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Communication from the Chair of the Task Force to Review the Proposal to Create the Department of Emergency Medicine

Deborah Adey, MD, Chair

April 14, 2008

David Gardner, MD
Chair, UCSF Academic Senate
500 Parnassus Avenue, Box 0764

Re: Task Force Report on the Proposal to Create the Department of Emergency Medicine

Dear Chair Gardner:

As requested, the Task Force to Review the Proposal to Create the Department of Emergency Medicine has reviewed the available data. The initial review including the proposal submitted by Michael Callaham, Division Chief of Emergency Medicine for the establishment of a new Department of Emergency Medicine. Following that review, Ellen Weber, Professor in the Division of Emergency Medicine provided responses to our initial concerns with the proposal. I have met with Bruce Wintroub, Vice Dean for Clinical Affairs in the School of Medicine to better understand the financial arrangements and structure of the proposal.

Overall the task force is overall in favor of this proposal. I reviewed in detail the financial structure of the newly proposed department and it appears to be a financially viable endeavor. One of our primary concerns was a perceived revenue loss based on the projected receipts and structure in the original proposal. After meeting with Vice Dean Wintroub, it is clear that the revenue flow is more than adequate to support the proposed Department of Emergency Medicine.

We had concerns about the impact of the secession of Emergency Medicine from the Department of Medicine. I received a letter of support from Dr. Talmadge King for the Department of Emergency Medicine (attached).

Along with the issues of money comes the issue of space. As space is always a precious commodity at UCSF, and particularly at the Parnassus site, there were concerns that the lack of available space for expansion might adversely affect the ability to develop this new Department. However, space is available at the San Francisco General site. My understanding from my conversations with Vice Dean Wintroub is that the San Francisco General site will be the hub of the Emergency Department operations. Additionally, the concerns we expressed regarding the lack of space for support staff for the residency program will need to be primarily absorbed by the San Francisco General space.

Research is an integral aspect of any academic department of academic medical center. The Emergency Department staff is a relatively young faculty with limited available mentorship within the Department.

Again however, the onus will be largely on the San Francisco General for leadership and mentorship. This combined with opportunity for collaborative research with other departments should provide ample opportunity for the development of research projects and the mentorship of junior faculty, fellows, and residents.

Our final concern was with respect to faculty development: there is a heavy reliance on medical staff physicians (MSP) for provision of clinical services. Apparently there are several Emergency Department physicians who work as MSPs, are happy in these positions, and by fulfilling the clinical responsibilities provide opportunities for pursuit of academic endeavors by physicians on an academic track. A dual track plan is in place for faculty either being on a clinical track or an academic track. Issues regarding recruitment, retention, and promotion will need to be developed.

The Task Force to Review the Proposal for a Department of Emergency Medicine feels that the foundation for establishing this new Department is in place. Review of the budget proposal and funds flow indicates this is financially feasible. The Department will be based out of San Francisco General, where there is more experience, more space, and more opportunity for expansion.

Thank you for the opportunity to review this proposal. Should you have any questions or need more information, please do not hesitate to contact me (415)353-4783 or Deborah.Adey@ucsf.edu.

Sincerely,

Deborah B. Adey MD
Associate Clinical Professor
Chair, Task Force to Review the Proposal to Create the Department of Emergency Medicine

CC: Task Force Members
Claire Brett, MD, Committee on Academic Personnel
John Maa, MD, Clinical Affairs Committee
Joan Etzell, MD, Committee on Educational Policy
Joseph Rabban, MD, Committee on Educational Policy

Enclosures: Letter from Talmadge King to David Gardner Regarding the Proposed Department of Emergency Medicine, *February 2, 2008*

University of California
San Francisco (UCSF)

DEPARTMENT OF MEDICINE

UCSF MEDICAL CENTER
SAN FRANCISCO GENERAL HOSPITAL
SF VETERANS AFFAIRS MEDICAL CENTER
UCSF MEDICAL CENTER AT MOUNT ZION
UCSF FRESNO

Talmadge E. King, Jr., MD
Julius R. Krevans Distinguished
Professorship in Internal Medicine
Chair, Department of Medicine
University of California San Francisco
505 Parnassus Avenue
San Francisco, CA 94143-0120
Phone: 415-476-0909
FAX: 415-502-5869
e-mail: tking@medicine.ucsf.edu

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UCSF Fresno

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UCSF Medical Center

Hal F. Yee, Jr., M.D., Ph.D. (Interim)
Chief of Medical Service
San Francisco General Hospital

February 2, 2008

David Gardner, MD
President
Academic Senate
University of California, San Francisco

Re: Department of Emergency Medicine

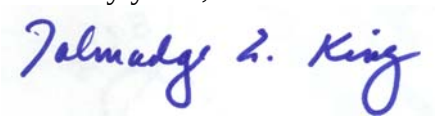
Dear Dr. Gardner and Members of the Academic Senate,

As Chairman of the Department of Medicine, I wish to express my full support for the formation of a separate Department of Emergency Medicine, encompassing the two Divisions of Emergency Medicine at Parnassus and San Francisco General Hospital.

The faculty members in these two Divisions have demonstrated commitment to a sound academic and research tradition, excellent clinical care and an ability to educate housestaff and medical students from a variety of disciplines. It is fully appropriate and important that Emergency Medicine have department status at UCSF.

I am fully aware of the financial impact this will have on the Department of Medicine, yet stand by my belief that Emergency Medicine should be an independent department. Michael Callaham will be an outstanding chair and I look forward to working with him throughout the transition.

Sincerely yours,



Talmadge E. King, Jr. M.D.
Professor and Chair
Department of Medicine, UCSF

Summary of Updated Responses
Senate Review of the Department of Emergency Medicine proposal and subsequent discussion.
May 1, 2008

During the course of Academic Senate review over the past few months, Task Force members raised some questions and some helpful suggestions were put forth. Most are already addressed in the conclusions of the Task Force dated April 14, but because they are not formally covered in the original application materials, this letter brings up to date our responses to the queries and modifications to our original proposal.

1. Revenue flow and fiscal health: The Task Force felt the proposed department would be in solid financial health after discussing it with Bruce Wintroub, but the spread sheets can be confusing. The simplest solution is to look at the fifth page in the Department of Emergency Medicine Financial Summary document entitled Consolidated Income Statement, and note the balances on the fourth row from the bottom entitled Operating (Income)/Loss. (By the conventions of this model, figures in parentheses and red are income, not losses). This line shows a solid operating income and surplus for the entire Department during the next five years.

The third row from the bottom entitled Recruitment Expenses are the expenses planned for recruitment of additional faculty focusing on clinical research (and who are not needed for clinical coverage). These expenses will not be incurred unless sufficient funds exist in advance to cover them, either through clinical income or the dean's support package. The dean's support package does include funds for this purpose, but is not included in this spreadsheet, so that if the recruitment expenses are included but the funds to cover them are not, you obtain the results in the bottom row, Net (Income)/Loss, which are negative. However these results are not an accurate prediction of the department's finances, whereas the Operating (Income)/Loss is and is uniformly positive for the projected time period.

2. Space: space is indeed tight everywhere. The Task Force was concerned about residency support space, but that was formally assigned by the medical centers at both Parnassus and SFGH in 2006 (including space for Program Director and Associate Program Director) and is adequate for our needs. Some space for additional administrative personnel for the new department exists at Parnassus and additional space has been assigned for the remaining administrative personnel at SFGH in Building 100. This split of personnel is in fact desirable in the sense that they will need to support faculty at both sites.

3. Research experience and mentorship –
From the start our documents have identified and addressed the fact that our department is just beginning the process of developing and mentoring career researchers. Such program growth has been under way for 5 years at Moffitt with recruitment of young faculty who are applying for, or have been granted, K or equivalent federally funded

grants (currently 20% of full time faculty funded, another 20% in application phase). As a result we have acquired considerable experience and success with the process of selecting and then nurturing young candidates who can grow into this status from within our specialty. This process has recently also begun at SFGH, and with creation of an academic department we plan to augment and strengthen this trend at both sites.

We believe that the new department will have sufficient mentoring for its research faculty needs. The unified department's current roster of 27 full time faculty includes 13 at Professor rank and 4 at Associate Professor rank (distributed at both sites), so there will be a good depth of experienced senior Emergency Medicine mentors, quite a few in national leadership positions. In addition, there are senior faculty in other academic departments who already provide formal mentoring for Emergency Medicine research faculty in the areas of Neurology, Neurosurgery, Epidemiology, Anesthesia, Radiology, the Institute for Health Policy, and Internal Medicine. This gives us a broad selection of internal and external mentors who represent a very wide range of expertise. Additionally the new Department plans to establish a Vice Chair for Diversity and Faculty Development who will specifically focus on the issue of mentoring and academic development for all faculty (research and otherwise), to ensure that progress in this area is optimal as we transition to a department.

