Clinical Affairs Committee
Max Meng, MD, Chair

MINUTES
Wednesday, February 22, 2012

PRESENT: Max Meng (Chair), Phil Rosenthal (Vice-Chair), Barbara Burgel, Geraldine Collins-Bride, Teresa De Marco, Mehran Hossaini, Jeff Meadows, Miguel Hernandez-Pampaloni, Steven Polevoi, Hope Rugo,

ABSENT: Betty Dong, John Feiner, Ruth Goldstein, Andrew Gross

GUEST: Kimberly Scurr, Executive Director Mission Bay Operations Planning and Executive Director, UCSF Benioff Children’s Hospital and Scott Soifer, Executive Vice Chancellor for Clinical Affairs

The Clinical Affairs Committee (CAC) was called to order by Chair Meng on February 22, 2012 at 4:38 in room CL 222. A quorum was present.

Approval of Minutes from January 25, 2012
The minutes of the January 25, 2012 meeting were approved (Attachment 1).

Chair’s Report

Chair Meng reported on the recent Executive Committee Meeting at which the Chancellor’s plans and the new Governance Task Force were discussed.

When the Chancellor spoke recently about reforming the system, she meant that the UCSF campus needs to be treated differently from a financial standpoint. UCSF currently gives $49 million to the Office of the President, which is second within the UC system. However, when you consider Rebenching, the proposed financing model, it is unlikely to benefit UCSF as there is no undergraduate population like other UC campuses.

The Chancellor formed a working group to study how UCSF could restructure its relationship to the UC system in a more beneficial and logical way. Bob Newcomer, Chair of the UCSF Academic Senate, is on that Task Force. In addition, the UCSF Academic Senate has formed a parallel working group, the UCSF Governance Task Force, to look at how we do things and make sure that the faculty has input in the process. B. Newcomer and representatives from the Governance Task Force will come to the CAC’s next meeting to give a briefing and get feedback next month.

Q: What is the pulse on this issue? Is there a chance that there will be any modicum of success?

A: It seems that others understand that the current system does not make sense, but if others need to be subsidized and UCSF fills that role, then it is hard to say.
**Analyst’s Report**

**Academic Senate Eye Endowment Fund**

The Academic Senate funds grants in all research areas through ten private endowment funds. One of those endowments, the Ryan Fund, focuses exclusively on eye research and has grown substantially during the past year. As a result, during the Spring 2012 Cycle, the Academic Senate has additional Ryan Fund money and eye research proposals will be funded at $50,000.

All other research area proposals will be funded by the Academic Senate and other funding agencies (CTSI, REAC, CFAR, etc.) at $30,000 or matrix-stated levels (http://rap.ucsf.edu/grants/).

**Specification**

"Any research related to eye or vision-related issues, diseases, disorders. This is not limited to conditions specifically or only affecting the eye. It can include other conditions that commonly come with vision or eye complications, where the research will focus on those complications."

*Examples of what would be a "complication" could include people studying HIV/AIDS and the eye issues that arise out of that OR eye issues as a result of having the neurological condition of cerebral palsy OR social and behavioral science proposals examining impact of blindness.*

**School of Nursing Update – Process for Improving Faculty Welfare and Strengthening Faculty/Administration Communication – Geraldine Collins-Bride**

Due to increased stress and concern for faculty welfare, the School of Nursing Faculty Council implemented a three part process to improve faculty welfare and strengthen faculty/administration communication. First, a faculty-only “Come and Be Heard” meeting was held and attendees were given the opportunity to discuss any concerns, stressors, ideas, and recommendations. Andrew Parker, Manager of the Faculty and Staff Assistance Program, acted as a facilitator to guide the discussion and to ensure that everyone felt comfortable expressing their concerns. Second, the feedback of the faculty from that meeting was presented to the Dean and the Dean’s Council, who were receptive and responsive. Third, at a Full Faculty meeting the Dean responded to the faculty while open discussion took place. Dr. Parker was present to help guide and facilitate the discussion.

