in understandings of DEI, anti- racism, and intersectionality concepts in medical students and residents Demonstrated basic proficiency in faculty teaching intersectionality and critical race 	HR; Recruitment GME; Andrew Dering, Michael Lukela, Karri Grob
	Beginning book Education for faculty on how to teach intersectionality, health justice, and critical race theory from materials developed by recruited experts	7/23-7/25	theory	Recruitment; OL
Develop medical school admission practices and residency interview practices of asking	Define cultural humility/core values	06/20- 12/22	Demonstrated increase in cultural humility in admitted medical students	UMMS

applicants about health disparities and through confronting bias scenarios	Implementation of values into directed question for interviews and as cultural humility rating for intake process for medical students Implementation of values into standard secondary question for GME applicants across institution	07/20- 7/21 7/21- 12/22	 and in residents as measured by: Demonstrated ability to define cultural humility and core values in admitted medical students and residents Interviewer rating of cultural humility in admission processes 	Residency Interview Process; Clinical Departments
Recruit and retain broadly diverse students and residents	Development of an assessment to determine why diverse medical students, grad students & residents might not choose U-MDevelopment of recruitment strategy1. Showcase opportunities to rotate students to Flint and Detroit hospitals (funding required)2. Improved mentorship opportunities by faculty3. Increase mentorship opportunities by primary care docs	12/21- 12/22 12/23 and to be determined with owners	Increased recruitment, retention, and matriculation of broadly diverse medical students as measured by the Liaison Committee on Medical Education (LCME) data on the DEI databboard Increased recruitment and retention of broadly diverse residents	UMMS Clinical Trunk Operating Committee; GME
	Marketing of patient population to showcase the diversity and attract broadly diverse patient populations	12/21- 12/22	Increased awareness of actual diversity of Michigan Medicine patients as measured by market surveys Attract more diverse patients to Michigan Medicine as measured by MiChart metrics	Department of Communications, OHEI
End the use of race- based national and/or standardized clinical measurement practices to provide more equitable counseling or treatment to patients of all races	Approval to stop use of 6 of 11 race-based portion or entire race-based national and/or standardized clinical measurement tools 1. VBAC Risk Calculator (<i>Stopped</i>) 2. Spirometry (<i>Review in 6-12</i> months after	11/20 - 12/21	Patients will receive equitable treatment and counseling The clinicians associated with each clinical measurement	Michigan Medicine Clinical Practice Committee; Clinical Departments