We have also formally examined potential relationships with Neurology, Epidemiology, and IHPS, discussing with them the possibility of establishing or expanding Centers of Excellence for Emergency Medicine, taking advantage of existing resources and expertise to jointly recruit established and funded researchers who might be based in both departments. Although uniformly positive about the concept, none could identify programs or researchers which would lend themselves to such a collaboration in the next couple of years. We believe that with the establishment of an academic department we will be in a stronger competitive position to seek out and recruit such individuals in the future (as this is one of the criteria they seek).

4. MSP physicians: Concern was expressed about our longtime use of MSP physicians, who have had significant career longetivity at both hospitals, and provide substantial clinical care. (However, the bulk of both bedside teaching and clinical care have always been provided by full time faculty). We have employed physicians in this category because we had been for years told we were not allowed to hire physicians less than full time in any other category. Most of these physicians prefer to practice in other clinical environments as well as ours, and thus do not want full time appointments. At a recent meeting we learned that this apparently was a restriction of the Dept. of Medicine and we would not be bound by it as a separate department. We have no particular ideologic preference in favor of the MSP category and understand the concerns expressed..

The way in which we have used and treated MSP physicians in the past (who play a valued teaching role with us) is really more consistent with part-time clinical faculty. Both our physicians and we would prefer them to be in this status. If our department is approved, we plan to actively explore phasing out physicians in the MSP series and transitioning to a more appropriate academic faculty status which would allow them to

perform clinical care and teaching on a less than full time (but not just occasional) basis. As before, not only will the majority of care and teaching be performed by full time faculty, but we expect to be able to increase the relative proportion of full time vs. part time.

Respectfully submitted,

Michael Callaham, M.D.

Proposal for the formation of a DEPARTMENT OF EMERGENCY MEDICINE

11/27/07

EXECUTIVE SUMMARY

1. Background and history of Emergency Medicine (EM) - page 6.
In the last twenty years, EM has developed into a full academic discipline with a unique body of knowledge, its own group of peer review journals, and many textbooks. Most medical schools have academic departments of EM, and it is the third most popular residency choice in the U.S. Emergency physicians play a leading role in many fields of research and collaborate with other specialties to draft clinical guidelines.

At UCSF, emergency medicine has contributed medical student College Advisors, taught a large number of very successful SOM courses, and contributed two faculty to the Academy of Educators. EM faculty also run successful CME courses, and this year were approved for a residency to start in 2008, headed by a program director who received a national teaching award and has been appointed to the EM RRC.

EM faculty have been academically productive; a list of their scholarly publications is attached as an appendix, and includes 93 peer reviewed publications, 43 textbook chapters, and 7 textbooks in the past 5 years. Two are currently funded with NIH grants, with several more competing for K grants. Many research collaborations with other specialties have been carried out, and more are underway.

EM faculty also play significant regional and national leadership roles, including election to the IOM, Board of Directors of the scholarly EM society, Editor in chief of the leading EM journal and associate editor of the second-leading EM journal, Director of a national teaching fellowship, member of the EM RRC, and President of the World Association of Medical Editors.

93,000 patients a year are treated in the two EDs combined, creating an unparalleled undifferentiated patient population and contributing 25% and 65% of admissions to Moffitt-Long and SFGH, respectively. EM faculty play a major role in Disaster planning as well as leadership in the SF EMS and Fire Departments.

The forthcoming EM residency will benefit many other services at both hospitals because approximately 50% of EM resident time is spent on rotation to other services, providing extra resident staffing. Additional training will be developed specifically for other specialty residents rotating

through the ED, whose education will be further enhanced and who will not be displaced from this important educational requirement.

2. Why a department? - page 11.

One might say that the above accomplishments suggest that EM could be productive without its own academic department. However, a department, besides recognizing the unique body of knowledge of EM, would have several major benefits.

*Unify the emergency medicine faculty at SFGH, Moffitt-Long, UCSF-Fresno, and the new Women's and Children's Hospital, with common goals and resources.

*Focus faculty resources and energy on specific EM priorities.

*Improve academic assessment which can only be optimally performed by one's peers in a discipline.

*Place new emphasis on academic priorities and growth, such as mentoring, grants, research, and faculty development; previously the chief external expectation has been by hospitals on clinical care only.

*Recruitment will be even more effective as the top candidates always seek a department with full academic status.

3. Educational vision of the new department - page 13.

It is the goal of the Department of Emergency Medicine (DEM) to support high-quality education for all levels of learners. The most promising medical students should want to become our Emergency Medicine (EM) residents, our star EM residents should aspire to be our future EM fellows, and our most capable EM fellows should desire to stay on as faculty at UCSF, and be heavily recruited by other top EM programs. Our faculty should develop in skills and experience, be sought after by other institutions, and assume leadership positions regionally and nationally.

Building upon our already extensive ongoing teaching within the medical school curriculum (over 15 courses), the DEM will continue to invest resources to educate students in EM throughout the medical school curriculum. We plan to assure that the medical student curriculum at all sites (UCSF-Moffitt, SFGH, and UCSF-Fresno) is state of the art. The 2006 Taskforce on National Fourth Year Medical Student Emergency Medicine Curriculum recommendations will guide the continued refinement of our medical student curriculum through a variety of modalities, including didactic instruction, procedural workshops, and online teaching. A dedicated medical student clerkship director will be appointed at each site.

We will seek to achieve the following outcomes in medical student education:

- Course and faculty evaluations that rank in the upper half of UCSF SOM
- Medical student teaching awards for EM faculty
- Induction of additional faculty into the UCSF Academy of Medical Educators (2 are already members)
- Enrollment in EM rotation electives to capacity, with number of applicants increasing
- EM remaining one of the top career choices for UCSF medical students

Each of our residents will graduate with a specific area of distinction (as outlined by the School of Medicine Pathways programs) and if appropriate with dual degrees such as a MPH, MBA or MPA. Areas of distinction will include research, EMS, medical education, ultrasound, pediatric EM, public health and international medicine/global health. Through the ACGME educational innovations project, we have applied to develop and implement an interactive, online educational program to reduce the amount of face-to-face didactics yet allow for detailed academic discussions between residents and faculty. A secondary postgraduate educational goal is to teach residents from other specialties the principles of EM and technical skills. We plan to be an educational resource for others in the healthcare and lay communities. This includes teaching such courses as basic and advanced cardiac life support, pediatric life support, and basic and advanced trauma life support. Our relationships with other regional EM programs will be continued and strengthened.

We will seek to achieve the following outcomes in resident education:

- Ability to recruit applicants from the top of our NRMP rank list
- Outstanding evaluations of the ED rotation from EM residents and rotating residents from other specialties
- Involvement of our EM faculty to teach at educational events in other UCSF departments
- Excellent monthly and annual in-service examination test scores
- Resident research presentations at local, state and national meetings
- 100% ABEM board certification rate
- High percentage of graduates in academic faculty positions, fellowships, and leadership roles.

The DEM plans to emphasize its subspecialty strengths by creating EM fellowships. Potential future fellowships may include public health, toxicology, international medicine, ultrasound, EMS, medical education, and wilderness medicine.

It is just as important that the faculty develop their academic skills as for other levels of learners. The department intends to make full use of the

faculty development courses and resources being offered by the School of Medicine, as well as those offered regionally and nationally by such organizations as SAEM, ACEP, and ACGME. Mentoring will be fostered and monitored.

4. Research vision of the new department - page 18.

We plan to utilize UCSF's diverse resources to build a nationally recognized research program in emergency medicine. Areas of existing research expertise within our new department already include cardiac arrest, pre-hospital EMS care (including stroke diagnosis and management), ultrasound diagnostic techniques, health policy (especially ED crowding, ambulance diversion and utilization of the ED by indigents), procedural sedation, infectious disease management (including The Joint Commission standards for antibiotic administration), and others as illustrated in our attached publication list. We already have research collaborations with other UCSF departments, and we will continue and expand these, in particular with the funding of the new NINDS Neurologic Emergencies Treatment Trials (NETT) Network which is the first large NIH project to exclusively study emergency conditions, and in which both Parnassus and SFGH are participants. We additionally plan to expand collaboration with the UCSF-Fresno program.