The primary issues and concerns that necessitated this process resulted from the administration suggesting there was an impending need to cut up to 68 students and commensurate FTEs and to make significant changes to the Master’s program. Several themes emerged from the attendees at the faculty-only meeting, namely, there was a lack of transparency within the administration, the flow of information was not working, that improved, direct forms of communication were needed, and the anxiety had begun to affect students who were feeling stressed as well. Also, it was discussed that there is a lack of work/life balance that faculty fear will only get worse over the coming months and years.

During the Dean’s response period, he reassured faculty that he is not necessarily going to close programs or layoff faculty and that there had been a cognitive shift since the initial proposals.

Three Task Forces have been set up to look at the best ways to make changes and to improve the SON and achieve savings, without undermining the mission of the school or the level of education. The first Task Force is looking at the Future of Master’s Program, the second at Mid-Career Faculty Recruitment, and the third at developing Self-Sustaining Programs.

The Dean heard the messages of the faculty about transparency and direct communication. He is now implementing a weekly “fireside chat” where he personally sends out a message with the latest news and updates or responds to any issues that have arisen. He also posted the latest financial information on the public drive at the request of the faculty. There have also been discussions about changing the structure...
of the school from the rigid departmentalization to a more cooperative approach, but it is hard to know if there is any possibility of that coming to fruition.

Overall, this was a good process, especially with the assistance of a facilitator to help open communication. Also, the Faculty Council wants to send the message out that the SON is not collapsing, but is simply making some internal changes and improving.

**UCSF Mission Bay Operations Planning Project Update – Kimberly Scurr, Executive Director Mission Bay Operations Planning and Executive Director, UCSF Benioff Children’s Hospital, and Scott Soifer, Executive Vice Chancellor of Clinical Affairs**

Executive Director Scurr and VC Soifer provided an overview and update on the UCSF Mission Bay Operations Planning Project (Attachments 2 & 3). Additional topics and discussion included:

This is much more complicated than any project she has worked on or has visited, but for as complicated and challenging as it is, it is going to be a beautiful space. In addition, the remodeling that will take place at Parnassus and the parallel upgrades here will lead to significant improvements all around.

One new concept under consideration is a ready room, where everything for the patient and the room is always ready. The concept is that everything will be brought to the room, including materials, management supplies, and dietary needs. A clinician will not have to spend time searching for things because it will all be brought to the room.

Our workgroups have kicked off and are working in their individual areas, which are listed in the handout.

The building is progressing well, as pictured in the attached handout. It will be completed in about 30 months. It will be turned over to us in August, 2014 and our goal is to have patients move in on February 1, 2015. It is three football fields long. It is a totally different design because it is so vast and is long rather than tall.

The only outstanding issue is the faculty office building. Obviously there must be a faculty office building because there are over 120 faculty who need a place to go. The building is integral to Mission Bay functioning so this issue will be decided soon.

Major decisions about what specialties will be at Mission Bay must be made fairly soon because the window for major change will not be open much longer. Plumbing is being installed as we speak and that is relevant to the placement of wet labs, and other equipment.

Once Mission Bay opens, anyone who would normally stay overnight at Mt. Zion will be at Mission Bay because UCSF cannot operate three 24 hour centers. Mt. Zion will be decommissioned as an overnight facility.

As we move through this process, UCSF must determine how to do things more efficiently and how to better treat patients. However, any improvements discovered or implemented at Mission Bay will be implemented at all sites so that the levels of treatments provided by UCSF will be consistent.

Q: I am concerned about duplication of services. We already send patients around to various sites for services and now it seems we will be doing that even more and things will be even more fragmented.

A: We do not want to have people sitting around with nothing to do so we cannot necessarily have specialized people at each site who do the same thing. That is why we want to have workgroups to sort these things out. There will be some situations where technicians have to go between sites or where patients have to go to other sites, but we hope to work a lot of this out in the best way possible.
We will have Stacy Alexander come and talk about the Parnassus back fill plan and we will come back with blue prints. Later on we will take you on tours and go to the mock up rooms.