American Thoracic will be aware of the changes Society evaluation) . eGRP Parameters (Follow up 1-2) months pending ASW-NSK [Onit Task Force Guidelines for alternatives assessment for clinicians approved by Clinical Practice 4. Thoracic Surgery Risk Calculator (Revist in 6-12) months with STS info) Committee 5. Pediatric UTI Calculation (Stopped) Committee 6. MD Anderson Rectal Cancer Survivor Calculator MD Anderson Retal Cancer Survivor Calculator 8. FRAX (Use until collicition) Stopped) 9. 9. ATA Hear Tailure Guideline (Awaiting recommendation) Preliminary action promase table in US) 9. 9. ATA Hear Tailure Guideline (Awaiting recommendation promatics Society) Preliminary action plan with Dr. Runge to primary care 12/20- primary care Create incentives and oportunities in crease those going into primary care True primary carion primary care 12/20- primary care Create preliminary action plan with Dr. Runge to organization to provide input to action plan 7/22- to and final version completed UMMS Departments; Esadeer; SME; Students; Resident; Staff Obtain data from other academic medical centers on number of medical students and residents pursuing primary care for purpose of benchmarking 6/21- benchmarks Data obtained and benchmarks UMMS					
3. eGR Parameters (Follow up 1-2 months pending ASN-NSK Joint Task Force Recommendations) Cuidelines for alternatives assessment for clinicians approved by Clinical Practice Committee 4. Thoracic Surgery Risk Calculator (Revisit in 6-12 months with STS info) Committee 5. Pediatric UTI Calculation (Stopped) Committee 6. MD Anderson Rectal Cancer Survivor Calculator (Stopped) Retal Cancer Survivor Calculator (Stopped) 7. STORE Score (Stopped) Stopped) 8. FRAX (Use until calculator) (Stopped) Prelaminary (Motout race available in US) 9. AllA Heart Failure Calculator Stopped) 10. VBreast Cancer Surviving Calculator 12/20- 12/21 7. STORE Score (Stopped) 12/20- 11. 11. Kidney Donor Risk Index Parameters (On hold pending APLUD study) 12/20- 12/21 11. Kidney Donor Risk Index Parameters (On hold pending Apticipate in purchase and residents to primary care 12/20- 12/22 Create incentive and opportunities for medical students and residents to primary care 12/20- 12/22 Obtain data from other academic medical students and residents pursuing primary care for 6/21- 12/21 Obtain data from other academic medical students and residents pursuing primary care for 6/21- 12/21		American Thoracic		will be aware of the	
(Follow up 1-2 months pending ASN-NSK Joint Task Force Recommendations)Cuidelines for alternatives assessment for clinicial Practice Committee4.Thoracic Surgery Risk Calculator (Revisit in 6-12 months with STS tinfo)Committee5.Pediatric UT1 Calculation (Stopped)Committee6.MD Anderson Rectal Cancer Survivor Calculation (Stopped)7.STONE Score (Stopped)8.PRAX (Use until calculation (Stopped)7.STONE Score (Stopped)9.AHA Heart Failure Cuideline (Adulting recommendation from American Thoracic Society)10.VPrest Cancer Survivor (Calculator (Stopped)11.VVerset Cancer Surveiliance Consortium Risk Calculator (Stopped)12.VPrest Cancer Surveiliance Consortium Risk Calculator (Stopped)11.VVerset Cancer Surveiliance Consortium Risk Calculator (Stopped)12.Preliminary action plan with Dr. Runge to ior medical students and residents to participate in attractive primary care experiences7/22- Ringage stakeholders across o number of medical students and residents to participate in attractive primary careObtain data from other academic medical students and residents to participate in attractive primary care for on number of medical students and residents to participate in purstation to provide input to action planObtain data from other academic medical students and residents on number of medical students and residents or students or another academical <b< td=""><td></td><td>Society evaluation)</td><td></td><td>changes</td><td></td></b<>		Society evaluation)		changes	
months pending ASN-NSK forit Task Force Recommendations)alternatives assessment for clinicians approved by Clinical Practice Committee4. Thoracic Surgery Risk Calculator (Revisit in 6-12 months with STS info)S. Pediatric UTI Calculation (Stopped)Committee5. Pediatric UTI Calculator (Stopped)M. Madreson Rectal Cancer Survivor Calculator (Stopped)S. Fork Calculator (Stopped)6. MD Anderson Rectal Cancer Survivor Calculator (Stopped)FRAX (Use until calculator (Stopped)7. STONE Score (Stopped)S. FRAX (Use until calculator (Stopped)8. FRAX (Use until calculation without race available in US)9. AHA Heart Failure Cuideline (Awaiting Thoracic Society)10. VBreast Cancer Surveillance (Stopped)11. Kidney Donor Risk Index Parameters (On hold pending APOLO study)Create incentives and residents to participate in participate in participate in participate in participate in participate in participate in participate in to action planObtain data from other academic medical students and residents to primary care6/21- 12/22Preliminary setion plan completed and final version completedUMMS: Departments; Resident; Students; Resident; StaffObtain data from other academic medical students and residents to primary care for on number of medical students aresident careficial students aresident careficial students aresident careficial students aresident careficial students aresident careficial students aresident careficial students aresident careficial stud		3. eGFR Parameters			
months pending ASN-NSK forit Task Force Recommendations)alternatives assessment for clinicians approved by Clinical Practice Committee4. Thoracic Surgery Risk Calculator (Revisit in 6-12 months with STS info)S. Pediatric UTI Calculation (Stopped)Committee5. Pediatric UTI Calculator (Stopped)M. Madreson Rectal Cancer Survivor Calculator (Stopped)S. Fork Calculator (Stopped)6. MD Anderson Rectal Cancer Survivor Calculator (Stopped)FRAX (Use until calculator (Stopped)7. STONE Score (Stopped)S. FRAX (Use until calculator (Stopped)8. FRAX (Use until calculation without race available in US)9. AHA Heart Failure Cuideline (Awaiting Thoracic Society)10. VBreast Cancer Surveillance (Stopped)11. Kidney Donor Risk Index Parameters (On hold pending APOLO study)Create incentives and residents to participate in participate in participate in participate in participate in participate in participate in participate in to action planObtain data from other academic medical students and residents to primary care6/21- 12/22Preliminary setion plan completed and final version completedUMMS: Departments; Resident; Students; Resident; StaffObtain data from other academic medical students and residents to primary care for on number of medical students aresident careficial students aresident careficial students aresident careficial students aresident careficial students aresident careficial students aresident careficial students aresident careficial stud		(Follow up 1-2		Guidelines for	
ASN-NSK foint Task Force Recommendations) assessment for clinicians approved by Clinical Practice Committee 4. Thoracic Surgery Risk Calculator (Revisit in 6-12 months with STS info) committee 5. Pediatric UTI Calculation (Stopped) committee 6. MD Anderson Rectal Cancer Survivor Calculator (Stopped) seessment for elinicians approved by Clinical Practice Committee 7. STONE Score (Stopped) seessment (Stopped) 7. STONE Score (Stopped) 9. AIA Heart Failure Caudeline (Awaiting recommendation from American Thoracic Society) 10. WPreast Cancer Survivor 11. Kidney Donor Risk Index Parameters (On hold pending APDILO study) Create preliminary action plan with Dr. Runge to participate in academic medical students and residents to pranization to provide input to action plan 12/20- 12/21 Obtain data from other academic medical students and residents on number of medical students and residents pursuing primary care for 6/21- 12/21 Data obtained and benchmarks determined UMMS				alternatives	
Task force Recommendations)clinician sapproved by Clinical Practice Committee4. Thoracic Surgery Risk Calculator (Revisit in 6-12 months with STS info)clinician sapproved by Clinical Practice Committee5. Pediatric UTI Calculation (Stopped)clancer Survivor Calculator (Stopped)shows the STS info)6. MD Anderson Rectal Cancer Survivor Calculator (Stopped)shows the STS info)7. STONE Score (Stopped)shows the State Calculator (Stopped)8. FRAX (Use until calculator (Stopped)shows the State calculator (Stopped)9. AHA Heart Failure Guideline (Awaiting recommendation from American Thoracic Society)12/20- 12/2110. VBreast Cancer Survillance Consortium Risk Calculator (Stopped)12/20- 12/21Create incentives and opportunities for medical students and residents to primary care increase those going into primary care12/20- 12/21Create stops going into primary care increase those going into primary care input to action plan12/20- 12/21Obtain data from other academic medical students and residents on number of medical students and residents pursing primary care for0/21- 12/21Obtain data from other academic medical enters on number of medical students and residents0/21- 12/21Obtain data from other academic medical enters on number of medical students and residents0/21- 12/21Obtain data from other academic medical enters on number of medical students and residents0/21- 12/21					
Recommendations) 4. Thoracic Surgery Risk Calculator (Revisit in 6-12 months with STS info) by Clinical Practice Committee S. Pediatric UTI Calculation (Stopped)					
4. Thoracic Surgery Risk Calculator (Revisit in 6-12 months with STS info) Committee 5. Pediatric UTI Calculation (Stopped) Committee 6. MD Anderson Rectal Cancer Survivor Calculator (Stopped) Restal Cancer Survivor Calculator 7. STONE Score (Stopped) STONE Score (Stopped) 8. FRAX (Use until calculation (Stopped) 9. AHA Heart Failure Guideline (Awaiting recommendation from American Thoracic Society) 10. VBreast Cancer Surveillance Consortium Risk Calculator 11. Kidney Donor Risk Index Parameters (Dn hold pending APOLLO Study) Create incentives and opportunities for medical students and residents to participate in Engage stakeholders across organization to provide input to action plan 12/20- 12/21 Preliminary action plan completed UMMS; Departments; Depart					