Resources and infrastructure to support research will be augmented. We will assure research assistants at both sites, as well as a medical student research enrollment program and installation of our existing research database at SFGH.

We plan to aggressively develop faculty for externally funded research, to add to the 2 we already have (with 2 more in the application process). Faculty for this track will be granted 2 to 3 years of protected time, with performance requirements, to obtain formal training and submit K grants. Mentoring will be provided by faculty in EM and other disciplines, as well as seminars by successful EM researchers from around the country.

We will seek to achieve the following outcomes in research:

- Hiring of one additional FTE research faculty at each site, with 2 to 3 years of protected time, by 2009.
- External funding of 2 more faculty (between the 2 sites) by 2011
- Implementation of annual review of departmental research by internal and external experts in 2008-2009.
- Yearly research symposium for junior faculty and residents by 2012
- Active participation and collaboration in multi-center and/or major UCSF research efforts (CTSI, NETT, etc.)

5. Organizational structure - page 21.

The proposed organizational chart is included as Appendix C. The Chair will be based at Parnassus, and each site (SFGH and Parnassus) will each be a Division with a Chief. Each chief will be a Vice Chair, as will be the chief at UCSF-Fresno, and there will be additional Vice Chairs for Education and later Research. A compensation plan is being developed for the entire department, and separate incentive plans will be developed for each site. Academic review and promotion from the Fresno site will be managed by a DEM committee, which will include faculty from Fresno as well as Parnassus and SFGH.

6. Financial model - page 22.

The details of the financial model projection for the next five years is attached as Appendix D. The financial model reflects necessary operational costs, and does not include several planned improvements (such as creation of a Medical Director position at SFGH, etc.) which will be implemented only if the necessary funds are available. It does however reflect the growing costs of the residency which expands each of the first four years, but then ceases to grow. The Division at Parnassus is funded primarily with clinical pro fee income, plus some external research funds, and has consistently run in the black. The Division at SFGH is primarily funded by funds from the City and County of San Francisco, with some clinical pro fee funds. With these anticipated improvements in grant funding and clinical income billing, in addition to judicious use of reserves and disciplined budgeting, we can build a self-sustaining department of high academic caliber.

7. Appendices

Appendix A - Listing of Parnassus and SFGH individual faculty members
Appendix B - Summary of previous scholarly publications
Appendix C - Organizational chart
Appendix D - Financial model

1. BACKGROUND AND HISTORY OF EMERGENCY MEDICINE

The following provides a very abbreviated summary of the developments and milestones of the specialty of Emergency Medicine, both nationally and locally here at UCSF.

Emergency Medicine as a specialty

Emergency Medicine (EM) has been one of the 24 ABMS specialties since 1980. Its major professional society, the American College of Emergency Physicians, was founded in 1968 and has approximately 26,000 members. In 2007, Emergency Medicine was the third most popular residency choice among graduating US medical students.

About two thirds of U.S. medical schools have **academic departments** of EM. Two other UC medical schools have academic departments (Davis, Irvine). Other major examples include University of Pennsylvania, University of Michigan, University of Pittsburgh, Johns Hopkins, Vanderbilt, Emory, and Mayo Medical School.

The Science Citation Index lists 13 peer reviewed **scientific journals** in the discipline of Emergency Medicine. The oldest and largest is 30 years old (*Annals of Emergency Medicine*, official publication of the American College of Emergency Physicians). This journal ranks in the top 11% of all journals cited in the Science Citation Index, and is typically cited by over 300 journals in other specialties outside of EM every year. Its research was the source of over 400 news stories last year, in media such as the *New York Times*, *The Los Angeles Times*, *Wall Street Journal*, *Forbes magazine*, the *Washington Post*, *USA Today*, the *San Francisco Chronicle*, the *Boston Globe*, *Reuters*, *Associated Press*, and major TV media networks.

There are a large number of well-established **textbooks** in emergency medicine, and it has its own large textbook section in most academic bookstores. A search of the UCSF University (book) Store online (http://webmedbooks.com/ucsf/default.aspx) reveals 168 book titles in Emergency Medicine (excluding EMS and other titles), as compared to 154 for Neurology, 96 for Orthopedics, 103 for Cardiology, and 108 for Anesthesia.

This year the Institute of Medicine produced 3 major reports exclusively on Emergency Medicine and its central role in the U.S. health care system, authored among others by the emergency medicine academicians who are **members of the IOM**.

Emergency medicine **researchers** have a high profile nationally in the fields of investigation listed below. This includes playing a major role in clinical guidelines and research agendas. For example, ACLS and American Heart Association acute cardiac ischemia guidelines are now developed by joint panels of cardiologist and emergency physician experts.

Cardiac arrest/Advanced Cardiac Life Support
Emergency Medical Services (airway management, resuscitation in the field)
Chest pain (chest pain centers, early diagnosis of cardiac ischemia, low-risk diagnostic strategies)
Stroke -early evaluation and treatment
Acute pain assessment and management
Early treatment of acute headache, including migraine
Procedural sedation
Wound care
Ultrasound (bedside ultrasound in early diagnosis)
Health policy –ED utilization, alternatives to emergency care, public health role of the ED, outbreak surveillance
Inpatient crowding of EDs, ambulance diversion (pending national guidelines)
Relationship of ED volume to quality outcomes
Early surveillance of epidemics, chemical exposures, and new infectious diseases
Disaster response, including surge capacity in epidemics and bioterrorism
Trauma systems and triage criteria
Sepsis and shock
Pulmonary embolus and deep venous thrombosis
Injury prevention
Toxicology

Researchers in emergency medicine are not yet as well established at obtaining major external funding as other specialties, but this is rapidly changing. Just in the past year, the NIH established the NINDS Neurologic Emergencies Treatment Trials (NETT) Network (http://nett.umich.edu/nett/welcome), the first large multicenter NIH project funded (and headed by emergency physicians) to exclusively study emergency neurologic conditions.

Emergency Medicine at UCSF – School of Medicine

EM has been one of the top **residency choices** for UCSF medical students since 1996, hitting a new high in 2005 (13% of the class, second only to IM) and exceeding 10% most years. Until now these students have all had to leave UCSF for emergency medicine residency. Across the nation, EM was the third most popular residency choice in 2007.

EM has provided 2 of the medical student College Advisors for the School of Medicine in the past few years. Emergency Medicine was considered a key discipline for the success of the PISCES course for third year students as an introduction to assessment of the undifferentiated patient and a pathway for identifying and following longitudinal care. Two EM faculty have been elected to the Academy of Educators (Jeff Tabas, Rachel Chin).

EM faculty have been active in **School of Medicine courses** for years (Prologue, Intro to EM, Foundations of Patient Care, Preceptorships, Longitudinal Clinical Elective, Wilderness Med, Procedures and Skills Prep, Cadaver elective, EM clerkship, ICM, Ethics Intersession).

EM at UCSF has been approved for a **residency** to start in 2008, and successfully recruited Dr. Susan Promes from Duke as program director. Dr. Promes is not only on the RRC for EM, but also this year received the ACGME "Courage to Teach" award (the only EM director in the nation to receive it). The residency will provide approximately 20 FTE of additional resident staffing (EM residents on rotations) to specialty services outside of the emergency department, and improved training for other specialty residents rotating in the ED.

UCSF EM faculty have run successful **postgraduate CME courses** at UCSF for over 25 years, drawing attendees from throughout California and the rest of the United States, and foreign countries. EM faculty are frequently requested speakers at other UCSF CME courses, such as Advances in Internal Medicine and Advances in Infectious Disease.

Emergency Medicine at UCSF – Academics and Research

EM researchers at UCSF have a long history of **collaboration** and co-authorship with researchers in cardiology, infectious disease, neurology, trauma surgery, pulmonary medicine, radiology, and health policy both at UCSF and nationally.

EM researchers at UCSF already have a long record of **scholarly productivity** (see separate publication list: 93 peer reviewed publications in last 5 years, 43 textbook chapters, 44 other publications).

UCSF emergency physicians are the editors of 7 Emergency Medicine **textbooks**.

EM researchers nationally are increasingly competing for NIH and AHRQ grants; here at UCSF-SFGH we currently have 2 with K23 grants and 2 more candidates with high scores, among a total full time faculty of only 24 (who must also provide 24/7 clinical coverage in both Emergency Departments). One has also received a Hellmann grant, another has applied for one, and yet another has applied for the NIH Loan Repayment Program and is preparing a K23 application.

