Table 1

Swap the current ones
1. Identify key stakeholders of CTSI (I.E. Investigators and Community) with lineage of stakeholders together to improve communication and foster collaboration.
2. For each CTSI function, establish mechanism of accountability between stakeholders and CTSI
3. For each CTSI function, identify and define the metrics to serve as effective measures of program success or failure

Year 1
- Fix/Bridge improve problems internally before trying to export bridge externally
- Low hanging fruit to demonstrate early success (gain partners). Will allow for tougher issues to be addressed for the following year.

Table 2
- Organize all the existing resources currently available at the Health Center
  - People; expertise; instrumental materials; contacts (national internal) available patient populations

Table 3
- Goal #1 Accessibility and utilization
  - Recognize true cost developmental costs
  - See developmental cost as an investment rather than an expense burden
- Goal #2 - Actually Recruit and Value Participation; Goal Oriented; Goals and Standards
- Additional Goals Include:
  - Nimble response to enabling technology that transform science
  - Sunset Technology

Table 4
UF CTSI
- Infrastructure support more research focused

Goals Discussion (2nd half of morning)
• The CTSI needs to recognize and embrace a process that gets away from
• Bench to Bedside to Community
• And looks at Community to Patient to Scientist
• What research needs do communities express? What research needs do
  patients and their doctors, nurses, therapists identify?
• What questions matter to communities, patients, clinicians? What kind of
  answers matter to these same groups?
• Problem: The scientist is interested in generalizing the patient/family want to
  know what is but for them. Today, under their unique circumstances. Patients
  don’t care what treatment is best for most patients or for average patients. They
  want to know what is best for them individually.

Table 5

• CTSI Presents opportunities to breakdown departmental doors and provide
  campus wide mentorship.
• Cross Mentorship; Everyone knows how to do an R01; No clue how to do a grant
• Pillar Goals
  o Advance marketing buzz
• Strategic Goals
  o Team building to compete
  o Personal Responsibility
• Identify team science opportunities and assign a CTSI Project manager who
  becomes responsible team member who brings together those lone wolf
  scientists and has an equal stake in the success of the proposal. Not jest an
  enable but an invested partner in team science proposals- something lone
  wolves shy away from
• Rapid response grant submission teams
  o With milestones to measure success
• Concur with Steve’s bold statement
  o We must be bold and accomplish tasks despite the fact that they might be
    hard to do.
• CTSI must provide boiler plates and all grants
• Submission rules, especially in TEAM science
• Tackle large science initiatives
• Develop metrics of # team grants per quarter.
• Look up workshops
• Name of people who sit on national committees who know what topics are hot.

1. In order to include a wide range of disciplines/colleges at UF and improve the
   health of the population, the CTSI needs to broaden the definitions of health to
   include a focus on the determinants of health (socio-cultural, economies,
   geographical). This would allow a more diverse menu of research studies,
   methods and investigators and would include behavioral and health systems
research- assessing better references for treatment options and processes and models of care delivery.

2. Identify health priorities at a global natural and local level (e.g. WHO, HP2020, and Well Florida Councils) Identify committee/populations of interest; Identify community leaders/stakeholders; Conduct a needs assessment with community members to establish preferences; Establish and maintain ongoing consistent relationships with communities/populations of interest.; Identify appropriate and acceptable interests. Observe and assess feasibility of implementation

3. Develop structured, ongoing communication strategies (feedback) to assure community engagement. Identify, assess, adapt and revaluate research finding

4. Identify what resources are needed to move across the levels from T1-T4. Leverage resources for local, regional, nationals, and global organizations to disseminate findings.

Table 8

- Strategic Plan too general
- Go with your strengths
- Goal: Bioinformatics to catalogue all resources and understand resources we already have.
  - Materials/ equipment/expertise/ research coordinators/patient populations
  - Establish Data base
- No research for international experiences
- Move Goal # 3 (Improve Patient Care and Population Health) to Goal #1.
- Goal #1- 1st year should be :
  - Provide services and resources for clinical and translational science in order to improve patient care and population health.
  - Pick biggest impact projects

Table 9

Missing Components
#1- Research Team Formation- bringing together collaborative patters; facilitating the connections between people with similar interests but in different programs
Connecting within a campus and between campuses
Identify problems- bring in people from various places to work together – “research engines”
Sowing the seeds of teams that can create new ideas and new projects

#2- Create a system for making all of this work in practicality
Track people with ideas through entire process, identify the solid ones and trace them through, help them through.
Focus on making these ideas more productive
Clinicians need to be partners in process and even direct it at times.
#3- Point is to facilitate care of actual patient, EMRs, data collection, use technical resources (data banking)—infrastructure on a different emphasis, may be a parallel effort.

