FACULTY SUCCESS AT UCSF AND THE LONG RANGE DEVELOPMENT PLAN

REPORT OF THE SCHOOL OF MEDICINE FACULTY COUNCIL

May, 2003
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EXECUTIVE SUMMARY

The School of Medicine Faculty Council surveyed all faculty salaried at 50% or more time (1384 faculty total) in the School of Medicine using a web-based survey. A total of 28% of the faculty responded. Following completion of this survey, six focus groups were held at all principal UCSF sites (Mt. Zion, VAMC, SFGH, Laurel Heights, Mission Bay and Parnassus). These focus groups provided faculty with the opportunity to discuss the results of the survey and to provide more detailed input regarding their needs and thoughts on the future development of UCSF and proposed amendments to the Long Range Development Plan.

The summary below outlines the major highlights of the process and of the findings. The Faculty Council has made recommendations for long-, mid-, and short-term solutions; four findings were chosen to represent an overall summary. Further details of the survey and focus group discussions can be found in the appendices of the full report, located at http://www.ucsf.edu/senate/0-facultycouncils/q-faccsom.html.

Primary Findings

- Most faculty support a single campus at Mission Bay and believes that UCSF should acquire additional land to accommodate this recommendation.
- It is strongly desired that SFGH should be integrated into the Mission Bay site to form a single campus.
- An integrated electronic medical record for inpatient, as well as all outpatient locations is essential and needed immediately.
- There is a need to provide “swing space” for faculty who travel between various UCSF sites which would include at a minimum, phone, email and Internet access, as well as a space to work and/or meet with students while away from their home campus location.
- It is imperative that faculty be granted the ability to use one paid parking permit in order to access parking at all UCSF campus locations.

Long-Range (10-50 year) Suggestions

- Most faculty support the goal of a single campus where research, inpatient and outpatient care, and the medical school are located. Most faculty embrace the co-locating of researchers and clinicians and shun physical separation of the medical school from either group.
- There was strong support for locating San Francisco General Hospital at Mission Bay.
- The faculty generally support the plan to acquire as much land as possible in Mission Bay.


Many faculty voiced concern that a clear vision of the “UCSF of the future” has not been articulated as indicated in the questions below:

- will UCSF provide a comprehensive health care system with satellite outpatient clinics, an outstanding general hospital and an outstanding specialty center?
- will UCSF be a tertiary care center and leave general and outpatient services to others?
- will UCSF adopt a Mayo Clinic model where patient care can be streamlined and expedited to handle complex consultation for visitors?

NOTE: Faculty response indicated strong support for UCSF to continue to provide primary care, as well as tertiary care. The faculty felt that becoming a “referral” hospital alone would negatively impact the campus’ service to the community, threaten its training mission, and reduce our own faculty referrals and instead provide more routine hospital services. The faculty indicated it was essential to have a clear vision and statement of UCSF’s long-range vision in order to more meaningfully participate in long-range planning efforts.

UCSF must embark on a significant marketing effort locally, state-wide and nationally in order to convey the vision for the delivery of medical service on the UCSF campus

**Mid-Range (10 year) Suggestions**

- Creating a hospital at Mission Bay will allow basic science and clinical activities to be co-located. There was solid support recommending that organization of all hospital sites (Parnassus, Mission Bay and Mt. Zion) should occur along disease-specific lines, however this configuration would produce an obvious problem for making consultative services available at every site. However, outside of the desire for a goal of a single campus (as indicated in the response for long-range plans), the faculty agree there appear to be no reasonable alternatives.
- Given that it is highly likely that UCSF will continue to be located at multiple sites, the faculty felt strongly that all planning should focus on how to make a multi-site campus efficient for faculty on the move.
- The faculty list “swing space or satellite space”, virtual offices, cross-campus networking, mobile communication, parking, transportation, and child care are critical to the eventual success for faculty working at multiple sites. This should be a top priority and serious planning should be undertaken and that faculty involvement early on in the planning efforts related to these concerns should be paramount.
- Specific attention should be paid to removing the “second-class citizen” phenomena that exists at UCSF. As we move forward, the Administration must give equal recognition and make equal resources available for all UCSF sites and not focus extraordinary attention at any one campus site (i.e. Mission Bay.)
- The faculty voiced strong support for a standard electronic medical record system, across all sites in order to make all pertinent inpatient and outpatient information available (i.e medical information, laboratory and radiology services.) A universal record shared by sites peripheral to hospitals is one way to reduce the second class citizen problem.
- There was minimal support voiced for improved video conferencing capabilities at all campus sites because this tool, despite being available at most UCSF sites is not utilized by many faculty. Any major expenditures in this area should be a low priority.
Short Term / Immediate Suggestions

- Provide a formal system to inform and involve a broad base of faculty in LRDPA planning and recommendations.
- Place all LRDPA sub-committee minutes or summaries on a website and provide the Academic Senate with the link to the website.
- Begin an electronic medical record at Parnassus Heights as soon as possible including an order entry system; pursue this effort with the goal of providing these systems at Mt. Zion and Mission Bay in the future.
- Provide multi-site parking permits so that faculty who currently work at more than one hospital are not penalized by having to pay for additional parking costs.
- Improve shuttle services with shuttles that run more frequently and are better designed to prevent motion sickness (i.e. allow riders to see out.)
- Develop protocols to allow the usage of cell phones within the hospital in order to facilitate communication. Validate the stated concern that cell phones interfere with hospital equipment.
- Make swing space available with phone, email and internet access to faculty who work at various UCSF sites.
- Broadcast grand rounds over the Internet utilizing existing infrastructure.