UCSF emergency medicine faculty fill a number of major **national leadership roles**:

Member, Institute of Medicine
Board of Directors, Society for Academic Emergency Medicine
Editor-in-chief, *Annals of Emergency Medicine*
Member of the RRC for Emergency Medicine
President, World Association of Medical Editors
Director, ACEP Teaching Fellowship
Associate Editor, *Academic Emergency Medicine* (Society for Academic Emergency Medicine)
Board of Directors, California chapter American College of Emergency Physicians
Board of Directors, Bay Area chapter, American Heart Association
Associate Editor, *Journal of Emergency Medicine*

Clinical impact and clinical research base

25% of all hospital admissions at Moffitt, and 65% at SFGH, are first evaluated and treated in the Emergency Department, providing a great opportunity for integrated training for medical students and residents in the care of the **undifferentiated patient**. The two hospital emergency departments combined care for approximately 93,000 such patients a year.

In addition to being fertile territory for clinical research, both departments are poised for collaborations with researchers in many other fields at UCSF by providing access to patients early in disease. Several of our faculty are already collaborating with others on the use of biomarkers for diagnosis and prognosis of serious diseases. Moffitt already has a computerized research database that can flag specific complaints and patients and automatically page research assistants, who work at both institutions. It has already been used successfully several times for EM studies and those of other departments (e.g. Pulmonary). The database can also be searched for

retrospective chart review and has been used in this way for a variety of studies, including by students in the School of Pharmacy.

Emergency Medicine plays a major role in providing **disaster** and routine out-of-hospital EMS care at both hospitals, which are seen as a source of expertise by the public and by governmental bodies. Emergency Medicine also contractually provides medical supervision to all EMS, **bioterrorism** and hazardous materials events, and disaster care in San Francisco. EM faculty hold leadership roles in the San Francisco EMS Agency and Fire Department and are involved in national Disaster management teams, as well as having co-chaired the Chancellor's Sub-committee on Biological and Chemical Threats at UCSF.

Educational impact on other specialty training programs

Medicine, pediatric, psychiatric, and other house staff all rotate through both emergency departments, where they are exposed to intensive one on one faculty teaching and didactic sessions. They already value this as an excellent educational experience and both rotations earn high marks from the residents. The arrival of the new EM residents will not in any way decrease the number of rotation slots available in the ED for other specialties who request them as part of their educational requirements.

The EM residency will be a benefit to all clinical services at UCSF. Approximately half the training time of EM residents is spent rotating on other services outside the ED; this will provide additional house staff for rotations such as Pediatrics, ICU, Neurology ICU, etc. In addition to providing additional residents for clinical care, these rotations will allow EM residents to establish good working relationships with residents on those services. This will allow them to better understand the needs and priorities of those services when consulting or admitting to them from the Emergency Department.

The new academic department will increase the faculty and educational resources of Emergency Medicine, further enhancing the experience of residents on rotation. For example, special curricula and didactic sessions can be developed aimed specifically at these residents (whose educational needs and priorities are obviously different than those of EM residents).

2. WHY A DEPARTMENT?

One might say that emergency medicine faculty at UCSF have already demonstrated by their accomplishments that they can be quite productive without an academic department of their own. Of course, any specialty can better achieve its academic and educational goals within a department organized specifically to meet its priorities. Below are a few other key benefits we believe the formation of an academic department will bring to our specialty and the School of Medicine.

Unity: Formation of a department will unify the emergency medicine programs at UCSF (especially Parnassus & SFGH, but also UCSF-Fresno and the future pediatric emergency department at the new Women's and Childrens' Hospital at Mission Bay). These programs have in the past all functioned in separate and different organizational structures and thus have not had close relationships. A single department will combine their faculties and strengths, increase research and education collaborations between sites, expand mentoring capability within our specialty at UCSF and provide a higher level of support for these activities.

Focus: A department will allow undiluted focus on our needs. 100% of faculty energy and resources can be directed to our particular clinical and academic specialty priorities. Within the structure of other specialty departments, no matter how supportive they may be, this cannot happen to the same degree.

Academic assessment: A basic principle of academic review is assessment by one's peers, with appropriate University oversight. Being housed within other departments, this has not been possible for EM faculty. Emergency Medicine has its own research priorities and journals. As a specialty focused on an infinite number of diseases and injuries, those outside the specialty may not be able to assess our achievements (and failures) as accurately as those in the field, potentially resulting in both overly positive or negative reviews. Having our own department will allow true peer review.

Unique body of knowledge - Emergency Medicine has come into its own as a separate academic discipline, as witnessed by its numerous journals and textbooks, several large and growing specialty organizations, and a unique focus on the undifferentiated acutely ill patient. Emergency Medicine also has a unique perspective on issues common to all of medicine as well, including public health and injury prevention, health policy and administration, safety, and ethics.

Academic Priorities and Growth - A unified academic department allows us to set a high priority on, and devote resources to, academic achievement in both education and research. We can raise the bar to set, support, and achieve higher expectations. In the past, no organizational entity has been charged with this task, and the chief external influence has been an emphasis on high quality clinical care (from the hospitals) without a similar emphasis on academic achievement.

EM is a relatively young specialty than most, and, until recently, grant opportunities for EM research have been limited. As a result, research mentors in our field are scarce. Nevertheless, between our two sites, we boast several senior faculty experienced in research and obtaining grant funding, as well as several junior faculty well on their way to being exceptional researchers and mentors. We will use the resources of our department to develop these mentors to the best advantage, to identify and develop outside mentorship sources, and to make this mentoring available to promising young faculty.

Additionally, a department will allow us to focus resources to assist faculty in identifying grant opportunities, preparing successful applications, and in providing support personnel such as research assistants conduct this research in our unique and varied clinical settings, which are ideal for translational research.

An academic department will allow us to further focus on teaching and feedback in the unique setting of an emergency department. We will be able to focus department resources to develop specific training in bedside teaching and feedback, as well as to identify the myriad of educational resources provided at UCSF. We will be able to devote resources to further curriculum development in our specialty for students, residents and fellows.

In short, having an academic department will allow us to set, support, and achieve higher standards in academics.

Recruitment: The best faculty applicants and researchers seek a full independent academic department, as well as a residency. We will automatically become more competitive in attracting the best.

3. EDUCATIONAL VISION OF THE NEW DEPARTMENT

A successful academic department balances education with excellence in clinical care and research. It is the goal of the Department of Emergency Medicine (DEM) to support high-quality education for all levels of learners. The brightest and most promising medical students should want to become our Emergency Medicine (EM) residents, our star EM residents should aspire to be our future EM fellows, and our most capable EM fellows should not only desire to stay on as faculty at UCSF, but be heavily recruited by other top notch EM programs. Similarly our faculty should develop in skills and experience, be sought after by other institutions, and assume leadership positions regionally and nationally. UCSF is a top rank institution, and our new Department of Emergency Medicine will aim to achieve the same status nationally in our specialty.

Our educational vision has four facets: medical student, resident, fellow and faculty education.

Medical Student Education

Undergraduate medical education exposure to the specialty of emergency medicine varies in quality and quantity throughout the United States. The 1995 Josiah Macy Foundation position paper advocated that all medical students learn the "appropriate knowledge and skills to care for emergency patients". In addition, the Liaison Committee on Medical Education requires that students have educational opportunities in emergency care. San Francisco General Hospital (SFGH) and UCSF-Fresno faculty have been actively involved in undergraduate medical education for years. The DEM plans to continue and expand this prominent role.

In addition to having one of the EM faculty members serving as a key mentor in the School of Medicine's (SOM) Advisory College Program, many of the faculty act as mentors and advisors to medical students as well as teach a multitude of courses in the UCSF SOM. These courses include the following:

MS 1: Basic Life Support, Prologue, Foundations of Patient Care, Introduction to EM elective (Med 170.19), Wilderness Medicine elective (Med 120.75), Preceptorship in EM (Med 170.24),
MS2: Procedures in EM elective (Surgery 170.01), Procedures Day for Transitional Clerkship course (IDS 132C)
MS3: Pisces program, Longitudinal Clinical Experience (IDS 111)
MS4: Pisces program, Preparation for Internship Coda course, Wilderness Medicine (Med 140.92), Advanced Procedures in EM

elective (Med 160.05), EM sub-internship electives (Med 140.10, Med 140.36, Med 140.90)

Building upon these ongoing activities within the medical school curriculum, the DEM will continue to invest time and resources towards the exposure of students to EM throughout the medical school curriculum. Future planned EM courses include an Emergency Medical Services (EMS)-Disaster Medicine and bedside ultrasound electives. We plan to assure that the medical student curriculum at all sites (UCSF-Moffitt, SFGH, and UCSF-Fresno) is state of the art. The 2006 Taskforce on National Fourth Year Medical Student Emergency Medicine Curriculum recommendations will guide the continued refinement of our medical student curriculum. This will be accomplished through a variety of modalities, including didactic instruction, procedural workshops, and online teaching. Additionally a dedicated medical student clerkship director will be appointed at each site.

