

UNIVERSITY OF MINNESOTA  
ACADEMIC HEALTH CENTER  
DEANS COUNCIL  
Tuesday, June 9, 1998  
475 ChRC  
2:00pm

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**AGENDA**

**EXECUTIVE SESSION**

- |    |  |        |
|----|--|--------|
| 1) | AHC Legislative Initiative for Next Session<br>Continued Discussion<br>Frank Cerra | 30 min |
|----|--|--------|

**OPEN SESSION**

- |    |   |        |
|----|---|--------|
| 2) | Minnesota Molecular & Cellular Therapeutics Program (white)<br>Lead Dean Report and discussion<br>Leo Furcht and John Coleman | 30 min |
| 3) | AHC Center for Adolescent Health (yellow)<br>Discussion of pre-proposal to establish the center<br>John Fetrow                | 10 min |
| 4) | Year 2000 Project<br>Update on AHC Plans<br>Terry Bock and Ed Deegan  | 10 min |
| 5) | Student Systems Project<br>Update and discussion of AHC plans<br>Terry Bock and Ed Deegan                                     | 15 min |
| 6) | Jackson, Owre, Lyons, Millard plans<br>Update<br>Terry Bock and Lorelee Wederstrom  | 10 min |
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# Molecular & Cellular Therapeutics Program

Presented to the Deans Council

John Coleman

June 9, 1998

## The Molecular & Cellular Therapeutics Program (History)

“Opening the World of BioTechnology To Minnesota”

- In May 1995 the Operation of the \$13 Million ALG facility was transferred to the AHC for the production of biological agents for clinical trials.
- \$5 million dollars worth of support for the facility was allocated by the University of Minnesota Health System
- The facility was to be supported by three Medical school programs:
  - Cell Therapy (Jeff McCullough)
  - Gene Therapy (Scott McIvor)
  - BioTherapy (Fatih Uckun)
- Director Hired in Nov. of 1995

## The Molecular & Cellular Therapeutics Program (Services)

“Opening the World of BioTechnology To Minnesota”

- The facility is intended to support cGMP operations for phase I/II human clinical trials of “Biologicals”.
- The facility was staffed to provide a cGMP umbrella for projects.
  - raw materials management
  - quality assurance
  - documentation
  - validation assistance
  - calibration and maintenance
  - trained personnel
  - cGMP consulting
- The investigator needs only to focus on getting IND approval and completing SOP directly related to his/her process.



## The Molecular & Cellular Therapeutics Program (Initial 5 Year Plan)

“Opening the World of BioTechnology To Minnesota”

- Five year Financial Projections
  - cumulative revenue: \$32.4 million
  - cumulative expenses: \$31.7 million
  - cumulative net: \$0.7 million
  
- Federal Funding
  - NIH Blood Component \$1 million/year, 5 years
  - Gene Vector Labs Grant \$1 million/year, 5 years
  - University of Minnesota Hospital \$5 million, 5 years
  - contracts: gene vector production \$50,000 / year, 5 years.

## The Molecular & Cellular Therapeutics Program (What Happened?)

“Opening the World of BioTechnology To Minnesota”

- The Challenges:
  - The “Program” was never a single program.
  - Application for Major Grants were unsuccessful
  - Hospital was sold to Fairview (\$4 million support was secured for the facility)
  - Uckun left the University
  - Change in AHC leadership (Dr. Brody and JoAnne Jackson)
  - Changes in the way indirect costs are distributed has made it difficult to secure indirect funding.
- The Accomplishments
  - The University’s first gene therapy trial was initiated with vector and cell processing accomplished at the MMCT facility.
  - A second gene therapy trial has been initiated.
  - \$3 million was secured for the remodeling of the facility to increase usable space.
  - Leo got to be my boss!!!

## The Molecular & Cellular Therapeutics Program (New Direction)

“Opening the World of BioTechnology To Minnesota”

- Open the facility as a AHC resource
- Identify additional programs
  - immunotherapy (Dr. Low)
  - islet transplantation (Dr. Hering)
  - BioArtificial Liver (Algenix / Dr. Cerra)
- Determine a decision making structure
- Identify a long-term support structure for facility operations

## The Molecular & Cellular Therapeutics Program (Budget - Historical)

“Opening the World of BioTechnology To Minnesota”

	95-96 FY	96-97 FY	97-98 FY
<b>BIO THERAPY</b>	\$390,773	\$154,967	0
<b>CELL THERAPY</b>	\$423,159	\$103,869	\$52,381
<b>GENE THERAPY</b>	\$160,057	\$238,510	\$206,352
<b>FACILITY OPERATIONS</b>	\$594,327	\$511,623	\$635,080
<b>TOTALS</b>	\$1,577,316	\$1,008,969	\$893,813

*not Grant*

## The Molecular & Cellular Therapeutics Program (Fiscal Performance)

“Opening the World of BioTechnology To Minnesota”

Balance fwd FY96 (\$ 238,810)

### Revenue FY97

Hosp/AHC \$3,000,000

central admin \$ 150,000

ICR (FY96 + 97) \$ 272,300

Equip. Sales \$ 7,969

TOTAL: \$ 3,430,269

Expense FY 97 \$1,008,969 (\$1,008,969)

### Revenue FY98

central admin \$ 150,000

ICR \$ 0

equip. sales \$ 228,841

TIP \$ 2,903

TOTAL: \$ 381,744

Expense FY 98 (\$ 893,813)

Projected Balance 7/98 \$1,670,421

## The Molecular & Cellular Therapeutics Program (Budget FY98-99)

“Opening the World of BioTechnology To Minnesota”

	Staff	Utilities	O & M	Totals
<b>Cell Processing</b>	\$ 0	\$ 0	\$ 50,000	\$ 50,000
<b>Gene Therapy</b>	\$ 79,699	\$ 0	\$ 20,301	\$100,000
<b>Facility Operations</b>	\$411,145	\$200,000	\$ 38,855	\$650,000
<b>TOTALS</b>	\$490,844	\$200,000	\$109,156	\$800,000

# The Molecular & Cellular Therapeutics Program (Funding)

“Opening the World of BioTechnology To Minnesota”

- Facility Operations
  - \$150,000 recurring support (central admin.)
  - remaining hospital funds (*4 mil to run facility*) or support programs?
  - ICR (?)
- Cell Therapy
  - operational funds (Fairview/University Hospital)
  - facility / infrastructure support (?) *\$92,000 will try charging hospital*
- Gene Therapy *53, (yr 1)*
  - NIH Grant \$103,000 (2 years)
  - CRC \$50,000 pending
  - Mayo Clinic (?)
  - Corporate Partners: Boehringer-Mannheim (?)  
Merck (?) *trying to from previous trip* *supporting one in San Diego*

## The Molecular & Cellular Therapeutics Program (Funding - cont.)

“Opening the World of BioTechnology To Minnesota”

- Immunotherapy
  - NIH funding (?)
  - Internal funding \$40,000 pending
- BioArtificial Liver
  - corporate support (Algenix) pending
- Islet Cell Transplantation
  - Internal funding pending
  - external funding (?)



*Call it a  
Facility*

## The Molecular & Cellular Therapeutics Program (Staffing)

“Opening the World of BioTechnology To Minnesota”

- Operations - current
  - director
  - Quality Assurance (2)
  - maintenance/ calibration
  - materials manager
  - accountant
  
- Operations - at full capacity (5-6 programs)
  - Quality Assurance (1)
  - Assistant Director (1)
  - office assistant / records manager
  - stock assistant
  
- Production
  - Unknown

## The Molecular & Cellular Therapeutics Program (Challenges)

“Opening the World of BioTechnology To Minnesota”

- Long term strategy for fiscal support.
  - use of traditional grant support approach will be difficult.
  - consideration should be given to sharing some operational costs across potential users.  
(utilities / maintenance / repair / some staff)
  
- The facility needs an oversight board.
  
- There needs to be a mechanism to jump start new clinical trials. Once started the facility must share in the success.

# UNIVERSITY OF MINNESOTA

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*Twin Cities Campus*

*Academic Health Center  
Office of the Senior Vice President  
for Health Sciences*

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426 Church Street S.E.  
Minneapolis, MN 55455-0374*

June 3, 1998

To: Dr. Frank Cerra and AHC Deans Council

From: John Fetrow

Re: pre-proposal for an AHC Center for Adolescent Health

I have attached a pre-proposal from Dr. Robert Blum et. al. for the creation of an AHC based Center for Adolescent Health. It would be a type 3 interdisciplinary program and requests no new support from the AHC.

Please review the proposal and we will discuss it at the next Deans Council meeting.

Thanks,



**A Prospectus to Establish  
The Center for Adolescent Health  
A Type 3 Center  
in the Academic Health Center  
University of Minnesota**

Contact Person: Robert Wm. Blum, M.D., Ph.D.  
Professor, Department of Pediatrics  
Box 721  
420 Delaware Street SE  
Minneapolis, MN 55455  
Phone: 626-2820  
Fax: 626-2134  
e-mail: [blumx001@maroon.tc.umn.edu](mailto:blumx001@maroon.tc.umn.edu)

## INTRODUCTION

Since its inception in 1978, the Adolescent Health Program has bridged the Schools of Medicine, Nursing and Public Health through collaborative research, joint training and program development. We shared joint faculty in a number of specialties and disciplines; and many of our trainees walk between or among the three academic units. Additionally, we share a number of common funding sources (both within the University and at a national level); and our program plans, research and training in the future will be inexorably linked.

Recently, through support from both Central Administration and the Academic Health Center, we have the opportunity to co-locate our collaborative efforts in Adolescent Health at the new Gateway Center and to link those programs and projects focused on youth health within the Academic Health Center with those of the 4-H Youth Development Institute and the Consortium on Children, Youth and Families for we will be co-located with them as well. Thus, because of our history and commitment to interdisciplinary collaboration, our long-standing track record and the possibilities for the future, we believe that it is timely for us now to propose the establishment of the Center for Adolescent Health within the Academic Health Center. We make such a proposal not to diminish our ties with our academic departments, but rather to strengthen the possibilities for future collaboration.

## MISSION STATEMENT

It is the Mission of the Center for Adolescent Health to improve the health of young people ages 10 through 24 in the State of Minnesota, nationally and internationally through research, training, program development and the translation of research to inform practice and policy making.

## GOVERNANCE

*Core faculty* of the Center for Adolescent Health includes:

Robert Blum, M.D., M.P.H., Ph.D., School of Medicine

Linda Bearinger, Ph.D., M.S., School of Nursing

Wendy Hellerstedt, Ph.D., School of Public Health

Theora Evans, Ph.D., School of Social Work

Gary Remafedi, M.D., School of Medicine

Joän Patterson, Ph.D., School of Public Health

Cheryl Perry, Ph.D., School of Public Health

Michael Resnick, Ph.D., School of Medicine

Marcia Shew, M.D., M.P.H., School of Medicine

Renée Sieving, Ph.D, R.N., School of Medicine

*Core Steering Committee:*

Center Director: Robert Blum

Co-Directors: Michael Resnick, Linda Bearinger and Cheryl Perry

*Steering Committees:*

a) *Youth Board:* The Center for Adolescent Health will received input and the perspectives of young people through a Youth Board comprised of 12 adolescents between the ages of 15 and 19 years. The Youth Board has been a component of the Adolescent Health Program for the past 5 years; and starting in the fall of 1998 will publish a quarterly newsletter on adolescent health by and for young people.

b) *National Advisory Board:* The National Advisory Board will be comprised of leaders in the field of adolescent health and will include:

Claire Brindis, DrPH., Executive Director, National Adolescent Information Center,  
University of California, San Francisco

Douglas Kirby, Ph.D., Director of Research, ETR Associates, Santa Barbara, CA

Kristin Moore, Ph.D., President, Child Trends, Inc., Washington, D.C.

Laurie Zabin, Ph.D., Professor, School of Hygiene and Public Health, The Johns  
Hopkins University

Judith Musick, Founder, The Ounce of Prevention Fund, Chicago, IL

Kristin Teipel, M.P.H., R.N., Adolescent Health Coordinator, Minnesota Department  
of Health

c) *State Advisory Board:*

Sandra Edwardson, Ph.D., R.N., Dean School of Nursing

Senator Jane Ranum, Minnesota State Senator

Robert Smith, Director, Freeport West

Tom Griffin, M.P.H., Minnesota Institute of Public Health

Sheila Leatherman, United Health Care

Cordelia Anderson, Sensibilities, Inc.

Dan Conrad, youth work and youth development consultant

Peter Benson, President, Search Institute

G. Fred LaFleur, Commissioner, Juvenile Justice

Kathy Fennelly, Ph.D., Dean, Minnesota Extension Service, University of Minnesota.

It is the role of the Youth Advisory Board to assure there is an ongoing youth perspective integrated into all of the work of the Center. The local and state advisory board assures that we will continue to be responsive to the needs of the communities in which the Center is based; and the National Advisory Board will provide the academic rigor and oversight necessary for the maintenance of a world-class research and training program. All of these advisory boards are currently in place and relate to one or more programs we propose for the Center for Adolescent Health.

**SPACE**

Currently, most of the faculty that will comprise the Center for Adolescent Health are housed in either the D-corridor of the first floor or the A-corridor of the third floor of Mayo Memorial Building with additional faculty housed at the Weaver-Densford Hall and the University's FMC building.

With the completion of the Gateway Center we anticipate that most of the staff of the Center for Adolescent Health will be co-located in the space already allocated at Gateway. Faculty who are less than 50% supported through the Center and the Center activities will maintain their primary

office within their department of academic affiliation, but will have a work area available at the Gateway Center for the portion of time for which they will be working on Center activities.

### **CENTER PROGRAMS**

What belongs in the Center? The Center for Adolescent Health is being proposed so as to facilitate and encourage interdisciplinary collaboration in adolescent health. As stated above, it is not designed to replace current academic relationships. Thus, Center programs should include those that are broadly interdisciplinary, and that nourish the community-University interface.

Currently, there are four programs that fit the definition and belong within the Center:

- 1) The Adolescent Health Training Program: A program that requires faculty from medicine, nursing, social work, psychology and nutrition.
- 2) The National Teen Pregnancy Prevention Research Center: A training and research center that involves faculty from the Schools of Public Health, Nursing and Medicine;
- 3) The Konopka Institute for Best Practices in Adolescent Health: An AHC project that includes faculty from the three collaborating schools. The Institute is currently based within the AHC.
- 4) The analysis and dissemination of the National Longitudinal Study of Adolescent Health (Add Health): a project that involves medicine, nursing, epidemiology, psychology, public health, nutrition and sociology.

### **FINANCIAL RESOURCES NEEDED**

This prospectus for establishing a Type 3 Center for Adolescent Health within the Academic Health Center does not come with requests for additional financial support. Currently, the Academic Health Center provides substantial financial support through the Konopka Institute for Best Practices in Adolescent Health. Likewise, a recent commitment from both the Central Administration of the University and the Senior Vice President for Health Sciences, provide for core support for space at the Gateway Center during the first five years of the operations for the



Center for Adolescent Health. Our request, instead, emanates from a desire to create a focal point for interdisciplinary adolescent health collaborations and to capitalize on funding opportunities that may be enhanced by the housing of the proposed Center within the Academic Health Center.

90M06LB001

## Student 2000 Proposal for AHC Deans For Discussion

### Objective

Develop implementation plan for PeopleSoft Student Systems in the AHC. Determine how the new system can support student information needs across the AHC.

### Tasks

- Review and document existing student processes within the AHC. Intentions are to identify both school-specific and common processes within the AHC and to identify new efficiencies within those student processes.
- Analyze current data needs associated with AHC student processes.
- Examine existing student systems within the AHC. Evaluate systems for functionality, technical complexity, Y2K compliance, and reliability. Document all interfaces to other organizations, (Central University groups, AHC units, etc.).
- Study PeopleSoft functionality. Perform "Gap Analysis" as to how PeopleSoft meets AHC student information needs.
- Assemble a PeopleSoft implementation plan for the AHC.

### Resources

- AHC-AIS, Principal Systems Analyst
- System users in AHC schools
- Management Analysis Division analysts, State of Minnesota

### Time Line

- Project to begin in late June.
- Process analysis completed - TBD.
- Systems review completed - TBD.
- PeopleSoft Implementation plan ready - TBD.

UNIVERSITY OF MINNESOTA  
ACADEMIC HEALTH CENTER  
DEANS COUNCIL  
Tuesday, April 28, 1998  
475 ChRC  
2:00 p.m.

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AGENDA

EXECUTIVE SESSION

- 1) 1999 Operating and Capital Budgets 15 min  
Update and discussion  
Frank Cerra, Katherine Johnston, Terry Bock
- 2) 1999 Compensation Policy (salmon) 15 min  
Update and discussion  
Frank Cerra, Terry Bock, Jeanette Louden

OPEN SESSION

- 3) Educational Support Services & Information Technology 30 min  
Briefing on task force work and discussion  
John Fetrow
- 4) Lead Dean Report: Bioethics Center (white) 40 min  
Presentation  
Mike Till and Jeff Kahn
- 5) Third Quarter Financial Report (green) 10 min  
Briefing  
Katherine Johnston
- 6) Deans Council Retreat 5 min  
Discussion of potential topics and dates  
Terry Bock *Do 2 or more Retreats/years*
- 7) Monthly Updates: 20 min  
Financier's - Katherine Johnston (yellow) ✓  
Information Technology - Ed Deegan (tan) ✓  
Communications - Chris Roberts (orchid)
- 8) Student Systems Project 30 min  
Briefing and discussion  
Roberta Armstrong
- 9) Signatures on Diplomas (grey) 5 min  
Discussion  
Craig Swan

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**Upcoming Meetings:**

Need for Non-Tenure, Clinical-Track Faculty  
Lead Dean Report: Complementary Care  
Administrative Cost Reduction/Service Redesign Plans  
Lead Dean Report: MMCT  
Presentation on Employment Law Training  
Briefing on the Enterprise Project and Clarity  
Briefing on University Plans for Long-Distance Education

# Center for Bioethics

## Education, Research, Service

Jeffrey Kahn, PhD, MPH  
Director



## Center Accomplishments

- Top 5 Bioethics Center
- Highly productive faculty
  - scholarship
  - teaching
  - outreach and influence
- Successful collaborations
  - move to AHC
- Successful recruitment
  - faculty and students



## Center Overview--Staffing

- Faculty
  - 3.75 FTE (5 faculty)
  - 9 Faculty Associates (no salary support)
  - 6 Center Associates (no salary support)
  - Post-doctoral fellow
- Staff
  - Associate Director
  - Administrator
  - Secretarial (2 FTE)
  - Office assistants (1 FTE)
  - Research assistants (students) (2.65 FTE)



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## Center Overview--Programs

- Education
- Research
- Service
  - *in the context of*
- AHC and University-wide presence
- Increasing collaboration
- Community influence



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## Center Programs--Education

- **Medical School**
    - undergraduate--Clin Med I, IV
    - residencies
    - MD/PhD
  - **School of Public Health**
    - grad students + 4 courses
  - **School of Dentistry**
    - 3 courses
  - **Law**
    - joint degree students + 3 courses
  - **Graduate School**
    - Philosophy--3 courses
- Professional Education**
    - MIBC
  - Graduate Minor**
    - national recruitment



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*Also School of Nursing*

## Center Programs--Research

(in calendar 1997)

- 49 scholarly publications
- 45 presentations at nat'l and int'l meetings
- 47 presentations at local and regional meetings
- 2 Center-submitted grants and 7 grant submissions with Center participation
  - 1 successful; remainder pending



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## Center Programs--Service

- Service on 24 University committees
- 40+ University and community lectures
- 50+ local, state and national boards and committees
- Legislative testimony
- Media
  - local and national print, radio and television appearances
  - content controlled media
    - NewsNight Minnesota panels
    - Star Tribune “Observatory” pieces
    - CNNi



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## Center Programs--Service

(cont'd)

- Outreach
  - Bioethics Examiner *Newsletter/Journal*
  - MIBC
  - Community Advisory Council



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## Center Funding

- 1997-98 budget: \$930,771
  - balance 4/1/98: \$185,446
- 1998-99 budget: \$1,240,722 (incl. grants)
  - salaries increased by 7.5% (faculty), 4.5% (civil service) and 4.0% (students)
  - replace .50 FTE MD faculty (KFL)
  - hire grantsmanship/research coordinator
  - operating costs level



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## Goals for Current Year

- Maintain productivity
- Increase Center grant submissions
- Recruit .50 FTE MD faculty
- Recruit graduate students
- Aid in development of Univ. efforts in research ethics education and training (grant submitted)
- Continue endowed chair fundraising efforts



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## Strategic Goals--3-5 years

- Education
  - increase Center's participation in bioethics education throughout the Twin Cities campus
  - create an environment that will attract graduate students to study bioethics at the University and at the Center
  - begin to consult regarding undergraduate education in bioethics and lecture periodically, as resources allow



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## Strategic Goals--3-5 years

- Faculty Development
  - fund additional part-time appointments for clinical faculty (project/grant driven)
  - increase number of Faculty Associates
  - foster an environment for increased collaboration across the University



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## Strategic Goals--3-5 years

- Research
  - undertake cutting edge research in bioethics
    - focus on intersection of ethics and health policy
  - maintain pre-eminence as a leading bioethics research center
    - continue analytic, descriptive, quantitative and qualitative research; host professional conferences
  - increase interdisciplinary relationships among faculty, policy makers, and representatives from the private health care and technology sectors



## Strategic Goals--3-5 years

- Service
  - position Center and faculty as active members of the University community, and community at large.
  - Serve as a recognized voice in the public arena on issues related to bioethics



## Future Funding and Staffing

- Endowed chair
- .25 FTE clinical ethics (MD)
- increased extramural support for projects, project staff, research assistance, grantsmanship
- increased number of Faculty Associates (no salary support)
- status quo re space and operational budget



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**CENTER FOR BIOETHICS**  
**July 1,1998-June 30, 1999 Projected Budget**

	<b>University Support</b>	<b>Grant Support</b>	<b>3/25/98 Total</b>
<b>INCOME</b>			
Balance Forward at 7/1/98	0		0
Humane Care of the Dying Project		3,300	3,300
Macy Foundation/Genetics Project (\$115,797 less 15% indirect costs)		100,797	100,797
* Central University Funds (AHC & Medical School support)	1,136,625		1,136,625
<b>Total Income</b>	<b>1,136,625</b>	<b>104,097</b>	<b>1,240,722</b>
<b>EXPENSE</b>			
<b>** Salaries</b>			
Academic	499,399	14,849	514,248
Fringe Benefits (Academic Staff)	134,770	4,113	138,883
Academic: Faculty Associate/Teaching Consultant--Steven Miles	83,005		83,005
Civil Service & Clerical Staff	109,553	5,935	115,488
Fringe Benefits (Civil Service Staff)	31,333	1,697	33,030
Research Assistants/Students	61,883	5,998	67,881
Fringe Benefits (Research Assistant/Student Staff)	29,350	3,983	33,333
<b>Sub-Total: Salaries &amp; Fringe</b>	<b>949,293</b>	<b>36,575</b>	<b>985,868</b>
<b>Operating Expense</b>			
Office Operations: computer supplies, library, subscriptions, stationary, books, postage	44,032		44,032
Quarterly newsletter - Design & printing costs	12,000		12,000
Technical Computer Consulting(outside University for WEB development)	5,000		5,000
Telephone & network connections @ \$1500 per month	18,000		18,000
Furniture/computer equipment & repair	7,000		7,000
*** Faculty Development	80,000		80,000
Staff Courses, seminar & conference fees	1,800		1,800
Brochure revisions/Grad Minor marketing	5,000		5,000
Honorarium for visiting faculty (monthly Faculty Seminars)	3,000		3,000
Travel (Staff)	11,500		11,500
Humane Care of the Dying Project/Conference		3,300	3,300
Macy Foundation/Genetics Project		64,222	64,222
<b>Sub-Total Operating Expense</b>	<b>187,332</b>	<b>67,522</b>	<b>254,854</b>
<b>Total Expense</b>	<b>1,136,625</b>	<b>104,097</b>	<b>1,240,722</b>
<b>Projected balance at 6/30/98</b>	<b>0</b>	<b>0</b>	<b>0</b>

\* Funding includes support from FY 97-98 = \$929,675 + 20,000 (increase in Fac. Dev. funds) + salary inflation increases + new positions

\*\* Salaries & fringe increased according to AHC guidelines

\*\*\* Based on Jeffrey Kahn hiring contract (\$20,000 in FY 96-97; \$60,000 FY 97-98; \$80,000/each in FY 98-99 and FY 99-00)

Need Inventory -  
Need Cost Analysis

## Education Services Organization: Unit capabilities and types of staffing

**Classroom support:** There is nearly universal consensus that this is a pressing need. Many feel that this responsibility will ultimately come to the AHC and colleges in any case.

- classroom scheduler
- media resources support
- room "quality control" person (repair, heat, chalk, etc.)

**Visual Arts support (BMG):** This effort currently breaks even. Could it be more effective or efficient?

- graphics production artists (manual and computer)
- slide and presentation materials preparation person
- photography and video production people

**Technology Enhanced Learning:** TEL offers the possibility of extending our educational efforts to new audiences and across a broader geography and time. There is intense interest in this concept, both within the AHC and the broader University. The consensus is that technology accessible educational materials will quickly become the competitive standard. There are no good existing models in an AHC that can be copied. This is new ground.

### technical infrastructure support personnel

- desktop support
- network support
- server support
- applications development

### faculty and learner support and training personnel

- web-based materials development
- presentation technologies
- e-mail / internet connectivity
- integration and access to information resources: "multimedia librarian"
- interactive TV / interactive computer video technologist
- TEL instructional designer

## Draft Plan for an Education Service Organization: Needs

\* List of the functions that would be taken on by an initial stage of an ESO; in some cases this will be operational responsibility, in others, the ESO would be facilitating.

{Technology Enhanced Learning = TEL}

### “One Time”

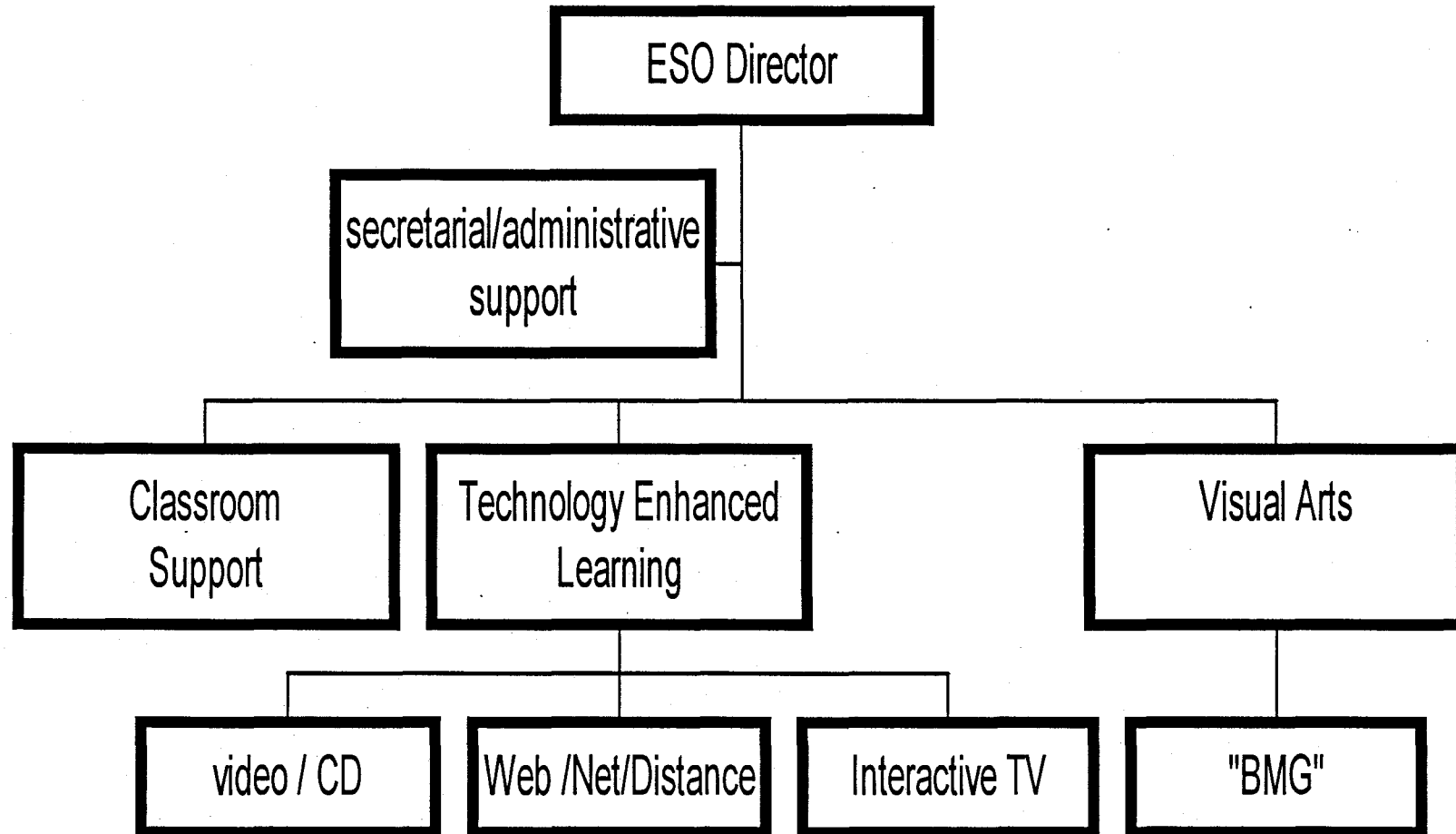
- Classroom renovation: comfort and standard technology
- Classroom advanced technology
- laboratory(ies) for technology materials creation
- hardware for specific projects
- special initiatives in schools and colleges

### “Continuing”

- \* Classroom scheduling
- \* Classroom equipment maintenance
- \* Classroom housekeeping:  
(central point to report problems)
- \* Classroom technology operating support
- intercollegiate curricular development
- faculty training: pedagogy
- \* faculty training: use of technology
- \* faculty training: development of technology
- \* access to expertise in TEL educational materials development
  - ~ educational design
  - ~ software development, selection, conversion of existing resources
  - ~ hardware support
  - ~ network / access support
- \* centralized “visuals database”
- \* incentive / enabling funds to encourage faculty conversion of educational materials to a TEL approach
- systems of recognition and reward for TEL development
- evaluation of the outcome of educational efforts
- \* student training, access points, and support for TEL use

? ESO Coordinator for  
Pedagogy (Cerra)  
Concern about capacity as  
well as capability

# AHC Education Service Organization



# ACADEMIC HEALTH CENTER

University of Minnesota

## A Report of Financial Performance

Third Quarter of Fiscal Year 1997-98

Third quarter financial performance for the Academic Health Center is detailed in the attached report. Revenues and expenses through the third quarter for both 1996-97 and 1997-98 are shown for the schools, the units in the AHC-shared Activities organization, and the Office of the Senior Vice President for Health Sciences. A narrative analysis of the financial performance in both non-sponsored and sponsored programs follows.

Financial results for non-sponsored programs in the third quarter of the 1997-98 fiscal year for the seven schools of the Academic Health Center are summarized below:

- Revenue collections in non-sponsored programs through the third quarter for FY, 1998 are \$28.4 million below the same period in FY 1997. The decrease in revenue is attributed to these events:
  - ⇒ Tuition was front-loaded in FY 1997. In FY 1998, tuition is allocated after it is earned. The last quarter tuition revenue is forecast at \$8.3 million.
  - ⇒ Indirect cost recovery (ICR) revenue, like tuition, is recorded in the school account after it is earned. The last quarter ICR revenue is forecast at \$8.2 million.
  - ⇒ The year-to-year decrease in third quarter net private practice revenue equaled \$13.2 million. The clinical departments in the Medical School have budgeted an additional \$21.3 million for the fiscal year. Given the two significant accounting changes on January 1, 1998 -- the implementation of the single practice plan and the introduction of the Commonpaymaster -- it is probable that those forecasts are overstated. Analysis is underway to determine a more accurate forecast.
  - ⇒ Revenues from the university hospital and affiliated hospitals are down by \$13 million.
  - ⇒ The budget for gift revenue and endowment income is \$6 million less in 1997-98 than was actually collected in 1996-97. However, through the third quarter \$20 million has been recorded, an increase of \$3.4 million. Most of the variance is in the TC Medical School. We believe that these categories are understated and are working with the business managers in the schools to update the forecasts.



- Expenditures are in line with expectations. In total, operating expenses in the third quarter in 1997-98 were \$13.4 million higher than the third quarter of 1996-97, an increase of 6.6 percent. Salaries and fringe benefits account for \$4.5 million, or about one-third, of the increase. The growth in salaries and fringe benefits is only three percent, about half of the expected increase. A part of the variance can be explained by the nine-day pay lag after the shift of some employees to the bi-weekly payroll in early February. Expenditures for other operations are up about \$8.3 million in total, slightly higher than anticipated in the budget. In the aggregate, 77 percent of the operations budget was expended through the third quarter, as compared with 67 percent in the same period of the prior fiscal year. Since operations expenses are not generally incurred in equal monthly amounts, the accelerated spending is probably not a cause for concern. However, April activity will be monitored to identify units with potential budget shortfalls in the last quarter.

Sponsored program activity is fairly level year-to-year. Revenues through the third quarter are down about \$1 million while expenses are up by \$3.2 million.

Prepared by: Katherine Johnston,  
Chief Financial Officer for Health Sciences  
April 25, 1998

## ACADEMIC HEALTH CENTER

Third Quarter Financial Activity in Fiscal Years 1996-97 and 1997-98  
Based on April 8, 1998 data from the University Accounting System (CUFS)

Dollars in Thousands

	Third Quarter Fiscal Year 1997-98			Third Quarter Fiscal Year 1996-97			FY 98 Higher/(Lower) FY 97		
	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total
<b>Total AHC</b>									
<b>Revenues</b>									
Central Allocations	\$123,860	\$0	\$123,860	\$133,260	\$0	\$133,260	-\$9,400	\$0	-\$9,400
Generated Income	63,159	0	63,159	83,211	0	83,211	-20,052	0	-20,052
Private Funds	20,032	0	20,032	16,600	0	16,600	3,432	0	3,432
Other Income	9,609	0	9,609	4,981	0	4,981	4,628	0	4,628
Net transfers	3,856	0	3,856	13,120	0	13,120	-9,264	0	-9,264
Endowment transfers	-2,468	0	-2,468	-4,693	0	-4,693	2,225	0	2,225
Grant Income	0	125,850	125,850	0	126,917	126,917	0	-1,067	-1,067
<b>Total revenues</b>	<b>\$218,048</b>	<b>\$125,850</b>	<b>\$343,898</b>	<b>\$246,479</b>	<b>\$126,917</b>	<b>\$373,396</b>	<b>-\$28,431</b>	<b>-\$1,067</b>	<b>-\$29,498</b>
<b>Expenses</b>									
Salaries	\$129,136	\$47,822	\$176,958	\$124,588	\$48,331	\$172,919	\$4,548	-\$509	\$4,039
Employee Benefits	28,625	11,512	40,137	28,674	11,954	40,628	-49	-442	-491
Student Aid	3,216	1,125	4,341	2,570	1,089	3,659	646	36	682
Other Operations	54,060	58,978	113,038	45,759	54,884	100,643	8,301	4,094	12,395
<b>Expenses</b>	<b>\$215,037</b>	<b>\$119,437</b>	<b>\$334,474</b>	<b>\$201,591</b>	<b>\$116,258</b>	<b>\$317,849</b>	<b>13,446</b>	<b>3,179</b>	<b>16,625</b>
<b>+/- Fund Balance</b>	<b>\$3,011</b>	<b>\$6,413</b>	<b>\$9,424</b>	<b>\$44,888</b>	<b>\$10,659</b>	<b>\$55,547</b>	<b>-\$41,877</b>	<b>-\$4,246</b>	<b>-\$46,123</b>

### Duluth

<b>Revenues</b>									
Central Allocations	\$5,447		\$5,447	\$5,547		\$5,547	-\$100	\$0	-\$100
Generated Income	46		46	59		59	-13	0	-13
Private Funds	141		141	89		89	52	0	52
Other Income	495		495	466		466	29	0	29
Net transfers	1,904		1,904	1,286		1,286	618	0	618
Endowment transfers	0		0	0		0	0	0	0
Grant Income	0	2,016	2,016	0	1,694	1,694	0	322	322
<b>Total revenues</b>	<b>\$8,033</b>	<b>\$2,016</b>	<b>\$10,049</b>	<b>\$7,447</b>	<b>\$1,694</b>	<b>\$9,141</b>	<b>\$586</b>	<b>\$322</b>	<b>\$908</b>
<b>Expenses</b>									
Salaries	\$3,887	\$844	\$4,731	\$3,721	\$683	\$4,404	\$166	\$161	\$327
Employee Benefits	871	223	1,094	861	188	1,049	10	35	45
Student Aid	16	47	63	19	40	59	-3	7	4
Other Operations	1,456	916	2,372	752	640	1,392	704	276	980
<b>Expenses</b>	<b>\$6,230</b>	<b>\$2,030</b>	<b>\$8,260</b>	<b>\$5,353</b>	<b>\$1,551</b>	<b>\$6,904</b>	<b>877</b>	<b>479</b>	<b>1,356</b>
<b>+/- Fund Balance</b>	<b>\$1,803</b>	<b>-\$14</b>	<b>\$1,789</b>	<b>\$2,094</b>	<b>\$143</b>	<b>\$2,237</b>	<b>-\$291</b>	<b>-\$157</b>	<b>-\$448</b>

## ACADEMIC HEALTH CENTER

Third Quarter Financial Activity in Fiscal Years 1996-97 and 1997-98

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	Third Quarter Fiscal Year 1997-98			Third Quarter Fiscal Year 1996-97			FY 98 Higher/(Lower) FY 97		
	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total
<b>Dentistry</b>									
<u>Revenues</u>									
Central Allocations	\$12,152		\$12,152	\$12,381		\$12,381	-\$229	\$0	-\$229
Generated Income	6,476		6,476	6,145		6,145	331	0	331
Private Funds	578		578	330		330	248	0	248
Other Income	126		126	195		195	-69	0	-69
Net transfers	1,708		1,708	658		658	1,050	0	1,050
Endowment transfers	-125		-125	-45		-45	-80	0	-80
Grant Income		3,219	3,219		3,807	3,807	0	-588	-588
Total revenues	\$20,915	\$3,219	\$24,134	\$19,664	\$3,807	\$23,471	\$1,251	-\$588	\$663
<u>Expenses</u>									
Salaries	\$10,226	\$1,563	\$11,789	\$10,127	\$1,510	\$11,637	\$99	\$53	\$152
Employee Benefits	2,511	374	2,885	2,551	425	2,976	-40	-51	-91
Student Aid	163	61	224	205	57	262	-42	4	-38
Other Operations	5,668	1,464	7,132	3,546	1,417	4,963	2,122	47	2,169
Expenses	\$18,568	\$3,462	\$22,030	\$16,429	\$3,409	\$19,838	2,139	53	2,192
+/- Fund Balance	\$2,347	-\$243	\$2,104	\$3,235	\$398	\$3,633	-\$888	-\$641	-\$1,529

**TC Medical**

<u>Revenues</u>									
Central Allocations	\$48,124		\$48,124	\$56,659		\$56,659	-\$8,535	\$0	-\$8,535
Generated Income	37,842		37,842	62,188		62,188	-24,346	0	-24,346
Private Funds	15,814		15,814	11,930		11,930	3,884	0	3,884
Other Income	7,664		7,664	3,475		3,475	4,189	0	4,189
Net transfers	8,699		8,699	6,064		6,064	2,635	0	2,635
Endowment transfers	-2,333		-2,333	-2,644		-2,644	311	0	311
Grant Income		80,112	80,112		82,188	82,188	0	-2,076	-2,076
Total revenues	\$115,810	\$80,112	\$195,922	\$137,672	\$82,188	\$219,860	-\$21,862	-\$2,076	-\$23,938
<u>Expenses</u>									
Salaries	\$81,999	\$29,760	\$111,759	\$81,448	\$31,744	\$113,192	\$551	-\$1,984	-\$1,433
Employee Benefits	16,877	6,923	23,800	17,559	7,564	25,123	-682	-641	-1,323
Student Aid	1,510	454	1,964	775	519	1,294	735	-65	670
Other Operations	26,570	38,138	64,708	23,769	35,623	59,392	2,801	2,515	5,316
Expenses	\$126,956	\$75,275	\$202,231	\$123,551	\$75,450	\$199,001	3,405	-175	3,230
+/- Fund Balance	-\$11,146	\$4,837	-\$6,309	\$14,121	\$6,738	\$20,859	-\$25,267	-\$1,901	-\$27,168

ACADEMIC HEALTH CENTER

Third Quarter Financial Activity in Fiscal Years 1996-97 and 1997-98

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	Third Quarter Fiscal Year 1997-98			Third Quarter Fiscal Year 1996-97			FY 98 Higher/(Lower) FY 97		
	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total
<b>Nursing</b>									
<u>Revenues</u>									
Central Allocations	\$4,060		\$4,060	\$4,239		\$4,239	-\$179	\$0	-\$179
Generated Income	46		46	34		34	12	0	12
Private Funds	240		240	195		195	45	0	45
Other Income	4		4	2		2	2	0	2
Net transfers	492		492	405		405	87	0	87
Endowment transfers	0		0	0		0	0	0	0
Grant Income		1,896	1,896		1,821	1,821	0	75	75
Total revenues	\$4,842	\$1,896	\$6,738	\$4,875	\$1,821	\$6,696	-\$33	\$75	\$42
<u>Expenses</u>									
Salaries	\$2,688	\$784	\$3,472	\$2,366	\$878	\$3,244	\$322	-\$94	\$228
Employee Benefits	673	189	862	596	223	819	77	-34	43
Student Aid	126	142	268	96	165	261	30	-23	7
Other Operations	667	627	1,294	417	697	1,114	250	-70	180
Expenses	\$4,154	\$1,742	\$5,896	\$3,475	\$1,963	\$5,438	679	-221	458
+/- Fund Balance	\$688	\$154	\$842	\$1,400	-\$142	\$1,258	-\$712	\$296	-\$416

**Public Health**

<u>Revenues</u>									
Central Allocations	\$7,270		\$7,270	\$9,028		\$9,028	-\$1,758	\$0	-\$1,758
Generated Income	3,383		3,383	2,511		2,511	872	0	872
Private Funds	616		616	971		971	-355	0	-355
Other Income	0		0	0		0	0	0	0
Net transfers	98		98	479		479	-381	0	-381
Endowment transfers	0		0	-1,941		-1,941	1,941	0	1,941
Grant Income		28,208	28,208		27,645	27,645	0	563	563
Total revenues	\$11,367	\$28,208	\$39,575	\$11,048	\$27,645	\$38,693	\$319	\$563	\$882
<u>Expenses</u>									
Salaries	\$6,002	\$10,313	\$16,315	\$6,449	\$10,340	\$16,789	-\$447	-\$27	-\$474
Employee Benefits	1,585	2,626	4,211	1,739	2,746	4,485	-154	-120	-274
Student Aid	17	332	349	26	245	271	-9	87	78
Other Operations	3,446	13,496	16,942	2,772	12,441	15,213	674	1,055	1,729
Expenses	\$11,050	\$26,767	\$37,817	\$10,986	\$25,772	\$36,758	64	995	1,059
+/- Fund Balance	\$317	\$1,441	\$1,758	\$62	\$1,873	\$1,935	\$255	-\$432	-\$177

ACADEMIC HEALTH CENTER

Third Quarter Financial Activity in Fiscal Years 1996-97 and 1997-98

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	Third Quarter Fiscal Year 1997-98			Third Quarter Fiscal Year 1996-97			FY 98 Higher/(Lower) FY 97		
	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total
<b>Pharmacy</b>									
<u>Revenues</u>									
Central Allocations	\$5,517		\$5,517	\$5,780		\$5,780	-\$263	\$0	-\$263
Generated Income	498		498	860		860	-362	0	-362
Private Funds	904		904	1,317		1,317	-413	0	-413
Other Income	1,110		1,110	705		705	405	0	405
Net transfers	340		340	278		278	62	0	62
Endowment transfers	0		0	-33		-33	33	0	33
Grant Income		2,330	2,330		2,466	2,466	0	-136	-136
Total revenues	\$8,369	\$2,330	\$10,699	\$8,907	\$2,466	\$11,373	-\$538	-\$136	-\$674
<u>Expenses</u>									
Salaries	\$3,815	\$971	\$4,786	\$3,815	\$958	\$4,773	\$0	\$13	\$13
Employee Benefits	990	227	1,217	1,022	247	1,269	-32	-20	-52
Student Aid	272	0	272	341	18	359	-69	-18	-87
Other Operations	1,614	1,135	2,749	1,629	1,093	2,722	-15	42	27
Expenses	\$6,691	\$2,333	\$9,024	\$6,807	\$2,316	\$9,123	-116	17	-99
+/- Fund Balance	\$1,678	-\$3	\$1,675	\$2,100	\$150	\$2,250	-\$422	-\$153	-\$575

**Vet Medicine**

<u>Revenues</u>									
Central Allocations	\$14,075		\$14,075	\$13,069		\$13,069	\$1,006	\$0	\$1,006
Generated Income	9,578		9,578	7,201		7,201	2,377	0	2,377
Private Funds	1,107		1,107	904		904	203	0	203
Other Income	137		137	138		138	-1	0	-1
Net transfers	158		158	37		37	121	0	121
Endowment transfers	-10		-10	-30		-30	20	0	20
Grant Income		3,543	3,543		3,975	3,975	0	-432	-432
Total revenues	\$25,045	\$3,543	\$28,588	\$21,319	\$3,975	\$25,294	\$3,726	-\$432	\$3,294
<u>Expenses</u>									
Salaries	\$11,559	\$1,287	\$12,846	\$10,068	\$1,347	\$11,415	\$1,491	-\$60	\$1,431
Employee Benefits	2,834	324	3,158	2,603	335	2,938	231	-11	220
Student Aid	99	0	99	86	0	86	13	0	13
Other Operations	8,152	1,787	9,939	5,377	1,968	7,345	2,775	-181	2,594
Expenses	\$22,644	\$3,398	\$26,042	\$18,134	\$3,650	\$21,784	4,510	-252	4,258
+/- Fund Balance	\$2,401	\$145	\$2,546	\$3,185	\$325	\$3,510	-\$784	-\$180	-\$964

## ACADEMIC HEALTH CENTER

Third Quarter Financial Activity in Fiscal Years 1996-97 and 1997-98

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	Third Quarter Fiscal Year 1997-98			Third Quarter Fiscal Year 1996-97			FY 98 Higher/(Lower) FY 97		
	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total	Non-Spons	Sponsored	Total
<b>Subtotal Schools</b>									
<u>Revenues</u>									
Central Allocations	\$96,645	\$0	\$96,645	\$106,703	\$0	\$106,703	-\$10,058	\$0	-\$10,058
Generated Income	57,869	0	57,869	78,998	0	78,998	-21,129	0	-21,129
Private Funds	19,400	0	19,400	15,736	0	15,736	3,664	0	3,664
Other Income	9,536	0	9,536	4,981	0	4,981	4,555	0	4,555
Net transfers	13,399	0	13,399	9,207	0	9,207	4,192	0	4,192
Endowment transfers	-2,468	0	-2,468	-4,693	0	-4,693	2,225	0	2,225
Grant Income	0	121,324	121,324	0	123,596	123,596	0	-2,272	-2,272
Total revenues	\$194,381	\$121,324	\$315,705	\$210,932	\$123,596	\$334,528	-\$16,551	-\$2,272	-\$18,823
<u>Expenses</u>									
Salaries	\$120,176	\$45,522	\$165,698	\$117,994	\$47,460	\$165,454	\$2,182	-\$1,938	\$244
Employee Benefits	26,341	10,886	37,227	26,931	11,728	38,659	-590	-842	-1,432
Student Aid	2,203	1,036	3,239	1,548	1,044	2,592	655	-8	647
Other Operations	47,573	57,563	105,136	38,262	53,879	92,141	9,311	3,684	12,995
Expenses	\$196,293	\$115,007	\$311,300	\$184,735	\$114,111	\$298,846	11,558	896	12,454
+/- Fund Balance	-\$1,912	\$6,317	\$4,405	\$26,197	\$9,485	\$35,682	-\$28,109	-\$3,168	-\$31,277

**SVP-HS Office/AHC Shared Activities**

<u>Revenues</u>									
Central Allocations	\$27,215	\$0	\$27,215	\$26,557	\$0	\$26,557	\$658	\$0	\$658
Generated Income	5,290	0	5,290	4,213	0	4,213	1,077	0	1,077
Private Funds	632	0	632	864	0	864	-232	0	-232
Other Income	73	0	73	0	0	0	73	0	73
Net transfers	-9,543	0	-9,543	3,913	0	3,913	-13,456	0	-13,456
Endowment transfers	0	0	0	0	0	0	0	0	0
Grant Income	0	4,526	4,526	0	3,321	3,321	0	1,205	1,205
Total revenues	\$23,667	\$4,526	\$28,193	\$35,547	\$3,321	\$38,868	-\$11,880	\$1,205	-\$10,675
<u>Expenses</u>									
Salaries	\$8,960	\$2,300	\$11,260	\$6,594	\$871	\$7,465	\$2,366	\$1,429	\$3,795
Employee Benefits	2,284	626	2,910	1,743	226	1,969	541	400	941
Student Aid	1,013	89	1,102	1,022	45	1,067	-9	44	35
Other Operations	6,487	1,415	7,902	7,497	1,005	8,502	-1,010	410	-600
Expenses	18,744	4,430	23,174	16,856	2,147	19,003	1,888	2,283	4,171
+/- Fund Balance	\$4,923	\$96	\$5,019	\$18,691	\$1,174	\$19,865	-\$13,768	-\$1,078	-\$14,846

**ACADEMIC HEALTH CENTER**  
**Monthly Project Status Report to the Deans Council**  
**from the SVP-HS Finance Staff**  
**April 1998**

**Project:               FormsNirvana Implementation**  
**Coordinator:         Rob Super**

Implementation of FormsNirvana is proceeding as planned. We are on schedule to have it fully operational throughout the AHC by July 1.