Risk Calculator (Revisit in 6-12 months with STS info) S. Pediatric UTI Calculation (Stopped) S. Pediatric UTI Calculation (Stopped) 6. MD Anderson Rectal Cancer Survivor Calculator (Stopped) S. TONE Score (Stopped) 7. STONE Score (Stopped) S. FRAX (Use until calculation without race available in US) 9. AHA Heart Failure Guideline (Awaiting recommendation from American Thoracic Society) 10. V Breast Cancer Survivor Calculator (Stopped) 11. View Construction without race available in US) 9. AHA Heart Failure Guideline (Awaiting recommendation from American Thoracic Society) 10. V Breast Cancer Surveillance Consortium Risk Calculator (Stopped) 11. Kidney Donor Risk Index Parameters (On hold pending APOLLO study) Create preliminary action participate in attractive primary care experiences I2/20- increase those going into increase those going into increase those going into increase those going into attractive primary care experiences UMMS: Departments; Leaders; GME; Students; Resident; Staff Obtain data from other academic medical students and residents pursuing primary care 6/21- increase those completed Data obtained and adeermined					
Image: state incentives and opportunities for modula students and residents on number of medical students and residents pursient survival calculator 12/20- Preliminary action plan completed inplan completed inplan completed inplan completed inplan completed inplan completed input to action plan input to				Committee	
info info 5. Pediatric UTI Calculation (Stopped) 6. MD Anderson Rectal Cancer Survivor Calculator (Stopped) 7. STONE Score (Stopped) 8. FRAX (Use until calculation without race available in US) 9. AHA Heart Failure Guideline (Awaiting recommendation from American Thoracic Society) 10. VBreast Cancer Surveillance Consortium Risk Calculator Create incentives and opportunities for medical students and residents to participate in attractive primary care experiences 12/20- Preliminary action 12/21 Preliminary action plan with Dr. Rung to increase those going into participate in attractive primary care UMMS Obtain data from other academic medical centers on number of medical students and residents pursuing primary care 6/21- 12/21 Data obtained and benchmarks determined UMMS					
info)info)5.Pediatric UTI Calculation (Stopped)6.MD Anderson Rectal Cancer Survivor Calculator (Stopped)7.STONE Score (Stopped)8.FRAX (Use until calculation without race available in US)9.AHA Heart Failure Calculation without race available in US)9.AHA Heart Failure Calculation without race available in US)10.VBreast Cancer Surveillance Consortium Risk Calculator (Stopped)11.Kidney Donor Risk Index Parameters (On hold pending APOLLO Study)11.Kidney Donor Risk Index Parameters (On hold pending participate in attractive primary care experiences12/20- 12/2111.Engage stakeholders across organization to provide increase those going into radiation to provide inparticipate in attractive primary care7/22- Action plan updated diversion completed0btain data from other academic medical centers on number of medical students and residents pursing primary care6/21- 12/21Data obtained and benchmarks determined0btain data from other academic medical centers on number of medical students and residents pursing primary careData obtained add benchmarks determined		(Revisit in 6-12			
5. Pediatric UTI Calculation (Stopped) 5. MD Anderson Rectal Cancer Survivor 5. MD Anderson Rectal Cancer 6. MD Anderson Rectal Cancer 5. Stopped) 7. STONE Score (Stopped) 7. STONE Score (Stopped) 8. FRAX (Use until calculation without race available in US) 9. AHA Heart Failure Guideline (Awaiting recommendation from American Thoracic Society) 10. VBreast Cancer Surveillance Consortium Risk Calculator (Stopped) 11. Kidney Donor Risk Index Parameters (On hold pending APOLLO study) Create incentives and opportunities for medical students and residents to participate in attractive primary care experiences Create preliminary action plan with Dr. Runge to increase those going into participate in attractive primary care 12/20- 7/22- Action plan updated and final version completed UMMS; Departments; Leaders; GME; Students; Resident; Staff Obtain data from other academic medical centers on number of medical students and residents pursuing primary care 6/21- 12/21 Data obtained and determined UMMS		months with STS			
5. Pediatric UTI Calculation (Stopped) 5. MD Anderson Rectal Cancer Survivor 5. MD Anderson Rectal Cancer 6. MD Anderson Rectal Cancer 5. Stopped) 7. STONE Score (Stopped) 7. STONE Score (Stopped) 8. FRAX (Use until calculation without race available in US) 9. AHA Heart Failure Guideline (Awaiting recommendation from American Thoracic Society) 10. VBreast Cancer Surveillance Consortium Risk Calculator (Stopped) 11. Kidney Donor Risk Index Parameters (On hold pending APOLLO study) Create incentives and opportunities for medical students and residents to participate in attractive primary care experiences Create preliminary action plan with Dr. Runge to increase those going into participate in attractive primary care 12/20- 7/22- Action plan updated and final version completed UMMS; Departments; Leaders; GME; Students; Resident; Staff Obtain data from other academic medical centers on number of medical students and residents pursuing primary care 6/21- 12/21 Data obtained and determined UMMS		info)			
(Stopped) 6. MD Anderson Rectal Cancer Survivor Calculator (Stopped)Image: Stope Survivor Calculator (Stopped)7. STONE Score (Stopped)STONE Score (Stopped)8. FRAX (Use until calculation without race available in US)9. AHA Heart Failure Guideline (Awaiting recommendation from American Thoracic Society)10. VBreast Cancer Surveillance Consortium Risk Calculator (Stopped)Create incentives and opportunities for medical students and residents to participate in attractive primary care12/20- 12/21Create incentives and residents to participate in attractive primary careCreate preliminary action primary care12/20- 12/22Action plan updated input to action plan7/22- 12/22Action plan updated and final version completedUMMS; Departments; Leaders; (CME; Students; Resident; StaffObtain data from other academic medical centers on number of medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMS					
(Stopped) 6. MD Anderson Rectal Cancer Survivor Calculator (Stopped)Image: Stope Survivor Calculator (Stopped)7. STONE Score (Stopped)STONE Score (Stopped)8. FRAX (Use until calculation without race available in US)9. AHA Heart Failure Guideline (Awaiting recommendation from American Thoracic Society)10. VBreast Cancer Surveillance Consortium Risk Calculator (Stopped)Create incentives and opportunities for medical students and residents to participate in attractive primary care12/20- 12/21Create incentives and residents to participate in attractive primary careCreate preliminary action primary care12/20- 12/22Action plan updated input to action plan7/22- 12/22Action plan updated and final version completedUMMS; Departments; Leaders; (CME; Students; Resident; StaffObtain data from other academic medical centers on number of medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMS		Calculation			
6.MD Anderson Rectal Cancer Survivor Calculator (Stopped)7.STONE Score (Stopped)8.FRAX (Use until calculation without race available in US)9.AHA Heart Failure Guideline (Awaiting recommendation from American Thoracic Society)10.VBreast Cancer Surveillance Consortium Risk Calculator (Stopped)11.Kidney Donor Risk Index Parameters (On hold pending APDLL0 study)12/20- participate in and registrative primary care experiencesCreate preliminary action plan with Dr. Runge to increase those going into primary care12/21Engage stakeholders across organization to provide input to action plan12/20- 12/21Preliminary action plan completedObtain data from other academic medical students pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMS					
Rectal Cancer Survivor Calculator (Stopped)Rectal Cancer Survivor Calculator (Stopped)7. STONE Score (Stopped)8. FRAX (Use until calculation without race available in US)9. AHA Heart Failure Guideline (Awaiting recommendation from American Thoracic Society)9. AHA Heart Failure Guideline (Awaiting trease table in US)9. AHA Heart Failure Guideline (Awaiting recommendation from American Thoracic Society)9. AHA Heart Failure Guideline (Awaiting trease table in US)10. VBreast Cancer Surveillance Consortium Risk Calculator (Stopped)12/20- 12/21Preliminary action plan completedCreate incentives and opportunities for medical students and residents to participate in attractive primary care ere experiencesCreate preliminary action plan with Dr. Runge to increase those going into primary care12/20- 12/22Preliminary action plan completedObtain data from other academic medical centers on number of medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMS					
Survivor Calculator (Stopped)Survivor Calculator (Stopped)7. STONE Score (Stopped)8. FRAX (Use until calculation without race available in US)8. FRAX (Use until calculation without race available in US)9. AHA Heart Failure Guideline (Awaiting recommendation from American Thoracic Society)10. VBreast Cancer Surveillance Consortium Risk Calculator (Stopped)11. Kidney Donor Risk Index Parameters (On hold pending APOLLO study)Create incentives and opportunities increase those going into primary care attractive primary care experiencesCreate incentives and opportunities for medical students and residents to primary careDutain data from other academic medical centers on number of medical students and residents pursuing primary care forObtain data from other academic medical centers on number of medical students and residents pursuing primary care forObtain data from other academic medical centers on number of medical students and residentsObtain data from other academic medical centers on number of medical students and residentsObtain data from other academic medical centers on number of medical students and residentsObtain data from other academic medical centers on number of medical students and residentsObtain data from other academic medical centers on number of medical students and residentsObtain data from other academic medical centers on number of medical students and residentsObtain data from other academic medical centers on number of medical students					
