



**Academic Senate**  
senate.ucsf.edu

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Re: Faculty concerns regarding the activity-based workspace plan

Dear Associate Dean Maler:

The faculty members signed below, including members of the Mission Bay Academic Building Work Group, the Clinical Affairs Committee (CAC) and the Committee on Research (COR) have compiled the following list of questions and solutions and concerns regarding the activity-based workplace plan for the Mission Bay Academic Building. Our immediate focus in these comments is on the Mission Bay Academic Building.

#### **QUESTIONS AND CONCERNS**

**Insufficient consultation with stakeholders:** The Academic Senate is a resource for these kinds of consultations. Despite repeated efforts by the Academic Senate Clinical Affairs Committee (CAC) starting in 2007, faculty concerns about the need for faculty office space and education space in the new hospital were not addressed. CAC eventually learned that faculty offices and education space would be located in a separate building; however, the plan for the activity-based workspace was not discussed with CAC.

Meetings with faculty and departments were “information only”, not iterative consultations, and came late in the process. Regardless of the options to be implemented, this is such a crucial decision that the faculty impacted by this must be consulted early and often. As this kind of configuration is also planned for the remodeled space at Parnassus faculty consultation is and will continue to be essential. We strongly urge evaluating a pilot program before expanding activity-based workplace plans beyond the Mission Bay Academic Building.

For example, we know that there were no meetings involving the Pediatrics faculty or its leadership about this issue until it was a fait accompli, and the meetings were just for information, not input. One meeting told us about the existence of the activity-based workplace model a couple of months ago, and another meeting described its structure and function.

The faculty believe that the activity-based workplace could adversely impact the perception that UCSF is a good place to work. Some faculty have already said that this building is sort of the “last straw” for them and that UCSF is becoming an undesirable work place. One issue that does not appear to be considered is that some faculty still use books, which may not be available in electronic form. A faculty member typically stores books in her or his office. Faculty members may also store teaching materials, clinical materials, and staff may have such needs.

This may also be problematic for faculty who have functional needs to use voice recognition software. For example, it is not uncommon for people to develop health conditions such as carpal tunnel syndrome in which accommodations such as voice recognition software would be used instead of manual typing.

Such faculty would need private space to dictate compositions. In addition such faculty may need to dictate confidential information.

**Confidentiality concerns, including HIPAA, IRB, HR and academic requirements:** Patient privacy compliance is a real concern for clinicians. Clinicians are encouraged to be available to their patients for phone calls, results, advice, etc., however if the activity-based workplace makes it impossible for a provider to be working on a manuscript or grant at the work station and pause, seamlessly, to take a patient call, providers may be discouraged from responding to patients promptly. They will be more likely to have the patient leave a message – rather than leave the workstation and find a focus room.

In a recent meeting, Deborah Yano-Fong, UCSF Chief Privacy Officer assured that HIPAA compliance within the open workspace will be simple because everyone in the "neighborhood" will be HIPAA cleared. However, one of the tenets of HIPAA is for PHI to be on a need to know basis<sup>1</sup>, so even though most people within earshot will have been trained to keep the information confidential, hardly any of them would need to know that specific information for their UCSF work. Moreover, it seems unlikely that non-UCSF people will not be present in the space and unlikely that all will be cleared for the knowledge of specific patient details. In that case, will students, applicants, vendors, etc. be barred from the space, and if so, how will this be accomplished?

Our understanding is that it is a HIPAA violation for any provider not caring for a patient to be privy to any medical information about that patient. So it is not just insuring that non-providers who are in the building don't have access to patient information, but any clinician who is working in this space and does not care for a patient, should also not have any access to his/her information unless explicitly consulted for healthcare purposes. This will be impossible to guarantee with the open cubicles.

The following types of patient information could be visible to others from many different types of devices during the course of a normal day for clinical faculty members:

- shadow charts, medical records from outside hospitals, computer screens, PACS radiographic pictures, radiographs, etc.
- audible information: dictations; phone conversations: with MD, family, patients; curbside consultation information.
- This does not address confidential information exchanged between faculty and sponsors, or other types of private interactions.