EM as a specialty has become a top career choice for medical students. It is the DEM's educational vision that through our involvement in the UCSF SOM curriculum, our role as mentors, and our excellence in clinical and bedside teaching, we will earn recognition as outstanding educators at UCSF and beyond.

Necessary Resources:

- Supplies, mannequins, and space for procedures and skill training
- Cadaver lab space and cadavers, for advanced procedures training
- Simulation lab exposure

Preliminary Outcome Metrics:

- Course and faculty evaluations that rank in the upper half of UCSF SOM
- Medical student teaching awards for EM faculty
- Induction of additional faculty into the UCSF Academy of Medical Educators (2 are already members)
- Enrollment in EM rotation electives to capacity, with number of applicants increasing
- EM remaining one of the top career choices for UCSF medical students

Resident Education

It is the goal of the DEM to train superb clinicians and leaders in emergency medical care who can practice in the setting of their choice, whether that be community practice or academia.

Each of our residents will graduate with a specific area of distinction (as outlined by the School of Medicine Pathways programs) and if feasible with

dual degrees such as a MPH, MBA or MPA. Examples of areas of distinction include research, EMS, medical education, ultrasound, pediatric EM, public health and international medicine/global health.

The residency curriculum aims to be innovative and progressive. The ACGME mandates that EM residency programs have at a minimum 5 hours of face-to-face didactics each week. Through the ACGME educational innovations project, we have applied to develop and implement an interactive, online educational program to reduce the amount of face-to-face didactics yet allow for rich academic discussions between residents and faculty. This would provide the residents flexibility in their educational schedules and complement the learning styles of the current computer-savvy generation.

A secondary postgraduate educational goal for the DEM is to teach residents from other specialties the principles of EM and technical skills. It is our desire to be recognized as a strong educational resource, with a uniquely diverse and unselected emergency department patient population.

We plan also to be an educational resource for others in the healthcare and lay communities. This includes teaching such courses as BLS, ACLS, ACLS-EP, NALS, PALS, APALS, BTLS, and ATLS (i.e. basic and advanced cardiac life support, pediatric life support, and basic and advanced trauma life support), many of which are already taught by our faculty in UCSF and community courses. We also plan to play a leadership role in local and national disaster management teams.

The DEM intends to strengthen its relationship with the other regional EM Residency Programs. The UCSF-Fresno Emergency Medicine residency is a long established and respected program, but both the Fresno and San Francisco UCSF EM residencies could gain from increased collaboration and educational opportunities including electives. Currently Highland Emergency Medicine residents rotate in the emergency departments at UCSF-Moffitt and SFGH. Stanford EM residents currently rotate in the SFGH emergency department. The DEM is interested in continuing these educational relationships with both of these institutions.

Preliminary Outcome Metrics:

- Ability to recruit applicants from the top of our NRMP rank list
- Outstanding evaluations of the ED rotation from EM residents and rotating residents from other specialties
- Recruitment and involvement of our EM faculty to teach at educational events in other UCSF departments
- Excellent monthly CORD and annual in-service examination test scores

- Resident research presentations at local, state and national meetings
- 100% ABEM board certification rate
- Resident involvement in organized medicine (EMRA, ACEP, SAEM, AAEM, AMA, etc)
- High percentage of graduates in academic faculty positions, fellowships, and leadership roles.

Fellow Education

The DEM plans to emphasize its subspecialty strengths by creating EM fellowships. Potential future fellowships include public health, toxicology, international medicine, research, ultrasound, EMS, medical education, and wilderness medicine. Between the UCSF-Moffitt, SFGH, and UCSF-Fresno faculty, we have many experts to serve as mentors and educators for the various proposed fellowship programs. To fit the talents of existing EM faculty and the institutional resources available, EMS, Medical Education, Research, and Ultrasound will probably be the first fellowships developed.

Preliminary Outcome Metrics:

- Development of at least two fellowship programs by the time our first residency class graduates in 2012
- Ability to recruit high caliber fellows
- Job placement of the fellows that utilizes their specific fellowship skills

Faculty Education and Development

Faculty education includes both constant learning of new clinical knowledge, and acquisition of skills to succeed as academic faculty members. Although each hospital within the DEM has its own faculty development plans, the common educational elements can be divided amongst those instituted by the UCSF-SFGH EM Residency Program, by the UCSF School of Medicine, and by organizations outside of UCSF. The UCSF-SFGH EM Residency Program will host a variety of educational lectures, discussion sessions, and journal clubs, focusing on improving clinical knowledge and practices. Faculty members are encouraged to attend as many of these educational sessions as possible.

The UCSF School of Medicine holds periodic educational sessions throughout the year (ESCape and Key Educational Skills Series) and runs the UCSF Teaching Scholars Program. Interested faculty members will be encouraged to attend these educational sessions and to apply for the Teaching Scholars Program. We would expect new faculty members to attend the Key Educational Skills Series co-sponsored by the Office of Medical Education and the Haile T. Debas Academy of Medical Educators. For additional individualized mentorship on improving teaching techniques, the Academy of

Medical Educators also offers faculty TIP-TOP (Teaching Improvement Program and Teaching Observation Program) workshops.

We will take advantage of outside faculty development opportunities including: The American College of Emergency Physicians (ACEP) offers a 12 day Teaching Fellowship each year (we already have one spot reserved for UCSF faculty). For all academic levels, many EM national organizations (CORD, Society for Academic Emergency Medicine (SAEM), ACEP, and AAEM) hold didactic and small-group sessions on fostering faculty education and improving faculty teaching skills at their annual and regional meetings. Furthermore, SAEM has a databank of online publications on the topic of faculty development, such as the Faculty Development Handbook and the SAEM Medical Student Educator Handbook. The Association of American College of Medical College (AAMC) has faculty workshops for junior and mid-career women faculty that our female faculty members will be encouraged to attend. The AAMC also has multiple educational programs at a national and regional level for those faculty members interested in medical education. The Accreditation Council on Graduate Medical Education (ACGME) offers courses for medical educators.

Preliminary Outcome Metrics:

- Outstanding teaching evaluations for faculty members
- Faculty teaching awards
- Faculty satisfaction with mentoring process
- Faculty promotion on schedule or accelerated
- Faculty retention
- Faculty regional and national roles in leadership, teaching, and publication

4. RESEARCH VISION OF THE DEPARTMENT OF EMERGENCY MEDICINE

We plan to utilize UCSF's diverse intellectual and technological resources to build a nationally recognized research program in emergency medicine. With our unique patient interface, ideal for translational research, we are in an unparalleled position to collaborate with colleagues in other academic departments and to produce research that shapes both clinical care and public policy.

Areas of existing research expertise within our new department already include cardiac arrest, prehospital EMS care (including stroke diagnosis and management), ultrasound diagnostic techniques, health policy (especially ED crowding and ambulance diversion and utilization of the ED by indigents), procedural sedation, infectious disease management (including The Joint Commission standards for antibiotic administration), and others as illustrated in our attached publication list.

While making full use of UCSF's many grant application assistance resources, we will additionally provide resources focused specifically on the needs of Emergency Medicine. Mentoring and consultation will be provided by those of the EM faculty who have already successfully competed for major external funding. A departmental RSA is already in place, as is a research assistant at one site. One site recently created an emergency medicine assistants program to provide 12 hours of volunteer research assistant coverage 7 days a week while offering college students clinical experience, pre-medical mentorship and college credit.

Collaborations

We currently have research co-investigations with the Departments of Medicine (Infectious Disease), Neurology, Neurosurgery, General Surgery and Anesthesiology. Some of these have potential for additional funding for PIs, and we plan to expand these. Two of our NIH funded researchers have collaborations (and mentorship) with neurosurgery and radiology.

Both Moffitt-Long and SFGH are already sites for the NINDS Neurologic Emergencies Treatment Trials (NETT) Network (http://nett.umich.edu/nett/welcome), the first large NIH project funded to exclusively study emergency conditions. Two trials are already underway; ALIAS is an acute ischemic stroke trial studying albumin treatment within 5 hours of symptom onset, which should start up in SF early next year. RAMPART is a randomized trial of different drug treatments of pre-hospital status epilepticus treated by paramedics. Our emergency medicine faculty

are involved in both these studies; we believe these and subsequent NETT trials will provide additional funding and PI opportunities.