Calculator (Stopped)Calculator (Stopped)7. STONE Score (Stopped)8. FRAX (Use until calculation without race available in US)9. AHA Heart Failure Guideline (Awaiting recommendation from American Thoracic Society)10. VBreast Cancer Surveillance Consortium Risk Calculator (Stopped)11. Kidney Donor Risk Index Parameters of nhold pending APOLLO study)Create incentives and opportunities for medical students and residents to participate in attractive primary care experiencesCreate incentives attractive primary care panwith Dr. Runge to increase those going into primary careCreate incentives attractive primary care experiencesCreate preliminary action plan with Dr. Runge to increase those going into plan with Dr. Runge to increase those going into primary careCreate incentives attractive primary care experiencesCreate preliminary action plan with Dr. Runge to increase those going into primary careCreate incentives attractive primary care experiencesCreate preliminary action plan with Dr. Runge to input to action planObtain data from other academic medical centers on number of medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMS					
(Stopped) 7. STONE Score (Stopped) 8. FRAX (Use until calculation without race available in US) 9. AHA Heart Failure Guideline (Awaiting recommendation from American Thoracic Society) 10. VBreast Cancer Surveillance Consortium Risk Calculator (Stopped) 11. Kidney Donor Risk Index Parameters (On hold pending APOLLO study)Preliminary action plan with Dr. Runge to 12/21Preliminary action plan completedUMMSCreate incentives and opportunities for medical students on participate in articative primary care experiencesCreate preliminary action plan with Dr. Runge to increase those going into primary care primary care organization to provide input to action plan12/20- 12/21Preliminary action plan completedUMMS Departments; Leaders; GME; Students; Resident; Students; Residents to put to action planObtain data from other academic medical centers on number of medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMS					
7.STONE Score (Stopped)8.FRAX (Use until calculation without race available in US)9.AHA Heart Failure Guideline (Awaiting recommendation from American Thoracic Society)10.VBreast Cancer Surveillance Consortium Risk Calculator (Stopped)11.Kidney Donor Risk Index Parameters (On hold pending APOLLO study)Create incentives and opportunities for medical students to participate in attractive primary care experiencesCreate preliminary action plan with Dr. Runge to increase those going into primary care12/20- 12/21Preliminary action plan completedUMMSObtain data from other academic medical centers on number of medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMS					
(Stopped)Statual(Stopped)8.FRAX (Use until calculation without race available in US)					
8. FRAX (Use until calculation without race available in US)8. A HA Heart Failure Guideline (Awaiting recommendation from American Thoracic Society)9. A HA Heart Failure Guideline (Awaiting recommendation (Stopped)9. A HA Heart Failure Guideline (Stopped)9. A HA Heart Failure (Stopped)9. A HA Heart Failure		7. STONE Score			
8. FRAX (Use until calculation without race available in US)8. A HA Heart Failure Guideline (Awaiting recommendation from American Thoracic Society)9. A HA Heart Failure Guideline (Awaiting recommendation (Stopped)9. A HA Heart Failure Guideline (Stopped)9. A HA Heart Failure (Stopped)9. A HA Heart Failure		(Stopped)			
calculation without race available in US)second available in US)9. AHA Heart Failure Guideline (Awaiting recommendation from American Thoracic Society)second recommendation from American Thoracic Society)10. VBreast Cancer Surveillance Consortium Risk Calculator (Stopped)second recommending traceCreate incentives and opportunities for medical students and residents to participate in attractive primary careCreate preliminary action plan with Dr. Runge to increase those going into primary care12/20- 12/21Preliminary action plan completed inclusters completedUMMS Departments; Leaders; GME; Students; Resident; StaffObtain data from other academic medical centers on number of medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMS					
without race available in US)without race available in US)without race available in US)9. AHA Heart Failure Guideline (Awaiting recommendation from American Thoracic Society)without race available10. VBreast Cancer Surveillance Consortium Risk Calculator (Stopped)surveillance Consortium Risk Calculator (Stopped)11. Kidney Donor Risk Index Parameters (On hold pending APOLLO study)12/20- Preliminary action plan with Dr. Runge to increase those going into primary care12/20- Preliminary action plan completedWMMSCreate incentives and residents to participate in attractive primary care experiencesCreate preliminary action plan with Dr. Runge to increase those going into primary care12/20- Preliminary action plan completedUMMSObtain data from other academic medical centers on number of medical students and residents pursuig primary care for6/21- 12/21Data obtained and benchmarks determinedUMMS					
available in US) 9. AHA Heart Failure Guideline (Awaiting recommendation from American Thoracic Society) 10. VBreast Cancer Surveillance Consortium Risk Calculator (Stopped) 11. Kidney Donor Risk Index Parameters (On hold pending APOLLO study)Preliminary action plan completedUMMSCreate incentives and opportunities for medical students and residents to participate in care experiencesCreate preliminary action plan with Dr. Runge to increase those going into printicy care12/20- plan completedPreliminary action plan completedUMMSObtain data from other academic medical centers on number of medical students and residents participate in participate in participate in input to action plan6/21- 12/21Data obtained and benchmarks determinedUMMS; Departments; Leaders; GME; Students; Resident; Staff					
9. AHA Heart Failure Guideline (Awaiting recommendation from American Thoracic Society)Image: Society image: So					
Guideline (Awaiting recommendation from American Thoracic Society)Guideline (Awaiting recommendation from American Thoracic Society)Image: Construct of the second seco					
(Awaiting recommendation from American Thoracic Society)(Awaiting recommendation from American Thoracic Society)10. VBreast Cancer Surveillance Consortium Risk Calculator (Stopped)(Stopped)11. Kidney Donor Risk Index Parameters (On hold pending APOLLO study)12/20- 12/21Preliminary action plan completedCreate incentives and opportunities for medical students and residents to participate in attractive primary care experiencesCreate preliminary action plan with Dr. Runge to increase those going into primary care12/20- 12/21Preliminary action plan completedUMMSEngage stakeholders across organization to provide input to action plan7/22- 12/22Action plan updated and final version completedUMMS; Departments; Leaders; GME; Students; Resident; StaffObtain data from other academic medical centers on number of medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMS					
recommendation from American Thoracic Society)i10. VBreast Cancer Surveillance Consortium Risk Calculator (Stopped)i11. Kidney Donor Risk Index Parameters (On hold pending APOLLO study)iCreate incentives and residents to participate in attractive primary care experiencesCreate preliminary action plan with Dr. Runge to increase those going into primary care12/20- 12/21Preliminary action plan completedUMMSObtain data from other academic medical centers on number of medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMS					
from American Thoracic Society)from American Thoracic Society)hereherehere10. VBreast Cancer Surveillance Consortium Risk Calculator (Stopped)surveillance Consortium Risk Calculator (Stopped)hereherehere11. Kidney Donor Risk Index Parameters (On hold pending APOLLO study)12/20- 12/21Preliminary action plan completedUMMSCreate incentives and opportunities for medical students and residents to participate in attractive primary careCreate preliminary action plan with Dr. Runge to increase those going into primary care12/20- 12/21Preliminary action plan completedUMMSObtain data from other academic medical centers on number of medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMS					
Thoracic Society) 10. VBreast Cancer Surveillance Consortium Risk Calculator (Stopped) 11. Kidney Donor Risk Index Parameters (On hold pending APOLLO study)Preliminary action plan completedUMMSCreate incentives and opportunities for medical students and residents to participate in attractive primary care experiencesCreate preliminary action plan with Dr. Runge to increase those going into primary care12/20- 12/21Preliminary action plan completedUMMSEngage stakeholders across organization to provide input to action plan7/22- 12/22Action plan updated and final version completedUMMS; Departments; Leaders; GME; Students; Resident; StaffObtain data from other academic medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMS					