Furthermore, study staff may need to store materials, including items of cash value, materials for study visits, which may be on paper. These materials may be required by funding agencies or the FDA.

We would appreciate a written document explaining the steps the faculty will be taking to avoid each of these potential HIPAA exposures, with the reality that the neighborhood will not be assuredly free of outsiders. Furthermore, given that faculty are at risk for substantial personal fines for HIPAA violations, the faculty would like to know what protection they will be provided from the Medical Center should a HIPAA violation be cited as a result of exposure in the open space e.g. who pays the fine? Who will respond to JCAHO concerns?

The UCSF IRB needs to be consulted regarding space for storage of confidential research documents, such as consent forms. The standard UCSF language is that all identifying materials will be kept locked in cabinets accessible only to study staff, within a locked office also accessible only to study staff. Researchers may need to conduct confidential conversations to recruit or engage with study participants.

Supervisors need audio privacy as well to meet with the staff they supervise. Research staff also need to be able to interview or converse with study participants in space that enables sound privacy. Sound privacy might also be an issue for some interactions with students. The only space being configured this

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<sup>1</sup><http://hipaa.ucsf.edu/Privacy%20Handbook.pdf> (see Appendix 1 for excerpts)

way is space used by clinicians, educators, clinical researchers. The new labs all have private and sizable offices with space for support staff in proximity. This gives the impression that these groups of faculty and scientists are second class citizens at UCSF.

**Voice access:** How will occupants of the building make phone calls? Will everyone receive a cell phone so they can easily transition to a separate space for private phone conversations? If yes, does the building include plans to boost cell phone reception so that users will not drop calls?

**Inefficient use of space:** There is concern about the inefficiency of having to move repeatedly between the assigned workspace and the “focus rooms” to take patient calls (including asking patients to hold while we look for a room), to meet with trainees for feedback session which are supposed to be confidential, to hold other confidential discussions with faculty and staff colleagues. Will there be enough private and/or meeting space for peak demand hours?

**Quiet, private space to de-stress:** Clinicians, in particular, have very busy days in clinical practice. There is a need for peace and quiet when the opportunity arises. Surgeons who work in the very stressful OR environment all day need a place to go at the end of the day where they can, literally, put their feet up, doze for a few minutes, unwind in privacy, make calls, etc. As many of the clinicians in some of the “neighborhoods” are surgeons, they may all descend on the building at the end of the day and not find enough focus/huddle rooms. In addition, there is concern about the noise level between phone calls, music, noise from online training or CME.

**Educational needs:** How will UCSF’s education mission be met if some individuals are excluded from shared space due to privacy and confidentiality concerns?

**Loss of community:** There is concern that people will just go home early and work from there, come in late, or work from home entirely. This will be counterproductive in terms of our ability to collaborate. Will faculty use the shared workspace? Will they disappear from UCSF once their clinics and meetings are over?

**Loss of faculty:** Will faculty leave UCSF because of the new space plan?

**Faculty recruitment:** Several have voiced concerns about the ability to recruit excellent candidates if we can’t offer them an office. Will it become more difficult to recruit faculty to UCSF with the new space plan? Faculty come to UCSF for the environment with colleagues and this workspace model is would not help an already difficult environment due to decreasing funding, increasing cost of living and a changing clinical landscape.

**Fundraising:** How will faculty feel about inviting potential donors to come visit us at our cubicles?

**Application of an activity-based workspace in an academic health sciences institution:** We can find no evidence of this being tried anywhere for any academic or medical setting. This needs to be evaluated within the context of our peer institutions, i.e. the top five academic medical centers in the nation, not in comparison to the information technology or media industries. With no prior history of using such a model in an academic medical campus, do we really want to go ahead without prior evaluation?