The faculty who responded indicated that their current usage of the library at Parnassus Heights was minimal. Because of this perception, many faculty indicated that the space occupied by the Library should be used for classroom or other space needs. An additional recommendation was that Library funds should be used to increase electronic subscriptions to journals.
November 20, 2002

PROFESSOR PATRICIA ROBERTSON  
Box 0132

We have an almost unprecedented opportunity to reshape the future of this campus with the development of a new campus at Mission Bay and the requirement to replace, and probably relocate, some or all of the Medical Center. The Academic Planning Subcommittee of the Chancellor’s Advisory Committee on the 2002 LRDP Amendment, under the leadership of Vice Chancellor Dorothy Bainton, is charged “to prepare recommendations for the 2002 LRDP Amendment Committee on the optimal academic plan and space program for Parnassus Heights and Mission Bay under each of the finalist hospital replacement scenarios to be evaluated in the LRDP Amendment.” It has become quite clear that the deliberations of this Subcommittee will be best served by broadly consulting with our faculty with respect to obtaining their visions of what configuration will best serve our academic mission as we look towards the future, so that the recommendations of this Subcommittee can reflect those visions. Daniel Bikle, as Chair of the Senate and a member of the Subcommittee has previously requested your help in obtaining those visions from your faculty.

By this letter we want to restate our desire for this feedback from all Schools, and to reassure all UCSF faculty that these decisions are too important to be made without such feedback. We hope that you will be able to provide us this feedback by mid April, 2003.

Dorothy Bainton, MD  
Vice Chancellor, Academic Affairs

Daniel Bikle, MD, PhD  
Chair, Academic Senate
Faculty Success and LRDP - School of Medicine Faculty Council

Please take 5 minutes to help voice your input into the future of Mission Bay and the future placement of UCSF hospitals.

The acquisition of land at Mission Bay has created an unprecedented opportunity to plan for major changes at UCSF. The School of Medicine Faculty Council is seeking your input and ideas about the future planning of UCSF’s hospitals. Additionally, as the transition to upgraded hospitals begins, we also need to plan for better information technology, child care, library usage, and schooling options for our children. Because much has been discussed at administrative levels, we want to update you on the current thinking, then solicit your advice about two likely planning options for the future. If you are already aware of current discussions, you can skip the following material and proceed with the survey below.

Background Information

The Chancellor’s Long Range Development Planning group has been meeting over the past 20 months to modify UCSF’s current Long Range Development Plan (LRDP), a public document previously approved by the Regents. Legislation has mandated that hospitals in California meet seismic standards, either by retrofitting a hospital or building a new one. To meet the deadlines imposed by this law, the existing LRDP has to be revised to describe UCSF’s plans for the future, particularly regarding our hospital configuration. A separate Strategic Planning process was instituted by Mark Laret, Hospital CEO, which determined that the number of inpatient beds at UCSF had to increase to the 600-700 range for the hospital’s future financial health. The Environmental Impact process, required in determining a new LRDP, requires that virtually all possibilities be considered for hospital rebuilding or replacement. The number of possible options is huge – e.g. a single larger hospital at Moffitt, or at Mount Zion, or at Mission Bay, or split facilities (bigger hospital in any of the 3 locations with a smaller hospital in one of the other 2 locations). These multiple proposals has been the subject of discussions over these many months and but the options have been pared down.

Almost everyone agrees that a unified single campus would be optimum (although the VA Hospital probably won’t move, and SFGH may or may not move). The only possible single site is Mission Bay (MB). Parnassus doesn’t have enough land, retrofitting would take twice as long as building on a new site, and there is a space ceiling that would largely preclude this. However UCSF has insufficient space available in its current Mission Bay site, so additional land would have to be purchased. If the entire UCSF inpatient facility moved to MB, probably most or all of the schools would want to be located there. In all, the cost of a unified inpatient setting at MB with associated office, parking and outpatient space, and research facilities for the entire faculty located there likely would be $1.5-2 billion dollars – and there are insufficient resources at present for such a huge investment. At the mid-December LRDP planning meeting, it was generally agreed that Mount Zion would not be a site for an inpatient facility except on an interim basis, and that there will be 2 inpatient facilities – roughly 400 beds at Parnassus and 250 beds at Mission Bay, or vice versa. Reaching the final goal of a single campus for inpatient care could well take 30 years or more – so the plans currently at the top of the list for consideration represent
"constructive incrementalism." Such an approach also allows for some adjustments along the way to accommodate changes in patient care or medical research.

