

Academic Health Center Faculty Assembly

Committee for Review and Evaluation of Academic Health Center Deans

- 1) Process
- 2) Review committee general functions
  - a) gather information
  - b) analyze and interpret information
  - c) prepare report for administrator

3) Review committee composition

Co-Chairs: Dean, Non-AHC  
Senior AHC professor, outside school

Members: Tenured faculty in school 2  
Tenured faculty outside school 2  
Staff outside school 1  
Student 1  
Alumnus 1

Staff: AHC Director of Humans Resources  
Secretarial

- 4) The Senior Vice-President for Health Sciences will appoint the committee in consultation with the dean being reviewed and the governance system in the school of the dean under review.
- 5) The committee will convene and have 30 days to plan its information gathering and process. The 60 day clock will then begin.

# FACULTY-AP

## ATTENDANCE RECORD OF

May 1, 1997 AHC Assembly

### MEETING

**PLACE A CHECK BEFORE YOUR NAME TO INDICATE ATTENDANCE**

- |   |   |                                 |                                     |
|---|---|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Jerome Abrams                | <input type="checkbox"/> Robert Maxwell                 |                                 |                                     |
| <input checked="" type="checkbox"/> Yusuf Abul-Hajj   | <input type="checkbox"/> Katie McIntosh                 |                                 |                                     |
| <input type="checkbox"/> Michael Armstrong            | <input type="checkbox"/> James Moller                   | PROVOSTAL FACULTY CONSULTATIVE  |                                     |
| <input checked="" type="checkbox"/> Mila Aroskar      | <input checked="" type="checkbox"/> David Murray        | COMMITTEE                       |                                     |
| <input type="checkbox"/> John Bantle                  | <input checked="" type="checkbox"/> Kakambi Nagaraja    | <b>Muriel Bebeau</b>            | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Kim Bartelma                 | <input checked="" type="checkbox"/> Gene Nystrom        | Representatives, Faculty        |                                     |
| <input checked="" type="checkbox"/> Peter Bitterman   | <input checked="" type="checkbox"/> Theodore Oegema     | <b>Peter Bitterman</b>          | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Carole Bland SCC  | <input type="checkbox"/> Sean Ohmswinnie                | Representatives, Faculty        |                                     |
| <input checked="" type="checkbox"/> James Bodley      | <input type="checkbox"/> Harry Orr                      | <b>Sheila Corcoran-Perry</b>    | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> David Brown       | <input type="checkbox"/> Jeannine Pluhar SCC            | Representatives, Faculty        |                                     |
| <input checked="" type="checkbox"/> Margaret Bull     | <input type="checkbox"/> Richard Purple                 | <b>Vickie Courtney</b>          | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Amos Deinard                 | <input type="checkbox"/> Paul Quie                      | Senate Staff                    |                                     |
| <input checked="" type="checkbox"/> Kathryn Dusenbery | <input checked="" type="checkbox"/> Thomas Speidel      | <b>Daniel Feeney</b>            | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Martin Dworkin    | <input type="checkbox"/> Michael Steffes SCC            | Representatives, Faculty        |                                     |
| <input checked="" type="checkbox"/> Timothy Ebner     | <input checked="" type="checkbox"/> Bert Stromberg      | <b>Judith Garrard</b>           | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Stanley Erlandsen            | <input checked="" type="checkbox"/> Alexander Wagenaar  | Chair                           |                                     |
| <input checked="" type="checkbox"/> Anthony Faras     | <input checked="" type="checkbox"/> Douglas Wangensteen | <del><b>Andrea Graham</b></del> | <input type="checkbox"/>            |
| <input checked="" type="checkbox"/> Daniel Feeney     | <input type="checkbox"/> Kathleen Watson                | Send all information to:        |                                     |
| <input checked="" type="checkbox"/> Bernie Feldman    | <input type="checkbox"/> Carol Wells                    | <b>Cynthia Gross</b>            | <input checked="" type="checkbox"/> |
| <input checked="" type="checkbox"/> Jean Forster      | <input checked="" type="checkbox"/> Timothy Wiedmann    | Representatives, Faculty        |                                     |
| <del><input type="checkbox"/> Susan Givengo SCC</del> |   | <b>Frederic Hafferty</b>        | <input type="checkbox"/>            |
| <input type="checkbox"/> Vicki Habegger               |   | Representatives, Faculty        |                                     |
| <input checked="" type="checkbox"/> David Hamilton    |   | <b>David Hamilton</b>           | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> Margaret Hostetter           |   | Representatives, Faculty        |                                     |
| <input type="checkbox"/> David Hunter                 |   |                                 |                                     |
| <input checked="" type="checkbox"/> David Ingbar      |   |                                 |                                     |
| <input type="checkbox"/> Omelan Lukasewycz            |   |                                 |                                     |
| <input type="checkbox"/> Jody Lulich                  |   |                                 |                                     |
| <input checked="" type="checkbox"/> Cary Mariash      |   |                                 |                                     |