We plan to also explore expanded collaboration with UCSF-Fresno, which has an excellent and long-established EM residency research program, and a wealth of opportunities including a large rural population, wilderness medicine rotation, and high volume blunt and penetrating trauma.

We have initiated the Northern California Research Consortium (NCRC), a group that includes EM investigators from Stanford, Highland (Alameda County Medical Center), UC Davis, and UCSF Fresno in addition to our two institutions.

Faculty Development in Research Skills

Although externally funded research in EM is growing rapidly, most departments do not yet have the resources and internal mentorship that longer established specialties do. We are establishing a distinct track to identify, recruit, and nurture faculty interested in academic careers in research. Faculty in this track will be provided protected time for 2 to 3 years while they submit an application for a K-series grant (or other acceptable extramural funding source) and enroll in appropriate TICR courses at UCSF. The expectation will be steady progress towards major funding within 3 years of hire or enrollment, with objective yardsticks along the way. Mentoring will be provided by emergency medicine faculty with proven track records in funding, as well as interested mentors in related areas of other specialties. This education and mentoring will be augmented by seminars by successfully funded emergency medicine researchers from around the country, who can share their knowledge of specific EM research resources, strategies, and funding sources.

Regular research committee planning meetings will be held at which any faculty member can bring forward a proposal for research, and have the plan discussed and improved (and supported) by more experienced faculty. Faculty not in the formal Research Track will be encouraged and supported in carrying out research projects commensurate with their interest and time, but not required to do so.

Preliminary Outcome Metrics

- Hiring of one additional FTE faculty at each site, competitive for major external funding, with 2 to 3 years of protected time, by 2009.
- External funding of 2 more faculty (between the 2 sites) by 2011
- Hiring of 1 research assistant at each site by late 2008

- Presentation of at least 6 original research studies per year at national or international meetings, by 2009
- Publication of at least 12 original research manuscripts in peer reviewed journals per year starting in 2008
- Implementation of annual review of departmental research by internal and external experts in 2008-2009.
- Establish a lecture series on research topics and techniques, with internal and external experts, during 2008-2009.
- Implement a charitable giving program to support research and/or education by 2009
- Yearly research symposium for junior faculty and residents by 2012
- Active participation and collaboration in multi-center and/or major UCSF research efforts (CTSI, NETT, etc.)

5. ORGANIZATIONAL STRUCTURE

The proposed organizational chart is included as Appendix C. The Chair will be based at Parnassus, and a departmental administrative structure under an MSO reporting directly to the chair. Each site (SFGH and Parnassus) will each be a Division with a Chief; at Parnassus the Chair will probably also be the Chief, at least initially. Each chief will be a Vice Chair, as will be the chief at UCSF-Fresno, and there will be additional Vice Chairs for Education and later Research.

Due to the different regulatory structure and requirements of each site, finances will be separate and incentive plans (to be developed) will be unique to each site, although efforts will be made to make them (and total xy salary structure) as similar between sites as practical. A compensation plan is being developed for the entire department, which will be voted on by the faculty early in 2008.

The UCSF-Fresno site will not report administratively to the UCSF Chair, but academic review and promotion from the Fresno site will be managed by a DEM committee, which will include faculty from Fresno as well as Parnassus and SFGH.

6. FINANCIAL MODEL

The details of the financial model projection for the next five years is attached as Appendix D.

It should be noted that the residency costs, which begin in 2008, rise steadily and significantly for each of the next four years because the program will expand by 10-12 residents a year during that time. After the fourth year its growth in numbers will be complete and these costs will not continue to rise at the same rate.

The financial model reflects necessary operational costs, and does not include several planned improvements (such as creation of a Medical Director position at SFGH, etc.) which will be implemented only if the necessary funds are available.

The history of both departments is that they are self-sustaining, with reserves to deal with fluctuations in costs or income or other unusual needs. The Division at Parnassus is funded primarily with clinical pro fee income, plus some external research funds, and has consistently run in the black. We have used very conservative assumptions in the attached model, which remains solidly in the black for the Parnassus site despite the increase in residency costs.

The Division at SFGH is primarily funded by funds from the City and County of San Francisco, with some clinical pro fee funds. The groundwork is being laid (in this financial model) for external research funding. We believe there is room for improvement in the clinical income as well as increased grant income, but have been very conservative in this model. With these combined sources of income, in addition to judicious use of reserves and disciplined budgeting, we aim to build a self-sustaining division of high academic caliber.

The current financial model includes funding for several young investigators at each of the two sites, who will receive significant protected time at Division expense to enable them to successfully compete for external funding. In this model, the time period reflects mainly the years when they will be receiving internally funded support. In years 4, 5, and later, we should see significant external funding (or protected time will be ended), which will further improve the spread sheet balances. This approach has already been successfully applied at the Parnassus site.

7. APPENDICES

Appendix A - Listing of Parnassus and SFGH individual faculty members
Appendix B - Summary of previous scholarly publications
Appendix C - Organizational chart
Appendix D - Financial model

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Appendix A

Listing of Parnassus and SFGH individual faculty members

UCSF/SFGH Emergency Medicine Faculty and MSP Listing

Department of Emergency Medicine Proposal
UCSF Academic Senate Division Vote - May 2008

Last Name	First Name	Rank	Step
UCSF			
FTE			
Callaham	Michael	Prof Clin Med	7
Weber	Ellen	Prof Clin Med	3
Promes	Susan	Prof Clin Med	1
Whetstone	William	Assoc Clin Prof	2
Polevoi	Steven	Assoc Clin Prof	1
Stein	John	Asst Clin Prof	3
Lewin	Matthew	Asst Adj Prof	2
Fee	Christopher	Asst Clin Prof	2
Wang	Ralph	Asst Clin Prof	1
Ramanujam	Prasanthi	Asst Clin Prof	1
MSP			
Borgeson	Michelle	Clinical Inst	2
Hardy	James	Clinical Inst	2
Kenyon	Jonathon	Clinical Inst	3
Kernberg	Martin	Assoc Physician	4
Lambe	Susan	Asst Clin Prof	4
Miller	Stephen	Clinical Inst	4
Murphy	Charles	Asst Clin Prof	5
Nemer	Jackie	Clinical Inst	5
Shochat	Guy	Asst Clin Prof	4
West	Hugh	Clinical Inst	4

SFGH			
FTE			
Barton	Christopher	Clinical Professor of Med	3
Chin	Rachel	Prof Clin Med	1
Dieckmann	Ronald	Prof Clin Med and Pediatrics	5
Gelb	Alan	Clinical Professor of Med	5
Graves	Hoeard	Clinical Professor of Med	2
Hsia	Renee	Clinical Instructor	
Isaacs	Eric	Clinical Professor of Med	1
kaplan	Beth	Clinical Professor of Med	1
Lklein	Judith	Asst Clin Prof	3
Lin	Michelle	Asst Clin Prof	3
Maxim	Preston	Assoc Clin Prof of Med	2
Neighbor	Martha	Clinical Professor of Med	5
Rodriguez	Robert	Clinical Professor of Med	1
Sporer	Karl	Clinical Professor of Med	2
Tabas	Jeffrey	Assoc Prof of Med	2
Yeh	Clement	Asst Clin Prof	1
X1	Vacant		
MSP			
Bui	Lynn	Asst Clin Prof	
Hoffman	Stepen	Asst Clin Prof	
Malmud	David		
Sargent	Martine		
Singh	Malini	Asst Clin Prof	
Smollin	Craig		

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Appendix B

Summary of previous scholarly publications

UCSF-SFGH Emergency Medicine Residency Program
Faculty Academic Publications (2001-2006)

PEER-REVIEWED ARTICLES (*italic citations are from non-core faculty*)