Transaction approvers and preparers are being identified, trained, and authorized. New accounting transactions (payment voucher and easy purchasing form) are being added to FormsNirvana by Central.

Some frustration has been expressed about recent slowdowns in computer response time. The Office of Information Technology has discovered problems with some computer networks and routers and is working to improve response times. Most users are reporting overall satisfaction with FormsNirvana, and almost all of them have very enthusiastically endorsed its use for payroll transfers (type 38s).

**Project:               Grants Management**  
**Coordinator:         Rob Super**

Epidemiology, Surgery and Pediatrics are the Focused Grants Management sites in the AHC. They are currently documenting their grants management processes in order to work toward 'best practice' processes that incorporate the needed internal controls and take full advantage of the electronic tools that have been developed, such as EGMS, FormsNirvana, and Web Reports.

A committee has been formed and is beginning its review of the University's policy on the Charging of Direct and Indirect Costs. AHC representatives on the committee include: Ian Greaves (Environmental and Occupational Health), John Finnegan (Epidemiology), David Hamilton (Grants Management), Joyce Melzer (Pediatrics), Katherine Johnston (Office of SVP), and Rob Super (Office of SVP). ORTTA and the Institute of Technology are also represented on the committee.

**Project:               Activity Based Evaluation Project/Payroll Process**  
**Improvement**  
**Coordinator:         Rob Super**

Dentistry, Family Practice & Community Health, Psychiatry, and the Office of SVP for Health Sciences have agreed to participate in the activity based evaluation project focused on payroll process improvement. Documentation of the current payroll processes began on April 22. By June 30, the costs of the current process will be assigned; process redesign proposals will be identified; and the costs of the redesigned processes will be calculated.

**Project:** Funding Pathways for AHC/Fairview  
**Coordinator:** Rob Super

AHC and Fairview staff have been working to develop a process for proposing projects/services/programs that will benefit both the AHC and FUMC and for securing resources and management commitment for these projects/services/programs. The projected completion date for having the process in place is May 31.

**Project:** Performance Reporting  
**Coordinator:** Joe Weisenburger

The system was last refreshed with March data on the 8th of April. Since we put this system into full production last December the data has been consistently refreshed each month around the 5th or 6th working day of the month. Most collegiate units have responded with excellent comments to major deviations in their revenue and expenditures plans or differences in the data as compared to the previous year. These comments have been very useful in analyzing the data.

**Project:** MERC Trust Fund  
**Coordinator:** Alaine Siniff

The MERC trust fund was awarded a federal match of \$9,260,133 to bring the total amount available for distribution in 1998 to \$17,760,133. The University of Minnesota, as one of sixteen sponsoring institutions, will receive \$7,405,861 to distribute to its training sites. In terms of total eligible FTEs for sponsoring institutions, the University accounted for almost 50 percent, with 1,323 of the 2,710 total.

The Minnesota Department of Health distributed contracts last week that outline the requirements for disbursing trust fund grants. After the contract is signed by the University representative, the Academic Health Center will receive the allocation and must distribute it to the training sites within 60 days. The Department of Health will notify each training site, in writing, of the allocation it will receive from each program. The disbursement of trust fund grants will be coordinated by the SVP-HS office in cooperation with the University Controller's Office.

**Project:** Tuition Reports  
**Coordinator:** Joe Weisenburger

Fiscal Year 1997 - 1998 tuition data can be found on the Office of Planning and Analysis's new home page: [www.instdata.umn.edu](http://www.instdata.umn.edu). The FY 1997 - 1998 actual data is currently available for both Fall 97 quarter and Winter 98 quarter. Estimated tuition for the Spring 98 quarter is also available at this web site. Any previous year's data is found on the OPA's old web page: [www.opa.pres.umn.edu](http://www.opa.pres.umn.edu).



**Project:** New Indirect Cost Recovery Revenue Reports  
**Coordinator:** Joe Weisenburger

Indirect Cost Revenue summaries are now available on the IDEA web site:  
www.financial.reports.umn.edu under the sponsored data category. This data is updated on a  
monthly basis and is available by area and by grant. A sample of the report that is available is  
shown below.

YTD as of 03/31/98					
Area	Org	Org Name	FY96 Total	FY97 Total	FY98
652	6001	OUTSTANDING INVESTIGATOR AWARD	0.00	181,867.92	111,962.33
652	6002	COMORBIDITIES NON-METASTIC BRE	0.00	2,772.09	(508.40)
652	6003	METABOLIC ACTIVATION OF CARCIN	0.00	192,818.78	241,008.16
652	6004	MOLECULAR BASIS OF ACTION OF T	0.00	11,948.53	28,068.23
652	6005	ISOTHIOCYANATES AND NITROCAMIN	0.00	0.00	6,982.70
652	6006	PHENETHYL ISOTHIOCYANATE IN CH	0.00	65.17	0.00
652	6011	NITROSAMINE ACT EXTRAHEP P450S	0.00	0.00	14,302.10
652	6012	EPI OF DOWN SYNDROME-LEUKEMIA	0.00	0.00	13,182.24
652	6013	CO-CARCIN ACT NITROSAMINE META	0.00	0.00	27.19
Total			0.00	389,472.49	415,024.55

**Project:** Financial Processes Training  
**Coordinator:** Alaine Siniff

The training program work group has completed the following tasks:

- 1) The identification of existing financial training opportunities at the University (including computer-related training)
- 2) The identification of seventeen business processes, the tasks within those, and the necessary competencies required to perform the processes
- 3) The match of available training opportunities to the business processes
- 4) The development of a draft certification program with corresponding incentives for those who stand for certification
- 5) The initiation of a communication program that includes:

- a) meeting with the University Civil Service Committee and the AFSCME clerical and technical union to explain the program (in both cases, we received enthusiastic endorsement)
- b) presentations to the AHC Deans' Council and the AHC Fiscal Officers
- c) future presentations to:
  - department administrators
  - AHC financial staff
  - article in Capsule and in the AFSCME union letter
- 7) The introduction of coordinated training efforts on
  - a) budget preparation
  - b) Forms Nirvana Roll-out
- 8) The establishment of a summer training schedule
- 9) The location of some on-site training sites (e.g., Dentistry conference room for classes that are not on-line)
- 10) Training Services is furnishing trainers to the AHC for Monday afternoon and Friday morning classes on-site.

#### Next steps

- 1) The group is working on the location of a computer room for courses that require on-line training.
- 2) The process of developing evaluation tools for the certification program is continuing. The process is moving slower than anticipated because significant effort is required to create a tool that will accurately assess the level of knowledge required, but not be biased.
- 3) The group has identified additional training classes that are required for financial staff in the AHC (and the university). The group is working with the central administration owners of these financial processes to develop training programs and the corresponding evaluation tools.

**AHC - Administrative Information Systems  
Deans' Council Status Update  
April 1998**

March, 1998 Project / Activity	Status Update	Results / Goals
<b>Budget &amp; Performance Reporting</b> UPDATE	<ul style="list-style-type: none"> <li>• Over 112 AHC financial users have either the Budget System or Performance Reports applications on their desktop.</li> </ul>	<ul style="list-style-type: none"> <li>• Efforts are moving forward to expand Performance Reports functionality so it matches the data format used in the Budget system</li> <li>• Budget data uploads to CUFS will begin this week and occur weekly until the budget tables close.</li> </ul>
<b>AIS Customer Support</b> UPDATE	<ul style="list-style-type: none"> <li>• A cost recovery schedule for desktop support is still being discussed. Intentions are to use this cost-schedule to offset technical staff support costs.</li> <li>• A plan will be formulated to incorporate College of Pharmacy Novell services under an AHC-AIS support umbrella. There have been some discussions with other AHC units asking about server access.</li> <li>• Efforts are now underway to direct all technical requests to the 6-5100 AHC-AIS Help-line.</li> </ul>	<ul style="list-style-type: none"> <li>• Goal is to provide desktop technical support for both hardware and software. This service will be available to those offices that have arranged for direct technical support from AHC-AIS.</li> </ul>
<b>Technical Staffing</b> NEW ITEM	<ul style="list-style-type: none"> <li>• Technical staff turnover continues to affect various areas of the AHC.</li> <li>• Some efforts have been made to help connect units recruiting technical positions with potential candidates.</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>
<b>University Enterprise Systems</b> NO CHANGE FROM LAST REPORT	<ul style="list-style-type: none"> <li>• AHC-AIS has a person assigned 50% time to analyze the functionality of the pending PeopleSoft HRMS system.</li> <li>• <u>At this time there is no person assigned to perform a similar AHC function for the Student 2000 PeopleSoft system.</u></li> </ul>	<ul style="list-style-type: none"> <li>• Goal is to ensure AHC's information needs are represented to the Enterprise Systems projects.</li> </ul>

Project / Activity	Status	Results / Goals
<b>AHC – Human Resource Tracking System UPDATE</b>	<ul style="list-style-type: none"> <li>Recommendations have been made to move forward with AHC-HRTS as a stop-gap measure for PeopleSoft. AHC Human Resources Office will assign staff to begin populating the database with current information.</li> </ul>	<ul style="list-style-type: none"> <li>Goal is to have accurate HR information on-line for the AHC by Fall, 1998.</li> </ul>
<b>AHC-Year 2000 Project NEW ITEM</b>	<ul style="list-style-type: none"> <li>Currently no staff is available to coordinate and ensure Year 2000 technical issues are being addressed and resolved across the AHC.</li> </ul>	<ul style="list-style-type: none"> <li>Goal is to ensure all mission-critical applications and hardware are Year 2000 compliant. This scope should include administrative, research, clinical, and educational systems and hardware.</li> </ul>
<b>Meeting Maker Upgrade NEW ITEM</b>	<ul style="list-style-type: none"> <li>Software has been ordered. This is a complex coordination task since over 900 AHC desktops must be upgraded with the new client before conversion of the database.</li> <li>Conversion plan includes coordinating with local technical staff to help with the upgrade effort.</li> </ul>	<ul style="list-style-type: none"> <li>Intentions are to upgrade to version 5.03 Meeting Maker. This will allow for extended calendaring with hand-held devices (i.e. Palm Pilots) and correct several problems inherent in the old version.</li> <li>Estimated conversion date July, 1998.</li> </ul>
<b>Administrative Information Systems – Scope of Responsibilities and Service NO CHANGE FROM LAST REPORT</b>	<ul style="list-style-type: none"> <li>Waiting for approval of the Responsibility Matrix for AHC-AIS.</li> <li>Efforts have begun to develop the policies and procedures that will define and support each functional point outlined on the matrix.</li> </ul>	<ul style="list-style-type: none"> <li>The matrix defines the level of technical support and coordination AHC-AIS will have with other AHC offices, their technical staff, and with central University offices.</li> <li>Policies will establish AHC-wide guidelines, conventions, and parameters for information sharing &amp; data management.</li> </ul>

UNIVERSITY OF MINNESOTA



# **Student 2000 Project and Professional Schools**

***AHC Deans***

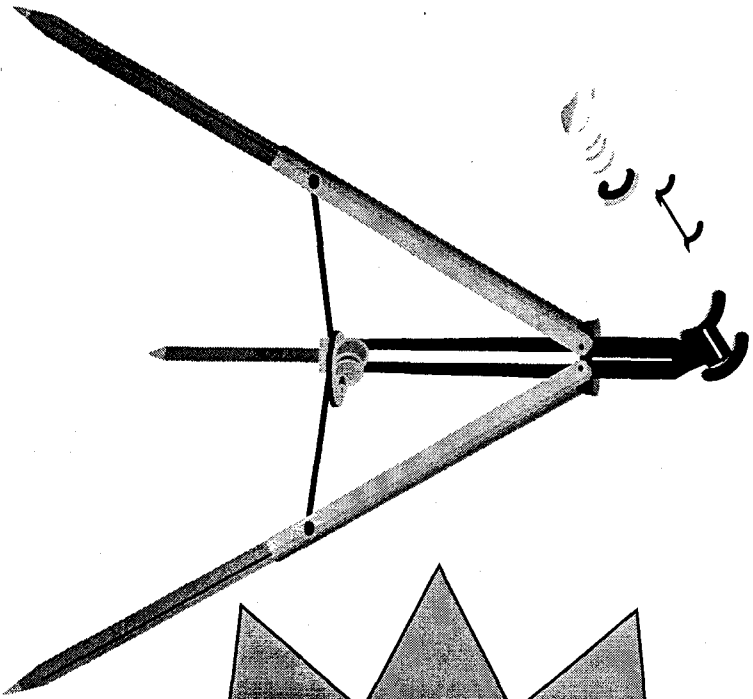
**April 28, 1998**

**Roberta Armstrong, 5-6674, r-arms@umn.edu**

# Agenda

- Vision and current activities
- Current project plan
- Implementation schedule and early implementation points
- Impact on professional schools
- Moving ahead to implement professional school admissions

# Student 2000 Vision



To create an environment  
in which staff and faculty  
work together to provide  
innovative, exceptional services  
to lifelong learners  
anytime, anywhere



# Implementing the Vision

- PeopleSoft implementation for core functions and central offices
- Web/IBM partnership to provide self-service access for students and staff
- PeopleSoft implementation for professional school admissions
- PeopleSoft add-on functionality (imaging, workflow, etc.)



# Current/upcoming activities

- Functional testing (completed)
- Lots of programming (in progress)
- System testing (beginning May 15)
- Enterprise testing (beginning June)
- Training (July)
- Implementation (August)
- Planning next phases (ongoing)

# Current project plan

- All schools and colleges will be supported in PeopleSoft for admissions, student financials, financial aid, and student records/registration when the core system is fully implemented in 1999-2000.

# Current project plan, cont.

- Admissions implementation (Aug 1998) beginning with central admissions offices (TC undergrad/grad, Morris, Crookston, Duluth undergrad/grad)
- Admissions decisions from professional schools reported in time to support registration and financial aid (as is done now).

# Current project plan, cont.

- Professional school students will be fully represented in PeopleSoft student financials, financial aid, and student records/ registration as they are now.
- Some process differences will have to be evaluated (e.g., for registration).
- Professional schools may wish to consider simplification and coordination of current processes relating to the student system.

# Implementing the Plan

- At the beginning of the project, all deans were asked to nominate User Advisory Panel members; these nominations were updated March 1998.
- Professional schools participated in earlier visioning and design work, including discussions of business processes in each school.
- As processes are worked on in functional testing, impacted professional school staff are invited to attend.

# Implementation Schedule

<b>Function</b>	<b>Impl.</b>	<b>Training</b>
Graduate Student Tracking	7/98	3/98
Student demographic data	7/98	N/A
Student Records Course	10/98	7/98
Admissions Recruitment	8/98	6/98
Admissions Application Proc.	9/98	7/98
Student Fin, Application Fee and Tuition Deposit	9/98	7/98
Financial Aid	1/99	11/98
Student Records, Course Enr	4/99	2/99
Student Fin, Fee Assessment	7/99	6/99
Professional school admissions	8/99?	7/99?

# Early Implementation Impact on Professional Schools

- Graduate student tracking data accessible through data warehouse as usual, no training needed
- Admissions recruitment, no impact
- Admissions application processing, immediate need to determine how to enter your admissions decisions into PeopleSoft by fall 1998
- Course system implementation, professional school staff will be trained if they use the current system, we'll roll out to new users later

# PeopleSoft Benefits, a Sample

- Reduction of duplicate efforts, downloads, etc.
- Central support for processing and infrastructure (e.g., data base backups)
- Build on investments already made in learning the system, building the infrastructure
- Access to HR and student information
- Student access to increasing Web capabilities for self service, options for Web functions specific to your population

*Focused  
Underground*



# PeopleSoft for Prof'l School Admissions

- Student 2000 budget supports professional school admissions/recruitment.
- What are current drivers within AHC schools? Initially a 1999-2000 implementation sounded OK. Has need changed? Audit exceptions? Year 2000 vulnerabilities?

# Suggested Approach

- Establish a team to work on bringing up admissions/recruitment for professional schools. Time-intensive work, both for functional staff and technical staff.
- Provide PeopleSoft training for staff assigned 50% or more, office space with the team, etc.
- Meet soon with professional school UAP members to discuss further.

UNIVERSITY OF MINNESOTA

Student 2000 User Advisory Panel Members from AHC Units

April 14, 1998

Name/Position	Functional Area	Unit	Mailing address	Phone	Email address	Fax	Dean Appointed
Judy Beniak, Director	Admissions Records/Adv Financial Aid Stu Financials	School of Nursing	6-101 W D H Minneapolis	624-4454	<a href="mailto:benia001@maroon.tc.umn.edu">benia001@maroon.tc.umn.edu</a>	626-2359	X
Larry Bjorklund, Director	Admissions Records/Adv Financial Aid Stu Financials	Vet Med Student Affairs	462 Vet Teaching Hospital St. Paul	624-0757	<a href="mailto:bjork010@maroon.tc.umn.edu">bjork010@maroon.tc.umn.edu</a>	624-8753	X
Laura Boland, Cmnty Prog Assoc	Admissions Records/Adv Stu Financials	Dentistry-Enroll Mgmt Office	15-106 Moos Tower Minneapolis	624-6960	<a href="mailto:bolan005@maroon.tc.umn.edu">bolan005@maroon.tc.umn.edu</a>	626-2654	X
Peg Dimatteo, Assistant Director of Student Services	Admissions Records/Adv Financial Aid Stu Financials	Public Health, School of-Adm	Box 819 Mayo Minneapolis	624-1991	<a href="mailto:dimat001@tc.umn.edu">dimat001@tc.umn.edu</a>	626-6931	X
BJ Gibson		Medical School, Financial Aid office	Box 193 Mayo Minneapolis	625-4998	<a href="mailto:b-gibs@maroon.tc.umn.edu">b-gibs@maroon.tc.umn.edu</a>		X
Helene Horwitz	Records/Adv Financial Aid Stu Financials	Medical School-Adm/Student Affairs	Box 293 Mayo Minneapolis	624-8101	<a href="mailto:horwi001@maroon.tc.umn.edu">horwi001@maroon.tc.umn.edu</a>		X
Kathy Lange, Director	Admissions Records/Adv Financial Aid Stu Financials	Pharmacy Student Affairs Office	5-110 WD Hall Minneapolis	624-9490	<a href="mailto:lange001@maroon.tc.umn.edu">lange001@maroon.tc.umn.edu</a>	624-2974	
Melva Locker	Dental School			625-8947			
Kelly Pearson		Medical School Student Affairs	3-100 Owre Hall Minneapolis	624-9473	<a href="mailto:pears011@maroon.tc.umn.edu">pears011@maroon.tc.umn.edu</a>		X
Linda Reilly, Stu Sup Srv Assoc	Admissions	Medical School-Adm/Student Affairs	Box 293 Mayo Minneapolis	642-9608	<a href="mailto:reill002@maroon.tc.umn.edu">reill002@maroon.tc.umn.edu</a>	626-6800	X
Lillian Repesh	Admissions Records/Adv Financial Aid Stu Financials	Medical School, Duluth	115 MED Duluth, MN 55812	218-726-8872	<a href="mailto:lrepush@d.umn.edu">lrepush@d.umn.edu</a>		
Gale Shea	Financial Aid Stu Financials	Dentistry-Enroll Mgmt Office	15-106 Moos Tower Minneapolis	625-7149	<a href="mailto:sheax001@maroon.tc.umn.edu">sheax001@maroon.tc.umn.edu</a>		X

# UNIVERSITY OF MINNESOTA

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*Office of the Executive Vice President  
and Provost*

232 Morrill Hall  
100 Church Street S.E.  
Minneapolis, MN 55455-0110  
612-625-0051  
Fax: 612-624-3814

April 24, 1998

To: Interested Parties

From: Craig Swan, Vice Provost for Undergraduate Education *Craig*

Subject: Proposal to change the set of signatures on diplomas  
from the University of Minnesota.

**Current:** Diplomas carry two signatures:

- the President of the University
- the Executive Director of the Board of Regents.

**Proposed:** Diplomas carry four signatures:

- the President of the University
- the Chair of the Board of Regents
- the Chief Academic Officer of each campus  
e.g., Provost or Chancellor
- the Dean of the college from which the student graduates

I see this change as supportive of other efforts that are designed to help students make a lifetime commitment to the University of Minnesota by finding their own smaller learning communities within the larger University.

I am not proposing any other changes to the diploma.

**UNIVERSITY OF MINNESOTA  
ACADEMIC HEALTH CENTER  
DEANS COUNCIL  
Tuesday, March 31, 1998  
475 ChRC  
2:00 p.m.**

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**AGENDA**

**EXECUTIVE SESSION**

- |    |   |        |
|----|---|--------|
| 1) | Faculty Development Grants (tan)<br>Review and approval of panel recommendations<br>Frank Cerra and John Fetrow | 20 min |
| 2) | Deans Retreat Follow-up (white)<br>Discussion<br>Frank Cerra  | 25 min |

**OPEN SESSION**

- |    |  |        |
|----|--|--------|
| 3) | Educational Support Services, Information Technology, and Classrooms<br>Presentation and discussion<br>Frank B. Cerra, John Fetrow, Lorelee Wederstrom | 60 min |
| 4) | Legislative Session<br>Update<br>Terry Bock and Chris Roberts  | 5 min  |
| 5) | Monthly Update: Human Resources (yellow)<br>Jeanette Louden  | 10 min |
| 6) | Monthly Update: Facilities Management (multi)<br>Lorelee Wederstrom  | 5 min  |
| 7) | AHC Conflict of Interest Committee<br>Update<br>Dick Bianco  | 30 min |
- 

**Upcoming Meetings:**

Lead Dean Report: Complementary Care  
Lead Dean Report: Bioethics Center  
Administrative Cost Reduction Service/Redesign Plans  
Lead Dean Report: MMCT  
Presentation on Employment Law Training  
Briefing on the Enterprise Project and Clarity  
Briefing on University Plans for Long-Distance Education  
Student Systems 2000 Project: Implications for Professional/Graduate Schools  
Common Lunch Hour: AHC-SCC  
Post-Tenure Review

Academic Health Center  
Department of Human Resources

Box 23 Mayo  
420 Delaware Street S.E.  
Minneapolis, MN 55455-0374

612-624-7957  
Fax: 612-626-3181

Offices located at:  
410 Church Street S.E.  
Minneapolis, MN 55455

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## INTEROFFICE MEMORANDUM

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TO: AHC DEANS COUNCIL  
FROM: JEANNETTE LOUDEN  
DIRECTOR OF HUMAN RESOURCES  
SUBJECT: MARCH MONTHLY REPORT  
DATE: MARCH 20, 1998

---

This report provides some highlights of Human Resource activities during the last month.

During the first week of March, I participated in a conference on new directions for human resources. Over 350 people attended, most from large complex organizations in the United States. Many of the top thinkers in strategic human resources presented at the conference, including several academics. Their perspectives on both how to think strategically about human resources from an organization-wide perspective and how to retool the skills and approaches of process-oriented human resource professionals were helpful and energizing for me. I learned a lot that I can apply as we move forward to redesign the delivery of human resource services in the AHC.

Last Wednesday, we met with administrators and human resource professionals to AHC-wide to bring them up to date on changes in human resource policies and process and preview future plans. I have attached a copy of the meeting agenda as well as the materials we distributed to attendees. The following issues were addressed:

1. AHC Human Resources organizational structure and services that can be expected from the different teams. (description attached)
2. Academic Search Guidelines. (copy of presentation to the Regents last week is attached) I reviewed the proposed changes in process and discussed operational issues for AHC units as well as AHC HR's approach in working with units to facilitate the recruitment of a diverse pool of well qualified candidates.
3. Employment streamlining and recruitment strategies for hard to fill jobs. This discussion focused on staffing of civil service and bargaining unit jobs. Several improvements have been made to the AHC system for filling these jobs, including more flexibility in evaluating qualifications for entry-level clerical jobs and use of simplified application forms and resumes. Other improvements to the process are currently under development.
4. Development and training opportunities. This discussion focused primarily on the development of supervisory and management training and the AHC orientation program. We distributed a schedule of training opportunities for managers and supervisors during the month of April. (copy attached)

5. HRTS. We briefed attendees on implementation of the human resource tracking system (HRTS) jointly developed by AHC's Human Resources and Information Services departments. This comprehensive information strategy will assist us in a smooth transition to the PeopleSoft initiative. We will offer technical and process support over the next 12 to 18 months until PeopleSoft is implemented University-wide. The system has been implemented in three Medical School departments (20% of the Medical School). Our timeline for implementation is: the Medical School by July 1998, all AHC schools and colleges by December 1998.

As a broad overview, the system collects appointment information on all paid and unpaid employees. This includes staff, P & A, faculty, students, NASTEs, residents and fellows. It will summarize appointment types, compensation, staff demographics and progression step dates. HRTS has built-in data validation checks to help ensure accurate and reliable data. For instance, it requires that a staff salary is within the salary range for the classification and that employees are on step (if applicable).

Standardized reports can be used as a tickler for tracking new hires, total employees, upcoming progression step increases and expiring appointments. They can be viewed on screen or on hard copy. There are ad-hoc reporting capabilities.

Two other features are automated prompts for:

- 1) biweekly timesheets - timesheets are generated for all hourly employees and for those submitting overtime hours
- 2) vacation/sick leave forms for all civil service/bargaining unit represented staff

These prompts facilitate the collection of timesheets, serve as reminders to employees and supervisors, and assist in the routine biweekly entry of vacation/sick leave usage into the central payroll system.

Many units have already implemented their own information systems. We applaud those efforts, because without system support, routine document preparation is extremely difficult.

The AHC will be populating HRTS centrally and will be asking for help from unit administrators in verifying department data. Every effort will be made to minimize department staff efforts on this project.

I'd like to stress a couple of points...

HRTS is not in competition with PeopleSoft. AHC HR and IS staff are working with Central Administration so that as PeopleSoft develops, HRTS will complement that system. With HRTS, the AHC will have an easier time verifying the information to be populated into PeopleSoft. HRTS will assure that we have

a usable central system while conversions are taking place and that our information needs will be met.

Our goal is to not only collect accurate data, but to offer tools to help you manage the information.

We are in the initial stages of a human resource process redesign project which will involve administrators from your units that work with us on human resource matters within the AHC. This intensive planning and implementation project will take place during the next three months. The project will be integrated with the PeopleSoft pilot testing process as well as redesign of payroll processes and will be supported by the Management Analysis Division (MAD). We will examine all HR processes, analyze them for weaknesses and develop recommendations for process redesign. I am putting together a group of general and human resource administrators to work with us to map out all the processes and set new directions that will enable human resource operations to better support the business needs of the AHC. (list of group members is attached)

I anticipate that most of our work will be completed by the end of June. We will map existing processes in April, analyze the results and formulate conclusions in May, and design new processes in June. I will keep you informed of progress through briefings at Deans Council meetings, e-mail messages, etc.

I am listing below the HR processes that we will be looking at as a starting point. Please let me know if I have missed something important.

#### **Recruitment**

- identification of hiring need
- definition of job duties and accountabilities
- development and implementation of sourcing strategies
- evaluation and interviewing of candidate qualifications
- selection and negotiation of offer

#### **Initial Appointment**

- preparing for arrival of new faculty or staff member
- processing payroll paperwork
- enrolling in benefits programs
- orientation

#### **Pay Increase**

- development of annual pay plan and operational parameters
- application of comparative criteria to determine amount of merit awards
- processing of personnel/pay documents



**Annual Contract Renewal for P & A Staff**

- review of existing contracts
- sending renewal letters
- processing of personnel/pay documents

**Promotion and Tenure for Regular Faculty**

- determination of length of probationary period
- completion of annual performance appraisal for tenure track faculty
- preparation of dossiers for tenure and promotion votes
- review and recommendation of candidates for promotion and tenure

**Job Reclassification**

- preparation and review of job evaluation questionnaires (JEQ's) and job review questionnaires (JRQ's)
- issuance of reclassification decisions
- processing of personnel/pay documents

**Performance Management**

- effective process for faculty and staff
- format of appraisal documents and 360° appraisal
- completion of document and communication with employee

**Conflict of interest, consulting, and clinical practice form filing and review**

- preparation and review of forms
- evaluation of conflict of interest issues
- identification of problem areas and resolution

**Termination**

- includes layoff ,disciplinary, and voluntary termination of employment

I look forward to discussing these and other human resource issues with you on Tuesday.

# HUMAN RESOURCES MEETING

March 18, 1998

8:30 A.M. Todd Amphitheater

## AGENDA

- ▶ Progress Report  
- # of filled jobs, etc Jeanette Louden
- ▶ Staff Introductions Jeanette Louden
- ▶ Structure (handouts) Jeanette Louden
- ▶ Future Plans:
  - Academic Search Guidelines Jeanette Louden
  - Employment Streamlining Macey Wheeler
  - Hard to Fill Jobs Macey Wheeler
  - IT Project Update Karla Wright
  - Compensation Policy Changes Jeanette or Karla
  - Training Opportunities Eva Reeve
  - HRTS Terri Devich
- ▶ Questions & Answers All



# Academic Health Center

UNIVERSITY OF MINNESOTA

## Department of Human Resources

Office Location:  
554 Boynton  
410 Church Street SE  
Minneapolis, MN 55455  
Phone 624-7957  
Fax 626-3181; confidential fax 625-5161  
<http://www.ahc.umn.edu/hr/index.html>

U.S. Postal Address:  
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420 Delaware Street SE  
Minneapolis, MN 55455

**Jeanette Louden, Director** ..... 624-6627  
[loude002@gold.tc.umn.edu](mailto:loude002@gold.tc.umn.edu)

### ***HR CONSULTANT STAFF***

Management resource for organizational development and design, training, compensation consultation, classification issues, contract interpretation, policy and rule interpretation, problem-solving strategies, employee and labor relations, grievance resolution, and staffing strategies in collaboration with employment consulting staff.

Betty Holz-Bergmann  
*Lead HR Consultant & Team Leader*  
Phone: 624-8409  
E-Mail: [holzb001@tc.umn.edu](mailto:holzb001@tc.umn.edu)

Areas:  
Medical School Administration  
Medical School:  
Dermatology

Medical School *continued*:  
Medicine  
Neurology  
Pediatrics

Karla Wright  
*HR Consultant*  
Phone: 624-7620  
E-Mail: [wright058@tc.umn.edu](mailto:wright058@tc.umn.edu)

Areas:  
AHC Administration  
Nursing  
Pharmacy  
Public Health  
Veterinary Medicine

Medical School:  
Orthopaedic Surgery  
Physical Medicine & Rehab  
Research Animal Resources  
Surgery  
Urologic Surgery

Mary Beth Percy  
*HR Consultant*  
Phone: 626-4011  
E-Mail: percy001@tc.umn.edu

Areas:

Community Univ. Health Care Center  
Dentistry  
Medical School:  
Anesthesiology  
Family Practice

Medical School *continued*:

Lab Medicine & Pathology  
Ob/Gyn  
Otolaryngology  
Radiology  
Therapeutic Radiology

Debbie Melander  
*Executive Assistant*  
Phone: 626-4441  
E-Mail: melan007@tc.umn.edu

Areas:

Biomedical Graphics  
Cancer Center  
Center for Bioethics  
Scientific Apparatus  
UMD School of Medicine

Medical School:

Basic Sciences  
Neurosurgery  
Ophthalmology  
Psychiatry

Jeanine Theroux  
*Administrative Aide*  
Phone: 624-4662  
E-Mail: jtheroux@tc.umn.edu

Areas:

Software and Web Training  
Web Site Administrator

### ***EMPLOYMENT CONSULTING***

Consulting with managers on non-academic and academic staffing strategies, including designing of positions and development of job descriptions, classification appropriateness, recruitment strategies, academic search guidelines, executive level search committee coordination, review of recruitment plans and academic hires. Maintenance of AHC job board, review and approval of academic search plans and job requisitions.

Macey Wheeler  
*HR Consultant & Team Leader*  
Phone: 626-1199  
E-Mail: wheel024@tc.umn.edu

Julie Tews

*Staffing Consultant*

Phone: 624-6927

E-Mail: tewsx001@tc.umn.edu

Areas:

Biomedical Graphics

Center for Bioethics

Dentistry

Job Fair Representative

Medical School:

Dermatology

Family Practice

MD/PhD Program

Medical School Council

Medical School *continued:*

Medicine

Neurology

Neurosurgery

Ophthalmology

Radiology

Rural Physicians Associate Program

Therapeutic Radiology

Pharmacy

Public Health

Rozilind Carter

*Staffing Consultant*

Phone: 624-7124

E-Mail: r-cart@tc.umn.edu

Areas:

Job Fair Representative

Medical School:

Anesthesiology

Basic Sciences

Clinical Research Center

Emergency Medicine

Grad Program Biophysical Sciences

Heart Lung Institute

History of Medicine

Human Genetics

Intercollegiate Nutrition Consortium

Lab Medicine & Pathology

Medical School Administration

Medical School *continued:*

Minnesota Medical Foundation

Ob/Gyn

Orthopaedic Surgery

Otolaryngology

Pediatrics

Physical Medicine & Rehab

Psychiatry

Research Animal Resources

Surgery

Urologic Surgery

Nursing

Veterinary Medicine

UMD School of Medicine

Susan Jackson

*Executive Assistant*

Phone: 625-0427

E-Mail: sjackson@tc.umn.edu

Areas:

Academic Recruitment

AHC Administration

AHC Promotion and Tenure

Dentistry

Nursing

Outside Consulting Review

Pharmacy

Public Health

Academic Search Guidelines

Single-Quarter Leaves

UMD School of Medicine

Veterinary Medicine

Ann Watanabe  
*Personnel Specialist*  
Phone: 625-0987  
E-Mail: atheis@lenti.med.umn.edu  
Areas:

Academic Recruitment  
All Medical School Departments

All Academic Search Guidelines  
Medical School Administration

Melanie Arndt  
*Personnel Assistant*  
Phone: 626-4340  
E-Mail: arndt009@gold.tc.umn.edu  
Areas:

Applicant Pool Screening  
Job Board Maintenance

### ***ORGANIZATIONAL DEVELOPMENT AND TRAINING***

Development and delivery of supervisory and management training programs. Development of employee orientation program and employee handbook to ensure employees have quick assimilation into their job and into the AHC. Consults with clinical departments to develop competency definitions for various employee classifications. In conjunction with HR Consultants and departments, designs various performance management and feedback tools.

Eva Reeve  
*HR Consultant*  
Phone: 626-4629  
E-Mail: reeve014@tc.umn.edu  
Area:

AHC Training & Development

Mary Beth Percy  
*HR Consultant*  
Phone: 626-4011  
E-Mail:  
Area:

AHC Training & Development in addition to HR Consulting

Debbie Melander  
*Executive Assistant*  
Phone: 626-4441  
E-Mail: melan007@tc.umn.edu  
Area:

AHC Training & Development in addition to HR Consulting

## ***HUMAN RESOURCES SYSTEM SERVICES***

Process personnel action forms for academic and student appointments in the Medical School, provide guidance to all Medical School departments on appointment issues, new hires, terminations, promotions, etc. Review appraisal forms for completeness and accuracy for tenure track and clinical track faculty members. Responsible for report generation, HR-Payroll interface. Works with Medical School departments and AHC schools and colleges to implement HRTS.

Terri Devich

*Associate Administrator & Team Leader*

Phone: 626-4376

E-Mail: devic001@tc.umn.edu

Areas:

HRTS Implementation

Special AHC projects

Vi Johnson

*Executive Secretary*

Phone: 626-5680

E-Mail: vjohn@lenti.med.umn.edu

Areas:

Academic personnel documents

HRTS

P&A personnel documents

Michael Whitten

*Executive Secretary*

Phone: 626-3963

E-Mail: mw@lenti.med.umn.edu

Areas:

Bargaining Units personnel documents

Student personnel documents

Civil Service personnel documents

HRTS

Jeanine Theroux

*Administrative Aide*

Phone: 624-4662

E-Mail: jtheroux@maroon.tc.umn.edu

IS Support:

UMP Transition

HRTS

Valentina Yarr

*Student Support*

E-Mail: yarr0004@tc.umn.edu

Area:

Office Support for Medical School personnel documents

## ***ADMINISTRATIVE SUPPORT SERVICES***

Primary access point for customers in need of HR services, coordination of meetings, calendars, correspondence for Human Resources Department.

Bob Copeland

*Associate Administrator & Team Leader*

Phone: 624-6635

E-Mail: copeland@tc.umn.edu

Areas:

Administrative support to Director

Virgina Garcia-Velez

*Administrative Aide*

Phone: 626-4370

E-Mail: garco006@tc.umn.edu

Areas:

Clerical support to department

Meeting Arrangements

Jaime Vargas

*Administrative Aide*

Phone: 626-5311

E-Mail: varga005@tc.umn.edu

Areas:

Administrative support to consultants

Supply ordering

Felisa Flowers

*Student Support*

Phone: 624-7137

E-Mail: flow0010@tc.umn.edu

Areas:

Academic search clerical support

Sends out results of JEQ's, JEQ filing, Department mailings

Rachelle Greenstreet

*Student Support*

Phone: 625-7163

E-Mail: gree0236@tc.umn.edu

Areas:

Academic search clerical support

Employment office support





UNIVERSITY OF MINNESOTA  
BOARD OF REGENTS

COMMITTEE Faculty, Staff and Student Affairs DATE March 12, 1998

TITLE Academic Search Guidelines  
(as it appears on the agenda)

       action                             first review                             discussion                        X   report

STAFF PRESENTATION BY: R. H. Bruininks/C. Carrier/J. Sweitzer

PRESIDENT'S RECOMMENDED ACTION:

Not Required

SUMMARY OF POLICY AND FINANCIAL IMPACT:

The streamlining of our Human Resources policies and practices is required to ensure the success and fiscal viability of the Human Resource Management component of the Enterprise Systems project and to meet the competitive challenge we face in recruiting the most qualified faculty and staff in a tight employment market.

This presentation will provide the Committee with an update on the revamped search guidelines and processes for academic and professional searches. This is one in a series of reports and discussions that will be presented to the Board as follow-up to the recommendations given in the Final Report of the Working Group on Human Resources chaired by C. Denny and the Human Resource Management component of the Enterprise System.

PREVIOUS BOARD ACTION/HISTORICAL CONTEXT:

The Board has received in-depth reports of the Working Group on Human Resources and the Enterprise System during the 1995-96 and 1996-97 fiscal year. Regular reports, presentations, and discussions are scheduled for the 1997-98 fiscal year.



UNIVERSITY OF MINNESOTA  
BOARD OF REGENTS

Faculty, Staff and Student Affairs Committee  
Proposed Academic Selection Guidelines

OBJECTIVES OF THESE GUIDELINES

The University of Minnesota is committed to recruiting and retaining a highly competitive, competent and diverse cadre of faculty, administrators and other academic professionals. It is also committed to insuring on-going accountability for meeting this goal and insuring that our procedures are timely, efficient and thorough.

In establishing these guidelines, the University intends the following:

- To decentralize decision making, authority and accountability for the recruiting and appointing of academic personnel to the college, campus or administrative unit level.
- To ensure that the college, campus or administrative units make progress in meeting diversity goals, as reflected in critical measures and unit compacts.
- To optimize the use of university resources by aligning the complexity of the selection procedures with the level of the position to be filled. This means using good judgment in determining the appropriate process and procedure for the scope and level of the position to be filled.
- To value our current faculty and staff, and wherever appropriate, to provide them with opportunities for growth and advancement inside the institution.
- To prepare staff who routinely assist hiring authorities in the hiring process to implement these guidelines with consistency and competence.

# Changes in Academic Hiring

**CURRENT**

—————> **PROPOSED**

- Approval of search plan (Form 16) requires Central office's sign off.
  
- Mandated use of search committee.
  
- On national searches, pool approval by Central EEO before interviews.
  
- Routing and signatures mandated by Central.
  
- Approval to offer (Form 17) required by Central office.
  
- Formal search required for all hires.
  
- Two separate paper forms.
  
- Hard copy EEO availability data and goals.
  
- No systematic review of hiring patterns within a unit.



- Approval at dean's level.
  
- Can search without using search committee.
  
- Pool approval at dean's level, with unit EEO consultation.
  
- College defines its own routing and required signatures.
  
- Approval at dean's level.
  
- No search required to hire some categories of current employees.
  
- One electronic form.
  
- On-line EEO availability data and goals, job postings, coaching.
  
- Annual review of hiring pattern as part of workforce profile in compacts.

## Requirements for Selection of Academic Employees

✓ = Required

SCO = Special Circumstances Only

Categories of Academic Employees							
Components of Selection	Tenure and Tenure Track Faculty (94XX)	Term (T) Faculty (94XX)	Other Non-regular Faculty (94XX)	Probationary and Continuous Academic Professionals (96XX and 97XX)	Other Academic Professionals (96XX and 97XX)	Senior Administrators (93XX)*	Other Administrators (93XX)
1	Final approval to begin selection process granted at dean/admin. unit head level	✓	✓	✓	✓	✓	✓***
2	Job description	✓	✓	✓	✓	✓	✓
3	National Recruitment Strategy	✓			✓	✓	
4	Other Forms of Recruitment		✓	✓		✓	✓
5	Search committee	✓			✓	✓	
6	Consultation with Grad. School (only if tenured faculty appt.)	✓				✓	✓
7	Consultation with unit EEO officer	✓	✓	✓	✓	✓	✓
8	Consultation with unit HR consultant	✓	✓	✓	✓	✓	✓
9	Final approval to make offer granted at dean/admin. unit head level	✓	✓	✓	✓	✓	✓***
10	Entry of required selection process and outcome information into university database	✓	✓	✓	✓	✓	✓
11	Appointment Without Search	SCO	SCO	SCO	SCO	SCO	SCO

\*Must be approved by the Board of Regents

\*\*Must be approved by the President or designee

## Appointments Without Searches

	Final approval to begin selection process and to make offer granted at college/administrative unit level		Job description		Consultation with EEO		Consultation with HR		Consultation with Graduate School		Entry of required selection process and outcome information into university database	
	Required	Optional	Required	Optional	Required	Optional	Required	Optional		Required	Optional	
<u>Upgrades for Current employees:</u>												
Allowable promotions		X	X			X		X				X**
Adding a secondary title		X	X			X		X				X**
Adding a working title		X	X			X		X				X**
Correcting an inappropriate title		X	X			X		X				X**
<u>Special Cases:</u>												
Spousal/partner	X		X			X		X		*		X
Exceptional hire	X		X			X		X		*		X
U employee to academic position, including acting appointments	X		X			X	X					X
PI on grants		X	X			X		X				X**
<u>Temporary:</u>												
3 month appointment only		X	X			X		X				X**
Converted graduate assistant												
Visiting professor		X	X			X		X				X**

\* U position includes granting of tenure.

\*\*Personnel/payroll documentation only. No Form 16 or 17.

## *April AHC Management Training Schedule*

### *Contractual and Legal Realities of Management*

*Tuesday, 4/21*

11:30 – 1:30

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Resolving differences through the University's grievance processes: roles, steps and goals.

*Jeanette Loudon, Director, AHC  
Human Resources  
Patti Dion, UM Labor Relations*

*Friday, 4/24*

11:30 – 1:30

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Current developments in laws and practices that affect how you problem-solve workplace issues.

*Jeanette Loudon, Director, AHC  
Human Resources  
Kathy Brown, UM Attorney's Office*

*These programs will emphasize discussion and application. Pros and cons, experiences, desired outcomes and developing the AHC work environment will be a crucial component of each of these two programs.*

### *Leadership in Times of Organizational Redirection*

*Monday, 4/13*

11:30 – 1:30

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Challenges, nature and impact of change – how to keep yourself and others afloat in turmoil.

*Presented by Eva Reeve, Organizational Development Consultant, AHC Human Resources.*

*These two sessions will be followed in May with three sessions designed to assess the personal impact of change.*

*All sessions are interactive and focused on the current realities faced by participants.*

*Wednesday, 4/15*

11:30 – 1:30

---

Leading change: promoting effective behaviors and dealing with staff who are experiencing difficulty with change.

***Please Pre-register: Call Jaimie Vargas at 626-5311***

## *April AHC Management Training Schedule*

### *Performance Management Series*

*Tuesday, 4/7*  
8:00 – 10:00

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*Wednesday, 4/8*  
8:00 – 10:00

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*Thursday, 4/9*  
8:00 – 10:00

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*Tuesday, 4/28*  
2:00 – 4:00

---

*Wednesday, 4/29*  
2:00 – 4:00

---

*Friday, 4/30*  
2:00 – 4:00

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**Defining Results-oriented Job Expectations**

Working with current and new employees to develop mutual understanding of individual accountability. This session will lay the groundwork for both performance management and selecting new hires.

**Setting the Stage for Employee Success: Methods of Measurement**

How can the employee demonstrate his/her achievements? Avoiding employee "surprises" without doing all the work and matching formats and processes to results.

**Talking About Performance**

Coachings and conferences: staying focused and insuring accountability in a problem-solving style

*The Performance Management program series will be most useful if taken in sequence; however, there is no "prerequisite" for any of the above programs.*

*The sessions will focus on using actual job duties of interest to participants (including working from the new information technology survey) and create a model of performance management that reflects directions and versatility needed by both participants and the AHC. Goals include creating effective communications between management, employees, clients and colleagues as well as employee accountability and recognition.*

*The sessions will be presented by AHC Human Resources Consultants.*

***Please pre-register: Call Jaimie Vargas at 626-5311***

Post-it* Fax Note	7671	Date	3/19	# of pages	2
To	Jeanette Louden		From	VPierce	
Co/Dept	AHC HR		Co.	Admin	
Phone #	624-6627		Phone #	296-5881	
Fax #	626-3181		Fax #	297-1117	



VOICE: 296-5881

FAX: 612-297-1117

TTY: 800-627-3529

E-MAIL: virginia.pierce@state.mn.us

**MEMORANDUM**

**DATE:** March 13, 1998

**TO:** Jeanette Louden  
AHC Human Resources

**CC:** Terry Bock  
Judy Plante

**FROM:** Virginia Pierce, Management Consultant  
Management Analysis Division

**SUBJECT:** HR Process Redesign goals and scope

I am writing to state our understanding of the scope and approach to the human resource process redesign as discussed with you and Betty at our meeting March 12.

The AHC human resource goal is for the human resource function be highly efficient in helping organizations recruit, retain, and develop the best faculty and staff to meet Academic Health Center goals and business needs.

The HR process redesign effort will support this goal by providing analysis and process expertise through process mapping, analysis of findings, and redesign of human resource processes.

We will map, analyze and redesign each human resource process we identified. We will break down process mapping by civil service (CS) and bargaining unit (BU) staff, professional and academic staff, and faculty where applicable.

We will work on the following processes:

1. Recruitment
2. Initial appointment
3. Pay increase
4. Annual contract renewal for professional and academic staff
5. Promotion and tenure for regular faculty
6. Job reclassification
7. Performance management
8. Conflict of interest, consulting, and clinical practice form filing and review
9. Termination



Jeanette Loudon

-2-

March 12, 1998

Our background research and analysis will entail

1. Interviewing selected human resource staff and recipients of current HR processes (faculty and staff) to learn about strengths and issues in those processes in preparation for process mapping.
2. Determining the links between the human resource redesign project and the University's Enterprise Project and associated plans for business process redesign, including how the Medical School HR tracking system can support these efforts throughout the AHC.
3. Reviewing current university human resource policies and procedures.
4. Collecting and analyzing performance measures related to human resource processes such as cycle time for hiring staff and rates of filling advertised jobs, as deemed necessary through mapping current HR processes.

We discussed working with a group of twelve to twenty staff from a number of units to map current processes and redesign them. This will include representatives from the four payroll process redesign project.