**Generation gap?** The assumption from administration is that there is a generational gap and that junior faculty would be willing to work in the activity-based workplace. Not all junior faculty agree. When competing with our peer institutions for recruitment, we would need a much stronger set of evidence that offering cubicles instead of offices will be viewed as a strong plus by potential recruits.

**Chancellor’s example?** We heard that the Chancellor will move her offices to the Mission Bay Academic Building. The nature of her work is more focused on meeting with others whereas the faculty need

focused quiet time to write grants, etc. In the case of our clinical faculty, they need confined space to look at private patient information and receive/send phone calls that are sensitive without a need to pack up, go to a quiet room, re-log-on to sensitive information. Also, there is skepticism that this well-intentioned gesture by the Chancellor will be permanent.

### **PROPOSED SOLUTIONS**

1. **Pilot program:** Immediately initiate a pilot program for faculty, who volunteer and desire to do so, to use an activity-based workplace with proper evaluation of the concerns raised.
2. **Hybrid plan:** Plan for a hybrid approach, with some of those closed rooms being shared private offices and central space overflow if both faculty are there at the same time.
3. **Individual group configurations:** Allow each group to configure their space to meet their own needs.
4. **Reduce demand for the space:** Give faculty members and/or groups the option to not leave their current space, such as faculty who do not need proximity to the Mission Bay Hospital.
5. **Contingency planning:** Plan for the possibility of reorganizing the space after a specified, multi-year trial period which would be used to carefully evaluate its efficacy and risks.

We appreciate the opportunity to share our thoughts and look forward to hearing from you soon.

Sincerely,

Robert Newcomer, PhD, Chair  
UCSF Academic Senate

### **Mission Bay Academic Building Work Group**

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### **Clinical Affairs Committee Members**

Phil Rosenthal, MD, Chair  
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### **Committee on Research Members**

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## **APPENDIX 1**

UCSF Privacy and Confidentiality Handbook (emphasis added):

<http://hipaa.ucsf.edu/Privacy%20Handbook.pdf>

Page 8: **Who is authorized to access confidential PHI?**

PHI may be accessed without patient consent under certain circumstances, which are further described in the UCSF “Notice of Privacy Practices.” **Doctors, nurses, and other licensed providers on the health care team may access the entire medical record, based on their “need to know.” All other members of the workforce may access only the information needed to do their jobs.** Moreover, certain uses for the purpose of Treatment, Payment and health care Operations (TPO) are permitted without HIPAA authorizations.

Page 9: **MEDICAL RECORD ACCESS AND CONTROL**

Medical records are maintained for the benefit of the patient, medical staff, and the hospital, and shall be made available to any of the following persons or departments upon request:

- **Treating physicians**
- **Non-physicians involved with the patient’s direct care (i.e., nurses, pharmacists)**
- Any authorized officer, agent, or employee of the Medical Center or its Medical Staff (i.e., Risk Management, Patient Relations)

Page 15: **HOW TO COMPLY WITH THE SECURITY RULE**

**What Steps Must I Take to Safeguard Computer Resources and PHI?**

There are several steps that you must take to protect the privacy and electronic security of PHI, a few of which are listed below.

### **Document and Workstation Security**

1. Log off or lock access to computers when you leave, even if only for a moment.
2. Keep computer systems up-to-date with current operating system security patches and antivirus definitions.
3. Ensure that computer systems meet UCSF minimum security standards. See <http://security.ucsf.edu/EIS/Names/MinimumStandards.html>.
4. **Ensure that computer screens and displays with access to ePHI are not visible to unauthorized individuals (which includes clinicians not involved in a patient's care) or passersby.**
5. Keep confidential or sensitive information locked away when not in use. File documents in locked cabinets or drawers when you have finished with them.
6. Be alert to recognize and report all privacy and security incidents to your department supervisor or manager. For privacy issues, contact the Privacy Office (415-353-2750), and for IT security issues call UCSF IT Customer Support (415-514-4100).