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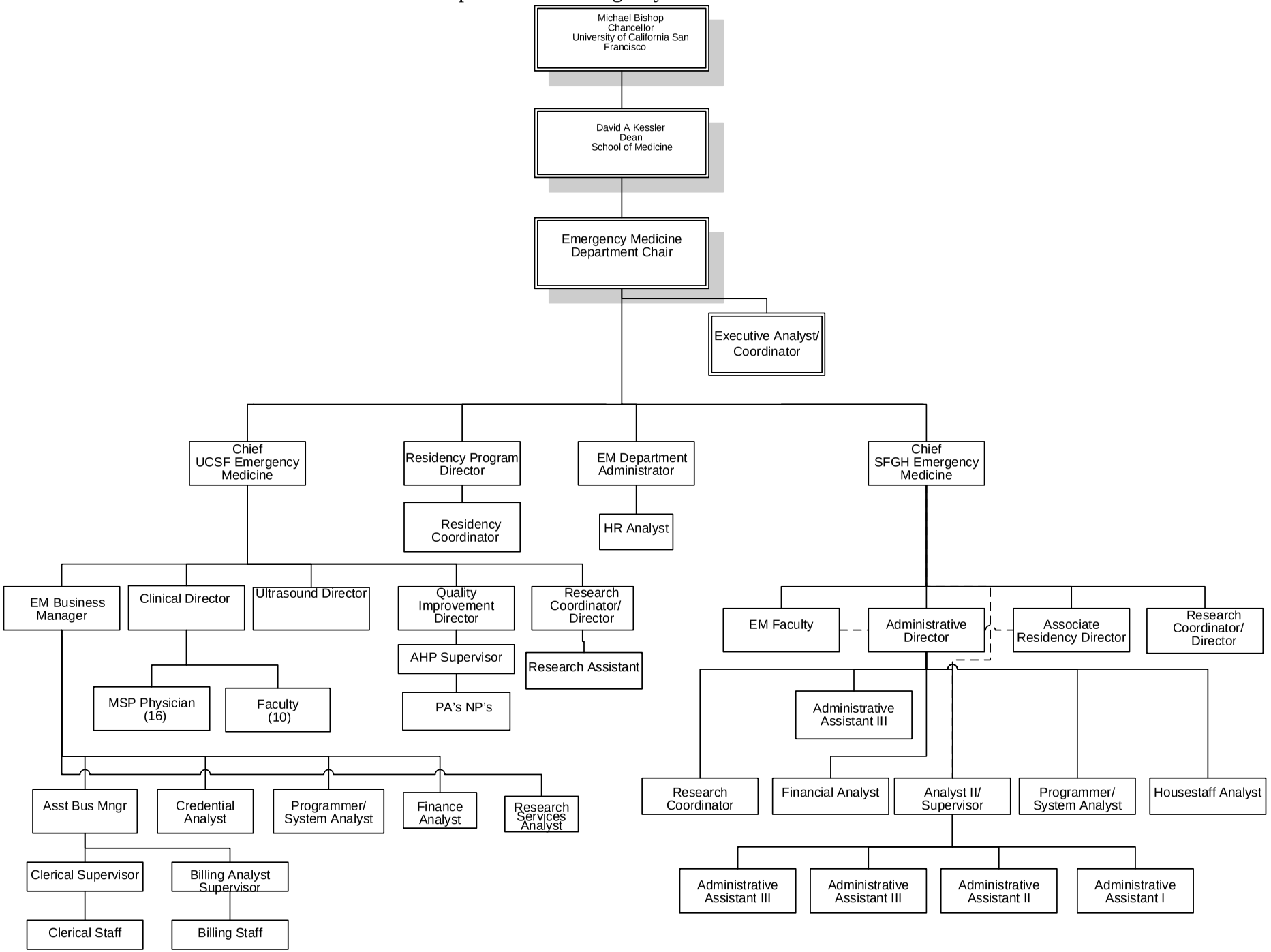
Proposal for the formation of a
DEPARTMENT OF EMERGENCY MEDICINE

11/27/07

Appendix C

Organizational chart

Department of Emergency Medicine 09-17-07



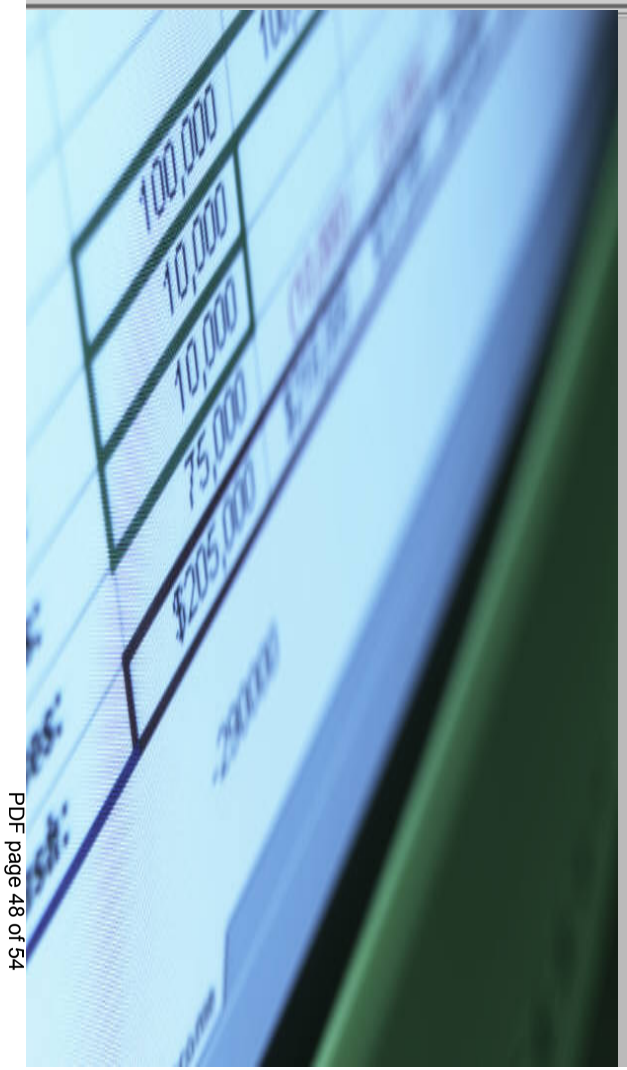
Proposal for the formation of a
DEPARTMENT OF EMERGENCY MEDICINE

11/27/07

Appendix D

Financial model

UCSF SCHOOL OF MEDICINE



Department of Emergency Medicine

Financial Plan

November 27, 2007

Assumptions - 2008 & 2009

Year	Revenue	Expense	One Time Expense	Net (Income)/Loss:
2008	(11,637,591)	11,460,307	400,000	222,716

Revenue:
- SFGH has projected a 1% increase in clinical revenue in FY08
- SFGH has projected a $50K increase to its city/county contract in FY08
- Moffitt/Long has projected a 4% increase in PFF revenue for FY08

Taxes:
- SFGH pays 3% of its clinical revenue to the SFGH Dean's Office
- Moffitt/Long pays 5.77% of its PFF revenue to the Department of Medicine
- Moffitt/Long pays 3.7% of its gross clinical revenue to the SOM Dean's Office

Expense:
- SFGH has projected an increase in faculty and staff salary at 4% per year
- Moffitt/Long has forecasted an increase in faculty and staff salary at 4% per y
- Residency Program's operational expenses equal to $185K in FY08

One Time Expense:
- SFGH has projected a $200K capital expenditure for renovations of bldg 100
- Moffitt/Long has forecasted a settlement expense of $200K related to the CMS audit

New Faculty/Staff Recruitments:
- These projections assume the Department Chair will also act as Chief of the Moffitt/Long ED.
- SFGH has projected hiring an Assistant Clinical Instructor in FY08 with bridge funding / protected time of $100K per year for three years
- SFGH has projected hiring an Analyst III in FY08 at $80K per year in salary/benefits
- Moffitt/Long has forecasted hiring an Assistant Clinical Instructor in FY08 with bridge funding / protect time of $187K/year for three years
- Residency Program will increase salary/benefits expenses by $74K per year (Residency Coordinator)

Year	Revenue	Expense	Net (Income)/Loss:
2009	(12,501,058)	12,621,578	120,520

Revenue:
- SFGH has projected a 2% increase in clinical revenue in FY09
- SFGH has projected a $50K increase to its city/county contract in FY09
- Moffitt/Long has projected a 4% increase in PFF revenue for FY09

Taxes:
- SFGH pays 3% of its clinical revenue to the SFGH Dean's Office
- Moffitt/Long pays 3.7% of its gross clinical revenue to the SOM Dean's Office

Tax Savings:
- 5.77% of PFF revenue (approx. $300K)

Expense:
- SFGH has projected an increase in faculty and staff salary at 4% per year
- Moffitt/Long has forecasted an increase in faculty and staff salary at 4% per year
- Residency Program's operational expenses equal to $250K in FY09
- Chair's Office operational expenses equal to $67K in FY09