Q: Is there educational space where we can hold grand rounds or other workshops?

A: Yes, there is an educational center, a conference center, there are conference rooms, and there will be videoconferencing. There are also definitely places for small group teaching.

Q: Are there patient lifts?

A: There are some rooms with patient lifts, but I do not know how many.

Q: What kind of computers or tablets will be available?

A: Technology will be available and will be state of the art, but it is a question of how to adapt it to the environment (i.e. infection control, etc.) They will be piloting certain things at Parnassus, but it is hard to know what will be used yet because technology is always developing. Seth Bokser is working on this issue. If you have specific questions or suggestions, you may want to contact him.

Q: Will the ancillary services of pediatrics, like blood drawing, go to Mission Bay?

A: We are still working on figuring that out. That is what our working groups are for, but there will need to be some efficiencies.

Q: Is it possible that the same patient could be seen at all three centers in the same day?

A: Yes, it is conceivable. If a woman with breast cancer was treated during the day at Mt. Zion, but needed an overnight stay so she went to Mission Bay, then had a neurological event so she had to be seen in the emergency department of Parnassus.

• This type of scenario provides an opportunity to look at the acute department in Mission Bay and think about the fact that maybe it needs to be more acute than anticipated and be prepared.
• Another example would be the mother of twins at Mission Bay who had an aneurism.
• But, it is a pediatric emergency department for a reason because that is the specialty that is needed and the majority of patients will be pediatric. However, we do need to consider that it needs to be able to treat adults.

Q: The Breast Cancer Program is large, but is not huge, and it has a lot of support, funding and visibility and so it seems strange to split it up in this way. It seems strange to send people across town like that. Also, it is a concern that the ability to give chemotherapy, infusion and other support (such as experimental treatment) may be undermined.

A: It is a real challenge. Initially, departments did not want to be at Mission Bay, but once people realized that Mt. Zion was changing, then balancing the demand to be at Mission Bay became the challenge. For Breast Cancer, one question is, do we really bring all the radiology equipment down from Mt Zion where we already made the investment? Also, it may not be large, but there are many component parts. This all weighs heavily on me and I want it to work for every patient and will keep balancing the best we can.

Q: How will we do hematology consults?
A: There will have to be a different model. However, if you look at how we do consults at Mt. Zion now, we know it does not work but we do not know how to improve it. It is difficult because we cannot shift the workforce because for the most part people are already working as hard as they can.
That begs the question, where do you want to make your investments, in capital or human capital? If we need to make human investments, then we need to work on that over the next 18 months so that we are prepared when the time comes. Using technology and telemedicine can help but we cannot rely on that solely. If a patient is in Yolo County and there is no cardiologist available, then he may be satisfied with a tele-consult, but if the patient is in Mission Bay and the cardiologist is at Parnassus, then the patient will likely not be happy with that.

The Medical Center knows that they need to make more investments for recruitment, but it will have to be a new model because this one is not working. Apex may be able to provide some useful data. However, strategic support needs to be given in a thoughtful organized way moving forward rather than to provide it to whoever asks first or loudest. The funding model has to change to make any of this viable, especially in the children’s arena.

Reports from the Schools

School of Dentistry
The School of Dentistry (SOD) is preparing for accreditation, which begins on April 10, 2012. The mock site visit has already taken place and went very well.

Mark Laret, the CEO of the UCSF Medical Center, recently gave a very interesting presentation to the SOD. Mr. Laret explained the growing importance of and demand for clinicians. Since that time, the SOD is contemplating opening new sites, including one at Mission Bay. Originally, Mission Bay was only supposed to have pediatric dentistry; however, now that may be expanded to general dentistry. By installing portable buildings, it would allow for a quick start within less than a year.

School of Medicine
None

School of Nursing
See Above

School of Pharmacy
None

Old Business
None

New Business
None

Chair Meng adjourned the meeting at 6:11 p.m.