<u>Name</u>	<u>College or Medical School Department</u>	<u>Phone Number</u>
Laurie Dromeshauser	Medical School	218-726-7572
Cinda Kornblum	School of Dentistry	612-625-4670
Nick Molitor	School of Dentistry	612-625-3658
Joan Flynn	College of Pharmacy	612-625-4902
Judy Peterson	School of Public Health	612-624-7196
Joan Knudsen	School of Public Health	612-626-8805
Mary Huml	College of Veterinary Medicine	612-625-9283
Ed Kosciolk	Veterinary Teaching Hospital	612-625-1960
Paul Sodergren	School of Nursing	612-624-0105
Cindy Livon-Shragg	Departments of Medicine, Dermatology, Neurology	612-626-0129
Linda Kenny	Lab Medicine and Pathology	612-625-0441
Norma Wubbena	Department of Pediatrics	612-624-0138
Brian Ponto	Department of Pediatrics	612-624-0138
Jim Burak	Department of Pharmacology	612-625-8660
Howard Schwartz	Department of Radiology	612-626-6353
Mary Jane Towle	Department of Surgery	612-625-8636
Bonita Bartholomew	Institute of Human Genetics	612-624-1169
Lori Shuster	Department of Family Practice	612-624-2401
Jean Niemiec	Department of Ophthalmology	612-625-4677

# UNIVERSITY OF MINNESOTA

Twin Cities Campus

Office of Facilities Management  
Academic Health Center

Box 23 Mayo  
554 Boynton Health Service  
410 Church Street S.E.  
Minneapolis, MN 55455  
612-624-7957  
Fax: 612-626-3181

## MEMORANDUM

**TO:** Dean's Council  
Academic Health Center

**FROM:** Lorelee A. Wederstrom, Director  
AHC Office of Facilities Management

**DATE:** March 19, 1998

**RE:** Monthly Report

### Strategic Facility Planning

We are about one month away from publishing a Strategic Facility Plan for the Academic Health Center. During the last month, we have developed an evaluation matrix that can be used to evaluate and rank projects within schools and across the AHC. I will be meeting with each of you within the next week to apply the ranking criteria and help each school prepare for advocating their portion of the strategic plan. This advocacy process is part of a Six Step Implementation Strategy developed in consultation with Kathy Johnston so that as projects are approved to move forward they are submitted to the Kathy's office for financial modeling. The Planning Worksheet and the Six Step Process are attached. Strategic Facility Planning will remain a very fluid process within the AHC so that as new initiatives are embraced we have a process for evaluating and making decisions about the space and facility implications for those initiatives.

In addition to the plan, there are several major committees that have completed or will be wrapping up their work in the next month:

**JOML Replacement** – Pre-design report is complete and submitted to the legislature as part of the University's capital budget request. A complete copy of the pre-design report for the Molecular Cellular Biology Building is available from my office.

**Classroom Development Committee** – This Committee has started drafting a management protocol for AHC Classrooms. This work is consistent with another University wide task force appointed by the Senate Committee on Finance and Planning. I will know more from Dr. Trent by the end of this week as to when her final report might be ready for submittal to the Strategic Planning Steering Committee and the Dean's Council.

**FM Service Review Team** – This report is complete and will be presented to the Steering Committee on March 25, 1998. Copies of this report are available from my office.

**Space Coordinating Group** – Dr. Bitterman has just requested the research allocation policy from each of the schools and will meet with his committee during the week of April 6 to come up with an AHC wide process. A copy of the Medical School policy is attached.

We are working on a logo for the Strategic Facility Plan that will help people identify or connect the logo to a planning process that contains certain types of information that they may find useful. It's an attempt to graphically depict the facility development continuum. I'm hoping that this logo will be available to share with you by my next report. We have also created a web site recently for AHC Facilities Management. The address is [www.ahc.umn.edu/ahcfm/](http://www.ahc.umn.edu/ahcfm/). This site now contains information about the strategic facility planning process, minutes from all committee meetings and this week's "green sheet." Once the plan has been developed, we will put all of the components on the web and create an opportunity for input and interaction.

### **Project Administration**

Attached is this week's agenda from our weekly project administration meetings. If you have any questions on this listing of activities in our office, please let me know. Here is an update on the classroom project:

- Classrooms - We are putting together a design team for the classroom project. There are seven centrally scheduled classrooms that we will take through the design process. Even though we will probably only be able to do about four of them, I have asked FM to finish design documents on all of them so that we can complete all of them when funds do become available. The general recommendations developed from the ten focus groups I conducted are as follows:
  1. Delete Todd, Eustis, and 2-585 Moos since these are not centrally scheduled rooms
  2. Do refurbishing first
  3. Select by highest use across most schools
  4. Make sure each room has microphones that work, seating and slide projectors
  5. Showcase one room with technology upgrades
  6. Develop improved room maintenance and technology support services.

According to our room utilization data, the highest use rooms across most schools are ranked as follows:

#1 - 2-650 Moos	#5 - 2-530 Moos
#2 - 2-620 Moos	#6 - 2-520 Moos
#3 - 2-690 Moos	#7 - 2-580 Moos
#4 - 2-470 PWB	

We will be using internal resources to specify the technology requirements for these rooms - Jean Magney, Tony Pangborn and Rick Pfeiffer will help with this part of the project and are already on the design team. I have asked for a faculty representative from the FCC and one member of the SCC. In addition Patrick Testerman (Med School student) and Christian Calaguas (Public Health student) have shown interest in participating so we will be inviting them to participate on the design team. We need to keep this design process efficient if we are to begin construction by June 15 - therefore, the smaller, yet most representative, the group- the better.

Please feel free to contact me if you have any questions on this material or concerns about the delivery of services being developed by the AHC's Office of Facilities Management

# DRAFT

## AHC Strategic Facility Planning Implementation Strategy Six Step Process

		<u>Who</u>	<u>By When</u>
Step 1	Identification of requirements to meet strategic Objectives	Deans	Complete
Step 2	Apply standardized criteria and develop priority listing By advocate	Advocates	3/20/98
Step 3	Presentation/debate of all requirements by advocates to The Strategic Facility Plan Steering Committee This committee will formulate AHC wide recommendation To the Senior Vice President and Dean's Council	Advocates	3/25/98
Step 4	Forecast available funds and funding assumptions. Determine financing model for prioritized projects within Examples of categories of financing options are: State Funding Self Funded Creative Financing Development	CFO	
Step 5	Create alternative financing options	CFO	
Step 6	Present recommended implementation and financing strategies To the Senior Vice President and Dean's Council	Director	4/14/98

## UNIVERSITY OF MINNESOTA

Twin Cities Campus

Pulmonary, Allergy and Critical Care Medicine  
 Department of Medicine  
 Medical School

Box 276  
 420 Delaware Street S.E.  
 Minneapolis, MN 55455  
 612-624-0999  
 Fax: 612-625-2174

## MEMORANDUM

**DATE:** March 11, 1998

**TO:** Lori Wederstrom, Director Facilities Management  
 F-UMC Box 501

**FROM:** Peter Bitterman, MD, Chief, Pulmonary, Allergy, and Critical Care  
 F-UMC Box 276

**RE:** AHC Space

Attached please find the final version of the Medical School Space Committees Research Space Allocation Process. As we discussed, please forward this to the other collegiate representatives on the AHC Space Committee for their review.

Each representative is expected to meet with their collegiate space committee and Dean and bring to the next AHC committee meeting a college specific document addressing research space allocation for review by the group. I suggest we schedule a two hour meeting the second week in April with the following agenda:

Peter Bitterman - 10 minute overview of MSSC process results

Dental School - 15 minutes

School of Public Health - 15 minutes

School of Nursing - 15 minutes

College of Pharmacy - 15 minutes

Veterinary Medicine - 15 minutes

Discussion and Synthesis

P.S. Have I forgotten someone?

cc: George Wilcox

PB:df

Post-it* Fax Note	7671	Date	3/13	# of pages	3
To	Lori Wederstrom	From	Dr. Bitterman		
Co./Dept.		Co.			
Phone #		Phone #	624-0999		
Fax #	6-318	Fax #			

## Medical School Research Space Allocation Process

### Principles

1. Space belongs to the Medical School (College). Departments\* shepherd space, they do not own it.
2. Good lab space is in very short supply; every effort should be made to maintain it or improve it. Conversion of lab space to office or other non-lab space should be discouraged.
3. Resolve most space reallocation issues within departments. If this doesn't work, the dean should specify other departments within the college that should be consulted to explore partnering options.

### Operations: Metrics

1. People. Assessment process should determine space utilization as of July 1, 1996, 1997, and 1998. Department square feet per FTE determined by departments. FTEs include faculty, research associates, postdocs, graduate student research assistants, full-time scientists, full-time technicians, sum of part-time student employees, and administrators paid more than half by grant revenues. (CRISP, NSF, RSO databases will facilitate this accounting.)
2. Dollars. Department dollars per square foot determined by departments are communicated annually to the dean's office. Dollars exclude large equipment grants, but include direct cost revenues from federal grants, foundation grants, industrial contracts, chaired professorship revenue used for research, and research faculty salaries at the discretion of each department head or program director. Clinical research grant revenue is counted the same as basic research grant revenue. For investigators with a temporary lapse in funding at the July 1 accounting date: use a time-averaging based on a 3 year moving average.
3. Space. Department space includes principal investigator-assigned laboratories, shared laboratories and offices used more than 50 percent for research, including off-campus facilities.

### Operations: Enforcement and Supplementary Metrics

1. Departments and programs within range are mostly ignored; anticipated means are 150 square feet per FTE and \$300 per square foot; but decisions will be rendered only after departmental data have been collected and the actual means and range are determined.
2. Outlying departments are further evaluated for:
  - publication quantity/impact/quality (a collegiate-based standard tuned to the strategic plan will be developed)
  - strategic relevance
  - special space needs
3. Dean has responsibility and authority to act on the outcome of the assessment expeditiously.
4. Department figures may be audited by an independent group, and grouped department statistics will be made available to all Medical School faculty after review by department.
5. For new faculty recruitment, department heads must have interdepartmental consensus if department space is inadequate to support the new recruit's research program.

---

\* Herein the term Department refers to any division, program, center, or institute sanctioned by the Dean of a College or higher University official.

6. New faculty exception: grace period of up to 3 years, handled by department.
7. For swing space during construction, consider programmatic alignment first in the reassignment process.

---

\* Herein the term Department refers to any division, program, center, or institute sanctioned by the Dean of a College or higher University official.





Date of Request	Project #	Bldg #	1.0 Space Requests	Who's on it?	What Needs to Happen?	Notes
9/97			1.1 Pharmacy Endowed Chair	Banister, Bonnie, Donald	1.1 Wilcox to meet with BSBE committee and Speedie to review office option. Still waiting for Speedie to approve	Lab - BSBE Office - Mayo 2 C-205
9/97			1.2 Dr. Karen Hsiao	Wilcox	1.2 Wilcox to meet with Garreth Perry to discuss internal space usage for Hsiao.	
			1.3 St. Paul Wildlife Rehab Clinic	Lorie	1.3 Rehab clinic must comply with student organization requirements	
10/97			1.4 Medical School Administration	Donald	1.4 Verceletti forwarding completed program to Dr. Cerra	
6/97			1.5 Stone labs	Banister	1.5 Jim to get program requirements from Dr. Garry	Lorie met with Sally Palm refer situation to Leo Furcht. Determine alternative location
			1.6 Public Health	Lorie	1.6 Direction from JOML Policy Group.	No action
8/97			1.7 Psychiatry Office	Wilcox	1.7 Refer to SPRT. To George Wilcox	Dependent upon Hsiao space resolution
11/97		069	1.8 SPF mouse facility VCRC 5	Donald/Terry	1.8 Award schematic design contract to RSP Architects \$17,000	Jim working with Radiology
11/97			1.9 PM & R	Wilcox	1.9 Med School SPRT	
11/97			1.10 Peds/Hem/Onc	Wilcox	1.10 Med School SPRT	Wilcox to meet with Ramsey and Moller on 2/20/98
11/97		074	1.11 BMEI Institute Lab/office	Wilcox Donald	1.11 Donald & Lorie to meet Dr. Polla to discuss program	Space assignment Mayo 7. VP Cerra has approved both ends of Mayo 7 for Patterson's program & Polla's program
11/97			1.12 Prevention Center	Wilcox	1.12 Med School SPRT	
12/97			1.13 Edward Directory of Cardiovascular Disease	Bonnie/Jim/ Donald	1.13 Leo Furcht to call Jim to discuss funding level for project	
12/97			1.14 MDN Administration	Bonnie	1.14 Ross Janssen to meet with Neurology to discuss 12 <sup>th</sup> floor PWB layout.	Bonnie to have program by 3/17
12/29/97		074	1.15 Emergency Medicine Dept	Donald	1.15 Donald to contact Greg Carlson to secure office space	SPRT approved action
1/2/98			1.16 Gruessner retention package	Donald Janssen Bonnie	1.16 Submit original program	Ravdin does not agree to alternate program
3/12/98			1.17 AHC - Chip	Lorie		

Date of Request	Project #	Bldg #	1.0 Space Requests	Who's on it?	What Needs to Happen?	Notes
2/3/98			1.17 AHC Info Systems	Banister	1.17 Deegan to send program to Jim by 3/23/98	Jim B. to follow up with Deegan
			1.18 Transplant Institute	Bonnie Lorie	1.18 Meeting schedule for 3/12/98. Dr. Matis wants to develop Transplant Institute	
			1.19 Lab Path Space	Lorie	1.19 Lorie to talk to G. Wilcox and get planning from external consultant	Expansion & consolidation
3/12/98			1.20 AHC Chip	Lorie	1.20 Paint/carpet/furniture	
			<b>2.0 Programming, Schematics, Estimates</b>			
6/97	115-98-1417	115	2.1 Research Computing	Donald/Terry	2.1 Donald & Terry to meet with Ernie Retzel to discuss project	
1/1298			2.2 Experimental Surgical Services	Bonnie	2.2 Client to run water test later in the week due to AAALAC visit.	Bonnie received request 1/27/98. Depends on client water test of space Bonnie to make follow-up call
10/97	142-98-1308	142	2.3 Genetics - Wylie b. frog room c. 5-245 Moos-Wylie	Don	2.3 b. Stays the same FM construction hired Jordan Architects to complete CD's of 5-245 Moos. FM construction to provide firm bid based on CD's. Information to Donald by 3/11/98.	Will need to go to Board of Regents for approval. Preliminary GME estimate \$104,500. Information needed regarding whether or not to take it to Regents in April.
9/97	142-98-1125	142	2.4 Genetics - Fly Group (Hughes)	Donald/Don	2.4 The Alliance working on schematics and DD's. Complete by 4/7/98	Meeting scheduled with owners for 3/10/98 to discuss DD's.
12/19/97		107	2.5 Clinical Research Ctr.	Bonnie	2.5 Bonnie to complete 3 <sup>rd</sup> re-work of program by 3/13.	
7/97		147	2.6 Pharmacy Classrooms	Bonnie	2.6 Pharmacy needs to approve program	Per verbal discussion with Wendy St Peter, Pharmacy expects to get nursing space they want. Program complete
9/97		144	2.7 Neurology renovation	Donald	2.7 Neurology to decide if they want to proceed with project.	
12/29/97	144-98-1460	144	2.8 Ophthalmology lab space	Terry	2. Terry to send schematic estimate to Donald by 3/10/98	Program & estimate by BWBR \$6,600
			2.9 AHC Communications	Bonnie Donald	2.9 Judy Peterson to discuss space swap with Dean Leyasmeyer. Exploring alternatives	Mayo 7 - Chapel. Waiting to hear from Chris on Mayo 7. Donald will follow-up with Judy
		142	2.10 Pharmacy Server	Donald	2.10 Donald to send Roger program information by 3/13/98	

Date of Request	Project #	Bldg #	2.0 Programming, Schematics, Estimates	Who's on it?	What Needs to Happen?	Notes
8/97		074	2.11 Primary Care Research Dr. Lurie	Bonnie	2.11 Program complete. Bonnie to send program information to Krlewski & Lorie Wederstrom	
8/97		074	2.12 Health Outcomes Research	Bonnie	2.12 Program complete. Bonnie to send program information to Krlewski & Lorie Wederstrom	
		074	2.13 Managed Care	Bonnie	2.13 Program complete. Bonnie to send program information to Krlewski & Lorie Wederstrom	
1/98	111-98-1521	111	2.14 Diehl Hall Lab Space (Kennedy Lab)	Donald/Don	2.14 Estimate received- Donald to contact Rick Sahinen to discuss estimate.	
2/98		074	2.15 Environmental and occupational health	Donald/Terry	2.15 Terry to fax Donald estimate by 3/11/98	
2/98		111	2.16 Biomedical Library Office	Donald	2.16 Donald to meet with Arlys to discuss program	Donald & Don toured area week of 3/2/98
2/98		147	2.17 Pharmacy Weaver Densford 7 <sup>th</sup> Floor	Bonnie	2.17 Program completed 3/12/98.	
2/98		147	2.18 Medicinal Chemistry Labs Renovations(Pharmacy)	Bonnie	2.18 Program completed 3/12/98	
6/97		144	2.19 UMP	Donald/Terry	2.19 Terry to get schematic/estimate proposal from Skadd & Helms Architects by 3/13/98	Donald to receive program and estimate by 3/13/98
8/97		074	2.20 Anesthesia Office	Donald	2.20 Ole to fax Don budget sheets on 3 different areas of Anesthesia project by 3/9/98	
2/98		143	2.21 RAR Eye wash	Donald/Don	2.21 Walk Through scheduled with RAR personnel for 3/13/98	
			2.22 Cellular molecular Biology Building	Lorie		
			<b>3.0 Authorization</b>			
			<b>4.0 Design</b>			
			4.1 Psychiatry @ Fairview	Lorie	4.1. Waiting for decision from Policy Group & Dr. Roby Thompson	Funding request of \$1 M. – Can Fairview do @ lease hold? 100% construction documents still waiting on lease neg. mtg. Still don't know about lease

Date of Request	Project #	Bldg #	4.0 Design (cont)	Who's on it?	What Needs to Happen?	Notes
	000-97-1676		4.2 Minneapolis Classrooms	Terry	4.2. Terry & Lorie to meet with Terry Bock on 3/16 to discuss/prioritize which classrooms are going to be remodeled	Estimate \$600,000. Recommendations are refurbishing needs first, technology needs second. Prioritize utilizations. Showcase one technology room
			<b>5.0 Estimating Bidding</b>			
			<b>6.0 Appropriation &amp; Scheduling</b>			
			<b>7.0 Pre-occupancy Coordination</b>			
			<b>8.0 Construction</b>			
			8.1 Goat Barn	Fred Clayton	8.1 Donald to get progress update	
			8.2 CMRR	Earl North	8.2 In progress. Earl North to give Donald information about grant extension	Construction completion April 98.
	107-97-1488	107	8.3 Masonic 4-Diabetes	Terry	8.3 Phase I - Demolition.	Funding sources from Surgery central in Med School- Problem with mold - currently testing progress mtg 3/23
8/97	143-97-1234	144, 069, 143	8.4 RAR Security	Don	8.4. Pre-construction meeting. Notice to proceed as of 2/19/98. Scheduled completion 100 days from the 2/19.	\$86,500 base bid. Add alternates 3, 4, and 9. Progress meeting scheduled for 3/12
3/98	069-98-1327	069	8.5 Cardiology Library/Office	Donald/Don	8.5 Begin construction 3/7/98	Construction started Donald to contact Dave Bertrand to select carpet
			<b>9.0 Post Occupancy Evaluation</b>			
		144	9.1 Obesity Clinic - 5PWB	Donald	9.1 White board installed.	Complete
		115	9.2 ProSolvvia	Donald	9.2 Chairs due 10/7 card access	Complete
			9.3 Classrooms-Vet Med Complete	Don Hau Donald	9.3 Donald to follow up with Hau	Complete
		070	9.4 Boynton 5	Donald	9.4 Maintenance issues to Terry Leach	Complete
		070	9.5 Center for Bioethics	Donald	9.5 Kitchen complete	Complete
		178	9.6 BSBE	Wegner	9.6 Noise complaint; HVAV design capacity	Complete
	032-97-1552	032	9.7 Student computer center	Donald	9.7 Tables installed. Done	Complete
		142	9.8 Genetics, Coucivanis	Donald		Complete

Date of Request	Project #	Bldg #	9.0 Post Occupancy Evaluation	Who's on it?	What Needs to Happen?	Notes
		144	9.9 Epilepsy - 7 <sup>th</sup> fl WD	Donald	9.9 Moved in	
	107-97-1488	107, 109	9.10 VFW lab for oncology	Terry	9.10 Review estimate. Work started 10/14	Complete
			9.11 Minnesota Virtual Simulation	Archibeque	9.11 Doors due by 11/25 media resources to begin work immediately	Complete
	143-98-1198	143	9.12 Remodel Room 790 Analytical Chem.	Wegner	9.12 Complete	Complete
	144-98-1056	144	9.13 Family Practice	Terry	9.13 Complete by 12/5/97, 12/12/97	Complete
1/2/98			9.14 Judy Lieberman	Donald	9.14 Find space	Complete
			9.15 Genetics Conference Room 5-275 Moos T	Archibeque	9.15 Donald and Don to do punch list of area	Complete
	069-98-1148	069	9.16 Cardiology-VCRC 299,292,294	Don	9.16 Complete. Needs walk through.	Complete
7/97	115-98-1369	115	9.17 RSO	Terry	9.17 Donald and Terry to do punch list.	Complete
9/97	074-95-1445	074	9.18 Allergy Clinic 325 Mayo	Terry	9.18 Start 1/20/98 complete 2/19/98	Complete
	109-98-1077	109	9.19 Surgery Office 160 VFW	Terry	9.19 Start January 12, 1998. Completion 2/2/98	Complete
10/97	107-98-1447	107	9.20 Eastern Star-Masonic 3	Terry	9.20 Construction to start week of 2/10. Complete 2/17/98	Complete
		074	9.21 AFCSME Local 3260	Donald/Bo b	9.21	Complete
	143-97-1721	143	9.22 Lab remodel-KE 316 Ingbar	Roger	9.22	Complete
			10.0 Close out Reports SPAM, costs, Square foot, contingency			
		074	10.1 Public Health Store Room		10.1 D655/D680 have been assigned	
		074	10.2 Communications	Banister	10.2 5 offices assigned to _____	
	142-97-1551	142	10.3 Dentistry signage	Terry	10.3 Complete by 11/21	Project complete
		115	10.4 HR Offices	Donald	10.4 R-694 ChRC assigned	
<b>1. Project Status Reports - Donald will develop</b>						
<b>2. Agenda distribution: - Terry Bock, Mark Koenig, Pam Beader, George Wilcox, Joe Weisenburger</b>						
<b>3. AHC funded projects need to go back to Sr Vice President for reallocation of unspent funds.</b>						

### AHC Strategic Facility Planning Comprehensive Worksheet

Ranking Criteria							Academic Health Center					Constr \$ x 30%	5%/year						
Strategic							Item Number	Item Description	Amount	Units	Unit Cost	Constr \$	Non-Const \$	Escalation	Total Cost	Fund Source	Yr. Funded	Link to Master Plan	
Linkage to School or College Strategic Plan	Safety Concerns	Customer Services/Statewide Significance	College or School Priority	User and Non-State Financing	Asset Management	Operating Savings or Efficiencies													Contained in Statewide Six-Year Plan
							1	Parking Replacement: Mayo	300 cars	300	20,000	6,000,000	1,800,000		7,800,000	UM Transp			
							2	Central Piazza: Plaza Area	60000 SF	60,000	50	3,000,000	900,000		3,900,000				
							3	Central Piazza: Circulation Areas	9000 SF	9,000	60	540,000	162,000		702,000				
							4	Central Piazza: Glazed Roof	60000 SF	60,000	100	6,000,000	1,800,000		7,800,000				
							5	Jackson Temporary Occupancy	38000 SF	38000	85	3,230,000	969,000		4,199,000				
							6	Jackson Permanent Space	100000 SF	100,000	110	11,000,000	3,300,000		14,300,000				
							7	Bridge to Amundson Hall	120 LF	120	8,000	960,000	288,000		1,248,000				
							8	Fairview Release (inc. Mayo 5.6.7)	800000 SF										
							9	minor renovation	23000 SF	123,000	40	4,920,000	1,476,000		6,396,000				
							10	major renovation	72000 SF	172,000	100	17,200,000	5,160,000		22,360,000				
							11	total renovation	16500 SF	16,500	150	2,475,000	742,500		3,217,500				
							12	Site Access / Signage district		1	250,000	250,000	75,000		325,000				
							13	Site Access / Entries	5 entries	5	150,000	750,000	225,000		975,000				
							14	Site: Corridor Connections					0						
							15	Technology: other AHC	5 yr allow.	5	500,000	2,500,000	750,000		3,250,000				
							16	Interscholastic Research Spaces				0	0		0				
							17	Security Systems: AHC wide	5 yr allow.	5	100,000	500,000	150,000		650,000				
							18	Administrative Offices				0	0		0				
							19	Research Animal Resources				0	0		0				
							20	Office of Communications	450 SF	450	150	67,500	20,250		87,750				
							21	Ctr. Amer.Indian & Minority Health	990 SF	990	185	183,150	54,945		238,095				
							22	Classroom and Student Spaces				0	0		0				
							23	Continuing Education Library				0	0		0				
							24	Biomedical Library				0	0		0				
							25	CUHCC Clinic				0	0		0				
							26	Demolition of CMRR				0	0		0				
							27	Pool of Labs & Offices for Recruitment & Retention				0	0		0				
							28	Decommissioned Space				0	0		0				
							29	Maintenance for Interscholastic Programs											
							29					Subtotal	59,575,650	17,872,695		77,448,345			
							30												
							31												

## AHC Strategic Facility Planning Comprehensive Worksheet

Ranking Criteria								Molecular & Cellular Biology				Constr \$ x 30%	5%/year						
Strategic								Item Number	Item Description	Amount	Units	Unit Cost	Constr \$	Non-Const \$	Escalation	Total Cost	Fund Source	Yr. Funded	Link to Master Plan
Linkage to AHC Strategic Plan	Linkage to School or College Strategic Plan	Safety Concerns	Customer Services/Statewide Significance	College or School Priority	User and Non-State Financing	Asset Management	Operating Savings or Efficiencies												
								1	Technology: MCB	225000 SF	225,000	10	2,250,000	337,500		2,587,500			
								2	Teaching Rms: MCB	5 @1000	5,000	154	770,000	231,000		1,001,000			
								3	Security Systems @ MCB	allowance	1	250,000	250,000	75,000		325,000			
								4	MCB Building	227,000 SF	227,000	192	45,584,000	14,500,000	1E+07	69,997,860			
								5	Decomissioned space	225000 SF									
								6											
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## AHC Strategic Facility Planning Comprehensive Worksheet

Ranking Criteria								Swing Space												
Strategic								Item Number	Item Description	Amount	Units	Unit Cost	Constr \$	Constr \$ x 30%	5%/year	Escalation	Total Cost	Fund Source	Yr. Funded	Link to Master Plan
Linkage to AHC Strategic Plan	Linkage to School or College Strategic Plan	Safety Concerns	Customer Services/Statewide Significance	College or School Priority	User and Non-State Financing	Asset Management	Operating Savings or Efficiencies													
								1	Swing Space: Biochemistry Off	2000 SF	2,000	154	308,000	92,400		400,400				
								2	Swing Space: Pharmacology Off	2000 SF	2,000	154	308,000	92,400		400,400				
								3	Swing Space: Physiology Off	2000 SF	2,000	154	308,000	92,400		400,400				
								4	Swing Space: Biochemistry Res	14000 SF	14,000	238	3,332,000	999,600		4,331,600				
								5	Swing Space: Physiology Res	27400 SF	27,400	238	6,521,200	1,956,360		8,477,560				
								6	Swing Space: Histo/Neuro Labs	6000 Sf	6,000	238	1,428,000	428,400		1,856,400				
								7												
												Subtotal	12,205,200	3,661,560		15,866,760				
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# AHC Strategic Facility Planning Comprehensive Worksheet

Ranking Criteria		Infrastructure											
Strategic		Item Number	Item Description	Amount	Units	Unit Cost	Constr \$	Non-Const \$	Escalation	Total Cost	Fund Source	Yr. Funded	Link to Master Plan
Linkage to AHC Strategic Plan		1											
Linkage to School or College Strategic Plan		2											
Safety Concerns		3											
Customer Services/Statewide Significance		4											
College or School Priority		5											
User and Non-State Financing		6											
Asset Management		7											
Operating Savings or Efficiencies		8											
Contained in Statewide Six-Year Plan		9											
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			Subtotal										

# AHC Strategic Facility Planning Comprehensive Worksheet

Ranking Criteria										Medical School					Constr \$ x 30%	5%/year					
Strategic										Item Number	Item Description	Amount	Units	Unit Cost	Constr \$	Non-Const \$	Escalation	Total Cost	Fund Source	Yr. Funded	Link to Master Plan
Linkage to AHC Strategic Plan	Linkage to School or College Strategic Plan	Safety Concerns	Customer Services/Statewide Significance	College or School Priority	User and Non-State Financing	Asset Management	Operating Savings or Efficiencies	Contained in Statewide Six-Year Plan													
										1	Dean's Office / Teaching Center	35000 SF	35,000	180	6,300,000	1,890,000		8,190,000			
										2	Gross Anatomy	12000 SF	12,000	190	2,280,000	684,000		2,964,000			
										3	Physical Med & Rehab			180	0	0		0			
										4	Bone Marrow Transplant	3000 SF	3000	180	540,000	162,000		702,000			
										5	KDWB Variety Family Home			180	0	0		0			
										6	Primary Care Research	1975 SF	1975	180	355,500	106,650		462,150			
										7	Molecular Medicine Program	11000 SF	11000	180	1,980,000	594,000		2,574,000			
										8	Genetics Institute Programs PWB7, Moos2			180	0	0		0			
										9	Cardiology			180	0	0		0			
										10	HSIAO Research	2500 SF	2500	180	450,000	135,000		585,000			
										11	Orthopaedic Surgery	8000 SF	8000	180	1,440,000	432,000		1,872,000			
										12	BMEI Lab and Offices	4000 SF	4000	180	720,000	216,000		936,000			
										13	Vischer Chair	6000 SF	6000	180	1,080,000	324,000		1,404,000			
										14	Health Outcomes Research	1475 SF	1475	180	265,500	79,650		345,150			
										15	Heme/Onc consolidation	5000 SF	5000	180	900,000	270,000		1,170,000			
										16	Emergency Medicine Dept.	400 SF	400	180	72,000	21,600		93,600			
										17	MDN Administration	5000 SF	5000	110	550,000	165,000		715,000			
										18	Prevention Center			180	0	0		0			
										19	Gruessner Retention	4000 SF	4000	180	720,000	216,000		936,000			
										20	Psychiatry Office Spaces			110	0	0		0			
										21	Surgery			180	0	0		0			
										22	Edward Dir Cardiovascular Disease	3500 SF	3500	180	630,000	189,000		819,000			
										23	Stone Labs			180	0	0		0			
										24	Decommissioned Space										
										25	Recruitment Space for Lab Medicine and Pathology										
										26	Consolidation of Lab Medicine and Pathology Space										
										27											
										28											
										29				Subtotal	18,283,000	5,484,900		23,767,900			
										30											
										31											

# AHC Strategic Facility Planning Comprehensive Worksheet

Ranking Criteria		Duluth	
Strategic			
Linkage to AHC Strategic Plan			
Linkage to School or College Strategic Plan			
Safety Concerns			
Customer Services/Statewide Significance			
College or School Priority			
User and Non-State Financing			
Asset Management			
Operating Savings or Efficiencies			
Contained in Statewide Six-Year Plan			
Item Number	Item Description	Amount	Units
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<b>Subtotal</b>			

Constr \$ x 30%  
5%/Year

Subtotal

## AHC Strategic Facility Planning Comprehensive Worksheet

Ranking Criteria								Nursing				Constr \$ x 30%	5%/year						
Strategic								Item Number	Item Description	Amount	Units	Unit Cost	Constr \$	Non-Const \$	Escalation	Total Cost	Fund Source	Yr. Funded	Link to Master Plan
Linkage to AHC Strategic Plan	Linkage to School or College Strategic Plan	Safety Concerns	Customer Services/Statewide Significance	College or School Priority	User and Non-State Financing	Asset Management	Operating Savings or Efficiencies												
								1	New Faculty Offices/support	7520 SF	7520	150	1,128,000	338,400		1,466,400			
								2	New Faculty clinical areas	1235 SF	1235	180	222,300	66,690		288,990			
								3	Redesign current offices				0	0		0			
								4	New student study spaces	635 SF	635	150	95,250	28,575		123,825			
								5	Faculty/staff meeting areas										
								6	Planning for Facility Redesign										
								7											

## AHC Strategic Facility Planning Comprehensive Worksheet

Ranking Criteria									Pharmacy School					Constr \$ x 30%	5%/year				
Strategic														Amount	Units	Unit Cost	Constr \$	Non-Const \$	Escalation
Linkage to AHC Strategic Plan	Linkage to School or College Strategic Plan	Safety Concerns	Customer Services/Statewide Significance	College or School Priority	User and Non-State Financing	Asset Management	Operating Savings or Efficiencies	Contained in Statewide Six-Year Plan	Item Number	Item Description									
									1	Pharmacy Endowed Chair	2300 SF	2300							
									2	Pharm.D. Lab Space	5@1000	5000	238	1,190,000	357,000		1,547,000		
									3	Pharm.D. Offices	10@120	1200	150	180,000	54,000		234,000		
									4	Pharm.D. Classrooms	126 SF	126	154	19,404	5,821		25,225		
									5	New Faculty Labs									
									6	New Faculty Offices									
									7	Drug Design Institute									
									8	Experimental & Clinical Pharm'gy									
									9	Nontrad. Pharm. D. certif. Program									
									10	Miscellaneous offices	16570 SF	16570	154	2,551,780	765,534		3,317,314		
									11	Decommissioned Space									
									12	Planning for facility Redesign									
									13										
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## AHC Strategic Facility Planning Comprehensive Worksheet

Ranking Criteria								School of Public Health					Constr \$ x 30%	5%/year					
Strategic								Item Number	Item Description	Amount	Units	Unit Cost	Constr \$	Non-Const \$	Escalation	Total Cost	Fund Source	Yr. Funded	Link to Master Plan
Linkage to AHC Strategic Plan	Linkage to School or College Strategic Plan	Safety Concerns	Customer Services/Statewide Significance	College or School Priority	User and Non-State Financing	Asset Management	Operating Savings or Efficiencies												
								1	Third Floor Mayo renovation	5700 SF	5700	30	171,000	51,300	222,300				
								2	Microbiology Laboratories				0	0	0				
								3	Industrial Hygiene Laboratories				0	0	0				
								4	New Faculty Offices	15000 SF	15000	150	2,250,000	675,000	2,925,000				
								5	New Research Offices	8000 SF	8000	150	1,200,000	360,000	1,560,000				
								6	New Research Laboratories	2000 SF	2000	286	572,000	171,600	743,600				
								7	New classrooms	5000 SF	5000	150	750,000	225,000	975,000				
								8	Continuing Education Offices, etc.	5000 SF	5000	150	750,000	225,000	975,000				
								9	Long range growth	80000 SF	80000	190	15,200,000	4,560,000	19,760,000		2008		
								10	Consolidated Public Health Facility	300000 SF	300000	190	57,000,000	17,100,000	74,100,000				
								11	Facility Pre-design planning										
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# AHC Strategic Facility Planning Comprehensive Worksheet

Ranking Criteria		University of MN Physicians											
Strategic		Item Number	Item Description	Amount	Units	Unit Cost	Constr \$	Non-Const \$	Escalation	Total Cost	Fund Source	Yr. Funded	Link to Master Plan
Linkage to AHC Strategic Plan		1	University of MN Physicians										
Linkage to School or College Strategic Plan		2											
Safety Concerns		3											
Customer Services/Statewide Significance		4											
College or School Priority		5											
User and Non-State Financing		6											
Asset Management		7											
Operating Savings or Efficiencies		8											
Contained in Statewide Six-Year Plan		9											
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		30	Subtotal										
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## AHC Strategic Facility Planning Comprehensive Worksheet

College of Veterinary Medicine										Constr \$ x 30%	5%/year																	
College of Veterinary Medicine										Amount	Units	Unit Cost	Constr \$	Non-Const \$	Escalation	Total Cost	Fund Source	Yr. Funded	Link to Master Plan									
College of Veterinary Medicine										Item Description																		
Linkage to AHC Strategic Plan	Linkage to School or College Strategic Plan	Safety Concerns	Customer Services/Statewide Significance	College or School Priority	User and Non-State Financing	Asset Management	Operating Savings or Efficiencies	Contained in Statewide Six-Year Plan	Item Number	1	Classrooms: 2 large	2@1200	2400	154	369,600	110,880	480,480											
										2	Biologic Containment Facility																	
										3	Research Lab Renovations		5000	286	1,430,000	429,000	1,859,000											
										4	ICU for Small Animal Hospital					0	0	0										
										5	ITV Classroom		2000		0	0	0											
										6	Equine Exam area				0	0	0											
										7	Education Commons area				13600 SF	13600	154	2,094,400	628,320	2,722,720								
										8	General VTH Renovations					0	0	0										
										9	MFM Research				22800 SF	22800	240	5,472,000	1,641,600	7,113,600								
										10	Decommissioned Space									0								
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**UNIVERSITY OF MINNESOTA  
ACADEMIC HEALTH CENTER  
DEANS COUNCIL  
Tuesday, March 17, 1998  
475 ChRC  
2:00 p.m.**

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**AGENDA**

**OPEN SESSION**

- |    |  |        |
|----|--|--------|
| 1) | University Campaign (tan)<br>Briefing and Discussion<br>Gerald Fischer     | 60 min |
| 2) | Legislative Session<br>Update<br>Frank Cerra and Terry Bock                | 5 min  |
| 3) | Monthly Update: Information Technology (yellow)<br>Discussion<br>Ed Deegan | 5 min  |

**EXECUTIVE SESSION**

- |    |  |                |
|----|--|----------------|
| 4) | Deans Council Retreat<br>Follow-up Discussion<br>Frank B. Cerra      | 45 min (total) |
| 5) | Clinical Strategic Plan<br>Briefing and Discussion<br>Frank B. Cerra |                |
- 

**Upcoming Meetings:**

Update on Conflict of Interest Committee  
Lead Dean Report: Complementary Care  
Final Review of Classroom Remodeling Project  
Lead Dean Report: Bioethics Center  
Administrative Cost Reduction Service/Redesign Plans  
Lead Dean Report: MMCT  
Presentation on Employment Law Training  
Review/Approval of Faculty Research Development Grants  
Briefing on the Enterprise Project and Clarity  
Briefing on University Plans for Long-Distance Education  
Student Systems 2000 Project: Implications for Professional/Graduate Schools  
Common Lunch Hour: AHC-SCC  
Post-Tenure Review

UNIVERSITY OF MINNESOTA  
FOUNDATION

March 11, 1998

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**TO:** AHC Deans' Council

**FROM:** Gerald B. Fischer  
President, UM Foundation

**SUBJ:** University Capital Campaign Discussion  
Tuesday, March 17, 1998, 2 p.m.  
475 Children's Rehab Center

Provost Cerra has asked me to join your meeting next week to provide an update on the capital campaign plan. As part of this meeting, President Yudof has asked that we discuss the topic of what academic priorities should be highlighted in the University-wide case statement. He would appreciate your views as to what you believe are the top three or four academic priorities to advance the excellence of the entire University. Another question is how should we express these priorities in ways most compelling to prospective donors and the public at large.

Attached is a listing of thought starters often used in other major university campaigns and a timetable that is guiding us in developing case statements for both the University and the collegiate units. As you can see, we recommend that drafts of executive summaries for each collegiate unit be prepared this spring. It is not necessary that a tight fit exists between the University-wide and the collegiate cases.

We look forward to this discussion. Please contact me if you have any questions or comments.

**GBF:af**  
**Attachments**

**c:** Mark Yudof  
Frank Cerra  
Judy Kirk  
Brad Choate

University of Minnesota  
**Campaign For Minnesota**

*What are your top three or four priorities for directing an incremental \$300-- to \$500 million during the next 5-10 years to advance the excellence of the University most effectively?*

**POSSIBILITIES:**

Top Five for Legislature

Molecular Biology

Digital Science

New Media

Design

Agriculture

Other Thoughts

Rebuilding Arts & Humanities

Connecting U to Communities

Maintaining excellence of top  
departments -- Retention of Stars

Advancing teaching and learning

- Undergrad. Scholarships--Merit in-state, out-of-state, minority
- Residential college expansion
- Undergraduate research
- Academy of Distinguished Teachers
- Freshman Seminar

Research Support

Technology Transfer

Interdisciplinary

Advancing Research

Endowed Faculty focused /

Interdisciplinary

Graduate student fellowships

Existing centers of great potential

Faculty Support

Endowed Positions -- Supplemental \$'s

Visiting Faculty

Awards -- teaching, research, outreach

Student Support

Scholarships

Fellowships

Internships

Diversity

Honors

Community / Cultural

Facilities & Technology

New buildings

Technology upgrades

Information systems

Beautification

Constituent Program Support

Deans' Strategic Initiative Fund

University-Wide

President's Strategic Initiative Fund

# UNIVERSITY OF MINNESOTA FOUNDATION

## Minnesota Campaign Developing University-Wide and Constituent Priorities for Fund-Raising and Case Statements

### Objectives:

- 1) Determine what types of investments or spending will advance the excellence of the University most effectively
- 2) Ensure priorities are compelling to donor prospects

### Process Overview:

April-Sept. 1997	Survey Chancellors/Deans/Directors
Nov. 1997-March 1998	Discuss priorities with various councils <ul style="list-style-type: none"><li>• President's Executive Council</li><li>• Vice Presidents Council</li><li>• AHC Deans with Frank Cerra</li><li>• Other Twin Cities Deans/Directors with Bob Bruininks</li><li>• Faculty</li></ul> Review and shape broad-based campaign themes
March 1998	Constituents submit drafts (3-5 pages) of executive summary case statements
March-June 1998	Obtain feedback from President, Campaign Steering Committee, UMF, MMF Develop campaign marketing themes
May 1998	Draft executive summary University-wide case statement
May 1998-June 1999	Test executive summary case statements by consulting with and cultivating/soliciting principal and leadership gift prospects Record feedback
Mid-year 1999	Finalize constituent and University-wide case statements Compelling to donors <u>and</u> meeting needs and priorities
Summer 1999	Determine campaign timing, goal
Second half 1999	Publish case statements for use at and following kickoff of public phase

**AHC - Administrative Information Systems  
Deans' Council Status Update  
March 1998**

March, 1998 Project / Activity	Status Update	Results / Goals
<b>Budget &amp; Performance Reporting</b>	<ul style="list-style-type: none"> <li>• Over 112 AHC financial users have either the Budget System or Performance Reports applications on their desktop.</li> </ul>	<ul style="list-style-type: none"> <li>• Efforts are moving forward to expand Performance Reports functionality so it matches the data format used in the Budget system</li> <li>• Data drill down functionality is being added to Performance Reports so users can view detail data used to generate the totals in the reporting categories.</li> <li>• Intentions are to expand Performance Reports into a common source of financial data and reports for the AHC.</li> </ul>
<b>AIS Customer Support</b>	<ul style="list-style-type: none"> <li>• Four AHC departments have formally asked to establish an agreement for desktop computer support and file server access. A cost schedule is in place and policies outlining the support level will be ready by month-end.</li> <li>• A plan will be formulated with the goal of rolling College of Pharmacy Novell file services under an AHC-AIS support umbrella.</li> <li>• Work continues on Help-line implementation.</li> </ul>	<ul style="list-style-type: none"> <li>• Goal is to provide desktop technical support for both hardware and software. This service will be available to those offices that have arranged for direct technical support from AHC-AIS.</li> </ul>
<b>University Enterprise Systems</b>	<ul style="list-style-type: none"> <li>• AHC-AIS has a person assigned 50% time to analyze the functionality of the pending PeopleSoft HRMS system. This person (and a representative from AHC-HR) are comparing the PeopleSoft HR system against AHC information requirements.</li> <li>• At this time there is no person assigned to perform a similar AHC function for the Student 2000 PeopleSoft system.</li> </ul>	<ul style="list-style-type: none"> <li>• Goal is to ensure AHC's information needs are represented to the Enterprise Systems projects.</li> </ul>

*Will there be a Mac version of people soft?  
meeting maker upgrade -  
Anti virus software -*

Project / Activity	Status	Results / Goals
<b>AHC - Human Resource Tracking System</b>	<ul style="list-style-type: none"> <li>• Depts. of Medicine, Dermatology, and Neurology continue to use the application.</li> <li>• Options have been reviewed as to continue rollout of AHC HRTS application even with the future pilot testing of PeopleSoft HRMS. Recommendations will be forthcoming to move forward with AHC HRTS because of the undefined state of the PeopleSoft system. This effort would serve as a temporary solution until PeopleSoft HRMS becomes fully functional.</li> </ul>	<ul style="list-style-type: none"> <li>• Recommendations for next steps with the AHC HRTS will be ready within two weeks. Intentions are to get accurate HR information on-line for the AHC by Fall, 1998.</li> </ul>
<b>Administrative Information Systems – Scope of Responsibilities and Service</b>	<ul style="list-style-type: none"> <li>• Waiting for approval of the Responsibility Matrix for AHC-AIS.</li> <li>• Efforts have begun to develop the policies and procedures that will define and support each functional point outlined on the matrix.</li> </ul>	<ul style="list-style-type: none"> <li>• The matrix defines the level of technical support and coordination AHC-AIS will have with other AHC offices, their technical staff, and with central University offices.</li> <li>• Policies will establish AHC-wide guidelines, conventions, and parameters for information sharing &amp; data management.</li> </ul>

UNIVERSITY OF MINNESOTA  
ACADEMIC HEALTH CENTER  
DEANS COUNCIL  
Tuesday, September 23, 1997  
475 ChRC  
2:00 p.m.

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AGENDA

OPEN SESSION

- 1) Funding for Salary Increases: *Dean's salary* 15 min  
Civil Service and Bargaining Unit Increases  
Personnel funded by ICR  
Discussion  
Frank Cerra and Edith Leyasmeyer
  - 2) Implications of IMG for Interdisciplinary/InterScholastic Programs 15 min  
Discussion  
Frank Cerra and Edith Leyasmeyer
  - 3) Interdisciplinary Education in the AHC 30 min  
Continued discussion  
Frank Cerra ) *See attached*
  - 4) AHC Student/Faculty Diversity Programs 15 min  
Discussion  
Terry Bock
  - 5) Exit Strategies including Faculty Revitalization/Renewal Program 15 min  
Continued discussion  
Frank Cerra
- 

Preliminary Agenda Items for Upcoming Meetings

September 30

- 1997-1998 Senior Vice President's Goals and Work Plan
- Finalize 1997-98 Deans Council Goals and Work Plan
- Enterprise Project
- Graduate Health Professional Education
- HealthPartners Education Institute and AHC Affiliation Agreement
- Allied Health Task Force Report
- Division of ICR between Collegiate Units which Collaborate on Sponsored Projects

October 7

- University Audits - JoAnne Jackson
- Education and Research Legislative Initiative Recommendations

October 14

- Compatibility of Computer Systems Across the AHC and University
- Common Management Information Systems and Databases Across the AHC
- Clarity System Report and Demonstration

# UNIVERSITY OF MINNESOTA

Twin Cities Campus

Institute for Health Services Research  
School of Public Health

Box 729  
420 Delaware Street S.E.  
Minneapolis, MN 55455-0381  
612-624-6151  
Fax: 612-624-2196  
<http://www.hsr.umn.edu>  
ihsr@tc.umn.edu

ACADEMIC HEALTH CENTER  
Office of the Provost

SEP 18 1997

RECEIVED

## MEMORANDUM

*Discussed at Dean's Mtg  
9/23/97*

To: John Fetrow, VMD, MBA  
Vice President, Organizational Redesign  
Academic Health Center

From: John Kralewski, Ph.D.  
Professor and Division Head

Date: September 18, 1997

Re: Strategic Initiatives Proposals

Here are our proposals. Nicki and her committee had a great deal of difficulty shaping the primary care proposal and keeping it within the bounds of our budget allocation. I believe that she plans to talk to you individually about the needs of that program. Her proposal was not ready for review during our final meeting last Tuesday and, consequently, the committee has not endorsed her budget request. If you have questions, please let me know.

*gk*



# UNIVERSITY OF MINNESOTA

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*Twin Cities Campus*

*Institute for Health Services Research  
School of Public Health*

*Box 729  
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Minneapolis, MN 55455-0381*

*612-624-6151  
Fax: 612-624-2196  
<http://www.hsr.umn.edu>  
[ihsr@tc.umn.edu](mailto:ihsr@tc.umn.edu)*

September 16, 1997

John Fetrow, VMD, MBA  
Vice President for Organizational Redesign  
Academic Health Center  
Box 501 Mayo

Dear Dr. Fetrow:

Enclosed are three-page summaries of the programs for each of the five areas, identified as priorities for the strategic initiatives. These are organized in a common format that addresses (1) the rationale for the program, (2) the plan, (3) the budget (preferably by module), (4) the proposed management structure to oversee, and (5) how well the program meets the criteria established by the coordinating committee.

The original plan was to look for areas where common activities could create economies of scale across the five programs. However, only two areas emerged in that category. The first is the development of a master's level program that could prepare clinicians in various fields to undertake clinical research pertinent to managed care and the health of populations. This program could build on extant courses, but it would require the creation or major modification of a number of courses, particularly in the areas of epidemiology, biostatistics, and managed care, itself. This new master's program would need approximately \$50,000 per year for two years to underwrite the development of new courses. These courses would also form the basis for a graduate minor that could be offered to other graduate students wanting more exposure to managed care concepts and issues. Funds for this new program are included in the managed care proposal, even though it contributes to at least two other initiatives.

The second "common" program is the annual survey of 5000 families designed to monitor the effectiveness of the health care delivery system in Minnesota and to assess the health status of Minnesotans. This is a very costly undertaking and, unfortunately, we were not able to work it into our constrained budgets. Consequently, it was dropped from further consideration.

Because the five programs addressed quite disparate topics and situations, it was felt to be inappropriate to attempt more central pooling of resources. Instead, the overall strategy worked out by the coordinating committee eventually called for each program to develop a budget for \$450,000 over the two-year period. While most programs were able to meet that target, a few indicated that they did not believe they could develop a realistic program within that constraint.