SFGH also requires seismic upgrades for the inpatient part of the hospital. The current Health Dept leadership would like to move SFGH to Mission Bay to be adjacent to a presumed new UCSF inpatient facility, and there are a number of excellent reasons for such a move. However, SFGH rebuilding either at Mission Bay or at the current Potrero location will require a bond issue to pass. The amount of money that becomes available likely will determine the site of the "new" SFGH. In any event, plans must be developed to accommodate the research needs for the SFGH faculty at whichever site is ultimately chosen.

We are seeking your input and ideas about the possibilities outlined above, along with your thoughts about aspects of infrastructure such as information technology, child care, library usage, and private school options. There is land reserved at Mission Bay for the development of a public charter school should there be interest from the UCSF faculty/staff community. We’ve requested additional data to help us in interpreting your responses.

1. **Degree** [pull down menu] “MD, MD/PhD, PhD, BS, BA, MA, MS”, text box for other

2. **Gender** [pull down menu] “M, F”

3. **Age** [text box]

4. **Year you joined faculty at UCSF** [text box]

5. **Academic Series** [pull down menu] “Professor Series, Professor in Residence Series, Adjunct Professor Series, Professor of Clinical X Series, Clinical Professor Series, Professional Research Series”

6. **Current Series Rank** [pull down menu] “Clinical Instructor, Assistant, Associate, Full Professor”

7. **Primary Department Affiliation** [text box]

8. **Primary Physical Location** [pull down menu] “Parnassus Heights, VAMC, Mount Zion, SFGH, Laurel Heights, other”;

9. **Sites that you visit at least monthly** [checkboxes] “Parnassus Heights, VAMC, Mount Zion, SFGH, Laurel Heights”

10. **Please enter the percentage of your time you spend in the following activities** (numbers should sum to 100%)
    a. Clinical [text box]
    b. Research [text box]
    c. Teaching [text box]
    d. Administrative [text box]
Two major scenarios are currently being considered:

Scenario #1:
400-bed inpatient facility at Parnassus (either on the site of the present UC Hospital, or perhaps on the Langley Porter site) and 250 beds at Mission Bay.

Scenario #2:
400-bed inpatient facility at Mission Bay and 250 beds at Parnassus.

In either Scenario 1 or 2, the medical school will likely move to Mission Bay, with Mission Bay being the “new center of gravity” of a multi-campus community. Which specialties would be placed in each of the two hospitals is not clear but would likely be disease based. Mount Zion will eventually have no inpatient facility. Assuming that these transitions will occur in phases, probably over 10-15 years, please indicate how these two scenarios would impact your activities over this time frame:

11. Regarding Scenario #1:
(400-bed inpatient facility at Parnassus (either on the site of the present UC Hospital, or perhaps on the Langley Porter site) and 250 beds at Mission Bay)

   a. Impact on your research
      [ ] Positive [ ] Negative [ ] No Effect [ ] I Do Not Perform Research

   b. Impact on your teaching
      [ ] Positive [ ] Negative [ ] No Effect [ ] I Do Not Teach

   c. Impact on your clinical work
      [ ] Positive [ ] Negative [ ] No Effect [ ] I Do Not Perform Clinical Work

   d. Impact on your clinical research
      [ ] Positive [ ] Negative [ ] No Effect [ ] I Do Not Perform Clinical Research

   e. Impact on your administrative duties
      [ ] Positive [ ] Negative [ ] No Effect I Do Not Perform Administrative Duties

12. Regarding Scenario #2:
(400-bed inpatient facility at Mission Bay and 250 beds at Parnassus.)

   a. Impact on your research
      [ ] Positive [ ] Negative [ ] No Effect [ ] I Do Not Perform Research

   b. Impact on your teaching
      [ ] Positive [ ] Negative [ ] No Effect [ ] I Do Not Teach

   c. Impact on your clinical work
      [ ] Positive [ ] Negative [ ] No Effect [ ] I Do Not Perform Clinical Work
d. Impact on your clinical research
   [  ] Positive  [  ] Negative  [  ] No Effect  [  ] I Do Not Perform Clinical Research

e. Impact on your administrative duties
   [  ] Positive  [  ] Negative  [  ] No Effect  [  ] I Do Not Perform Administrative Duties

13. Mount Zion (MZ) will have inpatient beds to accommodate needed growth in the near future, until the first of the 2 new hospitals is built (probably in 5-8 years at the earliest). In your judgment, what clinical or research groups could function adequately at MZ with inpatient care delivered elsewhere (assuming adequate office and research space at MZ for these activities)?