10. VBreast Cancer Surveillance Consortium Risk Calculator (Stopped)111. Kidney Donor Risk Index Parameters (On hold pending APOLLO study)12/20- 12/21Create incentives and opportunities for medical students and participate in attractive primary care experiencesCreate preliminary action plan with Dr. Runge to increase those going into primary care12/20- 12/21Preliminary action plan completedUMMSDutting attractive primary care experiencesCreate provide input to action plan7/22- 12/22Action plan updated and final version completedUMMS; Departments; Leaders; GME; Students; Resident; StaffObtain data from other academic medical centers on number of medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMS		from American			
Surveilance Consortium Risk Calculator (Stopped) 11. Kidney Donor Risk Index Parameters (On hold pending APOLLO study)Index Parameters (On hold pending APOLLO study)Index Parameters (On hold pending APOLLO study)Preliminary action plan with Dr. Runge to increase those going into primary careIndex Parameters (Data obtained and primary careMMSCreate incentives and opportunities for medical students and residents to participate in attractive primary care experiencesCreate preliminary action plan with Dr. Runge to increase those going into primary care12/20- 12/21Preliminary action plan completedUMMSEngage stakeholders across organization to provide input to action plan7/22- 12/22Action plan updated and final version completedUMMS; Departments; Leaders; GME; Students; Resident; StaffObtain data from other academic medical centers on number of medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMS		Thoracic Society)			
Consortium Risk Calculator (Stopped)Consortium Risk Calculator (Stopped)Image: Consortium Risk (Consortium Risk (Stopped)Image: Consortium Risk (Consortium Risk (Stopped)Image: Consortium Risk		10. VBreast Cancer			
Calculator (Stopped) 11. Kidney Donor Risk Index Parameters (On hold pending APOLLO study)Lease Image stateLease Image stateLease Image stateCreate incentives and opportunities for medical students and residents to participate in attractive primary care experiencesCreate preliminary action plan with Dr. Runge to primary care12/20- 12/21Preliminary action plan completedUMMSDeparticipate in attractive primary care experiencesEngage stakeholders across organization to provide input to action plan7/22- 12/22Action plan updated and final version completedUMMS; Departments; Leaders; GME; Students; Resident; StaffObtain data from other academic medical centers on number of medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMS		Surveillance			
Calculator (Stopped) 11. Kidney Donor Risk Index Parameters (On hold pending APOLLO study)Lease Image stateLease Image stateLease Image stateCreate incentives and opportunities for medical students and residents to participate in attractive primary care experiencesCreate preliminary action plan with Dr. Runge to primary care12/20- 12/21Preliminary action plan completedUMMSDeparticipate in attractive primary care experiencesEngage stakeholders across organization to provide input to action plan7/22- 12/22Action plan updated and final version completedUMMS; Departments; Leaders; GME; Students; Resident; StaffObtain data from other academic medical centers on number of medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMS					
(Stopped) 11. Kidney Donor Risk Index Parameters (On hold pending APOLLO study)LeaseLeaseLeaseLeaseCreate incentives and opportunities for medical students and residents to participate in attractive primary care experiencesCreate preliminary action plan with Dr. Runge to increase those going into primary care12/20- 12/21Preliminary action plan completedUMMSEngage stakeholders across organization to provide input to action plan7/22- 12/22Action plan updated and final version completedUMMS; Departments; Leaders; GME; Students; Resident; StaffObtain data from other academic medical centers on number of medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMS					
11. Kidney Donor Risk Index Parameters (On hold pending APOLLO study)Preliminary action plan completedUMMSCreate incentives and opportunities for medical students and residents to participate in attractive primary care experiencesCreate preliminary action plan with Dr. Runge to increase those going into primary care12/20- 12/21Preliminary action plan completedUMMSMMS participate in attractive primary care experiencesEngage stakeholders across organization to provide input to action plan7/22- 12/22Action plan updated and final version completedUMMS; Departments; Leaders; GME; Students; Resident; StaffObtain data from other academic medical centers on number of medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMS					
Index Parameters (On hold pending APOLLO study)Index Parameters (On hold pending APOLLO study)Image Index Parameters (Index Parameters)Image In					
(On hold pending APOLLO study)Image: Constraint of the					
APOLLO study)MethodCreate incentives and opportunities for medical students and residents to participate in attractive primary care experiencesCreate preliminary action plan with Dr. Runge to increase those going into primary care12/20- 12/21Preliminary action plan completedUMMSAction plan updated and final version completedUMMS; Departments; Leaders; GME; Students; Resident; StaffUMMS; Departments; Leaders; GME; Students; Resident; StaffObtain data from other academic medical centers on number of medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMS					
Create incentives and opportunities for medical students and residents to participate in attractive primary care experiencesCreate preliminary action plan with Dr. Runge to increase those going into primary care12/20- 12/21Preliminary action plan completedUMMSMMS participate in attractive primary care experiencesEngage stakeholders across organization to provide input to action plan7/22- 12/22Action plan updated and final version completedUMMS; Departments; Leaders; GME; Students; Resident; StaffObtain data from other academic medical centers on number of medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMS					
and opportunities for medical students and residents to participate in attractive primary care experiencesplan with Dr. Runge to increase those going into primary care12/21plan completedEngage stakeholders across organization to provide input to action plan7/22- 12/22Action plan updated and final version completedUMMS; Departments; Leaders; GME; Students; Resident; StaffObtain data from other academic medical centers on number of medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMS					
for medical students and residents to participate in attractive primary care experiencesincrease those going into primary careAction plan updated and final version completedUMMS; Departments; Leaders; GME; Students; Resident; StaffObtain data from other academic medical centers on number of medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMS					UMMS
for medical students and residents to participate in attractive primary care experiencesincrease those going into primary careAction plan updated and final version completedUMMS; Departments; Leaders; GME; Students; Resident; StaffObtain data from other academic medical centers on number of medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMS			12/21	plan completed	
and residents to participate in attractive primary care experiencesprimary careAction plan updated and final version completedUMMS; Departments; Leaders; GME; Students; Resident; StaffObtain data from other academic medical centers on number of medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMS		increase those going into			
participate in attractive primary care experiencesEngage stakeholders across organization to provide input to action plan7/22- 12/22Action plan updated and final version completedUMMS; Departments; Leaders; GME; Students; Resident; StaffObtain data from other academic medical centers on number of medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMS	and residents to				
attractive primary care experiencesorganization to provide input to action plan12/22and final version completedDepartments; Leaders; GME; Students; Resident; StaffObtain data from other academic medical centers on number of medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMS			7/22-	Action plan undated	UMMS:
care experiencesinput to action plancompletedLeaders; GME; Students; Resident; StaffObtain data from other academic medical centers on number of medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMS					
Obtain data from other academic medical centers on number of medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMSUMMS00000			12/22		
Obtain data from other academic medical centers on number of medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMSObtain data from other academic medical centers on number of medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMS	care experiences	input to action plan		completeu	
Obtain data from other academic medical centers on number of medical students and residents pursuing primary care for6/21- 12/21Data obtained and benchmarks determinedUMMSOutput benchmarks determined12/21benchmarks determined12/2112/21					
academic medical centers on number of medical students and residents pursuing primary care for12/21benchmarks determined					Kesident; Staff
academic medical centers on number of medical students and residents pursuing primary care for12/21benchmarks determined					
academic medical centers on number of medical students and residents pursuing primary care for12/21benchmarks determined	1	Obtain data from other	6/21-	Data obtained and	UMMS
on number of medical determined students and residents pursuing primary care for					
students and residents pursuing primary care for		acadomic modical contors	/ / / 1	i denumbarks	1
pursuing primary care for			12/21		
		on number of medical	12/21		
purpose of benchmarking		on number of medical students and residents	12/21		
		on number of medical students and residents pursuing primary care for	12/21		