These proposals should provide a roadmap to what sorts of activities are planned and the costs associated with each. However, for several proposals, core staff and/or activities are proposed that cannot be easily distributed across specific modules. Consequently, some care is needed in reading these proposals. They make different assumptions about the

availability of other support and the appropriate allocation of resources. Some anticipate contributed time of faculty; others budget that time. Some look for support for some items from the AHC computer technology pool, which will presumably underwrite some costs associated with developing virtual patients and technologically sophisticated educational programs. Some draw on other funds as well.

We feel that these initiatives, as described in the attached proposals, have a great deal of potential and hope that a decision regarding funding can be made by the end of October so that implementation can proceed. If you need additional information or have questions about the proposals, please let us know.

---

Respectfully submitted by the following committee members who were present at the final meeting of the Task Force to Allocate Funds for the Strategic Initiatives in Education on September 16, 1997:

*Christine A. Mueller*

*Stephen W. Alton-Smyer*

*Timothy J. Elson*

*Kirk Kajander*

*Richard L. Reed*

*Robert W. Brown*

*Wendy L. St. Peter*

*John Kralenski*

## **Strategic Initiatives in Interdisciplinary Education: Brain Sciences Proposal**

The focal point of Brain Sciences research and education at the University of Minnesota is the Graduate Program in Neuroscience. Over 80 faculty, basic and clinical, representing 7 colleges and 22 departments throughout the AHC and University are responsible for teaching neuroscience at all levels (undergraduate, professional schools, graduate level, residency, post-doctoral, and community education). The dedication of the faculty to interdisciplinary education is evidenced by the fact that they give generously of their time to develop training programs, develop and teach a wide range of courses, perform extraordinary community outreach efforts, and train all levels of students without traditional institutional funding mechanisms. Four specific programs are proposed to enhance and expand the interdisciplinary educational efforts in the Brain Sciences. Oversight and administration of these programs including quality control and dispersal of funds will be the function of the **Center for the Brain**, a center dedicated to uniting and fostering all neuroscience teaching and research efforts, basic and clinical, across the AHC. It should be noted that the **Center for the Brain** will serve a similar role for the interdisciplinary research component of the AHC strategic initiatives. An executive committee for the **Center for the Brain** will be assembled from basic and clinical neuroscience faculty of the AHC including representatives from the Strategic Initiatives Interdisciplinary Education and Research Task Forces and the Director of the Graduate Program in Neuroscience. Centralized office space will be requested.

### ***I. Graduate Program in Neuroscience***

The Graduate Program in Neuroscience currently has 52 graduate students pursuing a Ph.D. in neuroscience who train in laboratories of faculty from across the AHC. The neuroscience faculty receive more than \$23 million annually in research and training grants; they invest approximately \$1.5 million of these funds to train these students. For most of these faculty, the Graduate Program in Neuroscience is the main avenue for training graduate students. However, there are no stable collegiate or departmental funding mechanisms that provide support for the first year funding of the graduate students. Support for the 10 new students each year is considered critical and the highest priority of the Brain Sciences component of the Interdisciplinary Education Proposal. Funds for five Research Assistantships per year are requested (\$22,352/each for an annual total of \$111,758). These training funds will be used as matching funds for a National Institutes of Health Training Grant that has already been submitted with a target funding date of July 1998 (five year budget of \$855,107). Also, a proposal to the National Science Foundation for a cross-cutting, graduate training program in computational neuroscience is planned (preliminary five year budget of \$2.3M). Outcome measures will include success in achieving external training grant support, recruiting high caliber graduate students, and tracking the progress of students currently in training (i.e., graduation statistics, placement).

The second component of the Graduate Program in Neuroscience request is to provide equipment/infrastructure support for its flagship core course, the Cell and Molecular Neurobiology Laboratory at the Lake Itasca Forestry and Biological Field Station. First year graduate students matriculate into the program by taking this intensive, six-week laboratory introduction to neuroscience. Over 25 faculty from across the AHC and several guest faculty from across the United States participate annually in the program. The course has attracted national and international recognition and has formal teaching relationships with the Mayo Clinic and the Karolinska Institute in Stockholm. However, there has been no major investment in equipment or infrastructure in the last 10 years. To maintain this outstanding program we are requesting from the Technology Investment Fund \$100,000 in equipment/infrastructure support.

### ***II. Undergraduate Major in Neuroscience***

The undergraduate major in Neuroscience is designed to provide an introduction to the brain and behavior from the cellular to system level, emphasizing the interdisciplinary nature of the field. Taking advantage of the strong, neuroscience basic science faculty in the AHC, the neuroscience undergraduate major in the biology curriculum at the University of Minnesota prepares undergraduates to pursue advanced studies in neuroscience, to take a position in one of the many rapidly growing areas in the pharmaceutical, medical, or biotechnology industries, or to pursue a professional degree in medicine or psychology. The program will begin in the fall of 1997 with the

introduction of four new neuroscience courses designed specifically for undergraduate biology students. A major unresolved issue in implementing the undergraduate major results from the essential interdisciplinary nature of the subject. Resources are needed to compensate departments and faculty across colleges for their efforts in designing and teaching courses, advising undergraduate students, and for program development and for teaching assistantships for the courses. As part of this strategic initiative \$26,764 per year is requested to fill two specific needs. First, release time for faculty is requested to develop new courses for the undergraduate major. Second, stipends are requested for graduate students to function as teaching assistants in the new courses. Outcome measures will include the number of students enrolled in the neuroscience major and the courses and student evaluations. Also, we anticipate adding 2-3 new courses to the undergraduate curriculum.

### ***III. Redesigning Neuroscience Teaching Within the Academic Health Center***

The two goals of this proposal are to reorganize neuroscience teaching within the Medical School, and to improve the quality and efficiency of neuroscience teaching across the AHC. Neuroscience is taught in all schools within the AHC except for Public Health. While faculty participate in courses outside of their home school, there has been no attempt to track systematically this large teaching effort. We propose to document neuroscience teaching within each school, and to identify areas of redundancy or deficiency. A detailed assessment of each school's neuroscience teaching load and faculty is essential if course quality is to be improved efficiently.

Within the Medical School, the curriculum has traditionally separated basic science courses (taught in the first year) from clinical courses (taught in the second year). Both students and faculty are concerned that the current system is inadequate and inefficient. The basic and clinical neuroscience faculty within the Medical School have proposed to develop an integrated neuroscience course that increases clinical content in year one, and basic science content in year two. In addition to altering neuroscience course structure, greater emphasis will be placed on acquisition and development of computer-based learning devices and Internet-based communication and transfer of information. Because Medical School neuroscience teaching is largely contained within two courses, the new course could be instituted without overhauling the current schedule. To study the relevance of the Medical School reforms for other AHC schools, representatives of each school will participate in this process. The redesign effort will be performed in three phases: assessment of the current courses through interviews of students, faculty, education specialists, and administrators; exploration of solutions developed elsewhere, including novel curricula, teaching devices and methods; organization of a new Medical School neuroscience curriculum to be initiated in the 1998-1999 school year. A similar process for redesign of the neuroscience curriculum of the College of Veterinary Medicine is proposed, integrating basic and clinical aspects of the field. We also hope to develop core curriculum/lectures and identify core lecturers who can be utilized across the AHC. \$45,000 per year is requested to support these efforts. The deans of the participating AHC schools are being asked to contribute \$10,000 in additional funds to initiate the inter-school effort. Outcome measures will include a new neuroscience curriculum for the Medical School within one year with core neuroscience teaching material available to the other schools. Student and faculty evaluations will be used to assess the effectiveness of the new curriculum.

### ***IV. Community Outreach and Education***

Beginning in 1996, a nationwide effort called Brain Awareness Week (BAW) has been sponsored by the Dana Alliance for Brain Initiatives and by the Society for Neuroscience. The University of Minnesota participates in BAW in a variety of ways including performing a play about the brain, demonstrating real human brains, laboratory tours, demonstrations, lectures, and providing current information about the nervous system in health and disease. In the first two years we have reached out to over 15,000 K-12 students by a combination of day long visits to the University or programs staged at schools throughout the metropolitan area. Over 125 AHC faculty, students, and staff have participated each year. Locally, exposure has been extensive with faculty interviews on radio and television, articles in the major newspapers, and a collaboration established with Newton's Apple, a locally produced science program that appears nationally on public television. Nationally, the quality and size of our program has been acknowledged, as we have reached more students than any of the other 70 BAW programs in the United States. Our job now is to continue to improve BAW. One of the immediate goals of BAW is to achieve greater follow-up with the participating students and teachers. An annual budget of

\$20,000 for BAW is requested. Outcome measures will include the number of students and schools participating in BAW, feedback solicited from teachers, and assessment of the future demand for BAW.

#### *V. Anticipated Outcomes*

The interdisciplinary and intercollegiate nature of the four proposed teaching efforts is self-evident, involving large numbers of faculty and students from across the AHC. Support for the graduate program is essential since major research universities are judged nationally by the quality of their graduate programs. The most prominent example is the National Research Council ranking of graduate programs across the United States. Obtaining the NIH and/or NSF training grants would be an objective measure of success and would improve the visibility and reputation of the AHC as one of the leaders in neuroscience education in the nation. Having matching funds will provide a strong administrative statement that graduate education in neuroscience is an AHC priority and will greatly increase the likelihood of success. Successfully competing for these training grants would provide an immediate payoff and a self-sustaining funding mechanism.

To our knowledge the proposed redesign of neuroscience teaching is unique, providing the opportunity to establish a common base for teaching neuroscience across the AHC. The proposed redesign of the neuroscience curriculum is a new model for Medical School education, no longer based on an artificial barrier between basic and clinical neuroscience. Once in place, elements of the new curriculum can easily be adapted to other schools, including Veterinary Medicine, Dentistry, Pharmacy, and Nursing. Since the efforts are also unique from a national perspective, we anticipate that they can serve as models for interdisciplinary teaching, raising the national visibility of the AHC as a leader in innovative teaching efforts. Enhancing the neuroscience education of medical, veterinary medicine, dental, pharmacy, and nursing students will improve the quality of the health care provided to the people of Minnesota.

Each of the four programs has a high payoff for the dollars invested. The undergraduate program has the potential to become a highly popular undergraduate major attracting the best and the brightest undergraduates; after graduation many of these students will likely enroll in the graduate and professional programs in the AHC. Brain Awareness Week has in the past had considerable local and national press coverage and has proven popular with local educators, parents, and school children. We anticipate that this high visibility will continue. A limited amount of support for the Graduate Program in Neuroscience increases our competitiveness for attracting federal training dollars and the best graduate students.

Each of the four programs can be implemented quickly with the potential to show success to the legislature by spring 2000. An NIH training grant has been submitted and an NSF training proposal is being developed. The undergraduate major will have been in existence for over 1½ years by spring 2000 and will have a quantifiable track record in terms of the number of students and student evaluation of the new major. A successful undergraduate program also has the potential to be self-sustaining through tuition revenues. Brain Awareness Week will have had two more years to provide public outreach and the curriculum redesign will be completed.

Lastly, these proposals extend far beyond the boundaries of the AHC. Brain Awareness Week has already become a vital link to the community with local and national recognition, a vital link that needs to be continued.

## Budget for Interdisciplinary Education in Brain Sciences

### Annual Costs

#### I. Graduate Program in Neuroscience

Five Research Assistant stipends per year @ \$14,500 + fringe benefits @ 54.15% \$111,758.75

*\*Equipment/infrastructure for Itasca Cell and Molecular Biology Course*

[\$100,000.00]

**Subtotal \$111,758.75**

#### II. Undergraduate Major in Neuroscience

Teaching Assistant stipend of \$14,500 + fringe benefits for 3 quarters \$16,763.82

Faculty release time \$10,000.00

**Subtotal \$26,763.82**

#### III. Redesigning Neuroscience Teaching Within the Academic Health Center

Salary and fringes for full-time staff \$30,000.00

Faculty release time \$20,000.00

Teaching supplies/travel \$ 4,000.00

Postage, photocopying, office costs \$ 1,000.00

Less \$10,000 requested from AHC Deans (\$10,000.00)

**Subtotal \$45,000.00**

#### IV. Community Outreach and Education

Brain Awareness Week

Teaching supplies \$10,000.00

Salary & fringes for part-time staff \$ 6,500.00

Postage, posters, office expenses \$ 3,500.00

**Subtotal \$20,000.00**

#### V. Center for the Brain

Secretarial support (50%) \$15,000.00

Office supplies \$ 2,500.00

Center for the Brain Lecture \$ 2,500.00

300 Sq. feet office space (\$5/sq.ft) \$ 1,500.00

**Subtotal \$21,500.00**

**Annual Total \$225,022.57**

**Two Year Budget \$450,045.14**

*\*To be requested from the Technology Investment Fund*

## Aging Initiative

### Description

The funds for this special initiative will be used to improve the training of health professional students at all levels in areas dealing with aging. They should become more competent in the treatment of older persons, more sensitive to the problems associated with aging and more aware of prejudices and misinformation about aging. Special efforts will be placed on interdisciplinary training.

Specific training activities have been designed for each level of clinician training: undergraduate/entry level (pre- and post-clinical), graduate generalists, and graduate specialists. We will also establish a masters degree in gerontology for clinicians and others.

### Specific Activities by Target Group

Undergraduate or entry level (i.e., baccalaureate nursing, PharmD, dental hygiene, dentistry, and medical students)

#### Activities:

- Developing cases by which students could learn about specific health problems experienced by elders. We would start with paper and pencil, while developing virtual cases. Cases could be both discipline-specific and interdisciplinary. Ethical issues would be included. (We will first assess the availability of similar materials elsewhere before creating our own, but we believe that we will have to create a number of modules here.) We would work with specific instructors to identify opportunities to introduce case material and develop manuals for using these cases.
- Developing age sensitivity materials (*Aging Game*) and associated training package.
- Training in interviewing older persons.

#### Outcomes:

Year 1: 8 cases with instruction manuals

Year 2: 10 cases

#### Resources:

Year 1: .4 FTE faculty

.25 FTE programmer

\$26,000 (from AHC initiative)

\$42,250 (from AHC CTP\*)

Year 2: .4 FTE faculty

.5 FTE programmer

\$27,200 (from AHC initiative)

\$61,200 (from AHC CTP)

Graduate generalists (general dentistry residents, PharmD residents; family practice, internal medicine residents; and in nursing-FNP, oncology, public health, psychiatric/ mental health and women's health)

#### Activities:

- Develop didactic modules on clinical & management topics that could be incorporated into existing teaching sessions (e.g., noon conferences). This material would be available on computer and videotape. These modules could also be used for distance learning.
- Develop cases (paper & virtual) and clinical sites for teaching interdisciplinary teamwork for older patients. (We will first assess the availability of similar materials elsewhere before creating our own, but we believe that we will have to create a number of modules here.)
- Develop additional clinical sites for clinical training.

#### Outcomes:

Year 1: 6 modules, 4 cases

Year 2: 8 modules, 4 cases

#### Resources:

Year 1: .4 FTE faculty

.25 FTE programmer

technical facilities

\$26,000 (from AHC initiative)

\$42,250 (from AHC CTP\*)

Year 2: .4 FTE faculty

.5 FTE programmer

technical facilities

\$27,200 (from AHC initiative)

\$61,200 (from AHC CTP)

Geriatric and gerontologic practitioners (Gerontologic nurse practitioners, geriatric fellows, geriatrics pharmacy fellows and certificate participants, geriatric dental fellows)

*Activities:*

- Develop interdisciplinary team experiences for all students. Establish 2 additional clinical sites and establish prototype clinical care teams.
- Provide educational support for current interdisciplinary team training sites.

*Outcomes:*

Year 1: 1 new site

Year 2: 2nd site

*Resources:*

Year 1: .4 FTE faculty  
\$52,000

Year 2: .8 FTE faculty  
\$108,800

All clinicians

*Activities:*

- Establish roster of older persons willing to serve as subjects for teaching & research.
- Arrange annual events for participants.
- Develop newsletter.

*Outcomes:*

Year 1: 150- person roster, annual meeting, 2 issues of newsletter

Year 2: 300-person roster, 2 annual meetings, 4 issues of newsletter

*Resources:*

Year 1: .25 clerical  
\$10,000

Year 2: .25 clerical  
\$10,500

All faculty and graduate students

*Activities:*

- Interdisciplinary research seminar on aging

*Outcomes:*

- collaborative research grant proposal

*Resources:*

Year 1: .1 FTE faculty  
.1 FTE clerical  
\$10,000

Year 2: .1 FTE faculty  
.1 FTE clerical  
\$10,500

Overall infrastructure

*Resources:*

Year 1: .2 FTE faculty  
1 FTE coordinator  
1 FTE clerical  
\$131,000

Year 2: .2 FTE faculty  
1 FTE coordinator  
1 FTE clerical  
\$137,550

\*CTP= AHC computer technology pool

**Budget Summary**

Item	Year 1 Costs (including fringe)	Year 2 Costs (including fringe)
Total costs	\$339,500	\$444,150
AHC computer technology pool <sup>1</sup>	\$84,500	\$122,400
Net Costs	\$255,000	\$321,750

<sup>1</sup> additional support from the pool will be sought to underwrite the costs of videotape production



### Management Structure

This program would be closely allied with the University's Center on Aging and the Minnesota Area Geriatric Education Center (MAGEC). It would be directed by a steering committee composed of one representative from each of Dentistry, Medicine, Nursing, Pharmacy and Public Health. A chair will be elected by the steering committee for this program.

### Meeting the Criteria for an AHC Educational Initiative

The following represents our assessment about how well this proposal meets the criteria established by the planning committee for the educational initiatives:

Criterion	Assessment
1. Furthers the mission of the AHC in a substantive way	Aging is one of the most potent demographic influences on the health care system. The AHC has a responsibility to prepare its graduates to deal effectively with an aging population.
2. Has an interdisciplinary focus and has a multidisciplinary faculty	Virtually all of these efforts, as well as the underlying concept of the Center on Aging, emphasize interdisciplinary work and utilize faculty from a variety of schools and disciplines.
3. Makes a substantial contribution to the health status of Minnesota and to the economy of the state	See response to #1 above. The economic implications derive from the importance of teaching effective approaches to caring for older patients, who use a large proportion of overall health services.
4. Has a high probability of being sustained (not necessarily generating own funding, but high probability of being successful in gaining stakeholder support, consumer demand, etc.)	The aging educational program has competed successfully nationally for grant funding, although external funding will never be sufficient to maintain the educational program in aging. Minnesota is becoming recognized as national center of excellence in aging. The demand for better aging services is unlikely to abate.
5. Improves the visibility of the AHC as a high quality research and teaching institution (nationally and at the state level)	See response to #4. The efforts described here are primarily oriented towards educational programs. Through programs like MAGEC we have already assumed a position of leadership in the state for geriatric education. This year we will convene a statewide gerontology education coordinating council.
6. Has a high payoff for the investment	We have tried to design educational projects that could be used for multiple purposes, including distance learning. Training health professional students to care for the population that needs and uses the most health services should be a major goal for the AHC.
7. Will be able to start January 1998	We are prepared to start immediately upon funding.
8. Clearly specifies outcomes and how they will be measured	We have approached outcomes in two ways: 1] We have indicated the general education objectives for our activities. 2] We have indicated concrete products that will be produced.
9. Further linkage with the community and is designed to improve community support for the AHC	Our clinical work will be based in the community. We anticipate working closely with managed care organizations to develop cost-effective strategies to provide care. We have designed our training in response to areas identified by health care organizations as deficient. For example, one of the greatest challenges currently faced is equipping primary care practitioners to deal effectively with older patients.

## Population Health/Managed Care Education and Research Center

### Purpose

The goals of this proposed program are to provide managed care course work for students in the various AHC training programs; offer a master's degree program in population health and managed care designed to prepare clinical and managerial leadership for this emerging field; provide post-graduate course work and conferences for clinicians and managers in integrated managed care organizations; and create linkages between AHC faculty and managed care organizations to identify factors adversely affecting the health status of Minnesotans to develop and implement prevention programs to address these needs and to provide opportunities for graduate student fieldwork and dissertation projects.

### 1. Population Health/Managed Care Educational Programs

- a) School of Public Health Coursework -- The School of Public Health now offers master's degrees in various areas such as epidemiology and environmental health. There is a need for a program focused on the concepts related to the provision of highly integrated, cost effective health services that improve the health status of populations. This new master's degree program will be designed for those who want to play leadership roles in the managed health care field. As part of this effort, additional graduate level courses dealing with managed health care concepts will be developed and will be available as electives for students in the various training programs.

*\*EO: Master's degree approved by spring 1998; admit 10 students fall 1998; 30 students by fall 1999.*

- b) Education of Clinicians at the University of Minnesota -- The Center will collaborate with the University of Minnesota's Academic Health Center to integrate managed care issues and processes into the clinical training programs. This will include the development of a managed care educational resource center. This center will create computer interactive teaching modules related to managed care concepts for health sciences students and others interested in these concepts. These teaching modules will cover material such as population health, disease patterns (past and present), health care costs, enrollment in managed care programs, the structure of managed care programs, concepts associated with managed care (such as gatekeeper, etc.), management of adverse selection, and the overall management of "managed care" at the clinical practice level.

*EO: Three teaching modules offered fall 1998; 6 modules offered fall 1999; 100 students completing a module each year by fall 1999.*

- c) Educational Support for Clinicians and Managers -- The Center will develop "short courses" designed for managers, staff, and clinicians in managed care organizations. The topic for each course will be determined by the interests of the participating managed care organizations, the market attractiveness of the course, and the availability of faculty (internal and external to the Center) to staff the course. It is expected that most of these courses will be developed and taught by a two-person team consisting of a faculty member from the University of Minnesota and an employee of a local managed care organization.

*EO: One short course offered by spring 1998; 2 short courses per year by fall 1999 and thereafter; 50 students completing a course each year by 1999.*

- d) Faculty in the Academic Health Center collegiate units also teach a variety of courses as part of existing educational curricula that may be of interest to employees of managed care organizations in the Twin Cities. These courses will be offered at "user-friendly" times and sites for academic credits. The frequency with which the courses are offered will be determined by faculty availability and demand on the part of local managed care organizations. Possible courses include: managed care organizations; cost-effectiveness and cost benefit analysis in health care; outcomes research; health economics; care delivery models; and health insurance.

*EO: One course offered off site by spring 1998; 2 courses by fall 1998 and thereafter; 30 students completing a course each year by 1998.*

- e) Managed Health Care Summer Institute -- There is a great deal of national interest in managed health care concepts and especially in the experiences here in Minnesota. Several consulting firms offer

\* EO = expected outcomes for evaluation

these programs but none are based on cutting edge research and, consequently, their information is often outdated. As part of the educational effort, the center will develop and offer an annual managed health care institute focused on the general concepts underpinning managed health care and the latest research related to those concepts. This institute will be two weeks in length with the first week devoted to introductory material and the second week focused on in-depth analyses of specific topics such as financial risk management, adverse selection, etc.

*EO: Institute offered during summer of 1998 and each year thereafter; 50 enrollees each year by 1999.*

- f) Conferences -- The Center will sponsor two conferences on a regular basis.

*Research Conference:* Each year the Center will sponsor a one-day conference for researchers affiliated with managed care organizations in the Twin Cities. One part of the conference will be devoted to the presentation of papers by researchers. A second part will consist of a short (one to two hours) workshop given by a faculty member in an area of research methods that is identified by conference participants beforehand as of interest. This conference will facilitate networking among Twin Cities' researchers in the managed care arena.

*Policy Conference:* Each year the Center will sponsor, in collaboration with others, a conference that explores pertinent policy issues for managed care in the state of Minnesota. Speakers at the conference will include representatives from local managed care organizations, state legislators and legislative staff, and a national expert who will set the stage for discussion.

*EO: Two conferences sponsored during winter and spring 1998 and each year thereafter; 300 participants per year by the second year.*

## 2. Health Promotion and Disease Prevention Program

A health promotion and disease prevention program to work with health maintenance organizations and other health service providers is proposed. It will plan, develop, implement, and evaluate prevention projects at the clinic and community levels. In addition, by cooperative efforts, it will help stimulate health promotion and disease prevention projects in these organizations through technical assistance, student internships, and continuing educational experiences. Based on extensive externally-funded research, the center will translate knowledge in prevention programs developed at the university to applications in these health care settings. It represents a unique opportunity for collaboration between university and managed care organizations to improve the health of their patient populations and communities.

*EO: Development of working group by winter 1998; identification of intervention areas by spring 1998; implementation of two intervention programs by spring 1999 and each year thereafter.*

## 3. Information Dissemination Program

The Center will engage in several information dissemination activities that will reinforce linkages with managed care organizations and underscore the role that the Center can play as a resource on managed care issues.

*EO: Publish bimonthly research briefs on managed care by winter 1998; create net site on managed care by spring 1998; publish managed care conference proceedings each year by fall 1998; 3000 regular recipients of information by 1999.*

## Evaluation Criteria

This project fulfills the evaluation criteria established by our committee in several ways. These criteria are as follows:

1. Furthers the mission of the AHC in a substantive, measurable way.
2. Has an interdisciplinary focus and has a multidisciplinary faculty.

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\* EO = expected outcomes for evaluation

3. Makes a substantial contribution to the health status of Minnesotans and to the economy of the state.
4. Has a high probability of being sustained (not necessarily generating own funding, but high probability of being successful in gaining stakeholder support, consumer demand, etc.).
5. Improves the visibility of the AHC as a high quality research and teaching institution (nationally and at the state level).
6. Has a high payoff for the investment.
7. Will be able to start by January 1998 (we will need something to show the legislature by Spring 2000).
8. Clearly specifies expected outcomes and how they will be measured.
9. Furthers the linkage with the community and is designed to improve community support for the AHC.

This proposed project is central to the core mission of the Academic Health Center; it builds on an established research base in managed health care and translates that knowledge into educational programs for AHC students and for those in the field of practice. Moreover, it serves to bring together faculty from all of the clinical health professions here at the AHC and those in the social sciences in the School of Public Health to develop programs that link the AHC to managed care organizations to improve the health status of Minnesotans; a high level priority for both the AHC and the state legislature. Finally, this project has very high payoff for the investment because it (a) will achieve a great deal of visibility for the AHC, (b) will build very important linkages with the community, (c) will greatly improve the translation of research into teaching programs, (d) will largely become self supporting within five years, and (e) can use an existing grant from the Bush Foundation to help finance the initial years of the project. This is, indeed, very high payoff for the proposed \$450,000 investment.

#### **Organizational Structure**

1. We propose that the managed care short courses, conferences, summer institute, and educational resource center be developed and administered by the Institute for Health Services Research in the School of Public Health. To assure the appropriate linkages with the other AHC schools and assure the multidisciplinary focus of the programs, the Institute will create a board of advisors with representatives from those schools and possibly from the community. In addition to this overall advisory board, interdisciplinary working committees will be established for each individual project. Funds will flow from the Institute to faculty from the participating schools in accordance with their participation in specific projects.
2. The master's degree program will be developed jointly by the faculty from pharmacy, nursing, dentistry, medicine, and public health and will be based in the Division of Health Services Research and Policy in the School of Public Health. This will be a graduate school program and the faculty will be made up of faculty from the AHC schools. The DGS may come from any of the participating schools.
3. The Health Promotion Disease Prevention program will be based in the Division of Epidemiology in the School of Public Health, but will function under the direction of a steering committee made up of representatives from the relevant AHC schools. Funds will flow to the participating schools in accordance with specific projects.
4. The information dissemination program will be based in the Institute for Health Services Research in the School of Public Health and will be conducted as an add-on to the existing dissemination program.

Managed Care Information and Teaching Programs

BUDGET

REVENUES	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTAL
<b>APPROPRIATION/GRANT INCOME</b>						
AHC SIP	210,417	219,760	256,714	172,792	184,702	1,044,385
AHC Computer Technology Pool	88,130	40,037	42,038	44,140	46,347	260,692
Bush Grant	71,000	48,000	-	-	-	119,000
HSRP	-	-	-	-	-	-
<b>Total Appropriation Income</b>	<b>369,547</b>	<b>307,797</b>	<b>298,752</b>	<b>216,933</b>	<b>231,049</b>	<b>1,424,077</b>
<b>PROGRAM INCOME</b>						
Tuition Income from Graduate Courses and Master's Degree	-	5,100	10,200	20,400	20,400	56,100
Conference and Short Course Income	-	10,000	20,000	20,000	20,000	70,000
Prevention/Promotion Core Funding from Managed Care Organizations	(Off Budget: To Implement Programs)					-
Tuition from Managed Care Education Resource Center	-	5,000	10,000	25,000	25,000	65,000
<b>Total Program Income</b>	<b>-</b>	<b>20,100</b>	<b>40,200</b>	<b>65,400</b>	<b>65,400</b>	<b>191,100</b>
<b>TOTAL REVENUES</b>	<b>369,547</b>	<b>327,897</b>	<b>338,952</b>	<b>282,333</b>	<b>296,449</b>	<b>1,615,177</b>

EXPENSES	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTAL
<b>PERCENT TIME</b>						
Faculty Director	50%	50%	50%	50%	50%	
Computer Programmer	50%	50%	50%	50%	50%	
Communication Specialist	25%	25%	25%	25%	25%	
Secretary	75%	60%	50%	50%	50%	
Faculty Course Development	50%	50%	50%	0%	0%	
Faculty Coordinator (Prev)	25%	25%	25%	25%	25%	
Prevention Specialist	50%	50%	50%	50%	50%	
Research Assistant	50%	50%	50%	50%	50%	
<b>SALARIES</b>						
Faculty Director	63,825	67,016	70,367	73,885	77,580	352,673
Computer Programmer	30,000	31,500	33,075	34,729	36,465	165,769
Communication Specialist	11,875	12,469	13,092	13,747	14,434	65,617
Secretary	27,983	23,506	20,568	21,596	22,676	116,329
Faculty Course Development	50,000	52,500	55,125	-	-	157,625
Faculty Coordinator (Prevention)	25,000	26,250	27,563	28,941	30,388	138,141
Prevention Specialist	25,000	26,250	27,563	28,941	30,388	138,141
Research Assistant	13,811	14,502	15,227	15,988	16,787	76,314
<b>Total Salaries</b>	<b>247,494</b>	<b>253,992</b>	<b>262,579</b>	<b>217,826</b>	<b>228,718</b>	<b>1,210,609</b>
<b>FRINGE BENEFITS</b>						
Faculty Director	17,297	18,161	19,069	20,023	21,024	95,574
Computer Programmer	8,130	8,537	8,963	9,411	9,882	44,923
Communication Specialist	3,218	3,379	3,548	3,725	3,912	17,782
Secretary	8,339	7,005	6,129	6,436	6,757	34,666
Faculty Course Development	13,550	14,228	14,939	-	-	42,716
Faculty Coordinator (Prev)	6,775	7,114	7,469	7,843	8,235	37,436
Prevention Specialist	6,775	7,114	7,469	7,843	8,235	37,436
Research Assistant	7,969	8,367	8,786	9,225	9,686	44,033
<b>Total Fringe Benefits</b>	<b>72,053</b>	<b>73,904</b>	<b>76,373</b>	<b>64,506</b>	<b>67,732</b>	<b>354,568</b>
<b>TOTAL PERSONNEL:</b>	<b>319,547</b>	<b>327,897</b>	<b>338,952</b>	<b>282,333</b>	<b>296,449</b>	<b>1,565,177</b>
<b>COMPUTER EQUIPMENT</b>	<b>50,000</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>50,000</b>
<b>TOTAL COSTS:</b>	<b>369,547</b>	<b>327,897</b>	<b>338,952</b>	<b>282,333</b>	<b>296,449</b>	<b>1,615,177</b>
<b>BOTTOM LINE:</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

BUDGET COMPONENTS	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTAL
This proposed AHC budget can be disaggregated into the following components:						
1. Managed Care educational programs other than the master's degree other than the resource center.	84,849	69,049	70,722	49,735	52,222	326,577
2. Managed Care educational resource center	161,148	138,098	141,443	99,470	104,444	644,603
3. Master's degree in population health/managed care.	50,000	52,500	55,125	57,881	60,775	276,282
4. Disease prevention and health promotion project.	63,550	57,750	60,638	63,669	66,853	312,460
5. Information dissemination project.	10,000	10,500	11,025	11,576	12,155	55,256
<b>Total Budget:</b>	<b>369,547</b>	<b>327,897</b>	<b>338,952</b>	<b>282,333</b>	<b>296,449</b>	<b>1,615,177</b>

***The Konopka Adolescent Health Institute\*:***  
**Best Practices for the 21st Century**

**A Collaborative Legislative Initiative**  
**Proposed by the Schools of Medicine, Nursing, Dentistry and Public Health**

**\*We propose naming the Institute after Gisela Konopka, D.S.W., Professor Emeratae of the University of Minnesota whose landmark work with adolescents and principles of working with youth and communities form the foundation upon which this proposal is built.**

## I. Mission and Rationale

The mission of the present legislative initiative is to improve the health of Minnesota youth by reducing high-risk behaviors. This will be accomplished through an interlocking set of activities that together translate and disseminate *best practices* for health promotion, prevention and youth services. The focus of the Institute will be on four social morbidities crippling the capacity of our nation's youth: *tobacco use, alcohol, teen pregnancy and violence*. Together these are *major* causes of life lost during the second decade as well as lost productivity in adulthood. In Minnesota, these four morbidities represent major social and economic costs to the state and their amelioration and prevention are critical to the well-being of the state in the next century.

While nationally prominent adolescent health research and demonstration programs focused on discrete risk behaviors have been developed throughout the Academic Health Center, we know that the problems are not discrete, but rather are highly intercorrelated. For example, 60 percent of all juveniles who die from automotive injuries are intoxicated at the time of injury. Likewise, substance use is also significantly related to interpersonal and self-directed violence as well as teen pregnancy. What is needed is to bring the coordinated skills and knowledge already available within the Academic Health Center to bear on these complex causes of morbidity and mortality. To be even more effective, we need to develop new collaborations with community providers throughout rural and urban Minnesota so that the policies and practices that are implemented are consistent with community needs. We also need to build community capacity to address these complex issues using the best interventions available.

## II. Impact on the State's Economy, Health Care Delivery, and Well-Being of Citizens

As the number of young people continues to increase in our state and nation, at least until the year 2010, it is particularly urgent that efforts at preventing and reducing risk be effective and efficient. Today, nearly 80% of all young people in Minnesota and the nation die from social morbidities all of which are preventable. The four target areas of the Institute hold the greatest promise for improving current as well as future threats to the health and well being of young people:

- Over the past three years, we have seen a dramatic rise of over two percentage points annually of daily juvenile smokers. Tobacco use represents the single greatest source of preventable mortality. Econometric analyses indicate each dollar invested in tobacco use prevention yields a savings of \$26.45 in avoided health care costs. Over 90% of life-long smokers will have initiated smoking as a teenager. Of the 3,000 U.S. children and teens who begin smoking each day, 1,000 will die prematurely from this preventable cause.
- Alcohol use is consistently implicated in fatal and non-fatal unintentional injuries among adolescents as well as in adolescent suicide, teen pregnancy, and other negative outcomes. Binge drinking is normative behavior among at least one-third of drinkers; a problem that is especially prevalent on college campuses.
- Teen parenthood incurs direct costs in Minnesota, of a minimum \$400 million/year (\$18.6 billion/year nationally). We have the second highest African-American teen pregnancy rate in the country. Eighteen percent of urban and 15% of rural Minnesota girls become pregnant before completing high school. Many (36%) will drop out of school, perpetuating a cycle of poverty into which a significant number of these young people were themselves born.
- Juvenile interpersonal violence has been consistently identified for the past four years as the adolescent issue of greatest concern to adults, both in Minnesota and the nation. The declining age of involvement in violence is a particular public concern as is the lethality of youth violence, attributed to greater access to weaponry. These distressing developments mirror the most recent projection by DiIulio that continued increases in "super predatory" violence will be driven by persistently rising levels of youth poverty, school drop out, and unemployment.

Despite these disturbing trends, we are not without solutions. Both within Minnesota and across the nation, interventions have been developed that are effective or hold exceptional promise; these need to be disseminated and adapted to new settings. Likewise, many ineffective programs have been instituted, yet we continue to invest in and perpetuate them. We can no more afford illogical investments in prevention practices than we can afford to make poor investment decisions in industry.

## III. Programmatic Design

The priority target of the Adolescent Health Institute initiatives will be youth who are at risk for participating in the four primary risk behaviors and those who are most likely to experience serious sequelae. In order to successfully impact these youth, activities will be directed at service providers, policymakers, parents, and community leaders.

### Activity #1: Replication of interventions with the greatest promise.

Based on research conducted at the University of Minnesota and elsewhere around the country, we will work with Minnesota communities to adopt and adapt those interventions that show the greatest promise of reducing youth risk-taking behaviors. This adoption of *best practices* will be achieved through an interlocking set of activities:

- Interventions developed at the University of Minnesota (e.g., Project Northland for alcohol use reduction) will be translated into distance learning materials so as to make highest quality training easily accessible. During year 1 of programmatic activities we anticipate developing a CD Rom focusing on the four central adolescent health risk behaviors which are the targets of this proposal. This will include information on the short-term and long-term social and physical consequences of the behavior, what are the main causes, successful prevention methods and community-based evaluation strategies. The primary audience will be community level policy makers, program planners and providers. The CD Rom will be informed by the white papers and the state and community forums (see below). It will bring together faculty and expertise in

adolescent health from across the Academic Health Center and the entire university and will be marketed not only in Minnesota but nationally as well. The CD Rom will be updated annually; and in subsequent years additional distance learning strategies will be developed and added to the training options including audio tapes and interactive computer instruction.

**Activity #2: Develop a partnership with industry for community-based training.**

Throughout Minnesota, health information specialty firms have been established over the past five years. Wherever feasible, we would anticipate collaborating with industry for both the production and marketing of intervention and training materials. For example, while Project Northland has been demonstrated to be one of the most effective alcohol prevention programs and has just been adopted by industry, much work remains for it to be taken to scale. Not only do training of trainees, materials need to be developed, materials to describe the interventions need to be created (e.g., marketing materials) so that communities and schools become aware of the material. Successful replication of demonstration programs can be optimized when university expertise in content is coordinated with industries' expertise in production and marketing.

**Activity #3: Technology transfer on best practices for youth health to practitioners, health educators, policymakers, and parents.**

This will be achieved through five related activities:

- *White paper series*: Twice a year, the Institute will undertake a major analysis of central issues in reducing high risk behaviors in youth. For example, one such white paper would focus on an analysis of substance abuse prevention programs, while the next may address the impact of state and federal legislation on teen pregnancy and parenting rates. These white papers can serve as the foundation for *Best Practices/Best Bets* reports.
- *Best Practices/Best Bets*: Twice a year, a special publication will be developed and circulated to appropriate audiences highlighting information on effective programs for high-risk youth. These monographs will be based upon scientific data but will be produced in a format most usable for community audiences.
- *Child health forums*: Using the white papers as a spring board, twice annually the Institute will convene a statewide forum of community leaders from a variety of sectors and perspectives to discuss the issues raised in the report, with the goal of defining a common ground for state-based activities in addressing the issue under discussion.
- *Common Ground Forums*: Building on the white paper and the state forum, local Common Ground forums will be held throughout the state where individuals representing multiple perspectives will not only share opinions but work toward establishing a common ground for local action. These community forums will be hosted four times a year in conjunction with local groups to increase the likelihood of ongoing community level activity.
- *A plan for action*: Based on each white paper—state forum and community common ground forum—an executive summary and proposed action plan will be developed by Institute staff and circulated at the state and local policy and programming levels. The goal of these *Plans for Action* reports is to provide those who finance and plan services a synthesis of the key issues under consideration and strategies to develop community initiatives.

**Activity #4: Provide intervention evaluation capacity to existing community-based interventions aimed at high-risk youth.**

The intent is to bring Institute expertise to community interventions so as to help them assess the costs and benefits accrued. This activity will be achieved through:

- *training in intervention evaluation*: Through Institute faculty, students in the Academic Health Center will be introduced to multidisciplinary evaluation strategies through coursework, training modules (which can be adapted for distance learning), and field experiences.
- *developing linkages*: This activity will be greatly advanced through linking with statewide organizations. For example, faculty from the AHC currently are facilitating an initiative of Minnesota Extension Service to upgrade the quality of outcomes evaluation of MES sponsored community projects aimed at children and youth.

#### **IV. How Institute Outcomes and Activities Relate to AHC and U2000 Initiatives**

- The Adolescent Health Institute will enhance the University's *commitment to service and outreach to the people of Minnesota* by bringing new skills, methods, and technical capabilities to them, while acknowledging their local expertise in the development of effective solutions for meeting the health needs of our citizens, particularly vulnerable populations of youth.
- The Institute will improve the *quality of education* afforded to graduate/professional students through enhanced learning opportunities related to community-relevant program evaluation and intervention research that will improve their ability to succeed as they assume professional positions in the community, nation, and world.

#### **V. Opportunity for Additional Support**

Extensive opportunities exist for additional support for the Adolescent Health Institute and its initiatives:

- Research and program development support will be sought through: a) the federal grants systems (e.g., NIH, Maternal and Child Health Bureau, CDC, National Institute for Nursing Research); b) private foundations, both national (e.g., Robert Wood Johnson, Kellogg and Kaiser) and local (e.g., McKnight, Blandin and the Minneapolis Foundation).
- Dissemination support will be sought through industry.
- Distance learning development will be supported through grants from industry and foundations (e.g., Annenberg Foundation, Lilah Wallace, Reader's Digest Foundation, Super America Foundation).
- Fellowship support will be sought from foundations (e.g., Bush, WT Grant, and private donors).



## VI. Projected Personnel

There will be two boards from which the Institute will receive counsel:

- Youth Advisory Board: The youth advisory board, comprised of a diverse group of 12 young people (15- to 19-years-of-age), has existed within the Division of General Pediatrics and Adolescent Health for the last three years. This group of young people will provide input into intervention, training, and dissemination strategies.
- Community Advisory Board: This board will be comprised of leaders from across the youth serving communities of our state, including people such as: Peter Benson (Search Institute), Donald Fraser (former mayor of Minneapolis), James Koppel (Children's Defense Fund), Shirlee Stone (Minneapolis American Indian Center), Robert Smith (Freeport West), and Beverly Propes (formerly United Way and currently Powderhorn Wellness Center) and Tom Griffin (Minnesota Institute of Public Health).

## VII. Evaluation

Evaluation of Institute activities will have two components: process and outcome. Process outcome will include: a) detailed evaluations of state and community forums by participants; b) feedback on published white papers; c) written assessment of monograph series by recipients statewide; d) written evaluation of community work plans by community agency leadership. Drawing on core Academic Health Center resources, an impact evaluation will be undertaken to assess two central aspects of the work plan: 1) the extent to which communities that have been the focus of common ground forums have implemented programs or modified existing activities based on the Institute's activities; 2) the extent to which communities throughout Minnesota have utilized the white papers, monograph series and technical assistance they have reserved in developing or improving youth-focused health promotion/risk reduction programs.

## VIII. Budget

### ADOLESCENT HEALTH INSTITUTE — Proposed Annual Core Budget

1/1/98 — 12/31/98 — 1/1/99 — 12/31/99

<u>Personnel</u>	<u>Percent</u>	<u>Collaborating Faculty</u>	
<u>Core AHC Faculty</u>			
Blum, Robert (MD, PhD), Institute Director	15%*	Borowsky, Iris (MD, PhD)	
Perry, Cheryl (PhD), Co-Director	10%*	Beuhring, Trisha (PhD)	
Bearinger, Linda (PhD, RN), Co-Director	10%*	Forster, Jean (PhD)	
Resnick, Michael (PhD)	5%*	Hellerstedt, Wendy (PhD)	
Patterson, Joan (PhD)	5%*	Sieving, Renee (PhD, RNC)	
		Winters, Ken (PhD)	
		Wunderlich, Marijo (DrPH)	
* To be requested as match from Deans within AHC			
<u>Institute Staff</u>			
Institute Coordinator <sup>1</sup>	100%		
Information/Education Specialist <sup>2</sup>	75%		
Policy Analyst <sup>3</sup>	50%		
Secretary <sup>4</sup>	75%		
<b>TOTAL SALARY &amp; FRINGE:</b>			<b>\$155,154*</b> <b>\$160,584**</b>
<b>Supplies &amp; Operations</b>			
<i>Activity #1—Distance Training:</i>			
Development of course(s) on CD Rom			<b>\$6,000*</b> <b>\$5,000**</b>
<i>Activity #2—Production/Marketing of Intervention Materials</i>			
At no cost—support will be sought through industry			
<i>Activity #3—White Paper Series</i>			
Literature reviews		\$500	
Printing/development of 2 White Papers (2,500 copies)		4,500	
Postage/ mailing (2,500 copies x 2 papers x \$1.34)		6,700	
			<b>\$11,700</b>
<i>Best Practices:</i>			
(2) monographs @ 24 pages each, 2,500 copies			
• Photographs (\$250 x 2)		\$500	
• Paper products		500	
• Development/printing		6,200	
• Postage & mailing			
(2,500 copies x 2 monographs x \$1.78 ea)		8,900	
• Development of Web Page		3,000	
			<b>\$19,100</b>

State Child Health Forums (twice annually):			
Meeting room rental(s)	\$200		
Printing & duplicating of Forum materials	500		
Audiovisual equipment rental	100		
Postage & mailing	250		
Food/refreshments	250		
\$1300 per forum x2 forms =			\$2,600
Local Common Ground Forums			
\$1300 x 4 forums per year			\$5,200
Executive Summary (of white paper, state & local forums)			
Photographs	\$250		
Development & printing (2,500)	2,000		
Postage & mailing (2,500 @ \$.84/ea)	2,100		
			\$4,350
Activity #4—Training in Intervention Evaluation			
• Development of coursework (literature reviews, copying, purchase of materials)	\$1,200		
• Develop alternative dissemination methodologies	1,500		
			\$2,700
Infrastructure Costs			
(3) Computers @ \$2,400/ea	\$7,200*		
(2) printers @ \$1,100/ea	2,200*		
Purchase of software	500		
Telephones (monthly rental & long distance)	3,000		
Slide development	500		
Duplicating/copying	1,200		
FAX/Federal Express charges	1,200		
Postage & mailing	1,500		
Mileage (est. 5,871 miles @ \$.31 mile)	1,820		
			\$19,120
			\$ 9,720**
Advisory Committee Expenses:			
• Youth Advisory Board transportation/mileage reimbursement	\$500		
• Meals/materials for monthly meeting	1,500		
• Annual meeting of Youth Advisory Board, community Advisory Board & staff	1,500		
			\$3,500
<b>CORE BUDGET</b>		(year 1)	\$229,424
		(year 2)	\$224,454

\* = Year 1 Cost

\*\* = Year 2 Cost

#### <sup>1</sup> Institute Coordinator:

Percent time: 100%; Background: MPH, MSN or equivalent

Responsibilities: • coordinate all extramural activities; • facilitate community small grants program; • liaison with industry for dissemination activities; • collaborate with Rarig Media Center, Academic Health Center, & industry for distance learning.

#### <sup>2</sup> Information/Education Specialist:

Percent time: 75%; Background: MPH, MA with 3 years minimum experience in writing

Responsibilities: • write, layout, print & disseminate *Best Practices/Best Bets*; • synthesize, print, and disseminate community forums; • produce and disseminate executive summaries; • translate policy analysis white papers & meta-analysis for access by policymakers, program planners & clinicians; • link participating communities with University resources;

• provide technical assistance to participating communities; • develop distance learning strategies; • coordinate production of CD Rom.

#### <sup>3</sup> Policy & Program Analyst

Percent time: 50%; background: PhD in program/policy analysis

Responsibilities: • develop two white papers per year; • undertake meta-analyses of prevention interventions; • develop & coordinate state and community forums; • work with writer in synthesizing community forms, executive summaries ¶ *Best Practices/Best Bets*.

#### <sup>4</sup> Secretary

Percent time: 75%

Responsibilities: • production of: *Best Practices/Best Bets*/ white papers; analyses of *Best Practices*; summaries of community forums; executive summaries; distance learning modules.

## Interdisciplinary Primary Care Resource and Education Center

This proposal describes the development of a state-of-the-art primary care resource and education center which would provide extensive opportunities for interdisciplinary learning among health science students who require knowledge and skills in primary care enabling them to be responsive, competent primary care providers. These students would include: medical students and residents; undergraduate and graduate nursing students; PharmD students; undergraduate dental students and dental hygiene students. In addition, the resource and education center would provide continuing education opportunities for practicing health care clinicians, both in the academic and community setting.

### Components:

#### 1. Health Assessment and Physical Examination competencies

Through the extensive use of electronic technology and standardized patient programs, students and clinicians would be able to learn health assessment and physical examination skills.

- Computer Assisted Instruction (CAI) health assessment modules for individuals, families and communities;
- Internet (e.g. virtual patient, on-line cases);
- Roster of volunteer patients/clients with fixed physical findings who are available for physical examination and health assessment teaching;
- Interdisciplinary, standardized patient and OSCE teaching program relevant for 'difficult to teach' components of the physical exam (e.g. breast and genital-rectal exams) and advanced topics in health assessment interviewing (e.g. medication compliance, complementary therapies, end-of-life decision making, mental and psychosocial issues).

#### 2. Cultural competencies

Learning modules which promote knowledge and competency in caring for individuals, families and communities from different cultural, ethnic, and racial backgrounds will be developed. The modules will promote interdisciplinary learning and use electronic technology.