   [Text Box]

14. What percentage of your "work year" is spent in the Library? [text box]

15. What do you do in the library? (Please estimate percentages to total 100%)
   a. Access journals or texts [text box]
   b. Use copying facilities [text box]
   c. Meeting place [text box]
   d. Get reference assistance from librarians [text box]
   e. Other [text box for %] [text box for text]

16. How do you access research articles presently? (Please estimate percentages to total 100%)
   a. From journals in Library [text box]
   b. From interlibrary loan [text box]
   c. From home or office computer [text box]
   d. Other[text box for %] [text box for text]

17. Do you have children? [  ] Yes  [  ] No

18. If yes, what school(s) do they attend and what grade(s) are they in?
   School(s):  [Text Box]  Location:  [Text Box]
   Grade(s):  [  ]K  [  ]1  [  ]2  [  ]3  [  ]4  [  ]5  [  ]6  [  ]7  [  ]8  [  ]9  [  ]10  [  ]11  [  ]12

19. Do you expect to have children in the near future? [  ] Yes  [  ] No

20. If a public charter school was developed at Mission Bay for the UCSF community with some spots for the larger San Francisco student community, would you seriously consider this as an option for your child(ren)?  [  ] Yes  [  ] No

21. Please indicate the importance you give to onsite childcare:
22. How would you support the idea of having UCSF develop and support a charter school for children (K-8)?
[ ] Strongly support [ ] support [ ] neutral [ ] object [ ] strongly object

23. Assuming that UCSF will be a multi-sited campus at least for the next 10-15 years, please respond to the importance of investing in the following information technology endeavors:
   a. Video conferencing: [ ] Very important [ ] fairly important
      [ ] slightly important [ ] not important
   b. Electronic clinical information system: [ ] Very important [ ] fairly important [ ] slightly important [ ] not important
   c. Online teaching resources: [ ] Very important [ ] fairly important
      [ ] slightly important [ ] not important

24. Additional comments/information:
   [Text Box]

If you would like to review and comment on the results of this survey prior to their inclusion in a report to be submitted to the Chair of the Academic Senate, Daniel Bikle and to Vice-Chancellor for Academic Affairs, Dorothy Bainton, and are willing to attend a focus group, please enter your email address here and indicate your availability below:

   Name: [Text Box]
   Email Address: [Text Box]

   Please indicate the date(s) and location(s) at which you are available:

   [ ] Fresno Monday, February … Time
   [ ] Mount Zion Tuesday, February … Time
   [ ] Parnassus Heights Wednesday, February … Time
   [ ] SFGH Thursday, February … Time
   [ ] VA Hospital Friday, February … Time

Thank You For Taking This Survey!
School of Medicine Faculty Council
LRDP Input Survey
February, 2003

Response Rate

- 1384 surveys sent by email.
- 401 completed surveys returned.

- 28% Response Rate
Gender of Respondents

Male 68%
Female 32%

As of July, 2001:
Women as % of School of Medicine Faculty – 33%
Men as % of School of Medicine Faculty – 67%

Source: The Climate for Women on the Faculty at UCSF: Report of Findings from a Survey of Faculty Members, January, 2002

Primary Department Affiliations of Respondents

- Anatomy – 5
- Anthropology, History and Social Medicine – 3
- Anesthesia – 19
- Biochemistry and Biophysics – 2
- Cellular and Molecular Pharmacology – 4
- CVRI – 2
- Dermatology – 3
- Epidemiology and Biostatistics – 14
- Family Medicine / Family and Community Medicine / Family Practice – 10
- Internal Medicine / Medicine – 101
- Laboratory Medicine – 113
- Microbiology and Immunology – 2
- Neurology – 32
- Neurological Surgery – 9
- Obstetrics, Gynecology and Reproductive Sciences – 15
- Ophthalmology – 3
- Orthopedics / Orthopedic Surgery – 6
- Otolaryngology – 2
- Pathology – 11
- Pediatrics - 27
- Physical Therapy and Rehabilitation Sciences – 3
- Physiology – 4
- Psychiatry – 16
- Radiology – 17
- Radiation Oncology – 8
- Surgery – 14
- Urology - 2
Degree(s) Held by Survey Respondents

- MD 59%
- MD/PhD 12%
- PhD 27%
- BS 1%
- BA 1%
- MA 0%
- MS 3%
- RN .3%
- CNM 1%
- Other 2%

Academic Series of Respondents

- Professor 20%
- Professor In Residence 28%
- Adjunct 18%
- Clinical X 12%
- Clinical 21%
- Professional Research 0%
- Other 1%
Current Series Rank of Respondents

- Clinical Instructor: 0%
- Assistant Professor: 41%
- Associate Professor: 19%
- Full Professor: 40%
- Other: 0.3%

Primary Physical Location of Respondents

- Parnassus Heights: 49%
- VAMC: 7%
- Mount Zion: 11%
- SFGH: 19%
- Laurel Heights: 5%
- Mission Center: 1%
- Other: 8%
Sites Visited At Least Monthly by Respondents

- Parnassus Heights 79%
- VAMC 14%
- Mount Zion 29%
- SFGH 28%
- Laurel Heights 14%
- Mission Center 2%
- Other 9%

Percentage of Time Spent by Respondents in Different Activities

- Clinical 50%
- Research 30%
- Teaching - Clinical and Classroom 16%
- Administrative 17%
Scenarios Currently Under Consideration

- Scenario 1: 400 bed inpatient facility at Parnassus Heights with comprehensive clinical activity. 250 bed specialty hospital at Mission Bay.
- 400 bed inpatient facility with comprehensive clinical activity at Mission Bay. 250 bed specialty hospital at Parnassus Heights.