Determine additional opportunities to expose medical students to Federally Qualified Health Centers (FQHC) and Population Health; increase exposure to primary care and public health research	7/22- 12/23 and to be determined with owners	Action plan with steps to increase these opportunities	UMMS; OPE; Office of Strategic Planning and Development, Population Health Office
Determine impact of student debt on choice of career /residency program and mitigate features causing negative impact	6/21-6/22	Understanding of impact of debt (if any) on selection of residency program	UMMS; Erin McKean

5.0 DIVERSIFY THE WORKFORCE

<u>Co-Chairs:</u> P. Sturgis, J. Dimick

<u>Members:</u> B. Densen, R. Glenn, B. Moore, D. Witowski, M. Ceo, J. Carethers, S. Peters, J. Kufahl, V. Jones

Overall goal of subcommittee: The purpose of this subcommittee is to identify critical factors in Michigan Medicine's demographic composition, increase our underrepresented minorities workforce utilizing lawful means, and recommend targeted short and long-term actions for implementation.

<u>Alignment of priorities with institutional needs</u>: Direct Alignment with Accountability Model, Mission, Vision and Values

Objectives	Deliverables	Timeline	Outcome Measure of Success	Operational Partners
Develop a system for monitoring and using the diversity data of Michigan Medicine leaders through the employment life cycle	Request data from HITS; HR Analytics to determine current data provided to UMMS and UMHS leaders and scope (i.e. level of leaders to be included) Develop process for HR/OHEI to provide support for intentional recruitment strategies to leaders for leadership positions Work collaboratively with HR and other departments that oversee programs for administrative opportunities for broadly diverse candidates who are undergrads or graduate students	12/20 06/21 06/21	Available data on leadership diversity with comparison to community data and benchmarks Intentional recruitment is implemented for leadership positions in departments seeking to increase diversity. Broadly diverse students are working throughout Michigan Medicine in administrative roles. Quantitative increase in Underrepresented Minorities (URM) in leadership levels across Michigan Medicine through lawful means.	UMMS/UMHS COOs; HR; OHEI; Department of Communications; AROC; Office of General Counsel (OGC)
Review historical demographics of promotions and associated practices to	Develop hiring practice guidelines through consultation with OGC and Michigan Medicine HR and collect	2/21	HR monitored pools allowing review of composition. Increase percentages of women and URM who are	Michigan Medicine HR; OHEI; OGC; U-M Office of the Provost; U-M HR

-	1 1. 1.	Γ		
recommend	demographic data		hired through lawful	
procedures	about applicant pools		means.	
consistent with	Investigate cellecting	12/20	Searchable database on	
industry best	Investigate collecting	12/20		
practices and	information found in		applicant pools and hiring	
OGC guidance	the <u>Appointment</u>		data	
for increasing	<u>Activity Record</u> for all		Decreasing voluntary	
diversity AND	hires		terminations in URM	
Review Michigan		6 /04		
Medicine hiring	Exit interviews for	6/21	The entire medical school	
procedures and	employees who are		would eventually engage in	
policies, assess	terminated; yearly		Strategies and Tactics for	
impact and align	summaries of hires		Recruiting to Improve	
with best	and terminations		Diversity and Excellence	
practices in	reviewed by		(STRIDE) training	
order to increase	Michigan Medicine		(STRIDE) training	
diversity.	leadership for			
uiversity.	patterns			
			_	
	Widely disseminate	6/21		
	the hiring toolkit and			
	require STRIDE			
	training			
		6.10.1		
Identify internal	Develop a	6/21	Measured by website hits	HR/OL; Existing
resources and	catalog/one-stop		and potential subsequent	Mentoring Programs
recommend	solution		course enrollment	
process for	summarizing existing		increase.	
increasing	career support			
accessibility to	services offered at		Number of faculty and staff	
career support	Michigan Medicine		engaged in mentoring	
services or	and U-M for faculty		sessions. Number of	
positions across	and staff		leaders enrolled in the	
Michigan			mentoring program to	
Medicine	Expand mentoring	6/21	serve as mentors.	
	options for faculty			
	and staff. Look at		Number of faculty and staff	
	options of expanding		who have completed plans.	
	Micro- and Mini-		Number of plans executed	
	Mentoring program		over time.	
	to faculty and staff			
	and use existing			
	systems available to			
	match mentors and			
	mentees			
	· · · · · · ·			
	Recommend	6/21		
	professional and			
	career development			
	planning for faculty			
	and staff. For staff,			
	the professional			
	development portion			
	of the Valuation form			
	would need to be			
	completed each year			
L	completed each year		l	1

	with a mid-year update required.			
Identify and recommend lawful pipeline programs that increase diverse populations, linked to future workforce needs	Explore institution wide expectations on the diversity commitment component of the short term incentive program	6/21	Diversity objectives which demonstrate commitment to DEI are annually updated in employee valuation process and part of ongoing recipient expectations	HR, CDA, U-M Medical Group (UMMG) Directors, OHEI, OGC
at Michigan Medicine.	Develop recruitment presence online (multiple digital vehicles)	6/21	Diversification of workforce, including leadership, as measured by demographic trends on DEI dashboard	
	Develop live information for recruitment potential	6/21	Consistently and predictably renewing top leadership, allowing us to	
	Explore placing term limits on upper management roles	6/21	increase opportunities for broadly diverse candidates to hold these positions	
	Training leaders and hiring managers Training leaders and teams to	6/21	Develop mandatory all- inclusive team training for hiring leaders	
	identify issues of climate within an existing team		Reinforce recruitment expectations for specific "entry points" into "de	
	 Pipeline Identification: Map out existing "de facto" pipelines Data mining 	6/21	facto" pipelines for external access and hiring to infuse a more broadly diverse faculty and staff into these key areas.	
	Develop mechanisms to ease transition and offer support to late- career leaders	6/21		