New Faculty/Staff Recruitments:
- SFGH has projected hiring a Medical Director in FY09 at $220K per year in salary/benefits (28% covered by Profee & 72% covered by city/county contract
- Chair's Office will increase salary/benefits expenses by $215K per year (Chair & Administrator stipend; HR Analyst III; & Admin Asst III)

Assumptions - 2010 & 2011

Year	Revenue	Expense	Net (Income)/Loss:
2010	(12,774,339)	13,027,087	252,748

Revenue:
SFGH has projected a 2% increase in clinical revenue in FY10
SFGH has projected a $50K increase to its city/county contract in FY10
Moffitt/Long has forecasted a 4% increase in PFF revenue for FY10

Expense:
SFGH has projected an increase in faculty and staff salary at 4% per year
Moffitt/Long has forecasted an increase in faculty and staff salary at 4% per year
Residency Program's operational expenses equal to $300K in FY10
Chair's Office operational expenses equal to $36K in FY10

New Faculty/Staff Recruitments:
SFGH has projected hiring an Assistant Clinical Instructor in FY10 with bridge funding / protected time of $105K per year for three years

Year	Revenue	Expense	Net (Income)/Loss:
2011	(13,369,706)	13,682,833	313,127

Revenue:
SFGH has projected a 3% increase in clinical revenue in FY11
SFGH has projected a $50K increase to its city/county contract in FY11
SFGH has projected a $9K yearly appropriation to its Opportunity Fund (based on $100K of NIH Grants)
Moffitt/Long has forecasted a 4% increase in PFF revenue for FY11
Moffitt/Long has forecasted a $9K yearly appropriation to its Opportunity Fund (based on $100K of NIH Grants)

Expense:
SFGH has projected an increase in faculty and staff salary at 4% per year
Moffitt/Long has forecasted an increase in faculty and staff salary at 4% per year
Residency Program's operational expenses equal to $350K in FY11
Chair's Office operational expenses equal to $41K in FY11

New Faculty/Staff Recruitments:
Moffitt/Long has forecasted hiring an Assistant Clinical Instructor in FY11 with bridge funding / protect time of $200K/year for three years
Residency Program will increase salary/benefits expenses by $90K per year - Admin Assistant II (50%) & Assistant Residency Director (35%)

Assumptions - 2012 & 2013

Year	Revenue	Expense	Net (Income)/Loss:
2012	(13,778,432)	14,169,309	390,878

Revenue:
SFGH has projected a 3% increase in clinical revenue in FY12
SFGH has projected a $50K increase to its city/county contract in FY12
SFGH has projected a $9K yearly appropriation to its Opportunity Fund (based on $100K of NIH Grants)
Moffitt/Long has forecasted a 4% increase in PFF revenue for FY12
Moffitt/Long has forecasted a $9K yearly appropriation to its Opportunity Fund (based on $100K of NIH Grants)

Expense:
SFGH has projected an increase in faculty and staff salary at 4% per year
Moffitt/Long has forecasted an increase in faculty and staff salary at 4% per year
Residency Program's operational expenses equal to $400K in FY12
Chair's Office operational expenses equal to $52K in FY12

Year	Revenue	Expense	Net (Income)/Loss:
2013	(14,157,481)	14,244,048	86,567

Revenue:
SFGH has projected a 3% increase in clinical revenue in FY13
SFGH has projected a $50K increase to its city/county contract in FY13
SFGH has projected a second $9K yearly appropriation (total $18K) to its Opportunity Fund (based on a second set of $100K NIH Grants)
Moffitt/Long has projected a 4% increase in PFF revenue for FY13
Moffitt/Long has projected a second $9K yearly appropriation (total $18K) to its Opportunity Fund (based on a second set of $100K NIH Grants)

Expense:
SFGH has projected an increase in faculty and staff salary at 4% per year
Moffitt/Long has forecasted an increase in faculty and staff salary at 4% per year
Residency Program's operational expenses equal to $460K in FY13
Chair's Office operational expenses equal to $59K in FY12

UCSF SCHOOL OF MEDICINE

Department of Emergency Medicine

Financial Summary

Consolidated Income Statement

	2008	2009	2010	2011	2012	2013
REVENUES:						
Student activities revenues	(50,000)	(50,000)	(50,000)	(50,000)	(50,000)	(50,000)
Clinical activities revenues	(7,703,507)	(8,411,732)	(8,660,830)	(9,024,786)	(9,314,446)	(9,572,390)
Other operating activities revenues	0	0	(17,002)	(36,636)	(36,646)	(54,646)
Nonoperating activities revenues	0	0	0	0	0	0
Other reserve activities revenues	0	0	0	0	0	0
Sponsored research activities revenues	(3,614,536)	(3,659,882)	(3,654,510)	(3,865,787)	(3,992,068)	(4,107,904)
STIP income	(269,548)	(379,444)	(391,997)	(392,497)	(385,272)	(372,541)
Total revenues	(11,637,591)	(12,501,058)	(12,774,339)	(13,369,706)	(13,778,432)	(14,157,481)
EXPENSES:						
Academic salaries	5,065,071	5,305,815	5,390,389	5,723,102	5,982,635	6,075,650
Non academic salaries	2,899,526	3,453,003	3,550,807	3,637,360	3,727,474	3,827,335
Academic benefits	655,428	673,833	687,950	721,264	749,875	751,977
Non academic benefits	440,124	537,374	551,805	566,756	572,114	587,861
Purchased services (subcontracts)	0	0	0	0	0	0
Other	754,233	1,050,824	1,087,870	1,127,099	1,169,225	1,176,687
Taxes & billing fees	1,479,708	1,226,945	1,262,135	1,298,577	1,333,929	1,368,251
Facilities and administration	0	17,002	18,636	18,646	18,646	18,646
STIP expense	0	0	0	0	0	0
Total expenses	11,294,090	12,264,796	12,549,592	13,092,804	13,553,898	13,806,407
Operating (Income) / Loss	**(343,501)**	**(236,262)**	**(224,747)**	**(276,902)**	**(224,534)**	**(351,074)**
Recruitment expenses	166,217	356,782	477,495	590,029	615,412	437,641
One time expenses	400,000	0	0	0	0	0
Net (Income) / Loss	**222,716**	**120,520**	**252,748**	**313,127**	**390,878**	**86,567**

Financials reported in Weblinks Convention

(xxxx) = Revenue or Income

xxxx = Expense or Loss

Consolidated Statement of Net Assets

	2008	2009	2010	2011	2012	2013
ASSETS						
Student tuition and fees	418,721	457,721	498,086	539,864	583,104	627,857
Clinical enterprise	(0)	(0)	(0)	(0)	(0)	(0)
General state	7,202	7,202	7,202	7,202	7,202	7,202
Opportunity funds	1,590	1,590	1,590	1,590	1,590	1,590
S&S educational funds	800,000	825,200	851,282	877,395	904,422	932,395
Endowment income funds	11,635	11,635	11,635	11,635	11,635	11,635
Gift funds	0	0	0	0	0	0
Pro fee prior year	8,497,586	8,312,866	8,011,670	7,630,652	7,169,507	7,010,214
Reserves	0	0	0	0	0	0
Foundation endowment receivable	0	0	0	0	0	0
Foundation gift receivable	0	0	0	0	0	0
Other receivables	0	0	0	0	0	0
Total assets	9,736,734	9,616,213	9,381,464	9,068,337	8,677,459	8,590,892
CURRENT LIABILITIES						
Recruitments	0	0	0	0	0	0
Retentions	0	0	0	0	0	0
Capital projects	0	0	0	0	0	0
Faculty support	0	0	0	0	0	0
Research	0	0	0	0	0	0
Other one time commitments	0	0	0	0	0	0
Faculty bonus	0	0	0	0	0	0
Other operating expenses	0	0	0	0	0	0
Total current liabilities	0	0	0	0	0	0
Commitments & contingencies						
NET ASSETS (Note 4)						
Unrestricted:						
Available for programmatic development	9,725,099	9,604,578	9,369,829	9,056,702	8,665,824	8,579,257
Allocated for designated purposes	0	0	0	0	0	0
Restricted:						
Available for programmatic development	0	0	0	0	0	0
Allocated for designated purposes	11,635	11,635	11,635	11,635	11,635	11,635
Total net assets	9,736,734	9,616,213	9,381,464	9,068,337	8,677,459	8,590,892
Total liabilities and net assets	**9,736,734**	**9,616,213**	**9,381,464**	**9,068,337**	**8,677,459**	**8,590,892**

Financials reported in Weblinks Convention

(xxxx) = Revenue or Income

xxxx = Expense or Loss