Anticipated Effect of Either Scenario on Different Activities

<table>
<thead>
<tr>
<th></th>
<th>Positive</th>
<th>Negative</th>
<th>No Effect</th>
<th>Depends</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research</td>
<td>11%</td>
<td>13%</td>
<td>33%</td>
<td>34%</td>
</tr>
<tr>
<td>Teaching</td>
<td>8%</td>
<td>21%</td>
<td>37%</td>
<td>31%</td>
</tr>
<tr>
<td>Clinical Work</td>
<td>5%</td>
<td>11%</td>
<td>24%</td>
<td>34%</td>
</tr>
<tr>
<td>Clinical Research</td>
<td>7%</td>
<td>9%</td>
<td>21%</td>
<td>37%</td>
</tr>
<tr>
<td>Admin. Duties</td>
<td>6%</td>
<td>13%</td>
<td>50%</td>
<td>19%</td>
</tr>
</tbody>
</table>
Library Use by Respondents

Respondents were asked to indicate how many hours they spend, per month, in different activities in the Parnassus Heights Main Library.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access Journals or Texts</td>
<td>3.5 hours</td>
</tr>
<tr>
<td>Use Copying Facilities</td>
<td>1.9 hours</td>
</tr>
<tr>
<td>Meeting Place</td>
<td>2.0 hours</td>
</tr>
<tr>
<td>Get Reference Assistance from Librarians</td>
<td>0.8 hours</td>
</tr>
<tr>
<td>Other</td>
<td>5.9 hours</td>
</tr>
</tbody>
</table>

Library Use by Respondents (contd.)

Respondents were asked to indicate how many hours they spend, per month, in different activities in their on site library (if not at Parnassus).

<table>
<thead>
<tr>
<th>Activity</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access Journals or Texts</td>
<td>2.9 hours</td>
</tr>
<tr>
<td>Use Copying Facilities</td>
<td>1.8 hours</td>
</tr>
<tr>
<td>Meeting Place</td>
<td>2.2 hours</td>
</tr>
<tr>
<td>Get Reference Assistance from Librarians</td>
<td>1.4 hours</td>
</tr>
<tr>
<td>Other</td>
<td>1.6 hours</td>
</tr>
</tbody>
</table>
Importance of Investing in Different IT Endeavors at a Multi-Site Campus

<table>
<thead>
<tr>
<th></th>
<th>Not Important</th>
<th>Somewhat Important</th>
<th>Important</th>
<th>Very Important</th>
<th>Extremely Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>Video-Conferencing</td>
<td>7%</td>
<td>21%</td>
<td>19%</td>
<td>26%</td>
<td>27%</td>
</tr>
<tr>
<td>Electronic Clinical Information System</td>
<td>3%</td>
<td>3%</td>
<td>12%</td>
<td>16%</td>
<td>67%</td>
</tr>
<tr>
<td>Online Teaching Resources</td>
<td>3%</td>
<td>12%</td>
<td>26%</td>
<td>32%</td>
<td>26%</td>
</tr>
</tbody>
</table>

Importance of Onsite Childcare

- Not Important: 19%
- Somewhat Important: 11%
- Important: 25%
- Very Important: 23%
- Extremely Important: 22%
Support for UC Development of a Public Charter School (K-12) at Mission Bay

- Strongly Support: 34%
- Support: 29%
- Neutral: 26%
- Object: 5%
- Strongly Object: 6%
Mount Zion (MZ) will have inpatient beds to accommodate needed growth in the near future, until the first of the new hospitals is built (probably in 10 years at the earliest). In your judgment, what clinical or research groups could function adequately at MZ with inpatient care delivered elsewhere (assuming adequate office and research space at MZ for these activities)?

dermatology, oncology/cancer center, rheumatology

epidemiology, ENT

rehabilitation, spine care,

none; we should minimize the number of ucsf campuses, and each should have the full range of clinical activities

Most current ambulatory-based functions.