#### 3. Primary care skills

The resource and education center will have equipment and materials for students to practice and develop competence in common primary care procedural skills, including suturing, casting/splinting, skin biopsy, flexible sigmoidoscopy, Pap smear/colposcopy, finger stick, screening exams for disease in the oral cavity, and medication monitoring tests.

#### 4. Evidence-based medicine and critical literature review

Teaching modules, using electronic technology, will be developed to prepare students to effectively use evidence-based medicine and critically review the literature. This is essential for diagnostic and management decisions in primary care.

#### 5. Managed care competencies

Primary care settings require that practitioners have skills enabling them to practice effectively in a managed care environment. Using electronic technologies, interactive modules will be developed to teach managed care skills, including quality improvement, cost-effectiveness, population health concepts, analysis and use of practice pattern information, and health promotion/disease prevention strategies for primary care settings.

## 6. Interdisciplinary competencies

Interdisciplinary primary care promotes coordinated, comprehensive health care and empowers patients as active partners in care. It enables health care professionals to contribute from their individual areas of expertise, create an environment for innovative care by bringing together different perspectives and problem-solving skills, and enables each client to integrate the disparate aspects of his/her health needs. Primary care providers require skills and knowledge enabling them to work effectively as a member of an interdisciplinary team. These skills include team building and collaborative team work, group process, communication across professional boundaries, negotiation, and conflict management. Requisites for interdisciplinary primary care practice are a commitment to values and ethics of one's own profession, respect for other team members, knowledge of the roles of various health care professionals.

Students from AHC schools would have opportunities to develop competencies in interdisciplinary primary care through electronic and on site learning modules. There is also value for students from different professional disciplines to interact together to learn and experience their similarities and differences and to engage in learning exercises to develop interdisciplinary competencies.

## 7. Database of interdisciplinary primary care clinical education sites

An on-line electronic database of primary care clinical education sites for medical, nursing, dental, and pharmacy students will be developed which enables faculty and students to identify interdisciplinary clinical education opportunities.

### Evaluation Criteria

The Interdisciplinary Primary Care Resource and Education Center meets the evaluation criteria established by the Interdisciplinary Education Taskforce. Specifically, this proposal provides an opportunity for the AHC to promote interdisciplinary education among all health science programs with a primary care emphasis. The Center facilitates a cost-effective and efficient approach to teach primary care skills by having one central location with all the necessary resources, thus having a high payoff for the investment of funds and a strong likelihood for sustainment in that the Center will serve the needs of a number of AHC programs. Standardized patients and cultural competency modules provide unique opportunities to interact with the community. The data strongly suggests that employers want primary care providers who are able to work in managed care environments, can provide culturally sensitive health care, and are able to work effectively as a member of an interdisciplinary health care team.

### Organizational Structure

The center will be organized as a collaboration between the Office of the Provost (the AHC) and the individual schools (medicine, nursing, pharmacy, dentistry, public health). Significant, high level faculty time investment from each school will be required for the success of the program, and it is proposed that their costs be shared between the Provost's office and the individual Deans. Funds for faculty time and other care components will be designated for completion of specific tasks related to development of teaching modules and their use with students in each school.

Over the first year, a director, educators from each school and a program associate would 1) conduct an assessment of teaching/learning needs from each school; 2) identify resources within each school that can be shared and develop learning modules deemed to be of highest priority. Space for the center as well as the technology support for distance learning should be in place by the end of the year.

Primary Care Skills Center  
Year 1

I.	PERSONNEL							
	POSITION	%	EFFORT					
	Director	50%						
	Co-Directors	50%						
	Co-Directors	50%						
	Co-Directors	50%						
	Co-Directors	50%						
	Co-Directors	50%						
	Prog. Assoc.	100%						
	Princ Sec.	100%						
	SUBTOTAL PERSONNEL						\$ 329,939	
	**60% of faculty salaries and 50% of Program Associate and Secretary will be cost shared with home departments							
II.	DATA COLLECTION/NEEDS ASSESSMENT							
							30,000	
III.	OTHER DIRECT COSTS:							
	OFFICE OPERATIONS							
	Equipment/Supplies			20,000				
	Telephones			5,000				
	Computers (3 ea.)			12,000				
	Printer			3,061				
	Space/Remodeling		Not Yet Budgeted				40,061	
IV.	TOTAL						400,000	

Primary Care Skills Center  
Year 2

I.	PERSONNEL							
	POSITION	%	EFFORT					
	Director	50%						
	Co-Directors	50%						
	Co-Directors	50%						
	Co-Directors	50%						
	Co-Directors	50%						
	Co-Directors	50%						
	Prog. Assoc.	100%						
	Princ Sec.	100%						
	<b>SUBTOTAL PERSONNEL</b>						<b>\$ 343,136</b>	
	**60% of faculty salaries and 50% of Program Associate and Secretary will be cost shared with home departments							
	***salaries increased by 4%							
II.	<b>DATA COLLECTION/NEEDS ASSESSMENT</b>							
							30,000	
III.	<b>OTHER DIRECT COSTS:</b>							
	<b>OFFICE OPERATIONS</b>							
	Equipment/Supplies			21,864				
	Telephones			5,000				
	Space/Remodeling		Not Yet Budgeted				26,864	
IV.	<b>TOTAL</b>						<b>400,000</b>	

UNIVERSITY OF MINNESOTA  
ACADEMIC HEALTH CENTER  
DEANS COUNCIL

Tuesday, November 11, 1997

475 ChRC

2:00 p.m.

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AGENDA

EXECUTIVE SESSION

- 1) Legislative Investments in Education and Research 20 min  
Final discussion and approval  
Frank Cerra and John Fetrow

OPEN SESSION

- 2) Development of AHC School/College Compacts (pink) 45 min  
Discussion  
Frank Cerra and Katherine Johnston
- 3) HealthPartners Education Institute and AHC Affiliation Agreement (tan) 15 min  
Presentation and discussion  
Frank Cerra
- 4) Graduate Student Funding *financing - AHC issue* 30 min  
Discussion *benefits - U wide issue*  
Frank Cerra
- 5) Monthly project Status Report from the AHC 15 min  
Office of Communications (orchid)  
Update  
Chris Roberts

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Information Item Only:

- Deans Council Work Plan for July through December 1997 (final draft) (grey)
- National Commission on the Cost of Higher Education (yellow)
- Grade Reporting Process Redesign (green)
- New Monthly Rates for AHC Pagers (salmon)
- "Overall Satisfaction of Minnesota Citizens" Public Opinion Poll Executive Summary (white)

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Preliminary Agenda Items for Upcoming Meetings

November 18

Fairview Affiliation Agreement  
Allied Health Task Force Report  
Update on the Rural Health School  
Diversity Task Force Charge

November 25:

Educational Services Organization  
Compatibility of Computer Systems Across the AHC and University

*Russ Luepker  
IMG Oversight Com*

## **Roles and Responsibilities for Oversight of AHC Intercollegiate Programs**

Each intercollegiate program in the Academic Health Center will have a person designated who will provide the oversight for the program ("Oversight Person"). In some cases that person may be a "Lead Dean", in other cases the person may be a member of the staff in the Senior Vice President's Office. Administrative support will be provided by the Office of the Senior Vice President of Health Sciences

### **I) Role:**

- a. The Oversight Person is deputized by the Senior Vice President to act on behalf of the Academic Health Center in overseeing the program. Their role cannot be further delegated to others.
- b. The program's director reports to the Oversight Person who reports to the Senior Vice President and the Deans Council
- c. The Oversight Person is responsible and accountable to the Senior Vice President for Health Sciences for the program's performance

### **II) Responsibilities:**

- a. oversight of the program: minimum responsibilities
  - 1) yearly review and approval of the program's strategic plan developed by the director
  - 2) yearly review and approval of the annual goals and work plans
  - 3) yearly review and approval of the annual budget prepared by the director
  - 4) quarterly review of budget status and monitoring of fiscal performance
  - 5) at least semi-annual evaluation of program performance
  - 6) annual performance review of the director
  - 7) ensure intercollegiate and external involvement as appropriate for the program
  - 8) periodic review and recommendation to the Senior Vice President about whether the program should continue (period set by the program's charter)
- b. presentation of status reports of program performance
  - 1) to the Senior Vice President for Health Sciences
  - 2) to the Deans Council
- c. leadership
  - 1) participate in framing the mission, goals and benchmarks for the program
  - 2) serve as a resource and mentor for the program director
  - 3) serve as an advocate and spokesperson for the program



## Intercollegiate Programs Administered from the Academic Health Center

(October 29, 1997)

<i>Program</i>	<i>Type</i>	<i>Oversight Person</i>	<i>Finances Contact</i>	<i>Human Resources Contact</i>	<i>Information Technology Contact</i>	<i>Facilities Contact</i>
<b>EDUCATION</b>						
Education Service Organization	3	SVPHS / John Fetrow	Joe Weisenberger	Betty Holz-Bergmann		
Rural Health School		Rick Ziegler	Joe Weisenberger	Jeanette Loudon		
CHIP		SVPHS / Bock	Joe Weisenberger	Karla Wright		
Diversity Programs		SVPHS / Bock	Joe Weisenberger	Betty Holz-Bergmann		
Multicultural Institute						
Center for American Indians and Minority Health						
<b>INITIATIVES</b>						
Primary Care		SVPHS / John Fetrow	Joe Weisenberger	Betty Holz-Bergmann		
Managed Care		Edith Leyasmeyer	Joe Weisenberger	Betty Holz-Bergmann		
Neurosciences		Al Michael	Joe Weisenberger	Betty Holz-Bergmann		
Adolescent Care	✓	Sandra Edwardson	Joe Weisenberger	Betty Holz-Bergmann		
Care of Aging		Marilyn Speedie	Joe Weisenberger	Betty Holz-Bergmann		
<b>RESEARCH</b>						
Research Services Organization	3	SVPHS / Mark Paller	Rob Super	Karla Wright		
Cancer Center	2	SVPHS / Frank Cerra	Rob Super	Jeanette Loudon		
Bioethics Center	✓	Mike Till	Rob Super	Betty Holz-Bergmann		
MMCT		SVPHS / Leo Furcht	Rob Super	Karla Wright		
Research Animal Resources		SVPHS / Mark Paller	Rob Super	Karla Wright		
Biotherapy Institute		SVPHS / Leo Furcht	Rob Super	Karla Wright		
<b>INITIATIVES</b>						
Immunology		Al Michael	Alaine Siniff	Betty Holz-Bergmann		
Genetics		David Thawley	Alaine Siniff	Betty Holz-Bergmann		
Advanced Therapies		Marilyn Speedie	Alaine Siniff	Betty Holz-Bergmann		
Neurosciences		Mike Till	Alaine Siniff	Betty Holz-Bergmann		
Biomedical Engineering		SVPHS / Leo Furcht	Alaine Siniff	Betty Holz-Bergmann		

<b>CLINICAL</b>						
CUHCC		Roby Thompson	Alaine Siniff	Betty Holz-Bergmann		
Complementary Care	✓	Sandra Edwardson	Alaine Siniff	Karla Wright		
<b>INFRASTRUCTURE</b>						
Scientific Apparatus Services		Terry Bock	Alaine Siniff	Karla Wright		
Biomedical Graphics		Terry Bock	Alaine Siniff	Karla Wright		
Learning Resources Center		Terry Bock	Alaine Siniff	Karla Wright		
<b>OTHERS</b>						

Human Resources Services:

- Advice and assistance on expedited recruiting and hiring of staff, compensation, and processing of appointment and payroll documents
- Staffing of academic search committees
- Organizational design and development advice and facilitation
- Management and supervisory training targeted to a unit's needs

## Roll out

1. final concurrence from the Deans Council
2. Deans talk to their leadership staff, supported by John Fetrow if needed
3. Current program contact person (often Frank Cerra or Terry Bock) and the new Oversight Person for each program meets with the respective director and their staff
4. Terry Bock and Katherine Johnston talk to their staff so that they can spread the word through finance, HR, Communications, etc.
5. AHCommunity News article about the legislative initiatives funding awards, tell about the new oversight process as part of that article "Lead Dean" or SVPHS staff
6. Release of description of the new administrative approach and program oversight people onto the web site
7. John Fetrow completes PIDP users manual for intercollegiate programs, provides manual and training to:
  - oversight people
  - directors
8. Frank Cerra brings Executive Council up to date if needed
9. Frank Cerra has a first leadership convocation (Deans, Associate Deans, Chairs, and Directors) with this as a key talking point: involve Jean Freeman in meeting style and Chris Roberts in presentation. Other agenda items: reorganization of biological sciences, JOML, AHC budget status, administrative redesign
10. Similar meeting to the leadership convocation with the faculty assembly

Office of the Executive Vice President  
and Provost

232 Morrill Hall  
100 Church Street S.E.  
Minneapolis, MN 55455-0110  
612-625-0051  
Fax: 612-624-3814

November 3, 1997

TO: Chancellors, Deans and Directors

FROM: Robert H. Bruininks, Executive Vice President and Provost *RHB*

SUBJECT: University Compact Planning and Budgeting Process FY99

I want to thank all of you for suggestions to improve the guidelines for our University compact planning and budgeting process. We started consultations early this fall to simplify and improve our planning and budgeting practices. While I had hoped to launch this process much earlier, I do feel that this additional time for discussion was most helpful in broadening our consultation and in making changes that should improve our current processes. I hope that you will see reflected in these guidelines the many excellent ideas that surfaced through these discussions. I know that the schedule we have set out will impose some difficulty on colleges and other academic and support units, and I am deeply mindful of our need to be patient and to make appropriate accommodations. We are also committed to place this effort on a more timely basis for the next academic year.

*compact 2-3 pages*

During the past two months, we have reviewed our approach to planning and budgeting, particularly in relationship to colleges and related units. Our goals were to find ways to simplify our current processes, to develop a greater spirit of cooperative planning and discussion involving colleges/units with central administration, to develop better ways to integrate planning and budgeting in a more seamless annual and biennial process, to provide a framework for longer-range planning and budgeting, to encourage greater continuity in our academic directions and investment strategies, and to develop agreements (compacts) that delineate directions, respective responsibilities, investments that describe projected internal reallocations and central allocations, and mutual expectations for accountability. I believe we have a process that can accomplish these goals.

I am looking forward to working with you in testing, evaluating, and revising this process during the current year. We will work with your offices over the next few weeks to schedule the necessary meetings. Please feel free to direct any questions or suggestions about this process to Robert Kvavik or Richard Pfutzenreuter in the next few weeks.

Thanks for your patience and considerable help in launching this important activity.

*cc: Jackson  
Anna*

**University of Minnesota**  
**Phase IB Compact Planning Instructions**  
**Fiscal Year 1998-99**

**Contents**

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## **I. Introduction**

The primary purpose and focus of the 1998-99 planning and budgeting process is to discuss issues and priorities raised by deans and directors that improve, both short-term and long-term, the quality, impact, and accountability of their units and the institution. The issues should emerge from the units' strategic plans.

The discussions are directed toward the preparation of compacts (i.e., agreements) between the administration and the campuses, collegiate units, and support units. These compacts will detail programmatic priorities, expectations, agreements, and resource commitments. The compacts will be annual, written public documents that reflect programmatic, budgetary, and performance agreements. It is expected that the first compacts are likely to have a shorter time frame than is planned in future years given this year's planning schedule. A sample compact can be found at <http://www.opa.pres.umn.edu/umpbws/>. ✓

We wish to encourage and promote a culture where deans and directors freely bring issues, priorities, problems, and opportunities to senior administrators for discussion, resulting in collaborative solutions and ideas that move both the unit and the institution forward. In this way, the planning process should be seen much more as a conversation among peers. Units should feel comfortable bringing forward ideas and plans in various stages of development, and it is understood that many issues will require several planning iterations and additional consultation, both within and outside units, before plans are completed. Given the short time-line for internal consultation this year, we are especially sensitive to the fact that many issues and potential solutions will have to be refined through additional discussion, but we hope that you will bring these items forward so that conversations can begin here as well.

The following pages guide you through the first year of compact development, with specific emphasis on the planning aspects of the process. Section II outlines the entire compact planning and budgeting schedule for fiscal year 1998-99.

As you read these instructions, please note that each RRC is required to enter responses to the compact planning issues on the University Planning and Budgeting web site by **December 5, 1997**.

## **II. Compact Planning and Budgeting Schedule**

The process for developing annual compacts will be integrated into the established budget cycle as follows:

### **A. PLANNING FOR THE COMPACT (PHASE I)**

- 1. Base Budget Adjustment Instructions (Phase IA) mailed October 20, 1997.** These instructions detail the process for collegiate and support units to submit base adjustments for fiscal year 1998-99. Base adjustments are then used to develop the University's base spending level, which is the foundation for the remaining budget development process.
- 2. Base budget adjustments for fiscal year 1998-99 to be completed and returned to the Budget Office by October 31, 1997.**
- 3. Compact Planning Instructions (Phase IB) mailed November 3, 1997.** These instructions request information from colleges/campuses and support units regarding their programmatic priorities and most significant short-term and long-term issues and involve a review of the unit data and performance profiles.
- 4. Collegiate/Campus and Support Units will submit compact planning responses, as required in the Phase IB Instructions, by December 5, 1997.** These responses will form the basis of discussions at the planning meetings and will act as the starting point for issue discussion throughout the remaining compact planning and budgeting process. It is expected that all units are engaged in a continuous strategic planning process, which should provide the basis for developing the compact planning submissions.
- 5. Compact planning meetings with units (RRCs) will occur December 10 through January 16, 1998.** These meetings will give colleges/campuses and support units an opportunity to discuss the unit's programmatic priorities and directions and the issues facing the unit. These meetings (for all units, including those reporting directly to the President) will be presided over by the relevant Chancellor, or Vice President, and be attended by the Dean/Director, and the Executive Vice President or his designee, along with representatives of the planning and budget offices. Scheduling of these meetings will be done by the relevant executive officer in coordination with the office of the Executive Vice President.

### **B. DEVELOPING THE COMPACT (PHASE II)**

- 1. Compact Development Instructions (Phase II) to be mailed January 12, 1998.** These instructions will detail procedures on how to complete the compact budgeting and planning documents.



2. **Collegiate/Campus and Support Units will submit finished compact budget documents to the Budget Office by February 20, 1998.** This document will allow units to respond to programmatic issues raised in the planning meetings and to present a financial analysis of their unit, provide tuition, ICR, fees, and other revenue estimates, present expenditure budgets, and identify any financial strategies or issues for the coming fiscal year. The preparation of this document should flow naturally from the compact planning discussions.
3. **Compact budget meetings with units (RRCs) will be held February 25 – March 25, 1998.** Compact budget meetings will focus on programmatic proposals and a financial assessment of each unit. Issues raised and left unresolved in the compact planning meetings will be discussed in the context of each unit's overall budget. These meetings (for all units, including those reporting directly to the President) will be presided over by the relevant Chancellor, or Vice President and will be attended by the Dean/Director, and the Executive Vice President or his designee, along with representatives of the planning and budget offices. As necessary, other offices may also be represented, such as the Vice President for Research. Scheduling of these meetings will be done by the relevant executive officer in coordination with the office of the Executive Vice President.
4. **Compacts will be prepared March 1, 1998 – April 10, 1998.** These agreements will include detailed programmatic and operational directions, an outcome and performance agreement, a summary of budget decisions, and a summary of requested reports. The specific content of each compact will be derived from the planning meetings, the compact planning and budgeting documents, and the budget meetings..
5. **The Executive Vice President will review compacts and make comments and recommendations April 10, 1998 – April 17, 1998.** Before the compacts are finalized, drafts will be exchanged between the parties involved to ensure understanding of the content. An example is available at <http://www.opa.pres.umn.edu/umpbws/>.
6. **The President will determine final budget allocations by April 17, 1998.**
7. **The President's recommended budget will be reviewed by the Board of Regents May 8, 1998.**
8. **The University budget will be before the Board of Regents for approval on June 12, 1998.**

#### **C. BUDGET PREPARATION (PHASE III: APRIL, 1998 – JUNE, 1998)**

Each unit in the University enters revenue and expenditure budget plans into CUFS. This is done for all funds and must be completed and reconciled before the start of fiscal year 1998-99 on July 1, 1998.



### **III. Compact Planning Issues and Unit Profile**

As part of the integrated planning and budgeting process, compact planning meetings will be held between December 10, 1997 and January 16, 1998 to help establish campus/collegiate and support unit priorities and identify issues that need resolution. (For description of entire process schedule, see page 6.) Specific information regarding the scheduling and format for these meetings will be communicated under separate cover as soon as possible. To help inform the meetings, however, and in preparation for the development of budget documents, a series of questions has been developed for your unit.

**1. Every Resource Responsibility Center (RRC) (i.e., campus/college/support unit) should give consideration to each of the following questions. Please respond to those questions or parts of questions that are pertinent for your campus/college/unit.**

**A. Programmatic Priorities: Please provide brief summaries of your highest short-term and long-term priorities, the most significant short-term and long-term issues facing your unit, and your plans to address these issues and priorities. Areas you should consider (and that may be discussed in planning meetings) include:**

- Programmatic Priorities and Program Quality issues: status of academic programs and programmatic priorities; recent or planned changes in programmatic priorities; initiatives to improve the quality of selected departments and programs; issues noted in program review or accreditation processes; research productivity of faculty (e.g. scholarly products and recognition, level of sponsored funding); opportunities for interdisciplinary initiatives and status of on-going interdisciplinary efforts; status and plans for organized outreach activities; status of external partnerships; other quality and service improvement efforts.
- Faculty/Staff issues: faculty/staff size; diversity efforts; and faculty/staff recruitment and retention.
- Student/Education and Support issues: balance of undergraduate and graduate/professional programs; student class size and diversity; percentage of tenured/tenure-track faculty who teach undergraduates; status of curriculum reform and course availability issues; plans for instructional technology and distance education, including faculty and student network access and classroom technology needs; systems for evaluating and improving teaching, including follow-up efforts (e.g., mentoring); student advising and other student support services (e.g., admissions and registration); student retention and academic success, including graduation rates and employment/placement success of graduates; efforts to link education and employment for currently enrolled students, as appropriate for the discipline; tuition and market issues.
- IMG: The implementation of Incentives for Managed Growth (IMG) has created new opportunities and responsibilities for collegiate units to control major sources of revenue (e.g., tuition revenue, ICR revenue). How is IMG changing the unit's planning and budgeting efforts? How will you manage IMG within your unit?

**B. Enrollment:** Comment on enrollment trends in your unit over the past five years and on your enrollment plan for the next five years. Comment specifically on your plans for the enrollment of new students (e.g., freshmen, transfer students, new graduate students).

**C. Change to Semesters:** The change to a semester-based calendar will affect everything the University does, not just the curriculum. Please comment on your plans to deal with the wide range of changes expected in your unit. For example, you may wish to address:

- How will your unit meet increased instructional demand in 1998-99 and then deal with the expected decrease in enrollment and instructional demand in 1999-2000, and perhaps for several years thereafter? (Note: The 1998-99 academic year will be the last on a quarter-based calendar. There will surely be some increase in instructional demand, especially at the undergraduate level, as lower division students position themselves for the change and many upper-division students try to graduate before the change takes place. The number of degrees granted at Michigan State increased about 10 percent the year before their calendar change.)
- How will your unit deal with changes in the pattern of demand for your services, as faculty, staff, and student needs shift from a quarter pattern to a semester pattern?

## **2. Review of Compact Planning Data/Unit Profile**

The planning data available from various links on the Planning and Budgeting Web Site provides data currently available centrally for your unit. It is our intention to work with you to expand these data in the future to include additional measures that accurately and appropriately describe your activities. Please review the information as it now exists and, if you wish, comment on its relevancy. We encourage you to compare the data for your unit with similar units at the University. Data for all units are available through the University Planning and Budgeting web site <http://www.opa.pres.umn.edu/umpbws/>

These compact planning data, in final form, will provide a profile of the unit.

If there are no data attached/linked for your unit, please comment on what data you routinely collect to measure your activities, and describe how that information is used. If there are no data currently collected, please suggest particular measures that could be useful in the future for informing compact planning and budgeting discussions.

## **3. Responding to the Compact Planning Priorities and Issues**

Responses to the questions identified above should be submitted through the University Planning and Budgeting web site: <http://www.opa.pres.umn.edu/umpbws/>. Upon entering the site, click on the heading "Compact Planning Priorities and Issues", and then choose the relevant campus. You will be asked to enter your RRC name and password (passwords will be e-mailed to each RRC manager) and then will be taken to the detailed questions (same as those included in the previous section) and the corresponding response boxes. All responses should be entered directly through

this web site – no paper document submissions are required. **Final responses must be entered by December 5, 1997.** Staff in the planning and budget offices and the offices of the relevant vice president or executive officer will review the material in preparation for the compact planning meetings. It is expected that after December 5, access to these responses will be provided to the University community.

Please note that the University Planning and Budgeting web site has links to a wide variety of related policies, instructions and background data. You may access this information when formulating your responses. There are also direct links to the planning and budget offices to facilitate communication.

#### **IV. Preliminary Planning Assumptions**

When considering the financial outlook for the institution as a whole or for collegiate and support units individually, it is important to understand a number of assumptions. These assumptions include the following:

- We will continue to support and strengthen our research, instructional, and outreach activities and programs.
- Incentives for Managed Growth (IMG) has forced a change in the way we need to look at the institutional budget and how collegiate and support units look at their individual budgets. The notion of a "central" fund to solve fundamental financial problems is largely outmoded under IMG.
- The development of an institutional financial framework must recognize the new revenue attribution rules under IMG and the need to be aware of the distributional impacts in terms of where revenues are attributed and where costs increase.
- Greater emphasis will be placed on the allocation of collegiate resources to meet academic needs. Concomitantly, central resources will be distributed in a more targeted way in support of collegiate investments.
- 100% of tuition income and about 54% of the ICR income (IMG rule is 51% collegiate and 49% support units but actual percent attributed in fiscal year 1997-98 is 54% due to freeze on central share) are now attributed directly to collegiate units. Central administration does not allocate these dollars to cover basic cost increases.
- New recurring state appropriations in the second year of the biennium will increase by only \$7,080,000.
- Facilities operations and debt service expenses will increase for fiscal year 1998-99.
- New sources of revenue and administrative cost reductions and operating efficiencies will need to continue for fiscal year 1998-99.
- As units begin to plan for fiscal year 1998-99, they should keep in mind the following potential additional incremental cost increases: 1) an increase in the cost of compensation; 2) inflationary cost increases on non-salary expenses; 3) cost increases related to facilities including additional operating costs and debt service costs, and 4) other prior commitments.



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2) file

AGREEMENT OF AFFILIATION BETWEEN  
THE REGENTS OF THE UNIVERSITY OF MINNESOTA  
AND HEALTH PARTNERS, INCLUDING  
ITS AFFILIATED ORGANIZATIONS  
THE INSTITUTE FOR MEDICAL EDUCATION  
AND ST. PAUL-RAMSEY MEDICAL CENTER

ACADEMIC HEALTH CENTER  
Office of the Provost

JUL 30 1996

RECEIVED

Already in Health Partners  
Near future  
Allina  
Health system  
mkb

I. PREAMBLE

In sharing the common goals of education, research, patient care and community service, it is to the mutual advantage and benefit of the respective parties, their constituency and their purposes, to facilitate continuity of the long-standing relationship between the University of Minnesota and HealthPartners, Inc.. *new - dev*

It is recognized in this affiliation agreement that the HealthPartners Institute for Medical Education is the organizational vehicle through which HealthPartners including its affiliate, St. Paul-Ramsey Medical Center, will be coordinating its medical education functions. *Allina v Health Sept mkb*

To pursue these goals and to further the provision of HealthPartners hospital and ambulatory services to the general public, including the indigent of Ramsey County, and to further the provision of health education and training and research, this Agreement of Affiliation is provided.

Thus, these institutions agree that a spirit of cooperation will exist in order to further their respective goals and objectives. This document is an institution-to-institution agreement which provides a framework of meaningful support and guidance to the important transactions among the various units of each institution.

The following principles shall characterize the general relationships between the respective parties:

II. FACULTY APPOINTMENTS

A. Power of Appointment

1. A member of the HealthPartners medical staff who will teach undergraduate medical students and/or fellows/residents registered in the medical school or the graduate school shall also be a member of the faculty of the University of Minnesota Medical School.\*

\* refers to AHC student from any school *(D)*  
*(MKB)*

Allied health = include neg pharmacy

2. Appointment to the faculty of the University of Minnesota Medical School is a function of the University. HealthPartners medical staff members with University of Minnesota teaching responsibilities will be recommended for faculty membership in the cognate medical school department by the Board of the HealthPartners Institute for Medical Education to the Dean of the medical school. The recommendation from the Board of the Institute for Medical Education shall be accompanied by a letter of support from the relevant program director in the Institute for Medical Education. HealthPartners medical staff are eligible for appointment in all appointment categories on an equitable basis with other applicants. All faculty members approved by the University for University appointments shall be selected utilizing the affirmative action policy of the University or HealthPartners in effect at the time of the selection. In the event that a request for appointment to the faculty is not approved by the Dean of the medical school, or other University officers, and there is continued disagreement with the decision, the matter will be referred to the Joint Education Council. However, the University has the sole authority to make decisions regarding faculty appointments. Termination or removal of faculty appointment shall be subject to usual and customary University appeal procedures, if any, applicable to the medical school.

3. Each program director for residency programs sponsored by the University of Minnesota at HealthPartners will be chosen by the Dean of the Medical School from a slate of candidates recommended by the Board of the Institute for Medical Education.

4. Appointments of program directors for independent residency programs sponsored by HealthPartners or one of its subsidiaries is a HealthPartners function.

5. Non-physician members of HealthPartners faculty or staff with University of Minnesota teaching responsibilities will be recommended for faculty membership by the appropriate HealthPartners official or the Board of the Institute for Medical Education and forwarded for action by the appropriate department chair, dean or other University officers. All faculty members approved by the University for University appointments shall be selected utilizing the affirmative action policy of the University or HealthPartners in effect at the time of the selection. In the event that a request for appointment to the faculty is not approved by the cognate department, the dean, or other University officers, and there is continued disagreement with the decision, the matter will be referred to the Joint Education Council. However, the University has the sole authority to make decisions regarding faculty appointments. Termination or removal of faculty appointment shall be subject to usual and customary University appeal procedures, if any, applicable to the University department in question. X



6. The directors of the University health sciences education programs at HealthPartners, other than those involving medical students, resident physicians and/or fellows and clinical fellows, shall be selected and appointed by HealthPartners with the approval of the head of the cognate department at the University.

B. Categories of Faculty Membership

1. The faculty serving full time at HealthPartners is recognized as the equivalent of the faculty serving full time at the medical school with respect to clinical skill, teaching ability, and potential for scholarly activity. Faculty serving as full-time members of the HealthPartners staff will enjoy the same rights, privileges and obligations as other University faculty members of equivalent rank and type of appointment with respect to participation in departmental, medical school, and University matters. Faculty serving full time at HealthPartners may hold the following types of appointment:

2. University Appointments

a. Regular University Appointments. Faculty at HealthPartners who have regular faculty appointments are included in the provisions of the University tenure code. Faculty rank, type of appointment and tenure will be determined by the University's appointment and promotion criteria and in accordance with regulations regarding faculty tenure. Faculty members approved for regular University appointments shall be selected utilizing the affirmative action policy of the University or HealthPartners in effect at the time of the selection. (At the time of this agreement, the individual faculty at HealthPartners who hold regular University appointments will be listed in an addendum attached hereto.)

b. Non-regular Appointments. Those faculty at HealthPartners who do not hold regular faculty appointments are designated as non-regular appointments. Those individuals shall be subject to the same considerations and requirements as other non-regular University faculty with reference to all faculty matters. Faculty candidates selected by HealthPartners who will have non-regular University appointments will be selected utilizing the affirmative action policy of the University or HealthPartners in effect at the time of the selection. If the University decides to terminate a non-regular appointment or to decline to renew such an appointment, and there is continued disagreement with the decision, the matter shall be referred to the Joint Education Council. However, the University has the sole authority to make decisions regarding faculty appointments.

c. Full time clinical track Faculty at HealthPartners may be appointed and promoted in the full time faculty clinical track. Those individuals shall be subject to the same considerations and requirements with reference to all faculty matters except that they will not be included in the provisions of the University Tenure Code. Each department within the Medical School develops guidelines approved by the Dean for an appropriate mixture of faculty in this track. These guidelines shall include standards of academic qualifications for each rank within this track. Faculty selected by HealthPartners who have an appointment in this track shall be selected utilizing the affirmative action policy of the University or HealthPartners in effect at the time of selection.

d. Other University Faculty Appointments. Members of HealthPartners' medical staff participating in the teaching program at HealthPartners may qualify for appointment to the faculty of the medical school as Clinical Professor, Clinical Associate Professor, Clinical Assistant Professor or Clinical Instructor.

3. If HealthPartners faculty are compensated through the University, their salary will be specified through an addendum to this Affiliation Agreement as indicated in XIV. University fringe benefits and participation in the University's retirement program shall meet the requirements of the University of Minnesota for those on University of Minnesota payroll.

### III. RESIDENT PHYSICIANS AND/OR FELLOWS AND CLINICAL FELLOWS

A. In integrated programs, the education of medical fellow specialists, medical fellows, resident physicians and/or fellows and clinical fellows shall be a joint responsibility involving the cognate medical school department head and HealthPartners program director and/or his/her designee. The appointment of medical fellow specialists, medical fellows, resident physicians and/or fellows and clinical fellows is subject to the approval of the dean of the medical school. While assigned to HealthPartners, medical fellow specialists, medical fellows, resident physicians and/or fellows and clinical fellows shall function under the bylaws and rules of HealthPartners and its subsidiaries.

B. In separately accredited programs, the selection, appointment at HealthPartners, training, and supervision of medical fellow specialists, medical fellows, resident physicians and/or fellows and clinical fellows will be the responsibility of the director of the accredited educational program. In addition, each individual in that separately accredited program shall be considered for appointment by the University as a medical fellow specialist, medical fellow, resident physician and/or fellow and clinical fellow.



C The selection, appointment at HealthPartners, training, and supervision of Clinical Fellows in programs sponsored by HealthPartners will be the responsibility of the appropriate Health Partners program director.

#### IV. HEALTH SCIENCE STUDENTS AND/OR OTHER FELLOWS

The assignment, education and supervision of Health Science students and/or fellows shall be in accordance with the requirements for the particular course in which the student or fellow is enrolled. Health Science students and/or fellows shall be expected to abide by the rules and requirements of HealthPartners while so assigned. The number of Health Science students and/or fellows assigned to HealthPartners departments and the financial support for their education shall be determined by the University and HealthPartners.

#### V. MAJOR CHANGES IN THE EDUCATIONAL PROGRAM

Subject to the approval of the appropriate Dean, the program director has the authority to withdraw the HealthPartners program, increase or reduce the number of students or residents in a program or take other action as deemed necessary to maintain the educational components of the program. Any such action should be taken in a manner consistent with the spirit of cooperation and mutual understanding that exists between the University of Minnesota and HealthPartners. Decisions by the program director to withdraw the program or to reduce or increase the student or resident complement of a given rotation by more than 10% should be made in a timely fashion, usually one year prior to the planned implementation. A decision by HealthPartners to terminate its participation in the program should be made in a timely fashion, usually one year prior to the planned implementation. Both parties agree that there may be circumstances under which the quality of the educational program is in jeopardy and action is required with less than one year prior notice. Any disagreements over these decisions will be referred to the Joint Education Council. However, the program director retains sole authority to make all final decisions regarding the educational program. In addition, as part of its charge, the Joint Education Council will review annually each educational program that involves the University of Minnesota at HealthPartners.

The educational mission must not be compromised by an excessive reliance on students, residents or fellows to fulfill institutional service obligations. On the other hand, excellence in patient care must not be compromised by the needs of the educational program. The effectiveness of the educational program is dependent upon the quality of its supervision and organization, which is the joint responsibility of the program director and the department head. The program director is responsible for evaluating the educational content of each program, making certain that the appropriate educational standards are maintained.

## VI. PLANNING FOR FUTURE NEEDS

HealthPartners and the University agree that planning for the future education of health professionals in our community should be the subject of joint study through a major task force established for this purpose. By 1997, HealthPartners and the University will initiate this study to consider funding and costs of educational priorities, community needs, resource planning and organizational goals. The result of this work will be a plan and process for HealthPartners and the University to work collaboratively to educate health professionals in programs of excellence.

## VII. INDEMNIFICATION AND LIABILITY INSURANCE

A. HealthPartners, or St. Paul-Ramsey Medical Center, will defend, hold harmless and indemnify the Regents of the University of Minnesota, its officers, agents, employees and representatives against all claims for loss or damage to property or injury or death to persons arising from the negligent or wrongful acts or omissions of HealthPartners, or St. Paul-Ramsey Medical Center, as the case may be, or their employees, agents, representatives, volunteers, medical staff, medical and dental fellows and medical and dental fellow specialists assigned to HealthPartners, or St. Paul-Ramsey Medical Center, as the case may be. This does not, however, constitute a waiver of any defenses or limits of liability established by statute.

B. HealthPartners, and St. Paul-Ramsey Medical Center, will maintain a program of self-insurance or policy of insurance against liability for professional negligence, and such program or policy shall include within the scope of its coverage medical and dental fellows and medical and dental fellow specialists assigned to HealthPartners, or St. Paul-Ramsey Medical Center, as the case may be.

C. Insurance against liability covering all University of Minnesota students in the health professions other than medical and dental resident physicians and/or fellows shall be the responsibility of the University.

D. HealthPartners, and St. Paul-Ramsey Medical Center, will provide insurance against liability covering all resident physicians and/or fellows assigned to the University of Minnesota unless such resident and/or fellows are registered as University of Minnesota students, in which case they shall be covered by University liability insurance. The cost of that insurance is the responsibility of the University.

## VIII. PATIENT CARE

HealthPartners shall assume full responsibility for the care of its patients. It is acknowledged that individual patient care is not controlled, supervised or paid for



by the University, and the University does not derive direct revenue from the patients or third-party payers for patient care activity at HealthPartners.

#### IX JOINT EDUCATION COUNCIL

The Joint Education Council shall concern itself with the continuing implementation of the principles of this agreement and resolution of any disputes under it. The Council shall meet at least annually and at other times at the request of either party. The Council shall meet at least annually and at other times at the request of either party. The Council shall be composed of eight members of whom four shall be appointed from HealthPartners and four shall be appointed from the University. The Council shall be chaired by one of the four University appointees, as designated by the Provost of the Academic Health Center. A quorum of five members is sufficient for the Council to meet and take actions of any kind authorized under the terms of this Agreement.

#### X DISPUTE RESOLUTION

Dispute Resolution. If a dispute arises out of or relates to this Agreement and if the dispute cannot be settled through negotiation, either the University or HealthPartners may refer the dispute to the Joint Education Council for review and a recommendation on the appropriate course of action. Except where the sole authority for decision making is reserved to either the University or HealthPartners, the recommendation of the Council for resolution of a dispute shall be binding on the parties. Where recommendations are non-binding and are not followed by either the University or HealthPartners, a written explanation shall be provided to the Council.

#### XI OTHER AFFILIATION AGREEMENTS

HealthPartners and the University each regard this Affiliation Agreement as the <sup>primary</sup> educational relationship; however, this agreement shall not preclude either institution from establishing separate agreements of affiliation with other health or educational organizations. Separate agreements shall not conflict with the objectives and intent of this Agreement.

#### XII BOARD APPOINTMENT

HealthPartners agrees that during the term of this agreement at least one member of the Board of the Institute for Medical Education will be a representative from the Academic Health Center of the University of Minnesota.

### XIII. PREVIOUS AGREEMENTS

Any provisions of prior agreements between the parties that are inconsistent with this agreement are superseded by this document. There may be special arrangements that expand and clarify the parties respective responsibilities and they remain intact.

### XIV. ADDENDA

Subject to the availability of funds for approved program activities, Addenda to this Agreement of Affiliation are authorized to facilitate day-to-day and year-to-year execution of the common goals stated herein. The addenda shall be sufficiently detailed in content to explain the basic elements of understanding and obligation, financial and other wise. All addenda shall bear the signatures of the appropriate University dean and department head, the Provost of the Academic Health Center, the Medical Director of the HealthPartners Institute for Medical Education, and the HealthPartners Executive Vice President for Care Delivery, and whomever the University of Minnesota designates to authorize the commitment of available funds.

### XV. AMENDMENTS/MODIFICATIONS

All amendments or modifications of this agreement shall be in writing and signed by the parties' respective representatives.

### XVI. TERM

This agreement shall be effective July 1, 1996, and shall remain in effect until June 30, 2001. It may be terminated by either party upon twelve (12) months written notice to the other party and effective on July 1st of the academic year.

In witness whereof, the parties hereto have set their hands and seal on this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_\_.

Upon proper execution, this agreement will be legally valid and binding.



UNIVERSITY OF MINNESOTA

By: Frank B. Cerra  
Provost of the Academic Health Center

Date: 6/17/96

I, Steven Bosacker, hereby certify that I am the Secretary of the Board of Regents of the University of Minnesota and that Frank B. Cerra who has executed this contract on behalf of the University, is authorized by the Board of Regents to execute this document.

Steven Bosacker  
Secretary of the Board of Regents

HEALTHPARTNERS

By: Thom K. Brannard  
Executive Vice President for Care Delivery

Date: 6/28/96

By: Gay Allen MD  
Medical Director, HealthPartners Institute for Medical Education

Date: 7/1/96

**UNIVERSITY OF MINNESOTA  
ACADEMIC HEALTH CENTER  
DEANS COUNCIL**

Tuesday, November 11, 1997  
475 ChRC  
2:00 p.m.

**AGENDA**

**EXECUTIVE SESSION**

- 1) Legislative Investments in Education and Research 20 min  
Final discussion and approval  
Frank Cerra and John Fetrow

**OPEN SESSION**

- 2) Development of AHC School/College Compacts (pink) 45 min  
Discussion  
Frank Cerra and Katherine Johnston
- 3) HealthPartners Education Institute and AHC Affiliation Agreement (tan) 15 min  
Presentation and discussion  
Frank Cerra
- 4) Graduate Student Funding 30 min  
Discussion  
Frank Cerra
- 5) Monthly project Status Report from the AHC 15 min  
Office of Communications (orchid)  
Update  
Chris Roberts

**Information Item Only:**

- Deans Council Work Plan for July through December 1997 (final draft) (grey)
- National Commission on the Cost of Higher Education (yellow)
- Grade Reporting Process Redesign (green)
- New Monthly Rates for AHC Pagers (salmon)
- "Overall Satisfaction of Minnesota Citizens" Public Opinion Poll Executive Summary (white)

**Preliminary Agenda Items for Upcoming Meetings**

**November 18**

- Fairview Affiliation Agreement
- Allied Health Task Force Report
- Update on the Rural Health School
- Diversity Task Force Charge

**November 25:**

- Educational Services Organization
- Compatibility of Computer Systems Across the AHC and University

	Date	7671	# of pages				
Post-It* Fax Note	To: Sheila Caracra-Riley		Kathy		Phone #	Fax #	6-211
	Co. Dept.		6-2359		Phone #	Fax #	

11-7-97

- 1) Will need to be part of each school compact
- A) School specific measures will need to be added

# University of Minnesota Critical Measures

## **Origin of the Critical Measures and How That Affected The Development Process**

- In 1994, the Board of Regents approved a University strategic plan, including direction to the administration to develop performance measures related to desired future directions
- Performance measures were developed for the primary purpose of measuring the success of our institutional change efforts

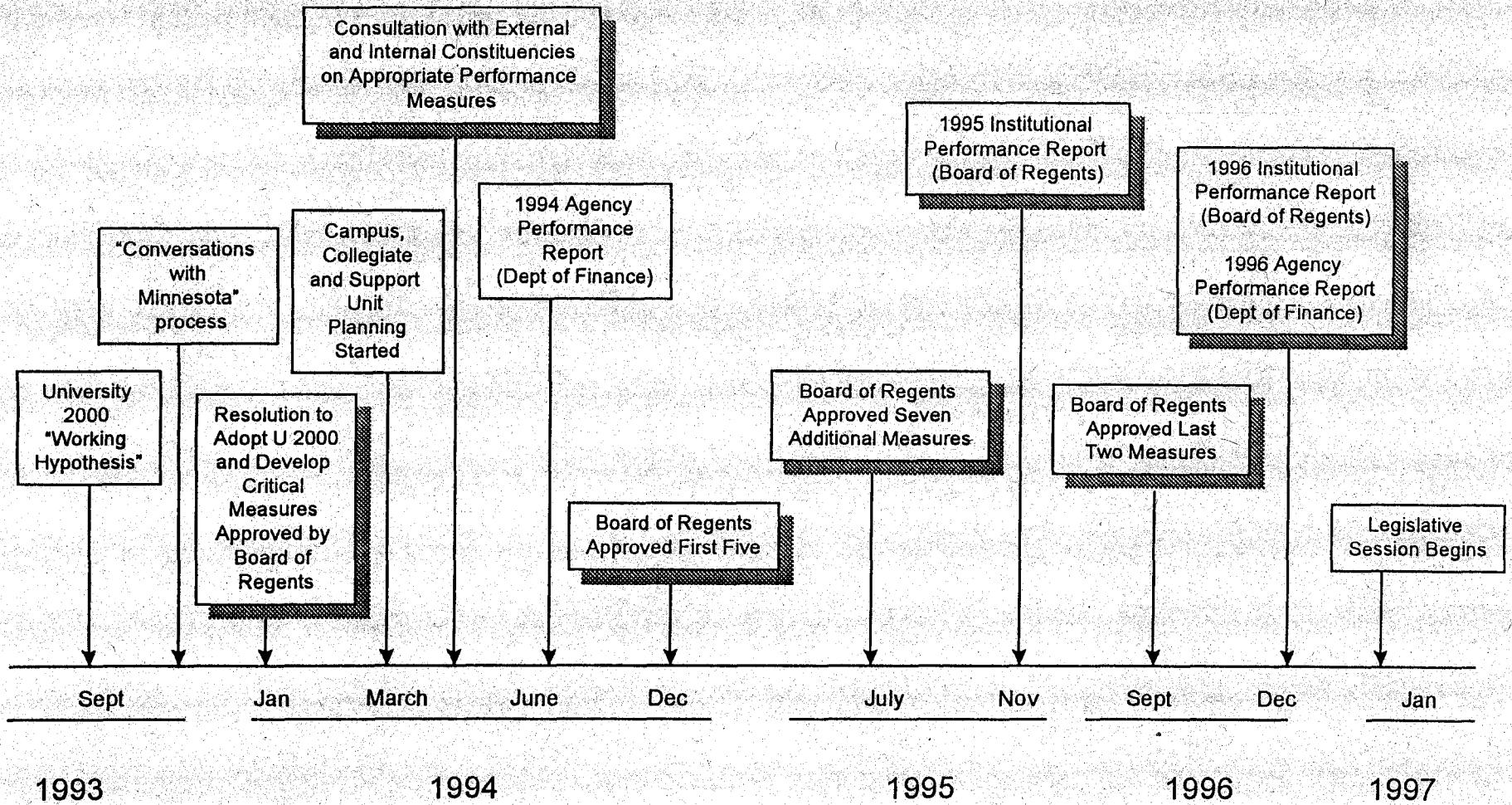


## **Origin of the Critical Measures and How That Affected The Development Process**

- In 1994, the Board of Regents approved a University strategic plan, including direction to the administration to develop performance measures related to desired future directions
- Performance measures were developed for the primary purpose of measuring the success of our institutional change efforts

- Measures had to fit our three part mission, be “owned” internally by those responsible for accomplishing needed changes, and be credible to others directly affected by these changes
- Measures also had to be credible externally, given increased public attention to accountability in higher education
- We chose to define our own measures and build them “from the bottom up” rather than “from the top down”

# Timeline for the Development of Critical Measures



## Approach in Developing the Measures

- **Purposes:** guide self improvement; publicly confirm success in reaching goals; help link planning, performance, and resource allocation; and serve as means of comparison with peers
- **Key Principles:** emphasize outcomes; include both quantitative and qualitative measures; focus on what is important to measure (vs. settling for what we have data on); set specific performance goals, with each campus determining its own goals.