Clinical bioinformatics infrastructure

What is the next step?—using this to go into research

Putting infrastructure together in a way that is usable

Under goal #4, but how do we achieve it? Need to refine the language. Goal #4 may be “biting off more than it can chew”- separate internal and external collaboration

Add:
- We Need to look at costs in some way
- Testable Goals
- Need measurable goals
- CTSI as catalyst for real projects

Table 10

4 Pillar Goals
- Superior output of licensed technology
- Superior facilitation of researchers support needs
- Superior attainment of HIH and other grant funding
- Attainment of highly functional relationship with Florida Public Health and the citizens of Florida

Goal- To maximize engagement of CTSI with communities at large
- Empirically evaluate
- Strategy evaluate centralization versus “pod” development if all researcher resources needs
- Highly Accessible website and clinical trials enrollment
- Strategy facilitate larger clinical interest group experiences with decision on grant applications

- First: Need Infrastructure; Develop Functional Capacity; Pursue Advance Marketing
- First Goal: Ok- (Identify, define, offer, and measure and promote Services and Resources)
- 2nd Goal- Remove Training Programs as a Goal
- 3rd Goal (Refocus) (Importance of Patient Care and Population Health
- 4th and 5th Goals- Ok Engagement and Program Development
- Add a 6th goal to the Three-year goals- CTSI is perceived as the most effective and available resource for health improvement in the State of Florida
Table 11

1. Promote services and Resources very important- Not just website, single phone contact number
2. Goals are okay but they require more time to complete.

Table 12

- There is No baseline data to identify where we are
- EPIC not connected to other systems
- Integrated Data Repository
- Access for staff to EPIC, responsiveness of software engineering to connect EPIC to REDCap
- Recruitment Retention Center needed
- Access to information
- 1 year goal: Be able to download data from Epic in seamless manner
- Evaluation and Tracking needs to be established baseline data and review every 6 months
- Help people navigate regulatory aspects then provide specific input and subject accrual. Research navigation Key. Metrics related to this should be gathered.
- Getting funding and protected time for young investigators, including those with existing K awards.
- Collaborative projects for young investigators supported by CTSI.
- Built in feature in EPIC to consent subjects for data sharing; ability to pull data down locally.
- Could have a single protocol for case studies?
- CTSU needs to reach out to department chairs, divisions, centers, directors

Table 13

Develop mechanism for establishing critical feedback loops between CTSI investigators and the lay community to facilitate timely exchange of research finding perceived needs for research within the community.
Strategies may be
- Conduct community needs assessment
- Find out what interests the community
Strategic Goals- One Year
1. Missing explicit focus on Community engagement front- needs assessment with community
   a. Do upfront- Not as an afterthought
   b. IFAS extension- resources; Gatekeepers of community
   c. Constant presence (meant to record subjects)- long term engagement
   d. Definite who community is?
e. Separate #4 Goal into internal communities and external community engagement
   i. How is it translational research? New role for extension= engaging community in research vs. education
   ii. Participating- it is about equity
   iii. Does community know what research does/goes on in University?

2. Missing focus on diversity- ensuring diversity and populations, research methods, people involved in research

3. Goal #2 missing senior faculty

4. Goal #3, separate out Patient care (quality and Safety) and population health (Prevention)

5. With Community Engagement—evaluate based on community needs

6. Community engagement new role for researchers; IFAS ➔ Defining what it is, how we do it?

**Table 14**

UF and Shands Goals mentionable:
   Define benchmarks for measurable improvements in patient care quality and safety

UF CTSI Goals- 1 Year
   Improve patient care
   There is the impression CTSI is forgetting the high tech areas like brain diseases, genetics, emerging pathogens. There are also areas at UF and Shands AHG such as high CAVT and iatrogenic PTX, M&M issues within Shands AHC

Social
   Target solutions for larger populations and underserved populations

Drug Resistant TB Research
   Addressing Clinician non-compliance with best practices
   Too generic, plain vanilla goals nothing that identifies it as a UF initiative
   Pick low hanging fruit- with much shorter than 15 years bench to bedside