Neurology and Neurosurgery

Cancer; Women's Health; clinical Primary Care Int Medicine research

any

Cancer research and clinical activities, selected medical and surgical subspecialties

substance abuse research

everything currently at MZ functions OK with clinical care provided elsewhere

GCRC activities

no opinion other than to state that I doubt Pediatrics would work there.

epidemiology, health policy, ?outpatient peds, ?outpatient med,

basically any research group could function at MZ

Epidemiology, outcomes.

clinical oncology (I believe already largely there?), specialty surgery

SNF, LP pts, Outpatient, clinics
cancer
Onoclogy
CVRI
Oncology, Dermatology, Orthopedics-Rheumatology, Plastic Surgery.
Non acute care research
cancer, pathology, public health, statistics
cancer center, integrative medicine, primary care
Perhaps the CRCs could move to Mount Zion
cancer center, women's health, osher center, out patient services. if in patient
cancer programs are moved to mb, then the cancer center will need to be there
geriatrics
asthma, EEG, EMG, mental health
For any group to move to Mt Zion, the parking issue will need to be addressed!
There is not enough parking right now, and it can only get worse.
pediatrics
Not a good plan. Need to build a world class cancer center either at Mt. Zion -
with hospital or move most of cancer to Mission Bay with clinical and research
united
It is my understanding that MZ will be the center for cancer surgery. I do not have
enough information about the many research and clinical groups at UCSF to give
a meaningful answer to the question.
Cancer programs, gyn
No one who has to split time between outpatient clinics and inpatient care or
consultation is going to like having to travel between sites in order to do work.
This applies to my field (cancer care) and many others.
ambulatory surgery
Non urgent clinical care and research groups that are autonomous and minimal
interact with urgent patient care

(22)
Assumption already not accurate.
Pure research groups, It would be disruptive to groups with both clinical and research activity

Cancer Center

Cancer Center

plastic surgery, medicine, dermatology

Orthopedics, Derm. Neuro

Pain, outpatient Oncology, Dermatology

immunology, infectious disease, genetics

cancer research

My priority is having my clinical and research in the same location - imperative for doing either well without spending even more time at work, which I cannot do.

none

No opinion, certainly existing facilities at Mt Zion maintained there

Memory and Aging Center

oncology

Any group whose research doesn't directly involve patient contact

None come to mind

outpatient based specialties

Don't know; each discipline has its own needs to which I am not always privy.

Oncology

dermatology, ophthalmology, cancer center, pain clinic, outpatient offices of some doctors to allow for choices of location for patients.

outpatient orthopaedics

Dermatology, orthopedics
adult/oncology

gyn

non-emergent outpatient clinics of all kinds

yes

question too vague; what is definition of "group"?
dermatology, womens health, much cancer research including outpatient protocols

Oncology

day surgery; outpatient medicine?

I think it is difficulty for patients and their doctors in every clinical group if their patients need inpatient care when they don't have any inpatient care in their hospital.

primary care outpatient

OB/GYN + Peds

Those that rely little on clinically active faculty.

DK

Cancer research, multiple sclerosis research

Oncology (Med, Surgery), Occupational Health

Cancer Center, Surgical Oncology, Medical Oncology

Oncology, surgery

Cancer Center

dermatology, opthamology, dentistry

Cancer, Women's Health, Pediatric OP

Cancer Research Center and Out-patient surgery

non direct patient care related
dermatology, arthritis center

Clinical care does not require hospitalization will be preferable.

move administrators from Parnassus

cancer, pharmacology

1. Basic research

gyn

Cancer Center

Gastroenterology

Radiology (most subspecialties) and oncology

Radiology (most subspecialties) and oncology

outpatient based like GI, and ambulatory surgery even with overnight stay

none

cancer related research

medicine, surgery

oncology/surgical oncology

Oncology and geriatrics

All clinical groups.

psychiatry, neurology, primary care

Derm, ophtamology and other non-hospital based activities

No

Cancer Center

thoracic surgery

none

Oncology
pathogenesis & outcomes - all types

Epidemiology

Outpatient clinics, Nuclear medicine,
GCRC,Clinica labs,
Cancer Center and Women's Health

Clinical: probably all outpatient clinics currently housed at Moffitt-Long; clinical research activities across a broad swath.

Cancer related work

general internal medicine, geriatrics, health services research, epidemiology, women's health

Current ones

Dermatology, Ob-Gyn

limited outpatient satellite facilities if no inpatient care at MZ. Research location would depend on location of collaborators - if most research is at Mission Bay, those at MZ could be marginalized.

Cancer Research

Reproductive Sciences/Women's and Children's Hospital/Pediatrics
cancer

MZ needs significant improvement before a department could move here.

Uncertain. It depends what is where. For example, it is not difficult for MtZion and Parnassus programs to work together because of the 15' shuttle. Mission Bay is far enough away that the distance presents significant obstacles.

Clinicians should not have labs separated geographically from their patients. It's hard enough to be a triple threat as it is

Pathology, ENT, Ophthalmology

adult cardiac surgery should be moved to Mount Zion as it has ICU space, cath lab etc. This will free up considerable amount of OR time, ICU beds etc. for the rest of the hospital
I think that all clinical specialties separate outpatient and inpatient activities. This separation to 2 campuses should not impact pt care, but would impact academics, as it requires additional travel between campuses.

dermpath, repro endo, gyn onc

Additional Comments/Information Related to This Survey:

I answered the questions as if my locations would not change which means research, teaching, and patient care would not be at Mission Bay and are not currently at Parnassus either. Creating another full campus at Mission Bay is more travel for most of us.

More info would be helpful in responding to question 31. response.