## Definitions

Critical Measure: an essential aspect of something important to the institution (input, process, or outcome measure)

Performance Goal: a target to be achieved

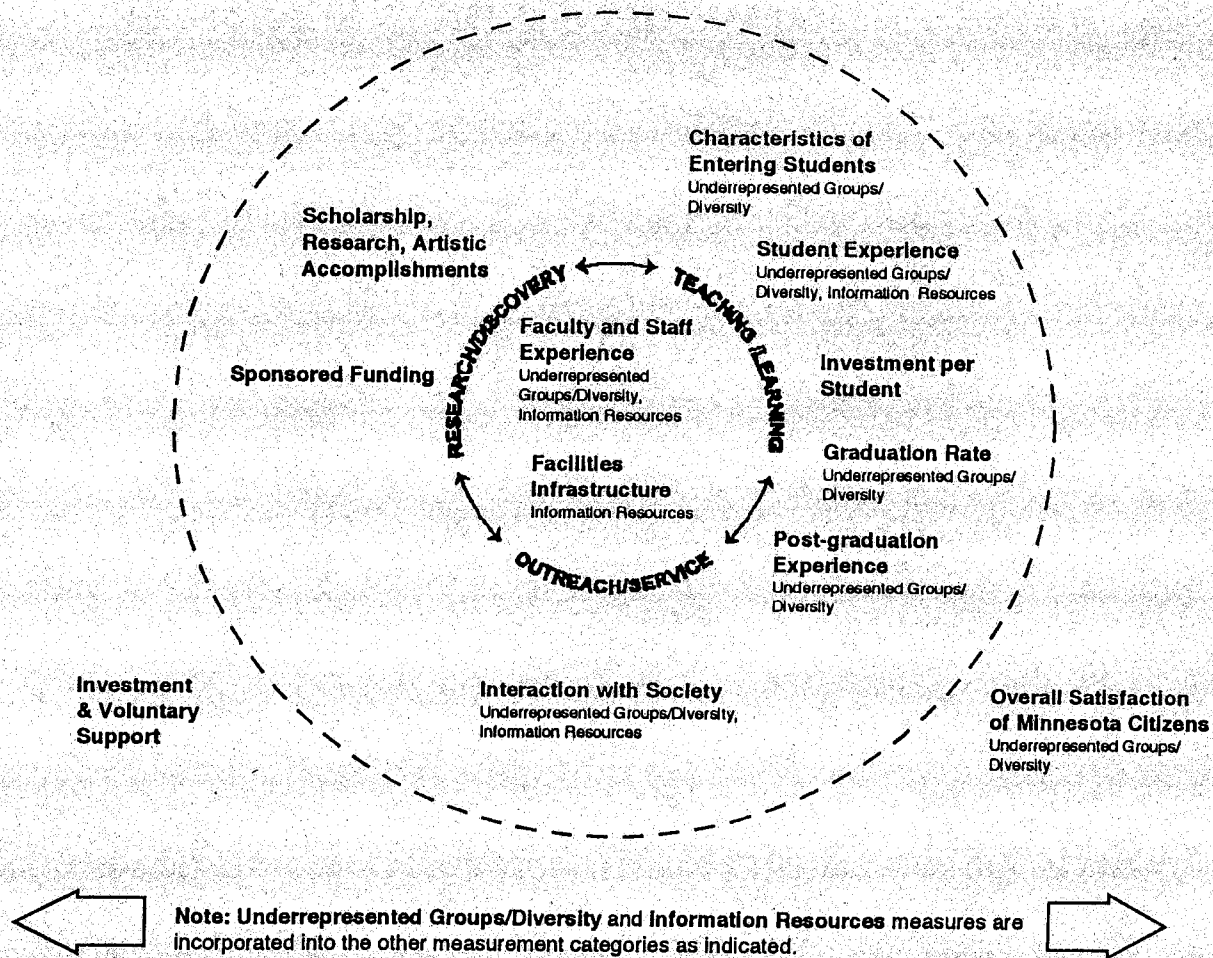
Baseline: the initial level of performance, the starting point for goal setting



## **14 Measurement Areas Resulted From The Developmental Work**

- The 14 broad measurement categories fall into four general areas: core resources, students, faculty accomplishments, and external relationships
- The figure that follows shows the relationship of the measures to the University's mission, as well as to each other
- Some categories contain only one measure, but most contain multiple measures

# University 2000 Critical Measures



## Reporting the Results

- Annual Institutional Performance Report, highlighting successes and pointing out areas of concern for future attention (December)
- Some information available centrally, some must come from colleges and administrative units
- Data collected from colleges and administrative units through annual unit-level performance reporting



## RELATIONSHIP OF CRITICAL MEASURES TO COMMITTEE DISCUSSION TOPICS

Measure:	<u>Characteristics of Entering Students</u>	<u>Student Experience</u>	<u>Investment Per Student</u>	<u>Graduation Rate</u>	<u>Post-Graduation Experience</u>	<u>Sponsored Funding</u>	<u>Scholarship Research &amp; Artistic Accomplishments</u>	<u>Univ.'s Relationship With Society</u>	<u>Overall Satisfaction of MN Citizens</u>	<u>Investment &amp; Voluntary Support</u>	<u>Faculty and Staff Experience</u>	<u>Facilities Infrastructure</u>
<u>Topic:</u> <u>Teaching: Undergrad. Programs</u>	*	*	(*)	*	*				(*)			
<u>Graduate, Professional, C.E. &amp; Distance Education</u>	*	*	(*)	*	*				(*)			
<u>Research: Overview, Issues, and Investment</u>						*	*	*	(*)			
<u>Outreach: Scope, Areas for Future Investment</u>								*	(*)			

## **Example: Characteristics of Entering Students**

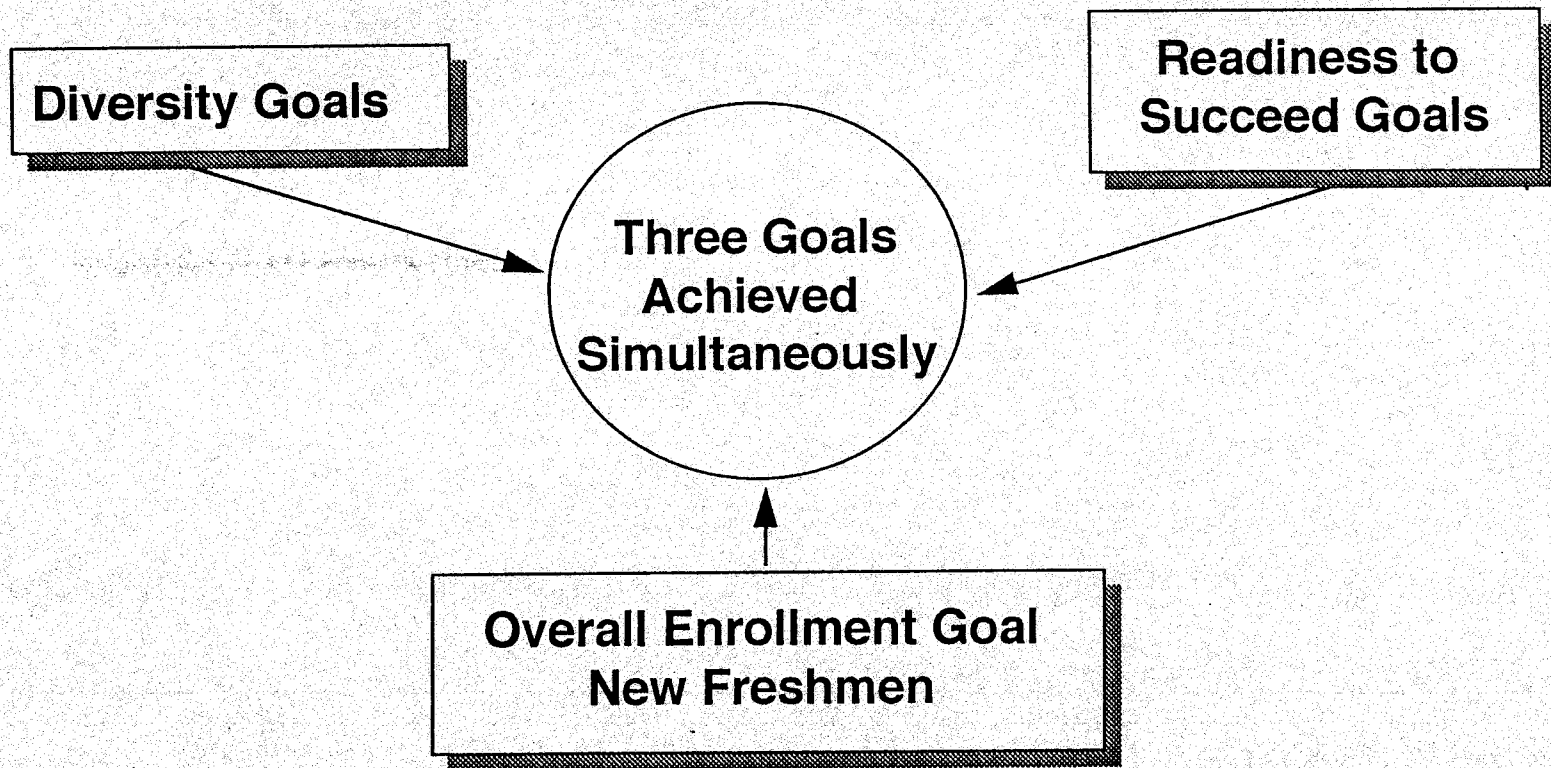
One of the first measures we worked on was the category called **Characteristics of Entering Students**, which has two important components:

1. “readiness,” defined in two ways: the percentage in a “targeted readiness group” (e.g., upper quartile), and the mean high school rank of entering freshmen
2. diversity, defined in terms of the percentage and number of four racial/ethnic groups and women, to the extent that they are “underrepresented”

## **Two issues:**

1. Use of percentages in goal setting--since percentages are a function of total class size, class size becomes an important variable that must be considered when looking at results
2. Philosophical, practical, and legal issues involved in goal setting for students of color

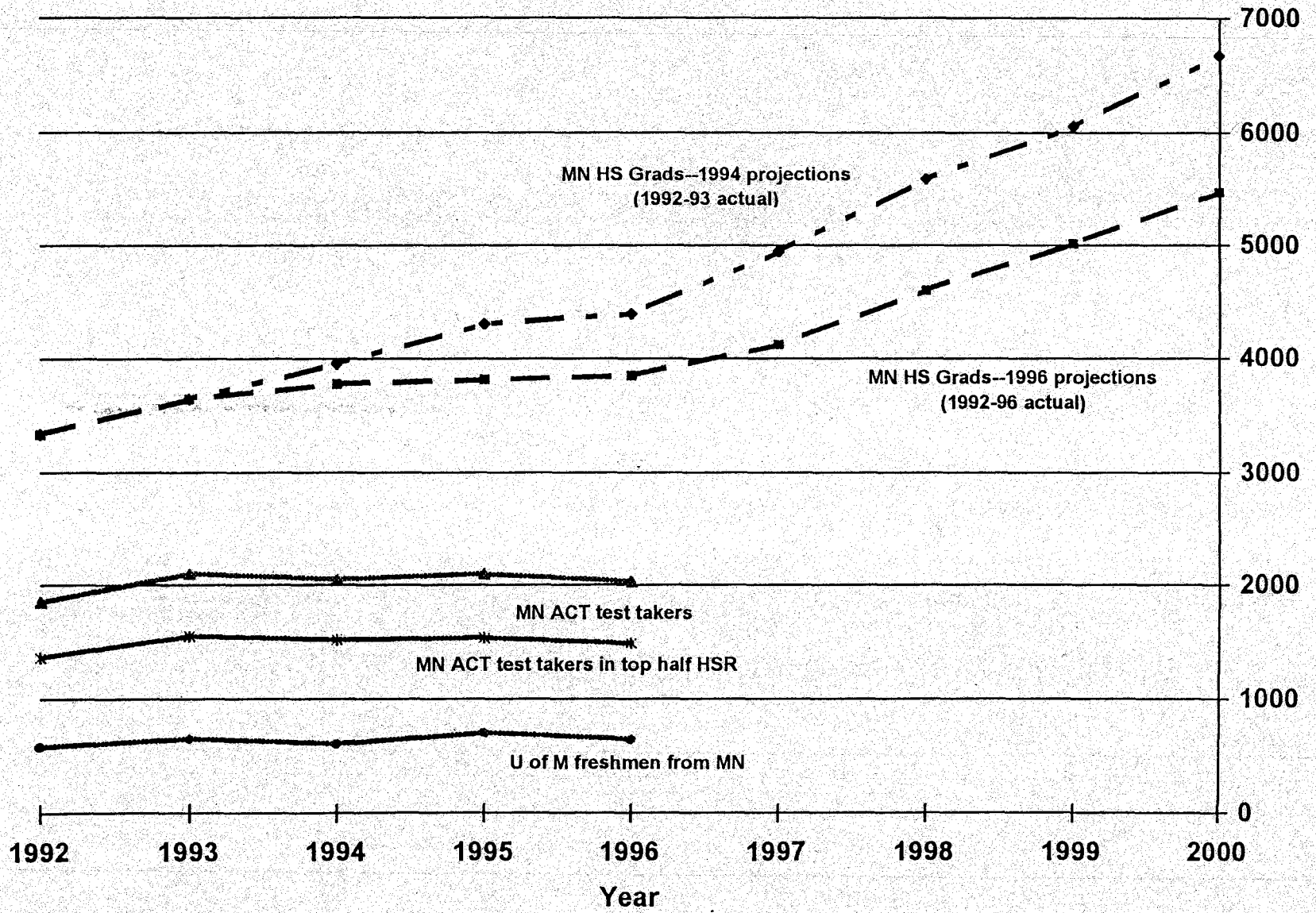
# Framework for Evaluating Performance Goals Relative to New Fall Quarter Freshmen Enrollments



- Somewhat mixed results for enrolling students of color in 1996 provide a good illustration of how the measures provide feedback that informs planning and future action
- Projections on which goals were based in 1994 greatly overestimated the number of students of color in our state recruitment “pool,” and we now have better information on the number of Minnesota students of color who are “college bound”
  - high school graduation rates are lower than expected
  - the number of “college bound” students of color is not increasing



# Minnesota Students of Color



- The result was a thoughtful discussion of whether or not to change the goals, with the following conclusions:
  - goals should remain as set, but the time required to reach them may be longer; and
  - we need to work more aggressively with the K12 systems to help students of color succeed there.

## Lessons Learned and Remaining Work

- University initiatives in performance measurement lessen the likelihood of externally mandated measures
- Through the consultative process used, work on the measures has helped focus and build agreement on institutional values
- Remaining work:
  - refining measures, creating data collection instruments, collecting baseline data, completing goal setting process;
  - embedding measures and goals within the institution, including defining the relationship of performance to resource allocation; and
  - continuing review of our goal setting assumptions and how it's working in practice



**RELATIONSHIP OF CRITICAL MEASURES TO COMMITTEE DISCUSSION TOPICS**  
(measures shown in plain text are fully implemented; measures shown in italics are still being developed)

<b>Measure:</b>	<u>Characteristics of Entering Students</u>	<u>Student Experience</u>	<u>Investment Per Student</u>	<u>Graduation Rate</u>	<u>Post-Graduation Experience</u>	<u>Sponsored Funding</u>	<u>Scholarship Research &amp; Artistic Accomplishments</u>	<u>Univ.'s Relationship With Society</u>	<u>Overall Satisfaction of MN Citizens</u>	<u>Investment and Voluntary Support</u>	<u>Faculty and Staff Experience</u>	<u>Facilities Infrastructure</u>
<b>Topic:</b>												
<u>Teaching: Undergrad Programs</u>	"readiness" and diversity measures for new freshmen  "readiness" and diversity measures for transfer students	<i>student satisfaction (survey)</i>  <i>instructional technology</i>  <i>students who have computers</i>  <i>student/modern ratio</i>  APAS  <i>unit-based measure of student learning</i>	<i>direct instruction expenditure per student compared to other institutions (measure is under review due to problems in securing comparison data)</i>	5-year graduation rate for all students of color (students who enter the U as freshmen)	<i>experience of graduates (survey)</i>				(survey includes questions on education)			
<u>Graduate &amp; Profess.: C.E. &amp; Distance Education</u>	<i>student "readiness" and diversity measures</i>	<i>student satisfaction (survey)</i>  <i>distance learning measure</i>  <i>student credit hours by telecommunications</i>	<i>direct instruction expenditure per student compared to other institutions (measure is under review due to data problems)</i>	completion rates for graduate & professional programs	<i>experience of graduates (survey)</i>				(survey includes questions on education)			

## RELATIONSHIP OF CRITICAL MEASURES TO COMMITTEE DISCUSSION TOPICS

Measure:	<u>Characteristics of Entering Students</u>	<u>Student Experience</u>	<u>Investment Per Student</u>	<u>Graduation Rate</u>	<u>Post-Graduation Experience</u>	<u>Sponsored Funding</u>	<u>Scholarship Research &amp; Artistic Accomplishments</u>	<u>Univ.'s Relationship With Society</u>	<u>Overall Satisfaction of MN Citizens</u>	<u>Investment &amp; Voluntary Support</u>	<u>Faculty and Staff Experience</u>	<u>Facilities Infrastructure</u>
<u>Teaching: Undergrad. Programs</u>	*	*	(*)	*	*				(*)			
<u>Graduate, Professional, C.E. &amp; Distance Education</u>	*	*	(*)	*	*				(*)			
<u>Research: Overview, Issues, and Investment</u>						*	*	*	(*)			
<u>Outreach: Scope, Areas for Future Investment</u>								*	(*)			

NOV 03 1987

REGISTRATION

**National Commission on the Cost of Higher Education  
College Cost Working Group/Monday Group**

**Stauffer Auditorium, Herbert Hoover Memorial Building, 11:00 a.m.**

**The Cost of Higher Education: A Discussion with Commission Members  
Gerhard Casper, President, Stanford University**

Three major points:

1. The importance of undergraduate education in a research-intensive university.
2. The costs of research that universities bear.
3. The high-cost/low-benefit ratio of excessive government regulation.

### **Introduction**

As we begin, let me offer a bit of context on the cost of college. As Derek Bok, the former president of Harvard, pointed out in 1989, most of the public attention focuses on tuitions at institutions that are attended by a tiny percentage of all undergraduates. In a more recent study the Sallie Mae Education Institute suggests that about 5% of all undergraduates are concerned. At least half of this population receives financial aid.

Nonetheless, as one of this small cluster of institutions, Stanford is greatly concerned about tuition, as are most research-intensive universities. And Stanford has been working on the problem. Since 1989, we have cut expenses in the budget supported by unrestricted funds by approximately \$60 million, allowing us to hold down our tuition-rate increases—not to as low as we would like but lower than any time in the last two decades.

Why can we not restrain tuition as much as we would like — say, to no more than the rise in Consumer Price Index? There are many reasons, such as the labor-intensive nature of education or the fact, that over the last 15 years, on the average, domestic book prices increased at the rate of

2 times the CPI, foreign titles at 4 times the CPI. However, two seldom examined reasons are the cost of excessive government regulation and the disproportionate cost of government research borne by the universities. To cover those costs, Stanford must use the very same sources—unrestricted gifts, endowment, investment earnings—that otherwise might be applied to further restraining tuition.

Reimbursement for research costs and excessive government regulation are the second and third major points I wish to discuss with you today. The first is the importance of undergraduate education in a research-intensive university.

### **1. The importance of undergraduate education in a research-intensive university.**

Contrary to the belief of some, tuition does not subsidize research. Indeed, our calculations indicate that undergraduate tuition covers only about 2/3 of the true cost of attending Stanford. Undergraduate education and every student—even those paying full tuition—are highly subsidized by gifts, our endowment and our other investment earnings.

Stanford also directly subsidizes the tuition costs of many of our students through some of the most generous financial aid policies in the nation. For over a generation, we have been committed to admitting the most talented students who apply, without considering whether they can afford to pay. Once a student is admitted, Stanford will meet that student's demonstrated financial need through a combination of scholarship grants, loans, and job opportunities. More than 60% of our students get some form of financial aid, and, last year alone, Stanford committed \$38 million of its own funds to undergraduate scholarships.

And let me briefly point out how the research enterprise actually enriches undergraduate education. Many undergraduates specifically choose a research-intensive university because of the opportunity to interact with faculty members who are at the frontier of their field. Students who seize the initiative, and seek out the incredible range of opportunities offered at Stanford and other research-intensive universities are rewarded in ways that cannot be matched in other

settings.

Let me offer some examples of the opportunities available to our undergraduates:

- Each year, between 1/3 and 1/2 of our graduating seniors will have worked closely with a senior faculty member on an honors thesis or research project.
- Last year, our Undergraduate Research Opportunities program awarded \$610,00 in grants to cover the expense of 410 student research projects. The money came from private donations, and each of the students worked with a Stanford faculty member.
- Our School of Engineering, and our departments of chemistry and physics offer summer undergraduate research fellowships for several dozen students each year to work with faculty in their labs. The physics program was started by Nobel laureate Doug Osheroff, the chemistry program by Bob Weymouth, a recent winner of the National Science Foundation's Waterman Award as the outstanding researcher in science and engineering under age 35.

Undergraduate research results in real outcomes that touch the scholarly and scientific community. Fred Mancoff, who worked in the Physics lab of Professor Charles Marcus, was the first undergraduate ever invited to give an oral presentation at the meeting of the American Physical Society. Matthew Old, who worked in Pediatric Infectious Diseases with Dr. Yvonne Maldonado, developed the first non-radioactive assay for determining whether children have immunity to polio.

These are but some examples of how undergraduate education is enriched by, and complements, the research activities of a university. And all that without, I repeat, tuition's even paying for the full cost of attending.

The presence of research and leading researchers at Stanford clearly adds value to our students' education. About 60% of an undergraduate's course units will be taught by a Stanford faculty member. The majority of the remainder are taught by lecturers hired specifically for their excellent teaching skills.

And even as we have cut our administrative budget, we have continued to improve what undergraduate students get for their tuition. After a comprehensive review of our undergraduate education, we have instituted a new core Introduction to Humanities sequence; added an experimental Science, Math, and Engineering Core to give non-science majors a measure of scientific literacy; extended the writing requirement; strengthened foreign language instruction and requirements; tightened grading and drop policies; introduced minors in the School of Humanities and Sciences to encourage the more effective use of electives; redesigned distribution requirements; and, perhaps most exciting, added 75 new seminar courses for freshmen, each with a maximum of 16 students and each taught by a faculty member, many of them from Stanford's graduate and professional schools. These are not our only small classes: 82% of Stanford's classes are of 29 students or smaller.

That is all good news. Now let me turn to the concerns of a research-intensive university that prevent us from being as cost-effective as we would wish.

## **2. The costs of research overhead that universities must disproportionately bear.**

The inability of the federal government to pay the full costs of sponsored research is forcing those costs back on universities, thus absorbing funds that otherwise might relieve pressure on tuition.

Let me remind everyone of the rationale for government reimbursement of overhead costs. Were the federal government to directly conduct all its research, rather than have it done at universities, it would have to set up labs with all the overhead costs they would involve, such as buildings, utility bills, salaries and benefits for researchers and staff. Instead, this nation chose a system of university-based research, with the

universities reimbursed for the overhead costs they incur and the government escapes. This system has served the nation well. At Stanford alone, research results range from new cures for disease, to insights about life on Mars, to breakthroughs in technology.

However, federal reimbursement for such overhead is continually dropping, a particular problem at private universities, which cannot rely on state subsidies to make up the difference. Overhead reimbursement for general administrative and student service costs is capped at 26 points. This policy has the effect, at Stanford, of forcing about \$10.6 million of legitimate costs of government research to be absorbed by university funds—funds thus not available for academic purposes.

The contrast with government treatment of other research sources is rather stark. In most industrial research, overhead rates are roughly twice those of private research universities, and there are no arbitrary caps. And the federal Small Business Innovation Research Program gives small businesses an automatic 100% overhead rate.

Yet, university research not only is cheaper for the government, it provides an important side benefit for the nation: the training of graduate students to become the next generation of researchers. And, as any faculty member working on a sponsored agreement will quickly confirm, graduate students are essential contributors to the process of research and creation of knowledge.

### **3. The high-cost/low-benefit ratio of excessive government regulation.**

I now turn to the costs of excessive government regulation. The costs of complying with federal, state, and local regulations are considerable at almost any organization in American society. Research universities, such as Stanford, however, bear some particularly irrational costs. Let me give you two examples.

Our Dean of Research, Charles Kruger, was working with a new faculty member to put in place some combustibles for a lab. It is important to note that these were non-toxic fuels and no unusual gases were being used. Meeting the various requirements cost \$600,000. Dean Kruger

asked how many kilowatts of combustion were being produced and, when he got home, looked at the amount of combustion produced by his own home's furnace and water heater. He found they were roughly the same. Now, housing in California is expensive, but no one would dream of paying \$600,000 to set up a furnace and water heater in their home.

The second example is a pending regulation from the federal EPA. As a result of an inspector general's interpretation of one line of the 1990 Clean Air Act, the EPA has proposed a new regulation that would require application of Maximum Achievable Control Technology to all air emissions from research and development facilities. This could mean that every single fume hood—and at Stanford we have more than 1,000 of them—would need to be retrofitted with a \$10,000-to-\$20,000 filtration unit, for a total of \$10-to-\$20 million, plus annual operating and maintenance costs of \$1/2 to 1 million. The issue is not whether we should be concerned about air emissions; we long have been. It is about whether the cost and benefits are rational.

By a very conservative accounting, Stanford already incurs about \$20 million per year in on-going costs related to compliance with regulations. It is important to emphasize that this figure does not include any capital costs. A portion of these costs are recovered through outside overhead payments. However, \$7.8 million of the \$20 million in such costs are not recovered by outside sources of funds and bear directly on tuition and other sources of unrestricted income.

In addition to the on-going operating costs of compliance, we are also forced to absorb costs that in other organizations would have been picked up by the research sponsor. This amounts to approximately \$21 million.

When we take the \$7.8 million in on-going operating costs for compliance and the \$21 million I just mentioned, we calculate that approximately 7 1/2 cents on every tuition dollar goes toward supporting these costs.

I must point out that this does not even count the value of the considerable amount of time spent by Stanford faculty and staff time in



compliance related meetings, on panels, doing paperwork, meeting with compliance officials, and performing other tasks. These kinds of activities are simply absorbed into the days and nights of our people, and reduce the amount of time available for teaching and research. I have to believe that these hidden costs amount to at least another 5 cents of each tuition dollar.

And, I repeat, these examples do not include any capital costs, of which there clearly have been many as we have struggled to meet our obligations under government regulation.

When I say "government" regulation, I do not wish to imply one, uniform set of regulations. Take a one-pint bottle of alcohol, which could be found in most of our bathroom medicine chests. If found in a university laboratory, it falls under the regulation and scrutiny of at least six different regulatory agencies, all of whom have varying administrative requirements for that same container. These include:

- The air quality management district, which regulates the use of material to minimize air releases.
- The sewer district, which regulates the use, storage and disposal of material to minimize inadvertent releases to drain.
- OSHA, which regulates the use, handling and storage of the material.
- The local fire department, which regulates the amount, use and storage of the material.
- The county environmental health department, which regulates the use, handling, storage and disposal of the material.
- The state hazardous waste agency, which regulates the handling and storage of material when no longer wanted in the laboratory.

Even when dealing with a single agency, we too often are confronted by regulations intended for an entirely different setting. Let me offer a quick case study of such an agency—the California EPA—and how such

regulatory processes have begun to interfere seriously with the very nature of the academic enterprise.

At Stanford, more than 4,000 faculty, staff, and students work with chemicals and the resulting waste, in one way or another. Research involving usually small amounts of thousands of chemicals is conducted in roughly 700 locations in schools and departments throughout the campus.

California has promulgated hazardous waste regulations to protect human health and safety, preserve the environment, minimize waste, and prevent pollution. These rules, however, were developed with large-scale manufacturing processes and industrial settings in mind. And that was a wise decision by the state because 99.99% of all hazardous chemical waste comes from manufacturing and industrial processes; less than one one-hundredth of a percent (0.01%) comes from university laboratories.

State officials freely admit that the development of the regulations did not take into account the nature and organization of universities. The result is agreement between the university and the state on objectives and outcomes – safe practices, sound management of waste, environmental protection – and sharp disagreements on paperwork, administration, and organizational requirements.

Take, for example, labeling. Research and teaching at Stanford produce about 25,000 small containers of chemical waste annually – most of them smaller than a glass of water. State regulators require that each of those containers be labeled with a special label itemizing six specific pieces of information, even if the chemical is in its originally labeled container provided by the manufacturer. An error on any one of these items is a violation. Furthermore, if a state inspector finds a container mislabeled in laboratory A on the west side of the campus and on a subsequent visit finds that another container is so mislabeled in laboratory B on the east side of the campus, Stanford can be considered "recalcitrant" because "repeat" violations have occurred. Labeling fines range from \$100 to \$10,000 per violation. A 1% error rate, therefore, could result in annual fines of \$25,000 to \$2.5 million.

In one actual incident, a conscientious graduate student at Stanford

put the wrong date on a bottle because his calendar watch was off by a single day, and by chance a state inspector that day noted the resulting labeling violation. The student's supervising professor, a distinguished member of our chemistry department, wrote a memorandum on the incident to our Environmental Safety Office. The professor commented:

I would invite ... the inspector to meet with this individual and better understand how serious he and others are about compliance and how inspections that focus on such human errors and not on more pressing issues of safety serve only a destructive purpose.... We have very little time these days to do much science because it seems that every week there is a new issue, many of a reasonable nature but far too many of which simply do not address safety.... If we continue to focus on non-problems, we will not achieve what should be the objective of our safety programs and legislation, i.e., to create a safer environment. Instead we will discourage compliance and drive our educational and research system into the ground.

This illustrates the regulatory attitude we are dealing with. Nevertheless, we could live with labeling – if that were our only problem. But it is not.

Far more important to us are complicated issues of authority over laboratory practices, the definition of laboratory and associated work spaces, the requirements for supervision and storage of chemicals, the length of time substances can remain in a laboratory, when a substance becomes a waste, when containers can be reused, what training documentation is required for different job classifications and for students, and other important issues.

In the end, the California EPA chose to interpret existing regulations in ways that bore no rational relationship to the reality of the university setting, and imposed \$460,000 in fines, \$235,00 in state administrative costs and \$300,000 in contributions to private environmental groups. Perhaps worse, it imposed expensive and unnecessary bureaucratic requirements

on us for the future. Real environmental protection was not at issue, nor was compliance with the law. The dispute was not about whether these activities should be regulated; it was over the state's rigid interpretation of regulations designed for industrial processes and its insistence on applying those to university laboratories.

It is the country that will suffer if the research enterprise is smothered by red tape. And, I will add, it is students and families who suffer as funds that could go to academic purposes and perhaps greater tuition relief are eaten up excessive regulation and the shifting of legitimate expenses from the government to universities.

With that, I conclude and welcome your questions.

**Grade Reporting Process Redesign:  
Final Report**

**Team:  
Sam Lewis  
Terri Tuzinski  
Vance Shrimp  
Steve Gunnell (Consultant)**

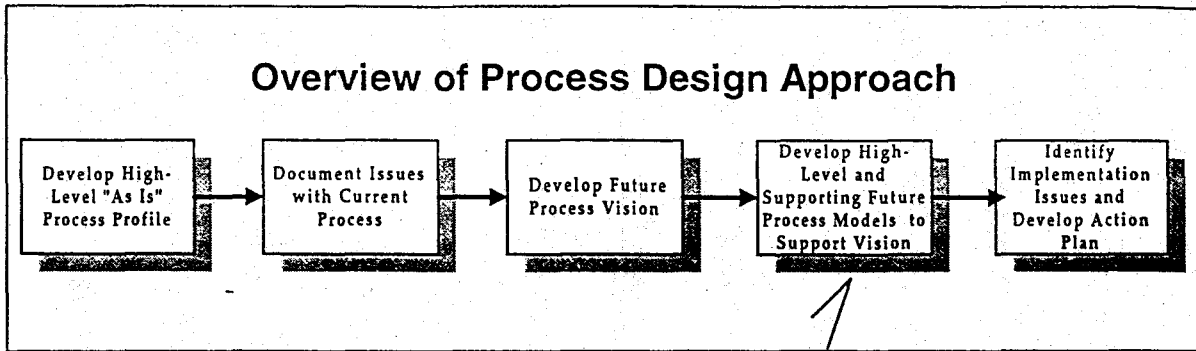
**Student 2000 Project  
October, 1997**

**Draft October 20, 1997**

*This is a good example  
of how process redesign  
can add value by increasing  
service and decreasing cost.*

## 1. Introduction

Process redesign work within the Student 2000 Project is conducted using the methodological approach shown in the table below. This report presents the results of our work in sections corresponding to the major steps in the approach.



## 2. "As Is" Process Profile

### 2.1. Process Description

This is the process of collecting and updating student grade information. In the current process faculty complete grade reports which list registered students; these rosters are then used to update the student record system, resulting in grades on the student academic transcript. The bulk of the work for this report is based on the day school grading process; however, University College (UC) uses an essentially similar process.

### 2.2. Process Inputs and Outputs

Key process inputs include:

- Student grade results (about 600,000 per year for Twin Cities day and UC)
- Grade report roster sheets (about 18,000 per year)
- Miscellaneous grade report forms

Key outputs of the grading process include:

- Faculty gradebooks (local, department)
- Miscellaneous grade reports (intermediate output)
- Edited grade report sheets (intermediate output)
- Grade results tape (intermediate output, produced by keying vendor)
- Notification to student of grade (e.g., via faculty member, IVR, or Web)
- Updated student record (e.g., Student Data Base, transcript)

### 2.3. Triggering Events

Trigger	Description
Grades assigned	Faculty member assigned grades to students based on performance; may use paper or electronic grade book for class records.
Grade notification date arrives	Designated time when grades are due. Defined at U of Mn as 72 hours after final examination.

### 2.4. Process Metrics

Table 1 on the following pages identify major cost and quantity components for the current process. Note the number and variety of cost components.

### 2.5. "As Is" Process Map

The two charts on the following pages provide a high-level description of the current day school primary grade reporting process. Figure 1 shows how the grades are collected from faculty, and Figure 2 describes the process once the grade reports have been sent to the keying vendor. Note the multiple verifications and handoffs. UC uses essentially the same process; however, UC manually updates their system with grades first, and then an interface program puts the grades on the transcript system.

There are several variants on the basic process. Grades submitted after the due date are not keyed by the keying vendor, but are keyed by registrar staff. Crookston and Morris key all summer grades. Also, miscellaneous grade reports—those used to submit individual student grades or grade changes—are all handled by registrar office staff and directly entered into the data base.

**Table 1. Main Grade Posting Process**

Cost Category	Quantification Basis	Qty/Amt per Period	Periods per Year	Qty/Amt per Year	Cost per Unit	Est. TC Campus Costs	Adj Factor for Campuses	Total Est Costs All Campuses
OTR staff costs (TC only)	Person days per grade period	45	4	180		\$29,408	1.4	\$41,171
University department staff costs (TC only)	Person days per grade period	333	4	1332		\$217,616	1.4	\$304,662
Grade report forms costs (TC only)	Number of pages per grade period	4500	4	18000	\$0.15	\$2,700	1.4	\$3,780
Keying vendor ongoing costs	Cost per year							\$6,000
Keying vendor change costs	Annual person days for OIT and OTR staff	20		20				\$3,268
Messenger service cost (TC only)	Person days per grade period; student employee dedicated during 3 day period	3	4	12		\$1,961	1.4	\$2,745
Microfiche filming and storage cost	Cost per year (all campuses)							\$500
Data processing costs	Cost per year (all campuses)							\$8,000
<b>Total Estimated Costs</b>						\$251,684		\$370,124



**Table 1. Main Grade Posting Process (cont.)**

Cost Category	Quantification Basis	Qty/Amt per Period	Periods per Year	Qty/Amt per Year	Cost per Unit	Est. TC Campus Costs	Adj Factor for Campuses	Total Est Costs All Campuses
<b>Detailed Assumptions:</b>								
Loaded annual cost per employee	\$35,943	Based on actual salary and benefits for Registration clerical personnel						
Number of grading periods per year (3 full periods and 2 periods counted at .5 full periods each)	4							
Number FTE working days per year	220							
Includes main grade posting for "Day" only								
Adjustment factor required to extrapolate Twin Cities results to other campuses. Based on number of sections as each campus: 4500 sections at TC and 1800 sections at Duluth, Morris and Crookston combined								

**Table 1. Main Grade Posting Process (cont.)**

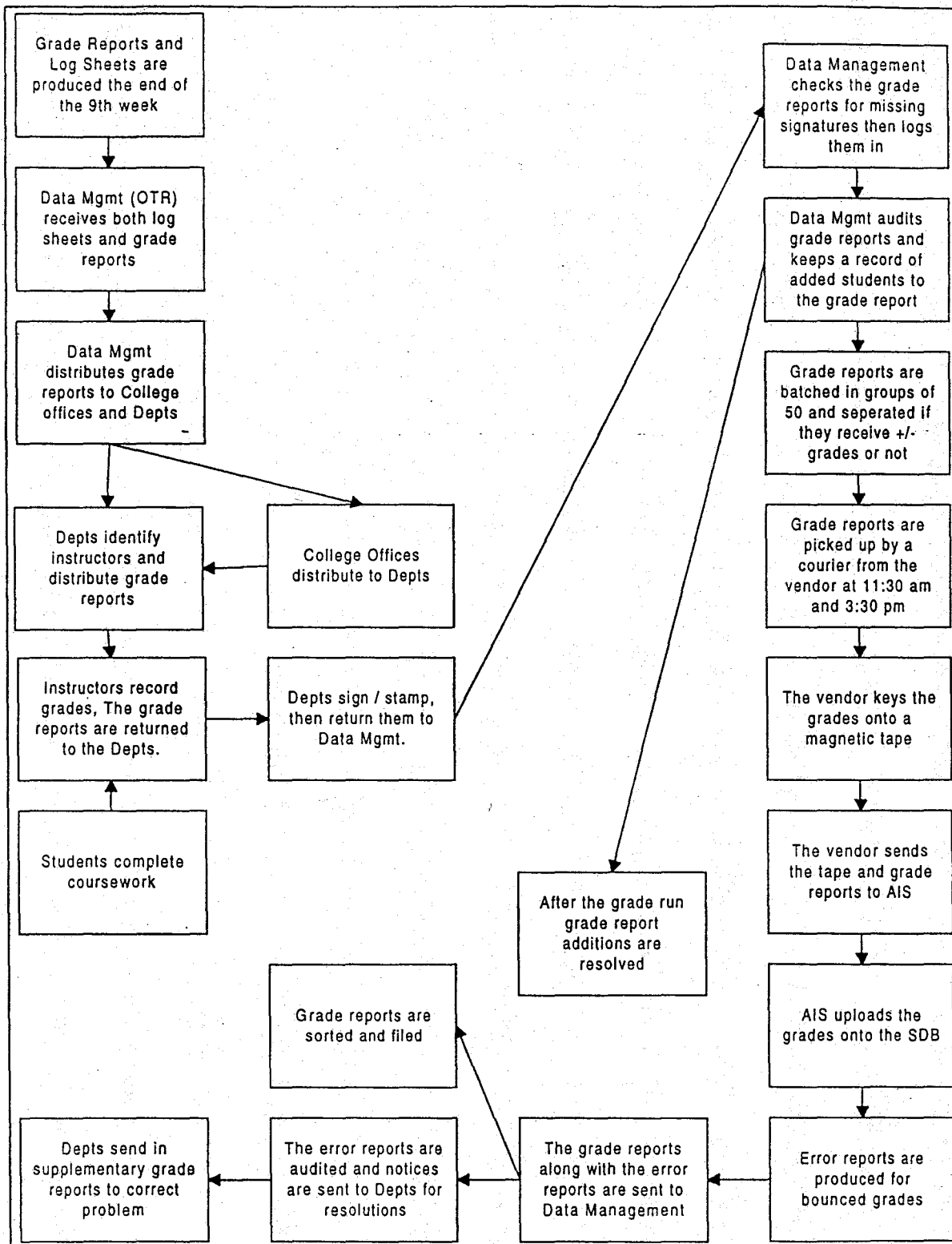
Cost Category	Quantification Basis	Qty/Amt per Period	Periods per Year	Qty/Amt per Year	Cost per Unit	Est. TC Campus Costs	Adj Factor for Campuses	Total Est Costs All Campuses
<b>OTR Staff Activities and Time Estimates</b>								
Sort grade reports (global campus, etc.)	2	person days per grade period						
Distribute grade reports	3	person days per grade period						
Retrieve from departments	6	person days per grade period						
Log in receipt of reports	9	person days per grade period						
Audit reports	9	person days per grade period						
Batch reports	9	person days per grade period						
Review error reports from posting and resolve	2	person days per grade period						
Ad hoc response to issues	3	person days per grade period						
File grade reports	2	person days per grade period						
Total OTR Staff (TC Only)	45	person days per grade period						

**Table 1. Main Grade Posting Process (cont.)**

Cost Category	Quantification Basis	Qty/Amt per Period	Periods per Year	Qty/Amt per Year	Cost per Unit	Est. TC Campus Costs	Adj Factor for Campuses	Total Est Costs All Campuses
<b>Dept Staff Activities and Time Estimates</b>								
Identify faculty member	35	person days per grade period	140 depts, 2 hours per dept					
Retrieve grade forms from instructors for signatures	52.5	person days per grade period	140 depts, 3 hours per dept					
Arrange delivery to OTR	140	person days per grade period	140 depts, 1 day per dept					
Update grade report form (central dept staff update)	70	person days per grade period	.5 days per department					
Sign off grade report form	35	person days per grade period	dept chair, supposed to review grades, 2 hours per day per dept.					
<b>Total Dept Staff (TC Only)</b>	<b>332.5</b>	person days per grading period						

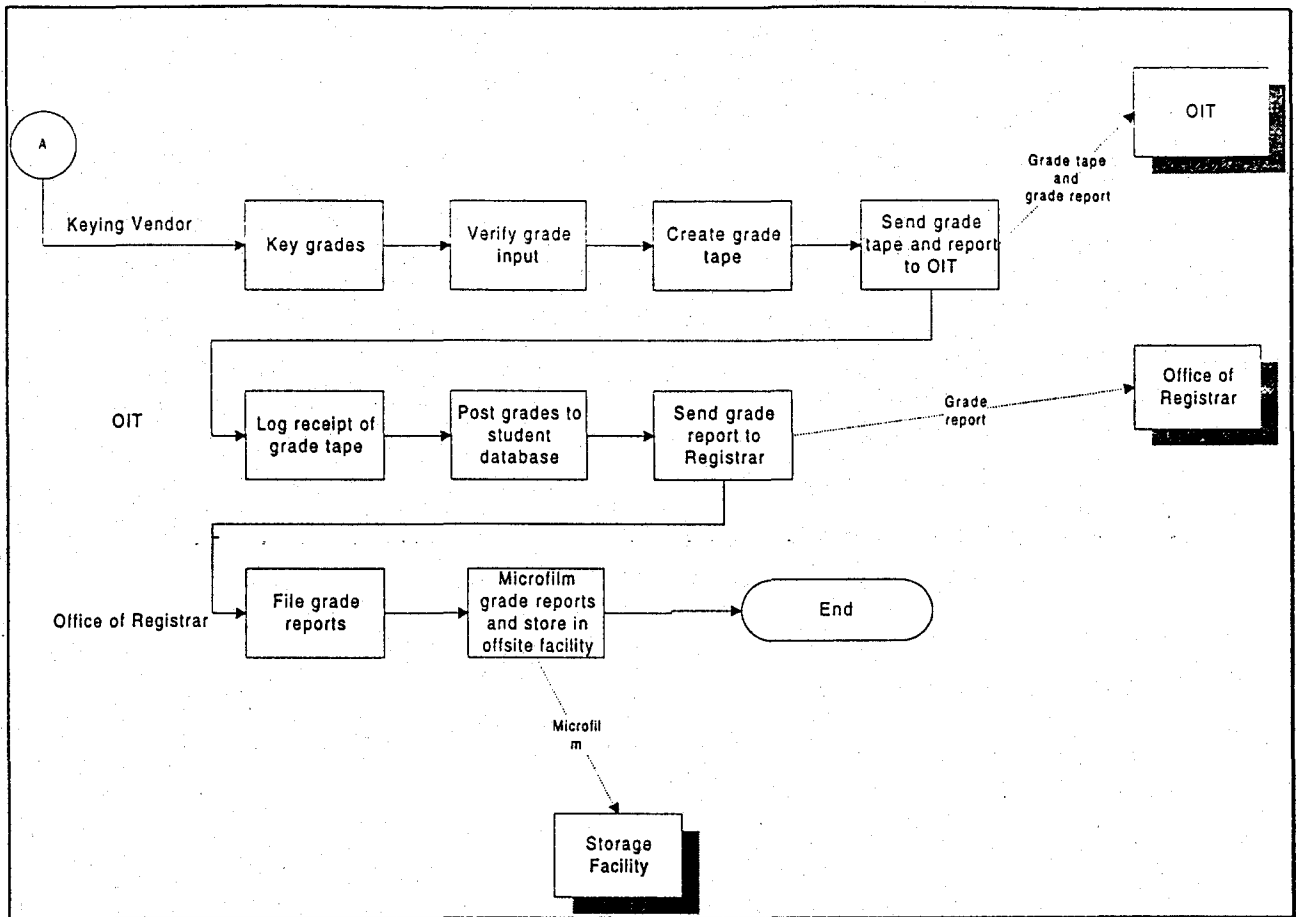
BEFORE

Figure 1. Collection of Grade Information



BS FURE

Figure 2. Keying and Posting Grades



### 3. Issues with Current Process

The current grade reporting process at the University is highly manual, time consuming, and provides poor service to students. This antiquated process involves at least 8 separate physical handoffs of a grade reporting form, 19 separate internal steps, and a lag of up to 5 days from the start of the process to the update of the student record.

The University of Minnesota has the highest percentage of late grades of any Big 10 school—about 11%, or roughly 10,000 per quarter, compared to 5% for Wisconsin (second highest in Big 10). Late or delayed grades negatively impact students in numerous ways, including financial aid eligibility, collegiate probation or suspension status, athletic eligibility, denial of scholarships, delay of graduation, etc. There is also a high volume of student inquiries about grades when grading deadlines are missed.

Having looked at these issues, a number of redesign possibilities emerge, among them:

- Direct data entry by instructional staff (or their designee) with editing done by the system
- Reduced paper handling
- Reduced non-value added approvals
- Workflow for needed approval processes
- Email notification of deadlines, overdue grades, etc.

### 4. New Process Vision

#### 4.1. Phase 1 Process Vision

Key features of envisioned process include—

- Distributed data entry—immediate update to Student Database
- Paperless process (depending on certification requirements and use of electronic signatures, etc.)
- Automatic notifications to faculty/staff/dean/department head for late grades, providing critical feedback loop missing in current system
- Ideally would link to departmental gradebook systems (or a limited number of “University approved” grade books)

Key benefits of envisioned process—

- More timely notification for students regarding academic progress, athletic certification, and satisfactory progress
- 50% effort savings of new process over existing process due to direct update to database, elimination of paper grade report forms, and elimination of hand-offs between departments
- Estimated time and material savings of approx. \$200K/year over existing process
- Eliminate lag time (up to 5 days) between submission of grades by faculty member and final update of student database, providing more timely grade results to students
- Reduction in total steps from 19 to 6
- Elimination of lengthy microfilming process

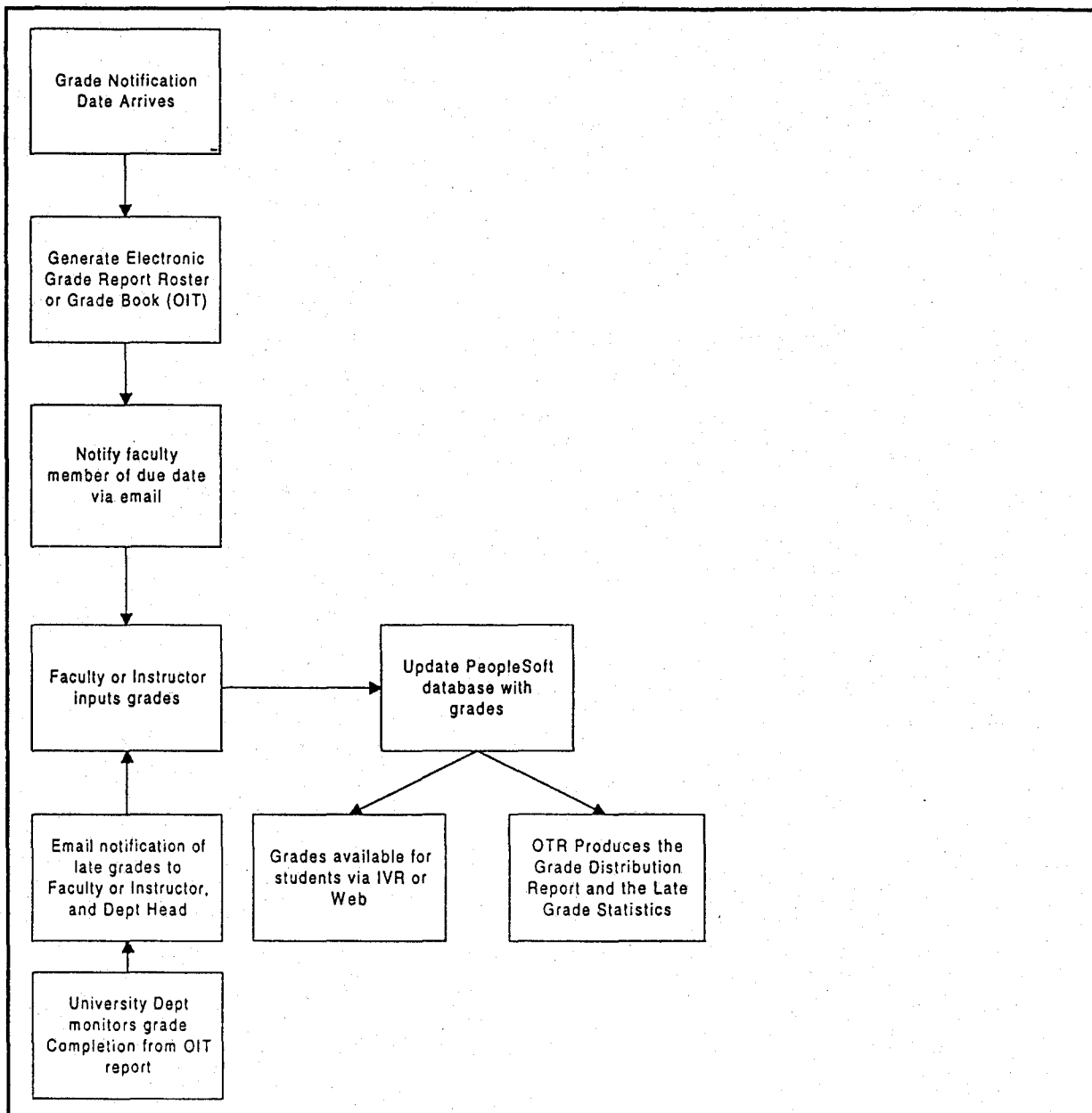
AFTER

## 5. Design to Support Vision

Figure 3 below shows the new vision process map for grade reporting. Note the radically reduced number of steps, increased automation, direct control of grading by instructor, and reporting to departments for monitoring purposes.