# Working Agenda

AHC FACULTY ASSEMBLY MEETING  
MONDAY, JUNE 14, 1999  
12:00 - 1:30 P.M.  
2-101 BASIC SCIENCES BUILDING

## AGENDA

1. Approval of the March 30 minutes
2. Housekeeping Items (5 minutes)
  - Motion to change the language in the AHC Constitution to reflect semester conversion.
  - Motion to delete language in the AHC Constitution and Bylaws that restricts eligibility for service on the AHC Committee on Committees.
  - Motion to ratify membership on the AHC Finance and Planning Subcommittee and the AHC Faculty Affairs Subcommittee
  - Motion to ratify membership on the AHC Committee on Committees
- Update on the AHC Governance Workshops - Muriel Bebeau and Frank Cerra (5 minutes)
  - Analysis of the feedback to be sent via email and can also be found on the Senate Website.
3. Consultation Update - Frank Cerra (10 minutes)
4. Y2K Update- Terry Bock (10 minutes)
5. AHC Grant Process Update - Frank Cerra (10 minutes)
6. Legislative Update - Frank Cerra (10 minutes)
7. Status Report on the Compact Process (10 minutes)
8. FTE Report - Frank Cerra (20 minutes)
9. Open dialogue with Senior Vice President Frank Cerra (10 minutes)

Follow up  
on this  
item  
committed  
to be established  
to talk about  
representatives  
of colleges

AHC FACULTY ASSEMBLY  
ATTENDANCE RECORD OF

June 14, 1999

MEETING

PLACE A CHECK BEFORE YOUR NAME TO INDICATE ATTENDANCE

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Frank Cerra       | <input type="checkbox"/> Laura Ranum               |
| <input checked="" type="checkbox"/> Muriel Bebeau     | <input type="checkbox"/> Patrick Schlievert        |
| <input checked="" type="checkbox"/> Patricia Ferrieri | <input type="checkbox"/> Pamela Schreiner          |
| <input type="checkbox"/> Judith Garrard               | <input type="checkbox"/> Elizabeth Seaquist        |
| <input type="checkbox"/> Frederic Hafferty            | <input type="checkbox"/> T. Michael Speidel        |
| <input type="checkbox"/> David Hamilton SCC           | <input type="checkbox"/> Patricia Tomlinson        |
| <input type="checkbox"/> Kathleen Krichbaum           | <input type="checkbox"/> Howard Towle              |
| <input checked="" type="checkbox"/> Stephanie Valberg | <input type="checkbox"/> Mats Troedsson            |
| <input type="checkbox"/> Timothy Wiedmann             | <input checked="" type="checkbox"/> Robert Veninga |
| <input checked="" type="checkbox"/> Yusuf Abul-Hajj   | <input type="checkbox"/> Carston Wagner            |
| <input type="checkbox"/> Robert Bache                 | <input checked="" type="checkbox"/> Larry Wallace  |
| <input type="checkbox"/> Susan Berry                  | <input type="checkbox"/> Seth Welles               |
| <input type="checkbox"/> Lisa Brosseau                | <input type="checkbox"/> Carol Wells               |
| <input checked="" type="checkbox"/> Denis Clohisy     |  |
| <input checked="" type="checkbox"/> Kathleen Conklin  |  |
| <input type="checkbox"/> Barbara Daniels              |  |
| <input type="checkbox"/> John Day                     |  |
| <input type="checkbox"/> Mary Dempsey SCC             |  |
| <input type="checkbox"/> Gary Duke                    |  |
| <input checked="" type="checkbox"/> Martin Dworkin    |  |
| <input type="checkbox"/> Barbara Elliott              |  |
| <input type="checkbox"/> Stanley Erlandsen            |  |
| <input type="checkbox"/> Anthony Faras                |  |
| <input checked="" type="checkbox"/> Bernie Feldman    |  |
| <input type="checkbox"/> Patricia Ferrieri            |  |
| <input checked="" type="checkbox"/> Marshall Hertz    |  |
| <input type="checkbox"/> Marc Jenkins                 |  |
| <input type="checkbox"/> Richard Linck                |  |
| <input type="checkbox"/> Dennis Livingston            |  |
| <input type="checkbox"/> Omelan Lukasewycz            |  |
| <input type="checkbox"/> Matthew Mescher              |  |
| <input type="checkbox"/> Wesley Miller                |  |
| <input checked="" type="checkbox"/> Theodore Oegema   |  |
| <input type="checkbox"/> Dave Polzin                  |  |
| <input checked="" type="checkbox"/> Mary Porter       |  |
| <input type="checkbox"/> Richard Purple               |  |
| <input type="checkbox"/> Norma Ramsay                 |  |