It's essential to maintain good shuttle service between all of the sites.

well done. thank you.

Critical issue is to unite SFGH services with women's and children's hospital at Mission Bay site

If clinicians will be attending to patients at hospitals OTHER than where their work office is located, there needs to be office space and computer assistance allocated at the new hospital site in order for clinicians to continue with other administrative and research endeavors during these clinical months.

This survey does focus on the major issues regarding the Long range development Planning process.

I feel strongly that the General Hospital should be moved to Mission bay and become our primary hospital

Splitting the campus is a bad idea. This will be seen as a squandered opportunity unless all care is consolidated. Consolidate the campus into one site. Outpatient satellite offices can be set up outside of Mission Bay

My degree is "Sc.D." - equivalent to Ph.D.

As a medical researcher who has been part of both PIBS and BMS, I hope that I, along with the other basic science researchers now left at Parnassus, will move to mission bay. Having the scientific community split is a great loss to the uniqueness and coll

WE NEED A CHILDRENS HOSPITAL AS A FREESTANDING
Facility!!!! This should be one of the two sites

Not well structured. My answers depend entirely whether SFGH moves to mission bay.

A campus-related charter school would isolate the children from their natural geographic community and further remove faculty/staff from community educational activities.

Questions 11-15, clearly the most critical for faculty, cannot be answered without enunciation of a plan for the new hospitals...

Splitting time between teaching and research on any given day would become very disruptive for those of us with primary teaching responsibilities but offices at L.Hts or Parnassus. Adequate temp. office space, with computers and space to meet with students would be needed at MB so that faculty do not spend 1/2 their day in transit. It's challenging enough as it is to move around between Parnassus (for admin/teaching), Mt. Z (for clinical research/lab collaborations), and L.hts (main office).

A school is not our mission—this is a great need—but come on, we are a health care campus, not a K-12 school provider.

Electronic access to journals is more important than library access in my opinion.

I am based at UCSF-Fresno Medical Education Program. As usual UCSF-FMEP was not considered in either the construction plans or the construction of this survey. Mostly irrelevant. The allocation of resources contemplated in these proposals makes no mention of the huge needs of UCSF-FMEP.

I am at remote site in Fresno.

Faculty with offices at SFGH need to be moved.

Unfortunately the planners are mostly people who are not clinicians. You need more input from clinicians and teachers before designing this split campus proposal.

Great job on putting a useful survey together!

Recommend a Cancer hospital, and possibly combined with Women's/Children's hospital.

Library usage mostly confined to internet access to journals.

Postdoctoral fellows I train use library facilities extensively.
The ultimate location of SFGH is crucial to the work I do and the impact of various scenarios for the movement of UCSF to MB.

I strongly support onsite childcare and school; my life would be logistically sooooo much easier if I were able to have my child in an onsite childcare program, but that was not possible here at SFGH, as SFGH has no such program, and the Mission Center program was closed. The lack of such childcare qualifies UCSF/SFGH for membership in the stoneage. Regarding the Charter School idea, I think it is great, although I don't know how it would impact faculty like myself, who can't afford to buy a condo, let alone a house, in the city and don't want to be renters forever, and so need to live elsewhere- i.e. would children of faculty members who can't afford to live in SF be eligible, etc. Hee hee, maybe you could set aside space at Mission Bay for a faculty and staff mobile home park, so more of us could afford to live in the city? Sorry, couldn't resist a little bitter humor about this issue... the faculty trailer park could become quite a popular place...

Psychiatry should remain at main hospital

Accessing on-campus resources such as the library, medical book/computer store, and fitness center are difficult since my office is not on the main campus. This is probably the most frustrating aspect of my job.

I will move to Mission Bay in a year.

I am Fresno faculty

As a multi-site campus, it will be critical to have at least adequate parking at each facility, with reciprocity for parking permits (ideally a single permit would serve all sites). It is prohibitively expensive to have to pay for parking at multiple sites right now, and the shuttles (while usually convenient) are driven in such a manner that it is difficult to work on them or arrive feeling anything but nauseous. In addition, a single phone system with identical voice mail commands is needed, as well as a single IT system. I also have serious reservations regarding the Mission Bay site -- locating a hospital and research facilities on landfill seems foolish to me and apparently was not recommended by the initial EIR.

Many UCSF staff cannot afford to live in SF (including myself) so our children would not be allowed to attend a public charter school in SF school district.

Q31 is an interesting one - I would prefer that such a school would be accessible by residents in the community as well, and that some level of diversity be maintained

Goal should be one site for inpatient facilities. Strongly suggest a diagnostic facility linked physically to both a children's hospital and an adult hospital. That way capital intensive services could be leveraged for both populations and UCSF could have a "real" children's hospital that could attract the best faculty and
community support. MOVE PSYCHIATRY somewhere else if you need to.

children's Hospital needs to be well defined with a clear strtrucral identity free standing or free leaning

charter school would be incredible, this is the biggest problem for my family, private school tuition is so high, as to make me think about moving to a city with a reasonable school district weekly. I think the "lab school" at U Chicago would be an excellent model! This is a great idea!!!!