Table 2 on the following page provides revised cost and time data for the new vision, while Table 3 contrasts the old and new processes.

**Figure 3. Preferred Vision for Grade Reporting Process**



**Table 2. Grade Reporting Process—Vision**

Cost Category	Quantification Basis	Qty/Amt per Period	Periods per Year	Qty/Amt per Year	Cost per Unit	Est. TC Campus Costs	Adj Factor for Campuses	Total Est Costs All Campuses
Faculty costs (TC only)	Person days per grade period	70	4	280		\$45,745	1.4	\$64,043
Dept costs (TC only)	Person days per grade period	105	4	420		\$68,618	1.4	\$96,065
OTR costs (TC only)	Person days per grade period	9	4	36		\$5,882	1.4	\$8,234
Grade completion forms cost (TC only)	Number forms per grade period (assume laser form, not preprinted)	4500	4	18000	\$0.02	\$360	1.4	\$504
Data processing costs	Cost per year (all campuses)							\$8,000
<b>Total Estimated Costs</b>						\$120,604		\$176,846



**Table 3. "As Is" vs. Vision—Time and Cost Analysis**

<b>Time Savings Analysis</b>			
Total Vision Time	Total Current Time	Change from Current Time	
184	378	51%	
<b>Cost Savings Analysis</b>			
Total Vision Cost	Total Current Cost	Change in Cost	\$ Change in Cost
\$176,846	\$370,124	52%	\$193,279

## 6. Implementation Issues and Implementation Action Plan

Challenges in implementing the vision process include:

- Policy and cultural changes (e.g., elimination of some signatures, acceptance of exception reporting)
- Developing an approach that is workable for large class sizes. These would involve many grading panels on the system, and most such courses are already using electronic gradebooks (e.g., spreadsheets, data bases)
- Clearly communicating the benefits to faculty, while allaying concerns over forced change through offering options for direct entry, while providing for faculty control over the grading process
- Developing a security system for instructors that allows delegation of data entry to trusted staff (e.g., course teaching assistant or department course administrator) while ensuring faculty signoff
- Meet University auditor's requirements for authenticity of grades
- Enabling interfaces and other approaches to departmental gradebooks (e.g., Biological Sciences)
- Determining the level of implementation that can be supported with initial PeopleSoft implementation. Possibly a selected pilot could be done early in the rollout phase (i.e., for fall 1999 grades).

In prototyping the grading process, it would be desirable to involve several faculty members or departmental administrators to determine whether available screens and security could support these requirements without system modification.

As part of this task, develop a list of specific issues or concerns which should be addressed in the prototyping sessions for this process.

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# UNIVERSITY OF MINNESOTA

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*Office of the Executive Vice President  
and Provost*

232 Morrill Hall  
100 Church Street S.E.  
Minneapolis, MN 55455-0110  
612-625-0051  
Fax: 612-624-3814

TO: Twin Cities Campus Deans

FROM: Robert H. Bruininks, Executive Vice President and Provost *RHB*

DATE: November 4, 1997

RE: "Overall Satisfaction of Minnesota Citizens" Critical Measure  
1996 Public Opinion Poll Executive Summary

One of the University's critical measures, "Overall Satisfaction of Minnesota Citizens," relies on a public opinion poll, conducted at least biennially (ideally annually), to measure Minnesota residents' familiarity and satisfaction with the University of Minnesota. When this measure was approved by the Board of Regents in July 1995, no goals were set because baseline data were lacking; the expectation was that performance goals would be set once the baseline was established as a result of the first year's data collection for the measure.

The first survey for this measure was jointly supported by the Office of Planning and Analysis and University Relations and was conducted by the Minnesota Center for Survey Research in the spring and summer of 1996. A detailed report has now been completed, and the results for the key question on "satisfaction with the University" will be reported to the Board of Regents in December as part of the 1997 Institutional Performance Report. Goal setting will presumably occur at some future time.

A copy of the executive summary for the report is attached, and the complete report will be available in December. Questions regarding the report can be directed to Jane Whiteside in the Office of Planning and Analysis (5-6039; whitesid@mailbox.mail.umn.edu; or 160 Morrill Hall).

cc: Robert Kvavik  
Peter Zetterberg

***DRAFT***

**OVERALL SATISFACTION OF MINNESOTA  
CITIZENS CRITICAL MEASURE  
REPORT OF 1996 PUBLIC OPINION POLL**

Office of Planning and Analysis and University Relations  
University of Minnesota

November 1997

## EXECUTIVE SUMMARY

### University of Minnesota Critical Measures

When the University of Minnesota's Board of Regents approved a strategic plan for the University in January 1994, they also called for the development of "critical measures and benchmarks for measuring institutional, campus, and unit performance" in realizing the goals embodied in the plan. Over the following two and one half years, the Board of Regents approved specific measures in fourteen different measurement categories, one of which was called "Overall Satisfaction of Minnesota Citizens."

### "Overall Satisfaction of Minnesota Citizens" Measure

The general goal set for this measure was to increase the satisfaction of Minnesota citizens and key constituency groups with the University's performance and contributions to the state. The data collection method for the measure is a public opinion poll, and the specific measure is the percentage of a random sample of Minnesota citizens who say they are "very satisfied" with the University. The measure is intended to reflect both the University's performance and its success in communicating its mission, goals, and accomplishments within the state.

### Data Collection Process for the 1996 Survey

The first poll conducted specifically for the measure Overall Satisfaction of Minnesota Citizens (other public opinion polls have been conducted for the University in the past, including two surveys that included the same "overall satisfaction" question) was a telephone survey of 723 Minnesota residents conducted between April 25 and July 10, 1996 by the Minnesota Center for Survey Research at the University of Minnesota. Residents of the less populated northwest, northeast, central, and southern parts of the state were over-sampled, as were four racial/ethnic minorities (African American, American Indian, Asian/Pacific American, and Chicano/Latino/Hispanic residents), in order to obtain samples of sufficient size to draw reliable subgroup conclusions when appropriate.

The survey was designed to collect information from Minnesota residents concerning their familiarity with the University; its importance for the state, for their communities, and for themselves and their families; its performance overall and relative to different aspects of its mission; its contributions to the state in six broad areas; residents' overall satisfaction with the University; and recent University contacts and sources of information about the University. Whenever possible, the questions used in this survey were similar to questions used in previous University Relations surveys.

### Analysis and Reporting of Survey Results

In the body of the report, survey results are reported for the state's population overall, which means that the responses of all respondents are included but are adjusted (weighted) geographically and by racial/ethnic group to reflect the state's actual population distribution on these two characteristics. Results describing geographical and racial/ethnic differences are reported in the attachments; in these attachments, results are not weighted for the reported characteristic.\*

\* Note that in the analysis of geographical and racial/ethnic differences, statistical significance is defined at the  $P \leq .05$  level, and only statistically significant results are reported. Also, for some questions (especially follow-up questions not asked of the entire survey sample, or questions that a large number of respondents declined to answer), the breakdown into geographical or racial/ethnic subgroups resulted in small cell frequencies that are suggestive at best, even when there is a statistically significant difference.

It is hoped that the results described in the attachments will be used as part of a broader discussion of the University's presence in different parts of the state and its relationship with the state's communities of color.

### **Summary of Survey Results**

The summary below includes highlights from both the body of the report and the attachments. For more detail on the results reported in the summary, see the body of the report and the attachments.

Familiarity: In responding to questions about their familiarity with the University:

- 13% of respondents said they were "very familiar" with the University, and 25% said they could name at least part of the University's purpose or mission (and most of them correctly did so).
- Respondents who said they could name part of the University's mission most often mentioned aspects of the teaching/learning mission and least often mentioned activities related to the research/discovery mission.
- Not surprisingly, being able to name the location of the University's campuses was directly related to the size of the campus: 86% of respondents named the Twin Cities, 49% named Duluth, 28% named Morris, and 10% named Crookston.
- Analysis of these questions for the racial/ethnic subsamples shows: 1) a higher percentage of respondents of color said they were "very familiar" with the University than did white respondents (23% vs. 12% of respondents, respectively); 2) activities related to the education mission were mentioned more often by respondents of color than by white respondents; and 3) the Twin Cities was mentioned more often by respondents of color than by white respondents (92% vs. 86% of respondents, respectively), whereas locations of the other campuses were mentioned more often by white respondents than respondents of color.
- Geographical subsample analysis (i.e., comparison among the five areas of the state used in the sampling design) for these questions shows that: 1) metropolitan area respondents were most familiar with the University, with 18% of these respondents saying they were "very familiar" with the University, followed by 15% of northeastern area respondents who gave this response (10% or fewer of the respondents in the other three geographical areas felt "very familiar" with the University); 2) activities related to the education mission were mentioned most often by respondents in the northeastern part of the state, whereas activities related to the research mission were mentioned most often by metro area respondents; and 3) each University campus location was mentioned most often by respondents in the part of the state where the campus is located.

Importance: In responding to questions about the University's importance:

- 74% of respondents said the University was "very important" for the state, and 60% said it was "very important" for their communities, suggesting that residents understand the University's broader impact on the lives of Minnesota citizens.
- However, only 37% said it was very important for themselves and their families, suggesting a need for the University to develop more effective ways of connecting with Minnesota citizens on this more personal level.
- Analysis of this question for the racial/ethnic subsamples shows that in all three areas--for the state, for communities, and for themselves and their families--respondents of color were more likely than white respondents to say that the University was "very important": 80% vs. 74% of

respondents, respectively, for importance to the state; 70% vs. 59% of respondents, respectively, for importance to communities; and 55% vs. 36% of respondents, respectively, for importance to themselves and their families.

- Geographical subsample analysis for this question shows that the University is most often seen as “very important” for communities by northeastern area respondents (72%), followed by 63% of metro area respondents, 57% of central area respondents, 53% of southern area respondents, and 48% of northwestern area respondents.

Performance: In responding to questions about the University’s performance:

- A total of 74% of respondents gave a favorable rating overall (“very favorable” and “favorable”) to the University, although only 13% said their impressions were “very favorable,” suggesting that there is considerable room for improvement in the highest rating category.
- 18% of respondents were neutral (“neither favorable nor unfavorable”), and 8% gave a negative (“unfavorable” or “very unfavorable”) rating.
- In rating aspects of the University’s mission, the highest favorable (“very favorable” and “favorable”) ratings were given to graduate and professional programs (90%), followed by research and scholarship (83%), undergraduate education (82%), access to degree programs (82%), access to expertise and services (81%), outreach and public service (74%), educational access to non-degree programs (71%), and responsiveness to constituencies (68%). These ratings suggest many areas of perceived strength as well as areas for improvement in the future.
- Analysis of these questions for the racial/ethnic subsamples shows that, although white respondents and respondents of color gave similar “very favorable” ratings, when the top two categories (i.e., “very favorable” and “favorable”) are combined for an overall favorable rating, respondents of color were more likely than white respondents to rate the University favorably (78% vs. 74% of respondents, respectively). However, respondents of color were also less likely to be neutral and more likely to give an unfavorable rating than white respondents.
- Geographical subsample analysis for these questions shows no statistically significant geographical differences in ratings of the University’s overall performance, although respondents’ ratings of undergraduate education, the University’s responsiveness, and access to degree and non-degree opportunities did show statistically significant variation across the five geographical areas.

Contributions: In responding to questions about the University’s contributions to the state through its research, educational programs, and public service:

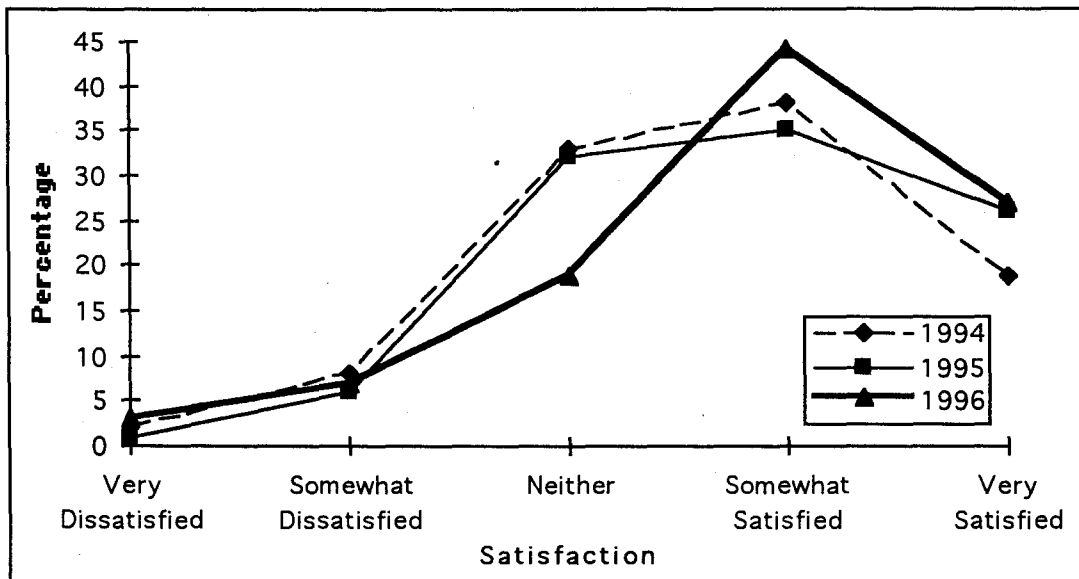
- The strongest positive (“excellent” and “good”) rating was for educational contributions (88%), followed by contributions to the health of state residents (84%), cultural contributions (82%), economic contributions (81%), environmental contributions (79%), and contributions on social issues (70%).
- When only the “excellent” ratings are considered, the order is slightly different, with health contributions at the top of the list (32%), followed by educational (28%), cultural (24%), environmental (20%), economic (18%), and social (12%) contributions.
- Analysis of these questions for the racial/ethnic subsamples shows that, although white respondents and respondents of color as a group gave similar “excellent” responses on contributions in five of the six areas included in the question (economic, environmental, cultural, social, and

health), there were differences in the following areas: 1) white respondents more often than respondents of color gave an “excellent” rating for contributions to the state’s educational quality; and 2) when the data were analyzed to show the specific racial/ethnic groups, there were statistically significant differences among the five groups on the University’s contributions in four other areas: economic, environmental, cultural, and social contributions.

- Geographical subsample analysis for these questions shows statistically significant geographical differences on two of the six areas included in the question, environmental quality and social issues, with the highest “excellent” rating by central area respondents on both questions.

**Satisfaction:** In responding to the question about their overall satisfaction with the University (the same question used in two earlier, though different, surveys):

- Overall satisfaction with the University has increased since 1994, with 27% of respondents in 1996 saying they were “very satisfied” (compared to 19% in 1994) and 44% saying they were “somewhat satisfied” (compared to 38% in 1994), for an overall positive rating by 71% of respondents (compared to 57% in 1994). Of the 1996 survey respondents, 19% said “neither” (compared to 33% in 1994) and only 10% gave a negative rating (the same as in 1994).
- Relative to the specific “Overall Satisfaction of Minnesota Citizens” measure, which is the percentage of respondents who say they are “very satisfied” with the University, the figure below demonstrates an important positive trend, with a much smaller percentage of 1996 respondents giving a neutral (“neither”) response and larger percentages giving the two positive responses.



- Overall, 67% of respondents said they did not differentiate among the campuses when they think about satisfaction with the University, whereas 33% said it was “different depending on the campus.”
- Satisfaction ratings by the 33% of the sample who answered a follow-up question asking for separate ratings of each campus are somewhat lower than the ratings of the total sample for the University overall; this seems to be due in part to these respondents’ less positive evaluation of the Twin Cities campus, and in part to their lower level of familiarity with the campuses outside of the Twin Cities.

- Analysis of these questions for the racial/ethnic subsamples shows that 1) there was no difference between racial/ethnic minorities as a group and white respondents in their satisfaction with the University; however, when the five racial/ethnic groups were viewed separately, there were statistically significant differences among groups; and 2) there was also no difference between racial/ethnic minorities as a group and white respondents in terms of whether they differentiate among the campuses in their satisfaction; however, when the five racial/ethnic groups were viewed separately, there were statistically significant differences among groups.
- Geographical subsample analysis for these questions shows: 1) significant differences among respondents from different parts of the state in their satisfaction with the University overall, with central area respondents most often giving the “very satisfied” rating (34%), followed by 32% of northwestern area respondents, 28% of northeastern area respondents, 26% of metro area respondents, and 20% of southern area respondents; and 2) no difference in terms of whether respondents in the different geographical areas differentiate among the campuses in their satisfaction.

Contacts and Sources of Information: In responding to questions about their contacts with the University:

- 68% of respondents said they, or members of their immediate families, had at least one outreach/service contact with the University during the three years preceding the survey.
- 47% of respondents said they, or members of their immediate families, had at least one educational contact with the University during the three years preceding the survey.
- 42% of respondents said they, or members of their immediate families, had at least one research-related contact with the University during the three years preceding the survey.
- 30% of respondents were themselves, or had members of their immediate families who were, graduates of the University.
- In rating their contacts, 23% described them as “excellent,” 60% described them as “good,” 14% described them as “fair,” and only 4% described them as “poor.”
- In responding to a series of questions on how they get information about the University, 78% of respondents said they got information from the media, 73% said from contacts involving other people they knew, 49% said from their own contacts, 35% said from University publications, and 9% mentioned other sources, including the Internet, schools, libraries, and telephone books.
- Even with all of the contacts mentioned, only 8% of respondents said they were “very well informed” about the University, 44% felt “generally informed,” 38% felt “not very well informed,” and 10% said they were “not at all informed.”
- Analysis of the racial/ethnic subsamples for these questions shows that:
  - Respondents of color more often than white respondents had outreach/public service, educational, and research contacts with the University during the preceding three years.
  - White respondents were more likely than respondents of color as a group to report being a University graduate or having a University graduate in their immediate family (31% vs. 24% of respondents, respectively).
  - “Excellent” ratings of their University contacts did not differ for respondents of color as a group compared to white respondents, but when “excellent” and “good” ratings were combined



for an overall positive rating, white respondents more often than respondents of color as a group gave positive ratings (84% vs. 73% of respondents, respectively).

- Responding to a question on sources of information about the University, respondents of color as a group were more likely to get information from their own contacts than were white respondents (62% vs. 48% of respondents, respectively), whereas white respondents were more likely to get information through contacts with other people they know than were respondents of color (74% vs. 64% of respondents, respectively). White respondents were also more likely to get information through the media than were respondents of color (79% and 71% of respondents, respectively).
  - Respondents of color as a group see themselves as better informed than white respondents view themselves; this was true in both the “very well informed” and the “generally informed” categories.
- Geographical subsample analysis for these questions shows:
    - All three types of contact (education, research, outreach/public service) were reported most often by metro area respondents, followed by northeastern area respondents in the educational and outreach/service areas, and northwestern area respondents in research related contacts.
    - Higher percentages of metro area and northeastern Minnesota respondents had themselves and/or had family members who graduated from the University (40% and 35% of respondents, respectively).
    - Northeastern and metro area respondents were most likely to get information from University publications (42% and 41% of respondents, respectively), compared with northwestern and central respondents (33% of respondents) and southern respondents (24%).
    - The highest “very well informed about the University” response was from metro area and northeastern area respondents (12% and 8% of respondents, respectively), and the lowest was from northwestern area respondents (2% of respondents); 6% of central and 3% of southern area respondents said they were “very well informed.”

**UNIVERSITY OF MINNESOTA  
ACADEMIC HEALTH CENTER  
DEANS COUNCIL  
Tuesday, December 16, 1997  
475 ChRC  
2:00 p.m.**

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**AGENDA**

**EXECUTIVE SESSION**

- |    |  |        |
|----|--|--------|
| 1) | Faculty Research Seed Grant Awards<br>Discussion and approval<br>Frank Cerra                           | 30 min |
| 2) | AHC Leadership Development Plan (tan)<br>Presentation and discussion<br>Jeanette Loudon and Terry Bock | 30 min |

**OPEN SESSION**

- |    |   |        |
|----|---|--------|
| 3) | PIDP Procedures<br>Final review and discussion of procedures<br>Frank Cerra   | 10 min |
| 4) | Interdisciplinary Education<br>Informal discussion with Laura Coffin Koch, SCEP Chair                                     | 60 min |
| 5) | AHC Budget and Performance Reporting Systems<br>Demonstration and presentation<br>Katherine Johnston and Joe Weisenburger | 30 min |
| 6) | Monthly Reports from the AHC Administrative Services Offices<br>Discussion<br>Terry Bock                                  | 10 min |
- 

**Information Item Only:**

Office of Facilities Management Monthly Status Report (green)  
Office of Human Resources Monthly Status Report (orchid)  
Communications Monthly Status Report (pink)  
Administrative Information Systems Monthly Status Report (yellow)  
Enterprise Systems Project report to the Board of Regents (white)  
The Fairview Relationship: A Progress Report to the Board of Regents (salmon)  
Administrative Cost Reductions Memorandum from President Yudof (grey)

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**Preliminary Agenda Items for Upcoming Meetings**

December 23 and 30 Meetings are canceled.

**January Meetings**

Graduate Student Funding Discussion with Mark Brenner

# UNIVERSITY OF MINNESOTA

*Twin Cities Campus*

*Office of Communications  
Academic Health Center*

*Box 735  
420 Delaware Street S.E.  
Minneapolis, MN 55455*

*Office:  
A395 Mayo Memorial Building  
612-624-5100  
Fax: 612-625-2129*

December 12, 1997

TO: Frank B. Cerra, sr. vice president  
AHC Deans

FROM: Christine Roberts, director  
AHC Office of Communications

RE: Monthly Report

We are moving ahead on all fronts:

**Media Relations.** We continue to see an increase in media placements. The coverage of Catherine Verfaillé's research, the Star Tribune segment on the University and the visibility of the Fariview report to the Board of Regents are this week's achievements. We have initiated "Media Watch", which e-mails the AHC when faculty or staff will be on television. Because our opportunities are now exceeding our capacity, we will be filling an entry-level media relations position this winter.

**Publications.** "Pictures of Health" is off the press and will be mailed to opinion leaders the first week in January. The next issue will be published in March. Please send us story ideas!!! You are also welcome to add names to the mailing list, if you wish. News Capsules and AHC Community News continue to evolve. The second issue of Dear Colleague has been published. The next project is the publication of an AHC brochure and informational pamphlets on all seven schools and colleges. The School of Dentistry will be our model for the school/college pieces.

**Public Relations.** The communications staff coordinated a reception for Dr. Robert Gorlin from the College of Dentistry on December 9 and the AHC holiday party on December 12. We created a holiday card for the AHC to send to friends and colleagues. The "Roadshow" plans are almost complete. Deans are welcome and encouraged to come along on one or all of the trips!! Our opinion leader database and automated mailing system continue to grow and develop. You are welcome to use our lists if you ever need them. Considerable effort has been made to enhance "Health Talk and You", which will have a new plan created for it this spring. Amy Olson was the lead for the Community Campaign in the AHC, which resulted in an increase in overall giving.

**Legislative Relations.** The communications staff will have a significantly larger role to play in legislative advocacy this year. I am working closely with the Office of State Relations on new initiatives to support central's lobbying efforts. We will be hosting health care lobbyists for breakfast on January 8 to discuss the legislative agenda. We are

seeking endorsements for our agenda from health care groups. Dr. Cerra has also invited CEOs of health systems to a meeting to discuss graduate medical education funding as well as other priority issues.

**AHC Support.** I am currently working on marketing or communications projects for the College of Pharmacy, the Medical School, the Research Services Office, UMP, the Student Consultative Committee, and the School of Public Health.

**Fairview.** We have reached a tentative agreement with Fairview about how to name and market programs in which the University, UMP and Fairview all have a role. We have also reached agreement on external signage for the hospital and the Academic Health Center. I have asked Fairview to complete a master internal signage plan (except for the hospital itself) prior to making any decisions.

**End of the Year Comment.** The University is a great place to be right now. Despite our challenges and problems, we can be very proud of what happens here. I have appreciated being a part of it for the past eight months and I look forward to an even better 1998.

# UNIVERSITY OF MINNESOTA

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Office of the President

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Fax: 612-625-3875

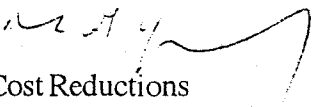
## MEMORANDUM

ACADEMIC HEALTH CENTER  
Office of the Provost

December 10, 1997

DEC 12 1997

RECEIVED

To: Senior Vice Presidents and Vice Presidents  
From: Mark G. Yudof   
Re: Administrative Cost Reductions

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The University of Minnesota is undertaking an ambitious effort to create a smaller, more productive central administration. The goal of this effort is to increase administrative efficiency, reduce the administrative burden on academic units, streamline processes and improve service. The purpose of this memorandum is to outline for you my expectations, the terms and conditions surrounding the cost reduction effort and to identify for each of you your specific cost reduction target.

### **Part A. Principles for Implementation**

As you consider strategies to accomplish your required reduction, the following principles and guidelines are to be incorporated as part of your decision-making framework.

- The administrative cost savings represent recurring reductions. The budget reductions necessitate recurring solutions. The use of operating balances may be employed to temporarily meet the reductions only if accompanied by a reasonable plan to address the reduction through a permanent budget action in the next year or two (e.g. planned retirements, etc.).
- Changes should embrace a philosophy of improving and expanding the level of service to faculty, staff, students and the community, while reducing the number of administrative processes and steps to complete administrative functions. The University is investing new resources in the Enterprise Project to advance changes and efficiencies in administrative processes. Units should consider the impact of these changes in planning their reductions.
- We should eliminate work and processes. The reductions are not to be accomplished through the elimination of pass through funds that traditionally have been transferred to academic units from central operations. Central administrative units considering cost reductions that may impact on collegiate or campus operations should carefully plan

these actions in coordination and consultation with impacted parties. Similarly, you should be careful not to transfer responsibilities without funding to colleges and other units.

- The intent of these reductions is to create a smaller, more productive central administrative operation. Naturally, reductions in filled and unfilled positions will likely be one of the outcomes given the focus of the plan is to reduce administrative costs. Reductions in personnel, however, should not be focused solely on those employees providing a direct service. In other words, the focus of the required reduction and the corresponding impact on personnel should not be horizontally biased toward the lower end of the organizational chart. Instead, a vertical analysis of positions should be conducted so that the functions and responsibilities of each administrative level of management and employee are reviewed with an eye toward efficiency improvements. I want to emphasize that the primary focus of the reduction be on management/administrator positions.
- Units should assess every administrative position that is currently vacant or that becomes vacant through some form of attrition to determine if these job functions can be accomplished in ways other than refilling the position. Units must abide by the terms and conditions of existing labor and employment contracts.

Additional information regarding human resource issues associated with these administrative cost reductions will be mailed under separate cover by Vice President Carol Carrier.

#### **Part B. Administrative Cost Reductions on Centrally Allocated Funds**

Recurring administrative reduction targets have been set for all administrative units according to vice president. The overall administrative cost reduction target is eight percent of the administrative compensation costs in the relevant administrative units. The cost reduction target for centrally allocated funds totals \$4.8 million. The specific administrative cost reduction targets are based on the FY1996-97 administrative salary and fringe expenditures (O&M and ICR) in the following units:

- President's Office (including the Senate Office)
- Executive Vice President and Provost (including the Office of the EVPP, Office of Information Technology, Planning, International Studies and Enrollment Mgmt., Budget, and Multicultural Affairs)
- Senior Vice President for Finance and Operations (including, Audits; Controller; Facilities Management; Office of Finance and Operations; Health and Safety Management; Treasurer; and, University Services)
- Institutional Relations
- General Counsel
- Senior Vice President for Health Sciences
- Vice President for Human Resources
- Vice President for Research and Dean of the Graduate School
- Vice President for Student Development and Athletics

The target amounts, detailed below, were calculated by applying the appropriate fringe rate to the actual fiscal year 1996-97 operations and maintenance (O&M) and indirect

cost recovery (ICR) administrative salary expenditures in the units identified above, and then multiplying the product of the calculation by 8%.

<u>Vice Presidential Unit</u>	<u>O&amp;M</u>	<u>ICR</u>	<u>Total</u>
Executive Vice President	1,564,597	0	1,564,597
Sr. VP Finance & Operations	1,577,896	141,507	1,719,403
Sr. VP Health Sciences	255,383	40,569	295,952
VP Human Resources	277,199	0	277,199
VP Research	215,840	250,482	466,322
VP Student Dev. & Athletics	266,541	0	266,541
President's Office	74,265	0	74,265
Institutional Relations	55,165	0	55,165
General Counsel	30,369	0	30,369
Total	\$4,317,255	\$432,558	\$4,749,813

These target amounts have been deducted from the fiscal year 1998-99 base budget worksheets of these units. Vice Presidents must determine the appropriate reduction targets for their respective units and communicate those figures to their units as soon as possible. Each unit receiving a cost reduction target is required to submit a work plan outlining how the unit will achieve the assigned reduction as part of the Phase II budget process. Final decisions to reduce administrative budgets will be reflected on fiscal year 1998-99 allocation worksheets.

Senior Vice Presidents and Vice Presidents should be aware of the possibility of additional targeted reductions beyond the 8% general reductions listed above. Additional selected reductions will be discussed with units during the spring as part of the Phase II budget process.

#### **Part C. Auxiliary Income Assessment**

In addition to the administrative cost reduction targets established in Part B for centrally allocated O&M and ICR funds, a 2% assessment on auxiliary revenues has been established. This assessment applies only to auxiliary units under the jurisdiction of those units identified in Part B. Senior Vice Presidents, Vice Presidents and executive units with auxiliary enterprises are directed to inform their auxiliary units regarding this assessment. The assessment is effective beginning on July 1, 1998. The assessment is designed to obtain \$1.5 million in additional revenue to support institutional academic priorities.

The calculation will be based upon two percent of actual fiscal year 1998-99 auxiliary fund revenues in selected revenue source codes. At this time, the revenue source code for student fees has been excluded from the assessment. Further analysis is underway to determine the appropriate auxiliary revenue source codes to assess the two percent charge. Because these funds are not centrally allocated and are not included on allocation worksheets, the process for collection of the revenues will be different. Additional information on the assessment process and collection of the revenues will be available in the near future.

Similar to the effort to reduce administrative costs for centrally allocated funds, Senior Vice Presidents, Vice Presidents and executive units with auxiliary enterprises must incorporate the principles outlined in Part A. Senior Vice Presidents, Vice Presidents and executive units with auxiliary enterprises must not raise rates and fees to offset the impact of the two percent assessment. Although internal service organizations (ISO's) are exempt

from the two-percent assessment they are also directed to hold the line on rate increases. Every effort must be made to obtain the required two percent revenue assessment through reducing administrative costs and improving operating efficiencies. Auxiliary units, where possible, may meet their revenue assessment targets through improving profit margins, so long as rate increases are not used to substitute for the assessment. As such, staffing levels in auxiliary enterprises remain the purview of the relevant vice president and the auxiliary management, providing they meet the 2% revenue requirement.

**Schedule**

December 15, 1997	Administrative reduction targets will be arrived at and communicated to units.
February 20, 1998	Initial drafts of administrative reduction and process change work plans submitted as part of the Phase II budget process.
February 20 – April 17, 1998	Work plans revised and agreed to as part of the Phase II Budget process.
July 1, 1998	Resources removed from units
June 30, 1999	Reductions completed.

Thank-you for your prompt attention to this matter. If you need additional information regarding the administrative cost reduction plan please contact Associate Vice President Richard Pfitzenreuter at 625-4517.



# UNIVERSITY OF MINNESOTA

Twin Cities Campus

Office of Facilities Management  
Academic Health Center

Box 23 Mayo  
554 Boynton Health Service  
410 Church Street S.E.  
Minneapolis, MN 55455  
612-624-7957  
Fax: 612-626-3181

## MEMORANDUM

**TO:** Dean's Council  
Academic Health Center

**FROM:** Lorelee A. Wederstrom, *Director*  
AHC Office of Facilities Management

**DATE:** December 10, 1997

**RE:** **Monthly Report**

### Strategic Planning

- Classroom Development - Surveys on current classroom conditions and uses are being collated now and will be reviewed at the next committee meeting on December 15, 1997. This group is charged with defining what we need, developing strategies for meeting those needs and creating a management plan for better scheduling and maintenance of classrooms within the AHC.
- JOML Replacement - At the last meeting, members approved the pre-design lab model developed by the consultant planners, Rafferty, Rafferty, Tollefson. Transportation and Parking Services would like to be included in the planning for JOML replacement since they are interested in funding an additional ramp under the replacement structure once final location and size of building has been determined. The pre-design study is due January 7 so the committee will be aggressively completing its work this month.
- AHC FM Service Review - This group is surveying schools and colleges about the quality of facilities management services. They will also be utilizing actual "case studies" to evaluate FM services and to make recommendations. They are meeting regularly and will complete tasks by January 30, 1998.
- AHC Space Coordinating Group - Dr. Bitterman has drafted a space allocation process (copy attached) for development by the committee. Kathryn Johnston and I will meet with Dr. Bitterman to talk about costs of space as it may be tied into use of space. This group will also be meeting this month.
- Phase I, II & III data collection is near completion and we are working at collating this information in meaningful ways. Phase I, the Minnesota Facilities Model for 1997 and 2002 is in and has been adjusted based on recent review of the data submitted by the Space Review Teams from each school. Phase II is an update of the current inventory. We have everything current now except for about half of the Medical School - "it's coming." Phase III has been collated and responses averaged so we can see, generally, where our biggest problem areas are in terms of quality of space.
- AHC Strategic Facility Plan Steering Committee will meet again this week to begin drafting a vision of AHC facilities and creating strategies for bridging the gap between what we have and what we need.

### Project Administration

The weekly project administration agenda is also attached to this report. Highlights to note include a temporary freeze on new space requests until the completion of the Strategic Facility Plan; this freeze includes the current JOML facility into which no new space assignments are being made.

**Other activities still in progress:**

❖ Fairview is scheduled to release about 42,000 square feet back to the Academic Health Center on December 31, 1997. Half of this is already vacant Mayo 6 space. The rest of it is small chunks of real estate spread out over the AHC. Fairview has informed us that they will not be able to vacate all of the space on time but within a month or two. The Steering Committee, with advice from the AHC Space Coordinating Group and the AHC Office of Facilities Management, will need to determine how this space will be assigned and to whom. This is one of the deliverables expected by Dr. Cerra as a result of the Strategic Facility Plan.

❖ On Monday, December 8, 1997 I invited the AHC Facilities staff to my home in the St. Paul countryside for a planning retreat. Here we began developing the concept of "Principle Centered Planning." During these discussions we expanded on the planning principles of servicing client expectations, communication, commitment and action. We also began the process of defining and standardizing the planning process so that we can better manage our services and begin to produce tangible results to clients. This is a work in progress which will be expanded upon at our weekly staff meetings. The next step will be to invite a similar session with our FM colleagues in central administration so that we can sort through roles and responsibilities and set service standards higher than where they are now. We will use the results of the FM Service Review Team to initiate these discussions.

*I would like to use this opportunity, on behalf of the staff of the AHC Office of Facilities Management, to wish all of you a Happy Holiday Season and a Healthy New Year.*

cc: James Bannister  
Donald Adderly  
Bonnie Amundson  
Virginia Garcia-Valez  
Bob Copeland

# DRAFT 1

## AHC Space Allocation

Objective - provide each student and faculty member with an optimal working environment on budget.

### Givens:

- How? -
- 1) Each department will determine and receive what is pedagogically essential in collaboration with the collegiate and AHC leadership
  - 2) All other space (should be about 50%) is peer reviewed.

### Strategy to optimize space utilization:

Upper limit: Space costs, therefore no one will be able to occupy more space than their resource base supports. Investigators will be compensated (based on the cost of space) for sharing or economizing. These funds can be used for pilot studies, shared equipment, pre and post doc slots etc. A 3 yr. running average is used → Reviewed by CFO.

Lower limit: Space is allocated to support a scope of work at a level of preeminent achievement (i.e., top 5 nationally). Space allocation is peer-reviewed and assigned by appropriate collegiate/program/center committee

### Operation:

Research Space: Cost of space is based on building and scope of work, not the discipline. Chair and members of review committees are elected by their peers. Selection will be based on scientific impact, funding, and experience in peer review.

Chair of AHC review committee gets 20% offset and 1 clerical FTE

Chair of collegiate review committee gets 10% offset and ½ clerical FTE

Chair of program/center committee gets no offset but gets ½ clerical FTE

Office space - MN model as a start.

Classroom space - Education Committee to develop

2 pathways for a PI/Program/Center/Department/College to increase space:

#### 1) General Merit

3 yr. running average of impact. Application will indicate specifically how scope of work would be enhanced by the space requested.

## 2) New Grant

Scope of work must require additional space. Grantee must give "heads up" to committee on submission of PPG, SCOR, Center of Excellence, Large Equipment Grant  
Metric to increase space:

-2 parameters (based on NRC ranking system)

1) Modified publication impact score - applied to individual, program, center, department, college.

a) General journals per citation frequency

b) Top 3 journals in each discipline = 10

c) Others per citation frequency

Score = Sum of (impact score x number of publications)

2) Grants → Total dollars excluding PI salary and other faculty salary

Each review committee will decide how to balance 1 and 2

Scope of Review Committee:

Center/Program Committees deal with the individual needs of PI within their discipline, e.g., Heart & Lung, Human Genetics, BSBE, Cancer, etc.

Collegiate review committee deals with needs of Centers/Programs within its domain.  
AHC review committee deals with collegiate and intercollegiate needs.

Date of Request	Project #	Bldg #	1.0 Space Requests	Who's on it??	What Needs to Happen??	Notes
8/97		054	1.1 Lab Medicine 6 <sup>th</sup> Owre	Bonnie	1.1 Linda to provide info/programming to Bonnie	Pending decision from Med School SPRT
8/97			1.2 Vischer Chair - Tim Ebner	Bonnie	1.2 Walk through. Identify program requirements. Price w/Roger by 11/1	Pending decision from Med School SPRT
8/97			1.3 Primary Care Research	Bonnie	1.3 MFM Program by Jim Banister	
8/97			1.4 Health Outcomes Research	Bonnie	1.4 No action	
6/97		142	1.5 Pharmacy Server	Donald	1.5 Donald to consult with Roger regarding air flow for server room	Pending Board of Regents decision on 12/10/97.
9/97			1.6 Pharmacy Endowed Chair	Banister, Bonnie	1.6 Awaiting response from Dentistry. Will then schedule mtg with Cynthia Gross	
9/97			1.7 Dr. Karen Hsiao	Bonnie	1.7 Expansion requires space from psychiatry. Provide estimate and refer to SPRT.	Bonnie sent recommendation to Wilcox.
10/97		069	1.8 Cardiology Expansion	Donald	1.8 Donald to schedule scoping meeting. Mtg participants Ross, Dr. Miller, Dave Bertrand, Bonnie, Roger W.	On hold
			1.9 St. Paul Wildlife Rehab Clinic	Lorie	1.9 Fit plan in Nov. Lease vs purchase	
10/97			1.10 Medical School Administration	Donald	1.10 Vercilotti forwarding completed program to Dr. Cerra	
			1.11 Urology surgery		1.11 No action required	
			1.12 Institute for Health & Disability	Banister	1.12 No action required	
			1.13 Immunology Labs	Lorie	1.13 No action required	
6/97			1.14 Stone labs	Banister	1.14 Friday staff mtg for options	1.14 Call from Dr. Gary - ALG; e-mail from Ginger
			1.15 LMIFD	Lorie	1.15 No action required.	
			1.16 Public Health	Lorie	1.16 Direction from JOML Policy Group. Work after 10/31	Steering Committee to meet week of 11/14

Date of Request	Project #	Bldg #	Space Requests- Cont.	Who's on it??	What Needs to Happen??	Notes
8/97			1.17 Psychiatry Office		1.17 Refer to SPRT. To George Wilcox	
6/97		144	1.18 UMP	Donald	1.18 Need approval for space from AHC Administration	Lorie to send cover letter to Dr. Cerra
11/97		069	1.19 SPF mouse facility VCRC-5	Bonnie	1.19 Bonnie will develop program with Gillett	
11/97			1.20 PM & R		1.20 Med School SPRT	
11/97			1.21 Peds/Hem/Onc		1.21 Med School SPRT	
11/97			1.22 Thoracic Transplant Coord.	Donald		
11/97			1.23 Molecular Medicine		1.23 Med School SPRT	
11/97			1.24 BMEI Institute		1.24 Grant written - on hold	Medtronics - Mayo 1
11/97			1.25 Prevention Center		1.25 Med School SPRT	
8/97			1.26 Buchwald & Tobian	Donald	1.26 Donald & Jim to find relocation space	On hold
12/97			1.27 Edward Directory of Cardiovascular Disease	Bonnie	1.27 Bonnie to review program	
12/97			1.28 MDN Administration	Bonnie	1.28 Bonnie to review program	
			<b>2.0 Programming, Schematics, Estimates</b>			
6/97		115	2.1 Research Computing	Donald	2.1 AHC to approve funding.	Program complete. Order of magnitude given to AHC.
8/97			2.2 Orthopaedic Surgery	Donald	2.2 Donald awaiting work requests from Ortho	
8/97	107-97-1488	107-109	2.3 Pain Program	Wegner	2.3 Lorie to determine if the \$103,600 is a feasible amount to do the project	Recommendation regarding Jackson to Policy Council by 12/19/97
10/97		142	2.4 Genetics - Wylie b. frog room c. 5-245 Moos-Wylie	Donald	2.4 b. Stays the same c. Programming, schematics & estimate due 12/97	c. Project sent to FM construction for estimate. Architectural firm The Alliance hired to do study of area and complete programming with an order of magnitude estimate.
9/97	142-98-1125	142	2.5 Genetics - Fly Group (Hughes)	Donald	2.5 Awaiting report from the Alliance.	Duane Blanchard to complete preliminary study by 12/5

Date of Request	Project #	Bldg #	2.0 Programming, Schematics, Estimates (cont.)	Who's on it??	What Needs to Happen??	Notes
9/97		142	2.6 Genetics - Moos 2 Gene Therapy	Bonnie	2.6 Bonnie awaiting info from EHS put together program pieces by 12/8	
9/97		144	2.7 Genetics - PWB 7 Cancer/Neuro	Bonnie	2.7 Program sent to Dr. Farras awaiting response.	
8/97		074	2.8 Anesthesia Office	Donald	2.8 Awaiting answer from Anesthesia whether to proceed.	
			2.9 BMEI Director	Zone 6	2.9 No further action required	
7/97		147	2.10 Pharmacy Classrooms	Bonnie	2.10 Review by Wendy St.Peter	
10/97		107	2.11 Eastern Star-Masonic 3	Donald	2.11 Fairview needs to vacate room.	Fairview to vacate by 12/31/97
10/97		171	2.12 CUHCC Security	Donald	2.12 Archibeque to hire landscape architect	
10/97		171	2.13 CUHCC Development	Lorie	2.13 Predesign study	Lorie reviewing material from Amos Dienard.
10/97		115	2.14 Sr. VP Office security	Donald	2.14 Send proposal to Kathy Johnson for review	
9/97		144	2.15 Neurology renovation	Donald	2.15 Bonnie to develop preliminary estimate	
10/97		069	2.16 Cardiology Office renovations floors 1,2,3	Donald	2.16 Awaiting direction from department whether to proceed	On hold
11/97		144	2.19 Dermatology 4-240 PWB	Bonnie	2.19 Set up meeting with department representative	Meeting scheduled with Laura Olson 12/10/97
			<b>3.0 Authorization</b>			
8/97		144	3.1 Otolaryngology	Bonnie	3.1 Bonnie to check in January with department regarding funding status	
8/97	143-97-1234	144,069, 143	3.2 RAR Security	Don	3.2 Awaiting Regents approval. Pre bid walk through 12/8/97	Documents complete
		111	3.3 NIH Grant for Diehl Hall -cage washer	Roger	3.3 Confirm grant funding	No information regarding grant funding
			<b>4.0 Design</b>			
			4.1 Psychiatry @ Fairview	Linda Mackinen	4.1 Mark Koenig to set up meeting	Funding request of \$1 million - can Fairview do @ lease hold?

Date of Request	Project #	Bldg #	Design Cont.	Who's on it??	What Needs to Happen??	Notes
	000-97-1676		4.2 Minneapolis Classrooms	Terry	4.2. Reviewing Schematics with AHC Administration, faculty, student, classroom development committee, and Deans	Estimate 2.1 million
			5.0 Estimating Bidding			
	143-98-1197	143	5.1 Remodel Room 795	Wegner	5.1 Barb Alter to review estimate	
			6.0 Appropriation & Scheduling			
7/97		107	6.1 Masonic 4-Diabetes	Terry	6.1 AHC to identify funding source	Awaiting funding. Terry working with Kathy Johnston- Central or Diabetes Endowment.
			7.0 Pre-occupancy Coordination			
			8.0 Construction			
	069-98-1148	069	8.1 Cardiology-VCRC 299,292,294	Donald	8.1	Change order in process
	143-97-1721	143	8.2 Lab remodel-KE 316	Roger	8.2 Construction. Bitterman completion 12/97	
	144-98-1056	144	8.4 Family Practice	Terry	8.4 Complete by 12/5/97	In progress
			8.5 Goat Barn	Fred Clayton	8.5 Need updated schedule	
		115	8.6 Minnesota Virtual Simulation	Donald	8.6 Doors due by 11/25 media resources to begin work immediately	
			8.7 CMRR	Earl North	8.7 In progress	Construction completion April 98
	143-98-1198	143	8.8 Remodel Room 790 Analytical Chem	Wegner	8.8 Awaiting schedule. 12/31 completion	
			8.9 Genetics Conference Room 5-275 Moos T	Archibeque	8.9 Demolition	GME completion by 1/2/98
		069	8.10 Cardiology corridor	Archibeque	8.10 Beginning construction	
11/97		069	8.11 Cardiology Corridor	Donald	8.11 Construction in progress	Change order to 299 VCRC project
7/97		115	8.12 RSO	Bonnie	8.12 1395 and program to FM	



Date of Request	Project #	Bldg #	Construction - Cont.	Who's on it??	What Needs to Happen??	Notes
9/97	074-95-1445	074	8.13 Allergy Clinic 325 Mayo	Terry	8.13 Awaiting construction schedule	
	109-981077	109	8.14 Surgery Office 160 VFW	Terry	8.14 Construction	\$10,000
			<b>9.0 Post Occupancy Evaluation</b>			
		144	9.1 Obesity Clinic - 5PWB	Donald	9.1 White board installed.	
		115	9.2 ProSolvia	Donald	9.2 Chairs due 10/7 card access	
			9.3 Classrooms-Vet Med Complete	Don Hau Donald	9.3 Donald to follow up with Hau	Punch items complete by 1/3/98
		070	9.4 Boynton 5	Donald	9.4 Maintenance issues to Terry Leach	
		070	9.5 Center for Bioethics	Donald	9.5 Kitchen complete	
		178	9.6 BSBE	Wegner	9.6 Noise complaint; HVAC design capacity	
	032-97-1552	032	9.7 Student computer center	Donald	9.7 Tables installed. Done	
		142	9.8 Genetics - Coucivnis	Donald		
		144	9.9 Epilepsy - 7 <sup>th</sup> floor WD	Donald	9.9 Moved in	
	107-97-1488	107, 109	9.10 VFW lab for oncology	Terry	9.10 Review estimate. Work started 10/14	Complete
			<b>10.0 Close out Reports SPAM, costs, Square foot, contingency</b>			
		074	10.1 Public Health Store Room		10.1 D655/D680 have been assigned	
		074	10.2 Communications	Banister	10.2 5 offices assigned to _____	
	142-97-1551	142	10.3 Dentistry signage	Terry	10.3 Complete by 11/21	Project complete
		115	10.4 HR Offices	Donald	10.4 R-694 ChRC assigned	

**Other Business:**

1. Project Status Reports - meeting with Cheryl Coryea
2. Agenda distribution: - Terry Bock, Mark Koenig, Pam Bader, George Wilcox, Joe Weisenburger
3. AHC funded projects need to go back to Provost for reallocation of unspent funds.