6.0 COMMUNITY WORK

<u>Co-Chairs:</u> K. Dickey, A. Rooks, E. Parker-Featherstone

Members: J. Brabbs, E. Buist, D. Habers, M. Khodadost, B. Lyons, E. Newman, V. Shamany-Fakhoury

Overall goal of subcommittee: Better understand and address overall health inequity and access at Michigan Medicine and our surrounding communities; Ensure that our clinics serving minority and struggling patients receive the same level of resources and support as others; Ensure equal access to care in our health system, and take a leadership role in addressing health disparities within our state.

Objectives	Deliverables	Timeline	Outcome Measure of Success	Operational Partners
Understand the full range of initiatives that are ongoing with respect to health equity	Comprehensive list of known Michigan Medicine institution wide programs that engage community and address health equity	Jan/21	Recommended priorities for health outreach and interventions obtain executive leadership commitment and approval	Strategy & Business; Development Community Benefit (CB)/Community Health Needs Assessment (CHNA); Program for Multicultural Health
and community engagement	Toolkit for developing new health equity/community engagement programs that align with existing community priorities, Social Determinants of Health (SDOH) and improve health equity	Jun/21	Data driven report card demonstrates positive trend in community engagement/health equity programming	(PMCH); Cancer Outreach; Finance; C.S. Mott Children's Hospital and Von Voigtlander Women's Hospital (C &W); UMMG; University Hospital/Cardiovascular Center (UH/CVC); Quality Department
Increase meaningful and visible community outreach and engagement	Kick-off meeting to share information two-way (goals of Michigan Medicine, areas of need in community)	Mar/21	Institutional priorities established on which health disparities and inequities will be addressed by Michigan Medicine.	Communications; Executive Leadership; Community Health Coordinating Committee (CHCC)
	Produce and present roadshow materials throughout institution and partner organizations	Apr-Dec 21	Increased awareness of what/how MM is supporting community (from engagement survey, other surveys	
	Identify new partnerships to work on identified gaps in outreach activities, opportunities for establishing new open and inclusive events	Jan 22-Dec 22 (and beyond)	Institution is functioning at high level, understanding important health inequities across Michigan, developing plans in partnership with community to address health needs.	
	Funding Model	Jun/21	Institutional strategies in place for continued and sustained investment in community engagement that improves health equity, including funding	

			for the CHNA-IP and CHS Grants program.	
Develop toolkit for service lines to identify underserved populations and address barriers to access.	Identify at least two areas to partner with during FY21: Lung Transplant & Pediatric Primary Care Identify two areas to partner with in FY22 (e.g. Adult Primary Care and Patient Experience) Plan for toolkit development and pilot	10/2020- 06/2021	Regular engagement with lung transplant team Regular engagement with primary care team Established plan for toolkit development including timeline, scope, implementation and evaluation plans for addressing barriers to access.	Specialty/clinical stakeholders; primary care stakeholders; OHEI, Quality Analytics; Quality Department; UMMG
Healthcare Anchor Network (HAN)	Membership in HAN Request PM support (1.0 FTE required) Attend orientation,	Complete Identify by January 2021 12/2020- 06/2021	Established plan Attendance at HAN events	Will need occasional input from CHNA; Compliance; OGC; Finance; Department of Communications, Purchasing; HR
	and HAN events Comprehensive plan (1 year, 3 year, 5 year, 10 year)	06/2021 10/2020- 06/2021		
Contribute to local community resilience: Revitalize the Ypsilanti Health Center so that the	Conduct needs assessment of Michigan Medicine services in Ypsilanti Health Center (YHC); e.g. gaps in care, facility infrastructure, SDOH	Jan/21	Institutional strategies in place for continued and sustained investment. Identified gaps addressed	YHC; UMMG; CHNA; Quality Analytics,
population living in zip codes 48197 and 48198 are among the healthiest communities in the state of Michigan	Conduct a needs assessment of the current state including: medical and social needs of Ypsilanti residents; gaps and barriers to care that are experienced by Ypsilanti residents; barriers to upward economic mobility of Ypsilanti residents	June/21	Strategies in place for continued and sustained investment Alignment with HAN Identified gaps addressed	YHC; UMMG; CHNA, OPE; Quality Department Health Department; Patient and Family Advisory Council (PFAC)
	Create equity case to show/understand the value of this investment	9-12/21	Health outcomes demonstrating these zip codes are on upward trend in health; Identified gaps addressed.	YHC; UMMG; OHEI, Finance; CB/CHNA

7.0 ADVOCACY & PROFESSIONAL DEVELOPMENT

<u>Co-Chairs:</u> R. Ashley, B. Cole

<u>Members:</u> P. Castillo, L. Denton, S. Goel, S. Nguyen, R. Sugarman, B. Zink, S. Jacobs, M. Trusty, W. Bezotte

Overall goal of subcommittee: Integrate anti-racism values into our everyday work as a sustainable element of our medical community and culture and direct the inclusion of dedicated time and resources to faculty, staff, and learners for leadership/professional development and advocacy.

<u>Alignment of priorities with institutional needs:</u> Alignment with Institutional Values of Caring, Innovation, Inclusion, Integrity and Teamwork

Objectives	Deliverables	Timeline	Outcome Measure of Success	Operational Partners
Recommend specific skills and behaviors for the professional development of all faculty, staff and learners.	Identify/establish a Web page detailing stories/content modeling behaviors, showing values in action with demonstrated commitment from leaders and others. 1-page themed curriculum guide template that could be used in staff (or other) meetings. This template would be used for all additional HRO themes; once existing content is identified.	03/21	Number of hits on Webpage Number of times curriculum guide (1- pager) is downloaded.	OL; OHEI; OPE; Wellness Office; Quality Department; Department of Communications (Karen Hildebrandt); HITS Learning & Design Delivery; HR Business Partners; AROC subcommittees
Creation of learning paths/plans that intentionally promote work behavior that is unbiased in nature and advances innovative approaches in practice.	Identify existing content (videos, printed material, training, stories) aligned with HRO bi- monthly themes. <i>Create stories as</i> <i>needed.</i> Using the 1-page themed curriculum guide template, create 1-page themed curriculum for 2021 (6 one-pagers aligned with HRO bi-monthly themes) and subsequent years as HRO themes are identified.	01/21	Number of sponsors/stories identified and/or created Scores on Employee Engagement survey (specific questions) and possibly the Faculty Satisfaction survey	

guidance torequests andmeasured by fulfilledotherresponses in a singlerequests (tracker).subcommitteesdocument. Anrequests (tracker).with trainingawareness of existingobjectives toobjectives toresources (content,ensureand subject matteralignment withexperts) available toexistingall subcommittees asresourcesa resource.	subcommittees with training objectives to ensure alignment with existing	document. An awareness of existing resources (content, and subject matter experts) available to all subcommittees as	01/21	Connections with existing resources as measured by fulfilled requests (tracker).	
---	---	---	-------	---	--