I am moving my lab to MB and this strongly has affected my above responses, though it is not included anywhere on the form

time was misrepresented as 3 minutes

Most of my clinical and teaching responsibilities are outpatient and I move between my office, clinic and the endoscopy suite several times daily. If these were on separate sites, it would negatively impact my time.

Consider a clinical research campus

All of the academic, clinical and administrative aspects of the move would be strongly positive if the department of ophthalmology were also to move to Mission Bay, along with Neurosciences

A big problem is the physical separation of people, limiting spontaneous interactions that often lead to better research and clinical care

I stringly support a public school on campus, but not an elitest school primarily for our own families. That would be a terrible idea. I cannot imagine that anyone could come up with a better way to alienate us from our community (although we already have a good track record in that respect).

frequent shuttle service for multi site campus is critical.

We need reliable shuttle and online library for such a multi-campus institute

The only problem with the mission bay site is that it is diffcult to get to from most of the wouth and west of the city

Does this exclude a Children's Hospital??

Extra $.02 for better online resources--as UCSF becomes more and more multisite, this becomes critical. As it is, I spend too much time in the car, and I only deal with 2 campuses.

Unfair to insert childcare in this
UCSF Children's Hospital as a discrete entity at Parnassus Campus may be desirable.

Continued expansion of electronic library access is key.

Disappointed that so little attention is being paid to the future of activities at SFGH with offices at Laurel Heights, my only place to work between meetings at Parnassus is the library. There needs to be more room for faculty to do this. When you have 2 hours between meetings or classes, you can't go back to your office, and there is no place to work. Moving the center of gravity to Mission Bay will severely negatively affect all the social/behavioral science folk if you leave us at Laurel Heights as access stinks. It is already torture and a huge waste of time to constantly travel to Parnassus for all teaching and administrative tasks. This survey seems to assume that we are irrelevant to the process. But then, aren't we?

What a great idea about the school and child care!

Survey not particularly helpful since it is critical to clinical faculty to know exactly which clinical services will be relocated. For example, my practice is pediatric which would affect every aspect of my position if the specialty hospital is a children's hospital. Furthermore, the concept of splitting the clinical resources, while unavoidable will probably dilute the tremendous advantage UCSF has over its more fragmented competitors. The concept of dividing the clinical facilities in two will no doubt have negative effects. But if it must be done, we will all adjust.

Mount Zion must remain and be supported as a major outpatient hub in the new UCSF multicampus structure.

I thought there was a budget deficit - why are you trying to build more new buildings now? Seems like we need to do less clinical care and more research if we cannot make ends meet as it is - and hire some staff that knows how to more efficiently capture lost billing.

Some questions (child care - school) not relevant to me in 10-15 years

Charter school should be at Mt. Parnassus so it is easily accessible to all faculty.

Too vague

Moving the hospital to MB should not be the priority. Re-unification of the split Graduate Program in Neuroscience must be the single-most important aim.
The survey was prepared with no attention to issues surrounding SFGH. As an SFGH-based physician-scientist whose lab is moving to Mission Bay later this year, this is troubling. For me, the key is to move SFGH to MB (either as a cooperative venture with UC hospital or separately).

it would be better to provide low cost housing

good shuttle service imperative

such charter school would be yet another elite institution drawing vocal, articulate advocates out of the mainstream for public schools

Most important to work toward single site at Mission Bay!

As a senior faculty member nearing the end of my career at UCSF, it is hard to become very engaged with these long-range issues. Good luck in your deliberations!

We should not have a multi-site UCSF hospital, nor be restricted to Mission Bay as a location for the new hospital.

UCSF should invest heavily in integrating programs across sites. Also, the degree to which academic (teaching and research) programs at the VAMC should be integrated in UCSF is a major unresolved issue for faculty @ VAMC. Neither VA nor UCSF leadership have taken this issue seriously.

The charter school is a good idea BUT reverse the plan -- make it for local kids with a few slots reserved for UCSF associated children. A hospital must be maintained at Parnassus otherwise the entire Western half of the city has no hospital easily accessible. There needs to be far better access to meeting spaces in the library for faculty at present and certainly so in the future. During (Medical School) term time there is no central place at Parnassus for a meeting involving people from various far-flung areas. All the meeting rooms are reserved for students only, and little account is taken of the teaching timeframe of the other Schools

Answers would have been different if I could have assumed that my lab and office would move to Mission Bay in the future.

The Mission Bay area is not as satisfactory for a charter school as is Parnassus, primarily for safety reasons.

I expect to be moving to Mission Bay in 3 years. A hospital there would be great.

what about san francisco general hospital which needs to be rebuilt in 2013?

Faculty have made housing purchases based on known commutes. Depending on
the location of various clinical surveys, this could have an extreme negative impact on clinical practice, commutes, life. This is not a trivial move. the bulk of library services should be electronic