**Administrative Information Systems  
Deans' Council Status Update  
December, 1997**

Project / Activity	Status Update	Results / Goals
<b>Fairview Network Transition</b>	<ul style="list-style-type: none"> <li>• 200 workstations have moved from the Fairview network.</li> <li>• Estimate another 400 to 500 workstations will need to move. This effort will continue into March 1998.</li> </ul>	<ul style="list-style-type: none"> <li>• The goal is to have all AHC personnel, UMP, and CUHCC removed from Fairview Health Systems infrastructure and connected to the University network.</li> </ul>
<b>Budget &amp; Performance Reporting</b>	<ul style="list-style-type: none"> <li>• Software has been installed for 59 people with 29 installs remaining. Training is being conducted this week.</li> <li>• Approximately 7 people do not have adequate computer hardware. Solutions are being investigated.</li> </ul>	<ul style="list-style-type: none"> <li>• Anticipate having all users trained and ready to go in January.</li> </ul>
<b>AHC Customer Support</b>	<ul style="list-style-type: none"> <li>• The I.S. office is now supporting approximately 160 desktop machines.</li> <li>• Over the next two months this number will grow by 50.</li> </ul>	<ul style="list-style-type: none"> <li>• Intentions are to provide technical support for both hardware and software on the desktop. Part of this goal includes an I.S. Help line in early 98.</li> </ul>
<b>AHC World Wide Web Server</b>	<ul style="list-style-type: none"> <li>• Over the last month, AHC web pages located on other machines have been transferred to the AHC server.</li> <li>• Next steps include extending AHC Web functionality in the areas of financial, human resources, and facilities management information.</li> </ul>	<ul style="list-style-type: none"> <li>• Goal is to make this server available to AHC units requiring WWW services.</li> </ul>
<b>Human Resource Tracking System</b> Application to help manage human resource data at a department, college, or AHC level.	<ul style="list-style-type: none"> <li>• The prototype is implemented in the departments of Medicine, Dermatology, and Neurology. Data is being validated and the departments are using the system.</li> </ul>	<ul style="list-style-type: none"> <li>• Intention is to have the application ready for further rollout in early 98.</li> </ul>

Project / Activity	Status	Results / Goals
<b>RSO I.S. Support</b>	<ul style="list-style-type: none"> <li>• Have met with RSO staff to identify computer hardware and software needs.</li> <li>• Have also started preliminary discussions to define the applications required by this office.</li> </ul>	<ul style="list-style-type: none"> <li>• Goal is to have desktop infrastructure in place in early 98. Application analysis will begin shortly after.</li> </ul>
<b>Information Systems Planning &amp; Budget</b> Formulate a plan and budget for administrative information needs in the AHC.	<ul style="list-style-type: none"> <li>• Plan is in draft form identifying administrative I.S. needs of the AHC and coordination of efforts with the University Enterprise project.</li> <li>• The most significant challenge to implementing this plan will be securing competent I.S. staff. Current market conditions make recruiting extremely difficult.</li> </ul>	<ul style="list-style-type: none"> <li>• Plan is to define a “Service and Support” model establishing a base line of technical support and coordination with all AHC technical staff.</li> <li>• Also, intend to define and enforce AHC-wide conventions and parameters for information sharing &amp; data management.</li> </ul>

UNIVERSITY OF MINNESOTA

Enterprise Systems Project

Board of Regents

Approval of Plan and Budget

December 12, 1997

# Enterprise System Components

- Student System
  - Admissions; registration; financial aid; grade reporting; tuition charges; graduation tracking
- Human Resource System
  - Payroll; employee benefits; staff demographics; seniority tracking; hiring
- Financial System
  - Adjustments to make systems year 2000 compliant
- U of M/IBM web-based services
  - Anytime, anywhere access to information; seamless access among systems; inexpensive for end users; essential for the self-service administrative model
- Infrastructure
  - Moving from mainframe systems to a distributed computing environment

# Benefits of Enterprise Systems Project

- Provides systems and tools to support essential academic directions in research, teaching, and outreach
- Supports the President's mandate to reduce administrative processes and costs at every level, across all units and campuses
- Provides the needed administrative tools for the decentralization of authority, decision making, and accountability
- Strengthens the University's focus on service for students, faculty, staff, and the community
- Replaces unsupported 10-30 year old business systems
- Resolves data problems related to the year 2000 for student, human resource, and financial systems
- Responds to technical challenges of semester conversion
- Moves the University from a highly centralized computing environment to a decentralized, client/server model

# History

- Launched in 1995 to address:
  - New information needs
  - Continued challenge of maintaining 10-30 year old systems
  - Semester conversion
  - Year 2000 conversion problems in the student, human resource, and financial systems
  - New directions in managing research, teaching, and outreach programs
- Board approved PeopleSoft in 1996 after competitive process
- Board approved \$10 million in expenditures July, 1997 (expenditures are included in the current budget)
- President Yudof asked for full review in August, 1997

# Reviews and Reports to the President

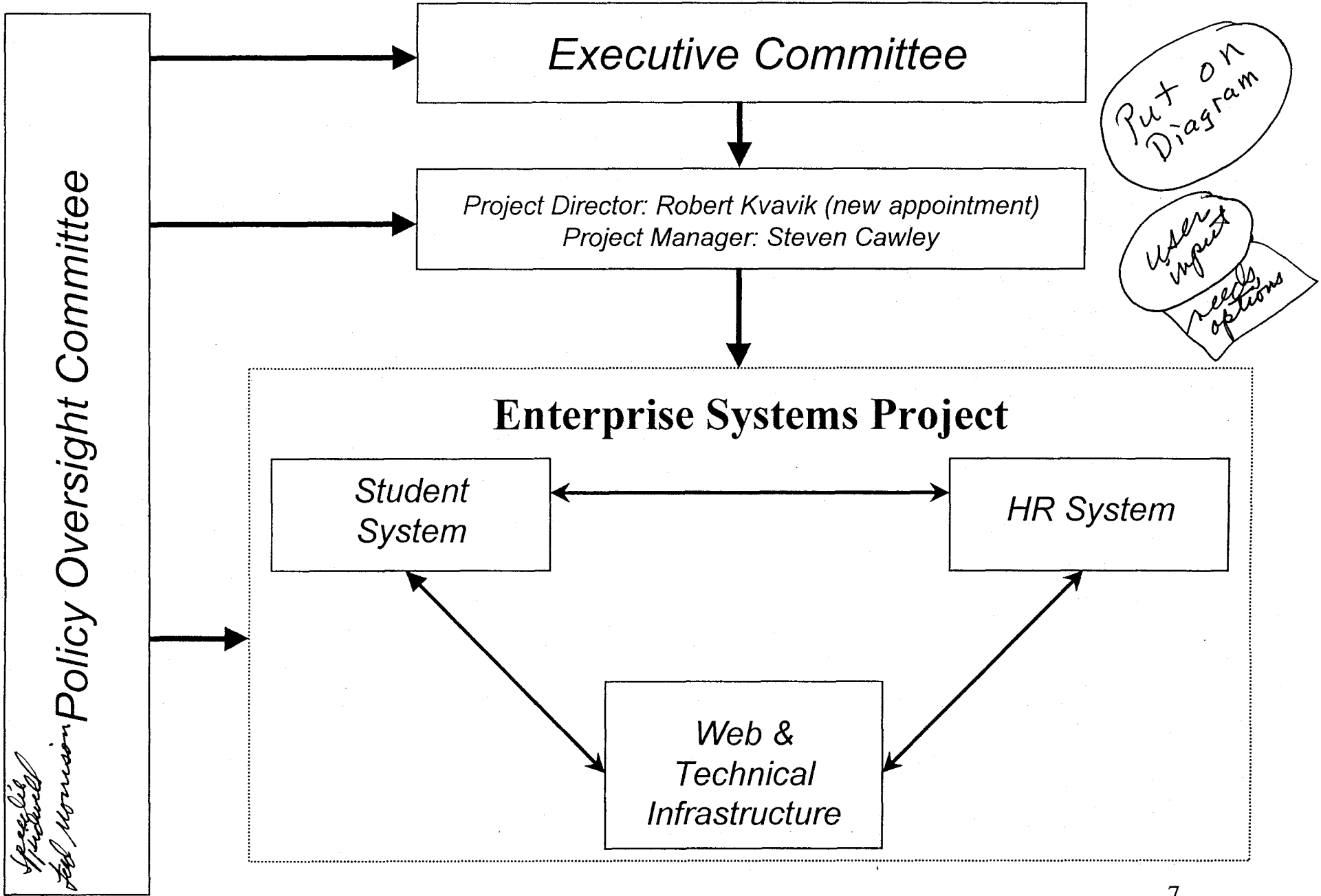
- Internal audit completed in August
- Full review and recommendations by senior officers completed in October
- Outside expert review completed in early December

*Resulted in substantial project changes  
and additional risk controls*



# Project Changes and Risk Controls

- President's mandated reductions in central administration costs
- More stringent management oversight and accountability
- Three-year project timeline
- Reductions in scope and preliminary budget of project (e.g., fixing year 2000 issues, deferral of financial system)
- Project contingency fund established
- Commitment to minimize customization in order to reduce risks, implementation costs, and long-term maintenance
- Management tools and systems implemented, with more specific budgets and financial monitoring
- Trained internal project managers through the Carlson School of Management



# Illustrative Benefits to the University Community

- Students
  - Expanded information and services available directly to students and families
  - Anytime, anywhere applications, registration, financial aid, degree progress, program information
  - Self-initiate many routine administrative tasks
- Faculty
  - Web access to class lists and student profiles
  - On-line grade reporting
  - instant notification of key events (e.g., student cancellations, room re-scheduling)
- Employees
  - Ability to check benefits, update tax information, apply for university jobs on-line
  - Job classifications, pay ranges, EEO goals, layoff lists, and advertising requirements all available electronically

Publicly  
all

Calendar of events "What's happening today"  
lectures, ball games, etc.

# Increased Management Oversight and Accountability

- Broader Internal Controls

- Direct management oversight by senior officers and director of audits
- Quarterly internal audit reports and semi-annual budget progress reports to the Finance Committee of the Board of Regents

- Establishment of policy oversight committee

- Chancellors and Deans
- Faculty leaders
- External experts

*Students*

*Review current Policies + processes so do not just achieve automating what we currently do*

*one from in large local Co from outside Mn who has experience in academic setting*

*Implementing distributed management model requires process redesign  
••• Mn DAS*

- Increased External Oversight

- National external expert(s) semi-annually
- Minnesota Department of Administrative Services employed to reform internal processes — *complementary distributed model process redesign*

- Increased and integrated involvement of end-users — *at all levels — students faculty adm*

- Better communication and training strategies — *in development*


*Russel SUP Jackson - Financial aspects*

*user input and control of design, implementation, etc.*

# Estimated Budget

Student System	\$15,000,000
Human Resource System	\$11,500,000
Financial Management System	\$ 450,000
Web Based Services	\$ 3,900,000
Equipment and Software	\$ 5,400,000
Project Management and Overhead (Consultants, space, supplies, etc.)	\$ 1,750,000
<hr/>	
Total Project Budget	\$38,000,000
President's contingency fund:	\$ 4,300,000
<hr/>	
<b>TOTAL</b>	<b>\$42,300,000</b>

# Current Financing Plan

Academic Health Center	\$ 2,400,000
EVPP/HR Resources & Revenues	\$ 3,000,000
Non-Recurring State Funds	\$ 5,000,000
Fairview Proceeds	\$10,000,000
 Assessment to Units (0.7% of payroll for five years – all academic and support units)	\$21,900,000
<b>Total Financing</b>	<b>\$42,300,000</b>

# UNIVERSITY OF MINNESOTA

Twin Cities Campus

Office of Facilities Management  
Academic Health Center

Box 23 Mayo  
554 Boynton Health Service  
410 Church Street S.E.  
Minneapolis, MN 55455  
612-624-7957  
Fax: 612-626-3181

## MEMORANDUM

**TO:** Dean's Council  
Academic Health Center

**FROM:** Lorelee A. Wederstrom, Director  
AHC Office of Facilities Management

**DATE:** December 10, 1997

**RE:** Monthly Report

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- Classroom Development - Surveys on current classroom conditions and uses are being collated now and will be reviewed at the next committee meeting on December 15, 1997. This group is charged with defining what we need, developing strategies for meeting those needs and creating a management plan for better scheduling and maintenance of classrooms within the AHC.
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December 10, 1997  
Page 2

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❖ Fairview is scheduled to release about 42,000 square feet back to the Academic Health Center on December 31, 1997. Half of this is already vacant Mayo 6 space. The rest of it is small chunks of real estate spread out over the AHC. Fairview has informed us that they will not be able to vacate all of the space on time but within a month or two. The Steering Committee, with advice from the AHC Space Coordinating Group and the AHC Office of Facilities Management, will need to determine how this space will be assigned and to whom. This is one of the deliverables expected by Dr. Cerra as a result of the Strategic Facility Plan.

❖ On Monday, December 8, 1997 I invited the AHC Facilities staff to my home in the St. Paul countryside for a planning retreat. Here we began developing the concept of "Principle Centered Planning." During these discussions we expanded on the planning principles of servicing client expectations, communication, commitment and action. We also began the process of defining and standardizing the planning process so that we can better manage our services and begin to produce tangible results to clients. This is a work in progress which will be expanded upon at our weekly staff meetings. The next step will be to invite a similar session with our FM colleagues in central administration so that we can sort through roles and responsibilities and set service standards higher than where they are now. We will use the results of the FM Service Review Team to initiate these discussions.

*I would like to use this opportunity, on behalf of the staff of the AHC Office of Facilities Management, to wish all of you a Happy Holiday Season and a Healthy New Year.*

cc: James Bannister  
Donald Adderly  
Bonnie Amundson  
Virginia Garcia-Valez  
Bob Copeland



# DRAFT 1

## AHC Space Allocation

Objective - provide each student and faculty member with an optimal working environment on budget.

### Givens:

- How? -
- 1) Each department will determine and receive what is pedagogically essential in collaboration with the collegiate and AHC leadership
  - 2) All other space (should be about 50%) is peer reviewed.

### Strategy to optimize space utilization:

Upper limit: Space costs, therefore no one will be able to occupy more space than their resource base supports. Investigators will be compensated (based on the cost of space) for sharing or economizing. These funds can be used for pilot studies, shared equipment, pre and post doc slots etc. A 3 yr. running average is used → Reviewed by CFO.

Lower limit: Space is allocated to support a scope of work at a level of preeminent achievement (i.e., top 5 nationally). Space allocation is peer-reviewed and assigned by appropriate collegiate/program/center committee

### Operation:

Research Space: Cost of space is based on building and scope of work, not the discipline. Chair and members of review committees are elected by their peers. Selection will be based on scientific impact, funding, and experience in peer review.

Chair of AHC review committee gets 20% offset and 1 clerical FTE

Chair of collegiate review committee gets 10% offset and ½ clerical FTE

Chair of program/center committee gets no offset but gets ½ clerical FTE

Office space - MN model as a start.

Classroom space - Education Committee to develop

2 pathways for a PI/Program/Center/Department/College to increase space:

#### 1) General Merit

3 yr. running average of impact. Application will indicate specifically how scope of work would be enhanced by the space requested.

## 2) New Grant

Scope of work must require additional space. Grantee must give "heads up" to committee on submission of PPG, SCOR, Center of Excellence, Large Equipment Grant Metric to increase space:

-2 parameters (based on NRC ranking system)

- 1) Modified publication impact score - applied to individual, program, center, department, college.
  - a) General journals per citation frequency
  - b) Top 3 journals in each discipline = 10
  - c) Others per citation frequency

Score = Sum of (impact score x number of publications)

- 2) Grants → Total dollars excluding PI salary and other faculty salary

Each review committee will decide how to balance 1 and 2

Scope of Review Committee:

Center/Program Committees deal with the individual needs of PI within their discipline, e.g., Heart & Lung, Human Genetics, BSBE, Cancer, etc.

Collegiate review committee deals with needs of Centers/Programs within its domain. AHC review committee deals with collegiate and intercollegiate needs.

Date of Request	Project #	Bldg #	1.0 Space Requests	Who's on it??	What Needs to Happen??	Notes
8/97		054	1.1 Lab Medicine 6 <sup>th</sup> Owre	Bonnie	1.1 Linda to provide info/programming to Bonnie	Pending decision from Med School SPRT
8/97			1.2 Vischer Chair - Tim Ebner	Bonnie	1.2 Walk through. Identify program requirements. Price w/Roger by 11/1	Pending decision from Med School SPRT
8/97			1.3 Primary Care Research	Bonnie	1.3 MFM Program by Jim Banister	
8/97			1.4 Health Outcomes Research	Bonnie	1.4 No action	
6/97		142	1.5 Pharmacy Server	Donald	1.5 Donald to consult with Roger regarding air flow for server room	Pending Board of Regents decision on 12/10/97.
9/97			1.6 Pharmacy Endowed Chair	Banister, Bonnie	1.6 Awaiting response from Dentistry. Will then schedule mtg with Cynthia Gross	
9/97			1.7 Dr. Karen Hsiao	Bonnie	1.7 Expansion requires space from psychiatry. Provide estimate and refer to SPRT.	Bonnie sent recommendation to Wilcox.
10/97		069	1.8 Cardiology Expansion	Donald	1.8 Donald to schedule scoping meeting. Mtg participants Ross, Dr. Miller, Dave Bertrand, Bonnie, Roger W.	On hold
			1.9 St. Paul Wildlife Rehab Clinic	Lorie	1.9 Fit plan in Nov. Lease vs purchase	
10/97			1.10 Medical School Administration	Donald	1.10 Vercilotti forwarding completed program to Dr. Cerra	
			1.11 Urology surgery		1.11 No action required	
			1.12 Institute for Health & Disability	Banister	1.12 No action required	
			1.13 Immunology Labs	Lorie	1.13 No action required	
6/97			1.14 Stone labs	Banister	1.14 Friday staff mtg for options	1.14 Call from Dr. Gary - ALG; e-mail from Ginger
			1.15 LMITD	Lorie	1.15 No action required.	
			1.16 Public Health	Lorie	1.16 Direction from JOML Policy Group. Work after 10/31	Steering Committee to meet week of 11/14

Date of Request	Project #	Bldg #	Space Requests- Cont.	Who's on it??	What Needs to Happen??	Notes
8/97			1.17 Psychiatry Office		1.17 Refer to SPRT. To George Wilcox	
6/97		144	1.18 UMP	Donald	1.18 Need approval for space from AHC Administration	Lorie to send cover letter to Dr. Cerra
11/97		069	1.19 SPF mouse facility VCRC 5	Bonnie	1.19 Bonnie will develop program with Gillett	
11/97			1.20 PM & R		1.20 Med School SPRT	
11/97			1.21 Peds/Hem/Onc		1.21 Med School SPRT	
11/97			1.22 Thoracic Transplant Coord.	Donald		
11/97			1.23 Molecular Medicine		1.23 Med School SPRT	
11/97			1.24 BMEI Institute		1.24 Grant written - on hold	Medtronics - Mayo 1
11/97			1.25 Prevention Center		1.25 Med School SPRT	
8/97			1.26 Buchwald & Tobian	Donald	1.26 Donald & Jim to find relocation space	On hold
12/97			1.27 Edward Directory of Cardiovascular Disease	Bonnie	1.27 Bonnie to review program	
12/97			1.28 MDN Administration	Bonnie	1.28 Bonnie to review program	
			<b>2.0 Programming, Schematics, Estimates</b>			
6/97		115	2.1 Research Computing	Donald	2.1 AHC to approve funding.	Program complete. Order of magnitude given to AHC.
8/97			2.2 Orthopaedic Surgery	Donald	2.2 Donald awaiting work requests from Ortho	
8/97	107-97-1488	107 109	2.3 Pain Program	Wegner	2.3 Lorie to determine if the \$103,600 is a feasible amount to do the project	Recommendation regarding Jackson to Policy Council by 12/19/97
10/97		142	2.4 Genetics - Wylie b. frog room c. 5-245 Moos-Wylie	Donald	2.4 b. Stays the same c. Programming, schematics & estimate due 12/97	c. Project sent to FM construction for estimate. Architectural firm The Alliance hired to do study of area and complete programming with an order of magnitude estimate.
9/97	142-98-1125	142	2.5 Genetics - Fly Group (Hughes)	Donald	2.5 Awaiting report from the Alliance.	Duane Blanchard to complete preliminary study by 12/5

Date of Request	Project #	Bldg #	2.0 Programming, Schematics, Estimates (cont.)	Who's on it??	What Needs to Happen??	Notes
9/97		142	2.6 Genetics - Moos 2 Gene Therapy	Bonnie	2.6 Bonnie awaiting info from EHS put together program pieces by 12/8	
9/97		144	2.7 Genetics - PWB 7 Cancer/Neuro	Bonnie	2.7 Program sent to Dr. Farras awaiting response.	
8/97		074	2.8 Anesthesia Office	Donald	2.8 Awaiting answer from Anesthesia whether to proceed.	
			2.9 BMEI Director	Zone 6	2.9 No further action required	
7/97		147	2.10 Pharmacy Classrooms	Bonnie	2.10 Review by Wendy St.Peter	
10/97		107	2.11 Eastern Star-Masonic 3	Donald	2.11 Fairview needs to vacate room.	Fairview to vacate by 12/31/97
10/97		171	2.12 CUHCC Security	Donald	2.12 Archibeque to hire landscape architect	
10/97		171	2.13 CUHCC Development	Lorie	2.13 Predesign study	Lorie reviewing material from Amos Dienard.
10/97		115	2.14 Sr. VP Office security	Donald	2.14 Send proposal to Kathy Johnson for review	
9/97		144	2.15 Neurology renovation	Donald	2.15 Bonnie to develop preliminary estimate	
10/97		069	2.16 Cardiology Office renovations floors 1,2,3	Donald	2.16 Awaiting direction from department whether to proceed	On hold
11/97		144	2.19 Dermatology 4-240 PWB	Bonnie	2.19 Set up meeting with department representative	Meeting scheduled with Laura Olson 12/10/97
			<b>3.0 Authorization</b>			
8/97		144	3.1 Otolaryngology	Bonnie	3.1 Bonnie to check in January with department regarding funding status	
8/97	143-97-1234	144,069, 143	3.2 RAR Security	Don	3.2 Awaiting Regents approval. Pre bid walk through 12/8/97	Documents complete
		111	3.3 NIH Grant for Diehl Hall -cage washer	Roger	3.3 Confirm grant funding	No information regarding grant funding
			<b>4.0 Design</b>			
			4.1 Psychiatry @ Fairview	Linda Mackinen	4.1 Mark Koenig to set up meeting	Funding request of \$1 million - can Fairview do @ lease hold?

Date of Request	Project #	Bldg #	Design Cont.	Who's on it??	What Needs to Happen??	Notes
	000-97-1676		4.2 Minneapolis Classrooms	Terry	4.2. Reviewing Schematics with AHC Administration, faculty, student, classroom development committee, and Deans	Estimate 2.1 million
			5.0 Estimating Bidding			
	143-98-1197	143	5.1 Remodel Room 795	Wegner	5.1 Barb Alter to review estimate	
			6.0 Appropriation & Scheduling			
7/97		107	6.1 Masonic 4-Diabetes	Terry	6.1 AHC to identify funding source	Awaiting funding. Terry working with Kathy Johnston- Central or Diabetes Endowment.
			7.0 Pre-occupancy Coordination			
			8.0 Construction			
	069-98-1148	069	8.1 Cardiology-VCRC 299,292,294	Donald	8.1	Change order in process
	143-97-1721	143	8.2 Lab remodel-KE 316	Roger	8.2 Construction. Bitterman completion 12/97	
	144-98-1056	144	8.4 Family Practice	Terry	8.4 Complete by 12/5/97	In progress
			8.5 Goat Barn	Fred Clayton	8.5 Need updated schedule	
		115	8.6 Minnesota Virtual Simulation	Donald	8.6 Doors due by 11/25 media resources to begin work immediately	
			8.7 CMRR	Earl North	8.7 In progress	Construction completion April 98
	143-98-1198	143	8.8 Remodel Room 790 Analytical Chem.	Wegner	8.8 Awaiting schedule. 12/31 completion	
			8.9 Genetics Conference Room 5-275 Moos T	Archibeque	8.9 Demolition	GME completion by 1/2/98
		069	8.10 Cardiology corridor	Archibeque	8.10 Beginning construction	
11/97		069	8.11 Cardiology Corridor	Donald	8.11 Construction in progress	Change order to 299 VCRC project
7/97		115	8.12 RSO	Bonnie	8.12 1395 and program to FM	

Date of Request	Project #	Bldg #	Construction - Cont.	Who's on it??	What Needs to Happen??	Notes
9/97	074-95-1445	074	8.13 Allergy Clinic 325 Mayo	Terry	8.13 Awaiting construction schedule	
	109-981077	109	8.14 Surgery Office 160 VFW	Terry	8.14 Construction	\$10,000
			9.0 Post Occupancy Evaluation			
		144	9.1 Obesity Clinic - 5PWB	Donald	9.1 White board installed.	
		115	9.2 ProSolvvia	Donald	9.2 Chairs due 10/7 card access	
			9.3 Classrooms-Vet Med Complete	Don Hau Donald	9.3 Donald to follow up with Hau	Punch items complete by 1/3/98
		070	9.4 Boynton 5	Donald	9.4 Maintenance issues to Terry Leach	
		070	9.5 Center for Bioethics	Donald	9.5 Kitchen complete	
		178	9.6 BSBE	Wegner	9.6 Noise complaint; HVAV design capacity	
	032-97-1552	032	9.7 Student computer center	Donald	9.7 Tables installed. Done	
		142	9.8 Genetics - Coucivnis	Donald		
		144	9.9 Epilepsy - 7 <sup>th</sup> floor WD	Donald	9.9 Moved in	
	107-97-1488	107, 109	9.10 VFW lab for oncology	Terry	9.10 Review estimate. Work started 10/14	Complete
			10.0 Close out Reports SPAM, costs, Square foot, contingency			
		074	10.1 Public Health Store Room		10.1 D655/D680 have been assigned	
		074	10.2 Communciations	Banister	10.2 5 offices assigned to _____	
	142-97-1551	142	10.3 Dentistry signage	Terry	10.3 Complete by 11/21	Project complete
		115	10.4 HR Offices	Donald	10.4 R-694 ChRC assigned	
<b>Other Business:</b>						
1. Project Status Reports - meeting with Cheryl Coryea						
2. Agenda distribution: - Terry Bock, Mark Koenig, Pam Bader, George Wilcox, Joe Weisenburger						
3. AHC funded projects need to go back to Provost for reallocation of unspent funds.						

## HUMAN RESOURCES DEANS' COUNCIL STATUS REPORT

November 1997

I am providing for my November report a copy of the column I wrote for the first issue of AHC Community News. While there have been changes since then, the priorities that I identified with my team are still major areas of focus.

I assumed my new responsibilities as Director of Human Resources for the Academic Health Center on March 25 of this year. There is a lot happening here in the Academic Health Center and a lot needs to be done to redesign administrative systems that support rather than hinder the very important work we do here.

### *Major Organizational Change Underway*

Affecting the Medical School is the integration of the departmental practice plans (DPGs) into a new organization, University of Minnesota Physicians, or UMP. This effort is going on now. The over 400 Medical School faculty members who practice medicine will become members of UMP as well as members of the University faculty during the next few months. Medical School and DPG employees that support their clinical activity essentially full-time, as well as employees of UMCA, will become employees of UMP on January 1, 1998. Many physicians, administrators and employees have worked hard during the last year to design a new organization that will enable the clinical practice of medicine at the University to thrive. Critical to success of the new enterprise are the employees of the new organization; a major effort is underway to communicate information about the transition and the benefits package that will be available in UMP. Let me know what your concerns and questions are. Read the weekly Transitions, check the WEB for information for employees transitioning to UMP on the AHC Human Resources home page at [www.ahc.umn.edu/hr/](http://www.ahc.umn.edu/hr/) or e-mail us at [UMPtrans@tc.umn.edu](mailto:UMPtrans@tc.umn.edu).

### *Changes in University Health Insurance Plans*

We were disappointed that Medica Premier withdrew from the State Health Plan for next year because of substantial losses. As you know, Medica Premier enabled State and University employees to have direct access for medical care to University physicians. Those of us in the Academic Health Center are especially disappointed to have access to the University physicians we work with limited. Next year, the only way to access UMPhysicians is to enroll in the highest option Blue Cross-Blue Shield Plan at substantial increase in cost. The Academic Health Center and UMPhysicians will be working hard over the coming months to improve access for calendar year 1999. I will keep you posted.



### *Priorities for The AHC Office of Human Resources*

There is much that needs to be done to improve the way we recruit, develop and retain faculty and staff in the AHC. I have been working closely with my staff, Deans and Administrators in the 7 Schools and Colleges that make up the AHC to identify and begin working on the most critical priorities. These are some of the things we are focusing on now:

1. Creating a "one stop shop" for human resource services in the AHC. Except for faculty and staff benefits, all your HR needs can be met within the AHC.
2. We are working closely with administrators from central units to revise academic search procedures so that we are better able to recruit a diverse faculty and P&A staff at the same time we recruit the best. We also want to provide developmental opportunities for existing AHC employees.
3. We are streamlining the hiring process for civil service and bargaining unit employees as well as designing recruitment strategies for hard to fill positions. In order to serve you better, we will begin posting AHC vacancies on the bulletin board near the models on the second floor concourse of PWB as well as in our offices on the fifth floor of Boynton. Check the bulletin boards the third week in October! Soon, we will also have application forms available in those same sites.
4. Taking a look at the way we set compensation for a wide variety of positions. There are several comprehensive efforts underway throughout the University community.
5. Designing a development plan for faculty and staff. Watch for our first schedule of training opportunities for administrators, managers and supervisors in the next few weeks. Courses will be offered in 2-3 hour modules in early mornings or during lunch in order to be available to a larger audience and will be offered at no cost to attendees or their departments. Courses are being piloted during fall 1997.
6. We are working with AFSCME to form a Labor Management Committee to address issues of mutual concern in the AHC. Our kick off meeting will be held in early January 1998. I hope to build on the good working relationships we have been developing over the past months with AFSCME leaders in order to build a working environment that is respectful of all.

### *Coming Soon to Serve You Better*

1. A new, improved WEB page that introduces you to Human Resource staff members and tells you who to call to get advice or an answer to your question.
2. A monthly informal newsletter for administrators and others that identifies trends and provides strategies for dealing with difficult human resource problems.

# HUMAN RESOURCES

## DEAN'S COUNCIL STATUS REPORT

### December 1998

I believe that I have assembled an excellent staff of human resource professionals to serve the Academic Health Center and our Schools and Colleges. I would like to report on our progress in building the team.

I am nearing the end of the recruitment process for two human resource consultants. One will replace Betty Holz-Bergman who I have recently promoted to Lead Consultant. She will lead the human resource consulting team and act as my Deputy. The other human resource consultant will replace Rod Johnson who has been filling in on a "temporary" basis for two years. No, we haven't set the record for longest temporary assignment.

I am also recruiting for a person at the human resource consultant level to lead our recruitment, staffing, and employment redesign efforts. I have identified an excellent candidate and hope to announce her selection soon. As soon as our recruitment manager is in place, Terri Devich who has been performing that leadership role will assume new responsibilities as my Special Assistant. Key priorities for Terri will be implementation of HRTS Academic Health Center wide, a human resource information system developed in the Medical School, and gathering information, solving problems, and running interference for me. Terri is the one to call if you have a problem requiring my immediate attention.

## WHO WE ARE

Jeanette Loudon, Director	624-7957
*****	
Melanie Arndt, Personnel Assistant	626-4340
Jon Beaver, Executive Assistant	625-4958
Rozilind Carter, Staffing Consultant	624-7124
Bob Copeland, Associate Administrator	624-6635
Terri Devich, Associate Administrator	626-4376
Virginia Garcia-Velez, Admin Aide	626-4370
Betty Holz-Bergmann, HR Consultant	624-8409
Sue Jackson, Executive Assistant	625-0427
Rod Johnson, HR Consultant	624-8419
Vi Johnson, Executive Secretary	626-5680
Debbie Melander, Executive Assistant	626-4441
Eva Reeve, HR Consultant	626-4629
Julie Tews, Staffing Consultant	624-6927
Jeanine Theroux, Admin Aide	624-4662
Jaimie Vargas, Office Specialist	626-5311
Ann Watanabe, Personnel Specialist	625-0987
Michael Whitten, Executive Secretary	626-3963
Karla Wright, HR Consultant	624-7620

## SERVICES

- ▶ Recruitment - Faculty and Staff
- ▶ Employment
- ▶ Compensation
- ▶ Development and Training - Faculty and Staff
- ▶ Organizational Development and Design
- ▶ Employee and Labor Relations

## WHAT WE DO

### LEAD HR CONSULTANT

Provides leadership to the team of human resource consultants, prioritizes work, handles most complex organizational issues, represents Director on Committees and acts in Director's absence. Works with management to identify and deliver a range of technical and organizational consulting services including organizational development, training, problem solving strategies, policy/rules/contract interpretation, staffing strategies and grievance resolution.

Betty Holz-Bergman serving: School of Dentistry, School of Nursing, Medical School Clinical Departments (Dermatology, Family Practice, Medicine, Neurology, OB-GYN, Pediatrics, Psychiatry), Medical School Hospital Based Departments (Anesthesiology, Radiology, Therapeutic Radiology), Med School Administration.

### HR CONSULTANTS

Works with management to identify and deliver a range of technical and organizational consulting services including organizational development, training, problem solving strategies, policy/rules/contract interpretation, staffing strategies and grievance resolution.

Rod Johnson serving: College of Veterinary Medicine, Medical School Basic Science Departments ( Biochemistry, Cell Biology & Neuroanatomy, CRC, Human Genetics, Lab Medicine & Pathology, Microbiology, Pharmacology, Physiology), Bioethics, Cancer Center, CUHCC.

Karla Wright serving: School of Public Health, College of Pharmacy, Med School Surgical Departments (Neurosurgery, Ophthalmology, Orthopaedic Surgery, PM&R, Surgery, Urologic Surgery), RAR, AHC Admin.

Eva Reeve serving all AHC in the design of development programs for staff directed at improving ability to deal with change and enhance supervisory and managerial skills.

### HUMAN RESOURCE SPECIALISTS

Jon Beaber and Debbie Melander

Works with HR Consultants providing services to include JEQ/JRQ analysis, classification/position evaluation, layoff questions, policy/rules/contract interpretation, organizational training and development. In addition, Jon provides service to departments and clients relating to computer skills, networking, software training and electronic and on-line information delivery, as well as interactive web training.

### EMPLOYMENT

Terri Devich

Provides leadership in staff recruitment, HRTS implementation, employment policies and procedures, UMP transition and IS, employee payroll system.

### NON-ACADEMIC STAFFING

Consults with managers on appropriate non-academic staffing strategies including classification evaluation, requisition consultation and recruitment.

Roz Carter serving: Anesthesiology, Biochemistry, Biomedical Engineering Center, CBN, Clinical Research Center, CME, Duluth School of Medicine, Emergency Medicine, Grad Program in Biophysical Sciences, Heart and Lung Institute, History of Medicine, Human Genetics, Intercollegiate Nutrition Consortium, M&P, Medical School Administration, Microbiology, MMF, School of Nursing, OB-GYN, Orthopaedic Surgery, Otolaryngology, Pediatrics, Pharmacology, PM&R, Physiology, Psychiatry, RAR, Surgery, Urologic Surgery, College of Veterinary Medicine.

Julie Tews serving: Biomedical Ethics, Biomedical Graphics, Biostatistics, Cancer Center, School of Dentistry, Dermatology, Epidemiology, Environmental and Occupational Health, Family Practice, Health Management and Policy, Health Sciences Research, MD/PhD Program, Medical School Council, Medicine, Neurology, Neurosurgery, Ophthalmology, College of Pharmacy, School of Public Health, Radiology, RPAP, Therapeutic Radiology.

Melanie Arndt

Qualifications review of employment applications, coordination of application distribution to departments, maintain AHC job board listings.

## **ACADEMIC STAFFING**

Assists HR Consultants, consults on appropriate academic staffing strategies and provides HR services including academic search guidelines, executive level search committee coordination, review of recruitment plans and academic hires.

Susan Jackson serving: AHC Administration, Medical School Surgical Departments (Neurosurgery, OB-GYN, Ophthalmology, Orthopaedic Surgery, Otolaryngology, PM&R, Surgery, Urologic Surgery), Basic Science Departments (Biochemistry, CBN, CRC, Human Genetics, Lab Medicine & Pathology, Microbiology, Pharmacology, Physiology), College of Pharmacy, School of Public Health and RAR.

Ann Watanabe serving: School of Dentistry, College of Veterinary Medicine, University of Minnesota Duluth, CUHCC, Cancer Center, Bioethics, Medical School Clinical Departments (Dermatology, Medicine, Neurology, Pediatrics, Psychiatry, Family Practice, OB-GYN), Medical School Hospital Based Departments (Anesthesiology, lab Medicine & Pathology, Radiology, Therapeutic Radiology), Med School Administration.

## **HRTS/PAYROLL**

### **(Medical School Only)**

Vi Johnson

Analyzes/approves personnel action forms for academic appointments in the Medical School (excluding MF/MF), provides guidance to all Medical School Departments on appointment issues, new hires, terminations, promotions, etc., reviews appraisal forms for accuracy for tenure track and clinical track faculty members, HRTS.

Michael Written

Analyzes/approves personnel action forms for CS/BU/student appointments in the Medical School, provides guidance to all Medical School Departments on appointment issues, new hires, terminations, etc., HRTS.

## **HRTS**

Jeanine Theroux

IS support for UMP transition, updating and maintaining UMP staff data, manipulate data and generate reports for departments and administration. Future HRTS implementation providing data entry support during Medical School departmental data verification process as well as HR assistance in the development of training manuals.

## **ADMINISTRATIVE SUPPORT**

Bob Copeland

Virginia Garcia-Velez

Jaimie Vargas

Serve as primary access points for customers in need of HR services, respond to or route questions as appropriate, coordinate meetings, calendars and correspondence/document flow for Human Resources Department.

# UNIVERSITY OF MINNESOTA

*Twin Cities Campus*

*Office of Communications  
Academic Health Center*

*Box 735  
420 Delaware Street S.E.  
Minneapolis, MN 55455*

*Office:  
A395 Mayo Memorial Building  
612-624-5100  
Fax: 612-625-2129*

December 12, 1997

TO: Frank B. Cerra, sr. vice president  
AHC Deans

FROM: Christine Roberts, director  
AHC Office of Communications

RE: Monthly Report

We are moving ahead on all fronts:

**Media Relations.** We continue to see an increase in media placements. The coverage of Catherine Verfaillie's research, the Star Tribune segment on the University and the visibility of the Fariview report to the Board of Regents are this week's achievements. We have initiated "Media Watch", which e-mails the AHC when faculty or staff will be on television. Because our opportunities are now exceeding our capacity, we will be filling an entry-level media relations position this winter.

**Publications.** "Pictures of Health" is off the press and will be mailed to opinion leaders the first week in January. The next issue will be published in March. Please send us story ideas!!! You are also welcome to add names to the mailing list, if you wish. News Capsules and AHC Community News continue to evolve. The second issue of Dear Colleague has been published. The next project is the publication of an AHC brochure and informational pamphlets on all seven schools and colleges. The School of Dentistry will be our model for the school/college pieces.

**Public Relations.** The communications staff coordinated a reception for Dr. Robert Gorlin from the College of Dentistry on December 9 and the AHC holiday party on December 12. We created a holiday card for the AHC to send to friends and colleagues. The "Roadshow" plans are almost complete. Deans are welcome and encouraged to come along on one or all of the trips!! Our opinion leader database and automated mailing system continue to grow and develop. You are welcome to use our lists if you ever need them. Considerable effort has been made to enhance "Health Talk and You", which will have a new plan created for it this spring. Amy Olson was the lead for the Community Campaign in the AHC, which resulted in an increase in overall giving.

**Legislative Relations.** The communications staff will have a significantly larger role to play in legislative advocacy this year. I am working closely with the Office of State Relations on new initiatives to support central's lobbying efforts. We will be hosting health care lobbyists for breakfast on January 8 to discuss the legislative agenda. We are

seeking endorsements for our agenda from health care groups. Dr. Cerra has also invited CEOs of health systems to a meeting to discuss graduate medical education funding as well as other priority issues.

**AHC Support.** I am currently working on marketing or communications projects for the College of Pharmacy, the Medical School, the Research Services Office, UMP, the Student Consultative Committee, and the School of Public Health.

**Fairview.** We have reached a tentative agreement with Fairview about how to name and market programs in which the University, UMP and Fairview all have a role. We have also reached agreement on external signage for the hospital and the Academic Health Center. I have asked Fairview to complete a master internal signage plan (except for the hospital itself) prior to making any decisions.

**End of the Year Comment.** The University is a great place to be right now. Despite our challenges and problems, we can be very proud of what happens here. I have appreciated being a part of it for the past eight months and I look forward to an even better 1998.

**Administrative Information Systems  
Deans' Council Status Update  
December, 1997**

Project / Activity	Status Update	Results / Goals
<b>Fairview Network Transition</b>	<ul style="list-style-type: none"> <li>• 200 workstations have moved from the Fairview network.</li> <li>• Estimate another 400 to 500 workstations will need to move. This effort will continue into March 1998.</li> </ul>	<ul style="list-style-type: none"> <li>• The goal is to have all AHC personnel, UMP, and CUHCC removed from Fairview Health Systems infrastructure and connected to the University network.</li> </ul>
<b>Budget &amp; Performance Reporting</b>	<ul style="list-style-type: none"> <li>• Software has been installed for 59 people with 29 installs remaining. Training is being conducted this week.</li> <li>• Approximately 7 people do not have adequate computer hardware. Solutions are being investigated.</li> </ul>	<ul style="list-style-type: none"> <li>• Anticipate having all users trained and ready to go in January.</li> </ul>
<b>AHC Customer Support</b>	<ul style="list-style-type: none"> <li>• The I.S. office is now supporting approximately 160 desktop machines.</li> <li>• Over the next two months this number will grow by 50.</li> </ul>	<ul style="list-style-type: none"> <li>• Intentions are to provide technical support for both hardware and software on the desktop. Part of this goal includes an I.S. Help line in early 98.</li> </ul>
<b>AHC World Wide Web Server</b>	<ul style="list-style-type: none"> <li>• Over the last month, AHC web pages located on other machines have been transferred to the AHC server.</li> <li>• Next steps include extending AHC Web functionality in the areas of financial, human resources, and facilities management information.</li> </ul>	<ul style="list-style-type: none"> <li>• Goal is to make this server available to AHC units requiring WWW services.</li> </ul>
<b>Human Resource Tracking System</b> Application to help manage human resource data at a department, college, or AHC level.	<ul style="list-style-type: none"> <li>• The prototype is implemented in the departments of Medicine, Dermatology, and Neurology. Data is being validated and the departments are using the system.</li> </ul>	<ul style="list-style-type: none"> <li>• Intention is to have the application ready for further rollout in early 98.</li> </ul>

Project / Activity	Status	Results / Goals
<b>RSO I.S. Support</b>	<ul style="list-style-type: none"> <li>• Have met with RSO staff to identify computer hardware and software needs.</li> <li>• Have also started preliminary discussions to define the applications required by this office.</li> </ul>	<ul style="list-style-type: none"> <li>• Goal is to have desktop infrastructure in place in early 98. Application analysis will begin shortly after.</li> </ul>
<b>Information Systems Planning &amp; Budget</b> Formulate a plan and budget for administrative information needs in the AHC.	<ul style="list-style-type: none"> <li>• Plan is in draft form identifying administrative I.S. needs of the AHC and coordination of efforts with the University Enterprise project.</li> <li>• The most significant challenge to implementing this plan will be securing competent I.S. staff. Current market conditions make recruiting extremely difficult.</li> </ul>	<ul style="list-style-type: none"> <li>• Plan is to define a "Service and Support" model establishing a base line of technical support and coordination with all AHC technical staff.</li> <li>• Also, intend to define and enforce AHC-wide conventions and parameters for information sharing &amp; data management.</li> </ul>



# UNIVERSITY OF MINNESOTA

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## MEMORANDUM

**TO:** Dean's Council  
Academic Health Center

**FROM:** Lorelee A. Wederstrom, Director  
AHC Office of Facilities Management

**DATE:** November 21, 1997

**RE:** Monthly Report

Since this is the first monthly update on the work of the Office of Facilities Management, please allow me to introduce you to our staff:

**James Bannister - Facility Planner:** Jim has been around the University for a number of years as Facility Planner in the central office of Facilities Management. He knows the Academic Health Center well and has worked with many of our faculty and staff. Jim's principal role is to develop and maintain an accurate inventory of all space used by the Academic Health Center schools, departments and programs. In this capacity, he is developing the space and Minnesota Facility Model reports needed for strategic planning analysis. His knowledge and experience will also be crucial to the conversion of a new space data based supported by updated and on-line cadd background drawings. This new system is supposed to be available to us from Central by the end of the year.

**Bonnie Amundson - Facility Planner & Programmer:** Bonnie joined our staff in September and is responsible for developing space and project program information. This information is used then to help a department determine how much and what type of space is needed and what the relative costs are to provide it. Bonnie's services are available to AHC schools and departments before they have to invest in project management or design fees so that they can determine whether the project is feasible. This pre-design approach helps to weed out unlikely projects before valuable resources are expended.

**Donald Adderly - Project Administrator:** Donald was a facility planner with the hospital and knows the people and places within this organization very well. His job is to take pre-design information and, with a department's approval or direction from the Senior Vice President's office, turn it into an authorized and completed project. These tasks include budget development, authorization, design and work with FM Zone offices for construction administration and occupancy planning and implementation. He is the AHC's owner's representative.

**Virginia Garcia Valez - Administrative Assistant:** Virginia has also been around the University for a number of years and transferred to HR & Facilities Management in July. Virginia supports both departments in all secretarial/clerical functions although most of her time is spent setting up meetings.

**Robert Copeland - Associate Administrator** is responsible for managing the administrative functions of the office and supervises students and other support staff.

**Jamie Vargas - Receptionist** is the front door to our offices and the people in them and is a great teacher through his example of good customer service.

**Ali Stengler - student** supports both HR and Facilities Management with special projects requiring analysis or report formatting.

Virginia, Robert, Ali and Jamie all work to support the AHC Offices of Facilities Management and Human Resources.

The following is a brief summary of the activities and achievements we have accumulated during our first six months of development:

### **Strategic Planning**

- Design of structure and process - completed during June and July
- Appointments of committees - There are fifteen committees in the Strategic Planning process that involve over 150 people throughout the organization including students, faculty, administrators, deans and resource folks from central and related support services.
- An orientation of all strategic planning participants was held in late July and another orientation for chairmen of the space program review teams was conducted in early August. These events were critical in terms of helping people understand the overall design and structure of the strategic planning process. From this point forward, committees started meeting.
- Classroom Development - Chaired by Dr. Micki Trent of Veterinary Medicine, this committee has taken on the arduous task of evaluating all of our current classrooms including those centrally scheduled and those scheduled by individual departments. They are in the midst of this evaluation now and will begin later this month, developing strategies for moving from the "as-is" analysis to identifying what we need and creating classrooms that serve those needs.
- JOML Replacement - This committee is chaired by Dr. George Wilcox and is very active in the development of the pre-design study for building a new Molecular and Cellular Biology Building at the current site of JOML. The current program will be supported by a \$70 million request from the legislature and will provide space for 60 PIs in cellular and molecular biology, 22,000 square feet of research animal space and 77,000 square feet in instructional spaces including histo/neuro, general biology teaching labs, computer labs and 11,000 square feet of new classrooms. The pre-design report is due to the State by January 5, 1998.

- AHC FM Service Review has met a couple of times and will attempt to document the current state of FM services and define required service levels. They will also identify any changes we need to bridge the gap between what is and what should be. Chris Roberts is chairing this committee.
- Space Coordinating Group, Chaired by Dr. Peter Bitterman is the AHC wide policy group charged with developing a space management process for managing space requests across the organization. We are waiting with great anticipation for the work from this group. They have formally met only once and have talked about developing a set of "production" or "occupancy" criteria for different types of space within the AHC. Dr. Bitterman is in the process of drafting these "rules" now for consideration by each of the school program review teams, the Dean's Council and the Strategic Plan Steering Committee.
- **Phase I, II & III data collection** has gone very well although, much slower than I would have liked. Phase I is in and we are working to clean up the data submitted and share how this information is used in the Minnesota Facilities Model with each of you. We are still waiting for Phase II data from some schools. All of us are struggling with the Phase III, or qualitative analysis. Over the next few weeks, we will find a way to make this information useful to you since it provides the greatest insights as to how the space actually works for you.
- **AHC Strategic Facility Plan Steering Committee** met for the first time this week and will begin regular review of the information collected during the first three months of strategic planning. As many of you know, our goal is to have at least the major components of the Facility Strategic Plan drafted by mid January.

### **Project Administration**

This has been another major focus of mine in the past few months. My goal has been to organize the process of project management and to take steps to start managing the process rather than allowing it to manage us. Our staff now meets weekly with the project management group from Zone 3 Facilities Management. The weekly agenda, which we develop and maintain is attached. This Project Administration Agenda (more fondly referred to as "the green sheet") is a listing of all projects "active" within the AHC. This is an extremely dynamic document and changes daily. We are attempting to stabilize this listing so that we can begin to make changes in areas such as reducing costs, reduction in service delivery schedules, improving coordination of services, etc.

In addition to these meetings, we meet every other week with Fairview representatives regarding leased spaces and maintenance of the actual lease vacancy schedules.

### **Other activities still in progress:**

- \* Strategic facility planning.....
- \* Staff development activities in developing "principle centered" planning for AHC
- \* Work with central facilities management in gaining AHC wide project financial reports