8.0 COMMUNICATION PLAN

In collaboration with the Michigan Medicine's Chief Communications & Marketing Officer, Rose M. Glenn, the Anti-Racism Oversight Committee has developed the following communication plans:

The overall objectives are to:

- Provide a platform for Michigan Medicine key stakeholders to hear and understand perspectives of health care services particularly from minority and underserved populations in our communities.
- Learn from empathetic and reflective listening to increase efforts that will improve health care equity and access.
- Build trust between Michigan Medicine and the diverse community stakeholders it serves.
- Based on learnings, commit to continuous improvements of institutional systems through the ongoing work of the AROC Community Work Subcommittee.
- To provide transparency and clarity to Michigan Medicine employees around the anti-racism work being conducted.
- Evaluate progress based on key strategic metrics.

8.1 External Communication Plan

In order to build trust and demonstrate care with the external community, community listening tours will be utilized to increase community involvement and community engagement with Michigan Medicine. The Executive Vice President for Medical Affairs (EVMPA)/Dean will use this session as an opportunity to introduce the new UMHS President/Executive Vice Dean for Clinical Affairs (EVDCA) who will be involved in subsequent listening sessions.

To help establish the commitment to the community from Michigan Medicine, the virtual inaugural listening session will be formatted for Michigan Medicine leadership to primarily listen and be informed of community concerns, and to answer any relevant questions. Leaders will then take time to reflect and remaining sessions will focus on a range of topics prioritized by the community feedback.

The initial listening session will be planned for February/March 2021.

8.2 Internal Communication Plan

To provide transparency and clarity around this report, AROC will host a virtual Town Hall outlining the Action Plans for the broader Michigan Medicine community. This will be planned for February 2021.

9.0 IMPLEMENTATION

The committee's approach to implementing this work will utilize existing resources and initiatives that are currently deployed or planned to be deployed. A list of short term (i.e. within the next 12-months) and long-term resource requests were presented and endorsed by Michigan Medicine Leadership in December 2020. A summary of those requests are included with the next section.

9.1 Resource Requests

In order to move this work forward, the compiled resources needed for the short-term goals and objectives are categorized below:

- Web and Content/Instructional design:
 - Assist Speak Up/Show Solidarity with Tool Kit design and Webpage design
 - Assist Advocacy/Professional Development with Webpage design and Template designs
 - Assist Opportunities for Conversations with Restorative Justice Content
- Project Management support for the below Community Work objectives:
 - Coordinate community outreach, including needs assessments for the Ypsilanti Health Center (YHC)
 - Develop toolkit to address barriers to access in Lung Transplant & Primary care pilot areas
 - Create funding model for CHNA-IP and CHS Grants Program
- Project Management support for the Healthcare Anchor Network

While many recommendations from the Committee can be implemented within the next 12months, there are several areas where long-term support is recommended:

- Financial support for Education and Clinical Practice
 - Hire experts in critical race theory and health justice education to develop scholarship and update medical school/residency/faculty education
 - Funding for opportunities for medical students to rotate to Flint and Detroit hospitals
 - Funding to market diversity of Michigan Medicine to various audiences
- Time Allocation for Diversify the Workforce
 - HR personnel to work with each department to provide specific, legally permissible recommendations for increasing diversity, tracking implementation, and intervening when applicant pools do not reflect diversity of applicable labor pool
 - Marketing personnel to design a strategy that communicates the importance of DEI and anti-racism at Michigan Medicine
 - Communications personnel to promote trainings, new policies, best practices and new incentives or promotion requirements
- Financial investment for the revitalization of the YHC

PART III - APPENDICES

APPENDIX 1.1

Anti-Racism Oversight Committee Roster

<u>Bioethics</u>

Reshma Jagsi, MD, DPhil

<u>House Officer</u> Terrence Pleasant, MD

<u>Department Leadership</u>

Michelle S. Caird, MD John M. Carethers, MD Justin B. Dimick, MD Dana Habers Mary S. Freer Karen Lang George A. Mashour, MD, PhD Bethany B. Moore, PhD Vic Sukumar Philip Zazove, MD

<u>Communications</u>

Rose Glenn Sally Liaw Brittanii Lyons

<u>Community</u> Alfreda R. Rooks, MPA

<u>Executive Leadership</u> Keith Dickey, PhD

<u>Faculty</u>

Brian J. Zink, MD Ebony C. Parker-Featherstone, MD

<u>Finance</u>

Paul Castillo, CPA Diana M. Witowski, MBA HR/Organizational Learning Paul Sturgis, MSHROD, SPHR Brian Cole, BSME, MBA,

OD, PMP Stephanie L. Schroeder, BA, MEd, PHR

<u>IT/Shared Services</u> Jack Kufahl

<u>Medical Education</u> Brad R. Densen, MPH

<u>Medical School</u> Rebekah Ashley, JD

Medical Student Leadership Michelle Daniel, MD, MHPE, FACEP Seetha Monrad, MD Steven Gay, MD, MS Rajesh S. Mangrulkar, MD Erin L. McKean, MD, MBA, FACS

<u>Medical Students</u>

Chioma Anidi Genevieve Mulligan Rebekah Sugarman Yena Kang Erica Odukoya Yemi Olumolade

<u>Metrics/Measurements</u> Patti Andreski

<u>Mott/Von Voigtlander</u> Chris Dickinson, MD

Nursing Vanessa Shamany-Fakhoury MBA, MHA, BSN, RN Cathy Kendrick, BSN, MS, RN

<u>Office for Health Equity</u> <u>and Inclusion</u> Phyllis M. Blackman, MBA

Office of Patient Experience Keith Gran, CPA, MBA

<u>Operations</u>

Maria Ceo Stefanie L. Peters, FACHE, MPA, LMSW

Post-doc/graduate

<u>student</u>

Lindy Jensen

<u>Quality</u>

Linnea C. Chervenak, MHA

<u>Rogel Cancer Center</u>

Julie C. Brabbs, MBA

<u>Security</u>

Brian Uridge, MPA,CPP,CHPA,CTM

<u>Staff</u>

Steve A. Vinson Lucia Baru

<u>UH/CVC</u> David C. Miller, MD

<u>UMMG</u> Erika Newman, MD

<u>Wellness</u>

Kirk J. Brower, MD Sandy Goel, PharmD

<u>AROC Project</u>

<u>Management Support</u> Ali M. Von Au Douglas Portia Bonner

<u>Subcommittee Project</u>

Management Support Danielle Trejo Peggy Wright Kim Ward DeAnn VanSickle Valerie Jones Maryam Khodadost Ellen Buist Wendy Bezotte Molly Trusty