✓ Carole Bland

Peggy Runt

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

**Evaluating Changing Administrative Position Levels  
June 1999**

Overview

In the fall of 1997, President Yudof requested a comparison of levels of administrative staff in the offices of the University's central organization. Two budget centers from the Academic Health Center were included in the analysis: the Office of the Senior Vice President for Health Sciences and the group of departments that are accounted for within the AHC shared activities unit.

The intent of the study was to determine if, as purported, administrative staff had increased substantially during the preceding year. At the time, President Yudof asked for a comparison of full-time-equivalent (FTE) positions filled in August 1996 with those FTE reported one year later in August 1997. In December 1998, the same analysis was performed to examine changes in FTE positions between 1997 and 1998.

For purposes of this study, an FTE position was defined as 100 percent employment during the term of an appointment. In this analysis, a faculty member working 100 percent time on a nine-month term of appointment or 100 percent on a twelve-month term are both considered 1.0 FTE.

Analysis of the employment change

The changes in employment levels for the two budget centers in the Academic Health Center are summarized below.

	<u>97 FTE</u>	<u>98 FTE</u>	<u>Change</u>
Units in the SVP-HS Office	55.2	67.4	12.2
AHC-Shared Programs	<u>161.1</u>	<u>172.0</u>	<u>10.9</u>
Total Change FY 97 to FY 98	<u><u>216.3</u></u>	<u><u>239.4</u></u>	<u><u>23.1</u></u>

Comparisons of employment levels are helpful in establishing benchmarks and trends. But, the net results merit careful study and explanation because:

- 1) They reflect point-in-time comparisons, which may understate or overstate the actual number of employees in a unit. For example, positions that are funded, but not filled on the day of the census, are not reported in the count. Consequently, if a position was occupied in the first year but temporarily vacant in the second year, it would appear that employment had decreased. Conversely, if a position were vacant on the day the data was extracted from the payroll system in the first year, but filled in the second year, it would appear that the unit had added positions. There may be no change at all in the budgeted or the actual expenditures for the unit.

- 2) Because the analysis considers a subset of the total organization, offsets in other units are not counted.
  - a) Over the last two years, organizations have been realigned in the Academic Health Center to provide more efficient, effective administrative services.
  - b) The Central human resources organization has decentralized certain responsibilities.
  - c) Some academic programs have been moved from the medical school to a new organization called AHC Shared Activities. Included in this group are the Bioethics Center and the Cancer Center. The organizational transfer was initiated to recognize that these programs serve most or all of the Academic Health Center schools. There has not been an increase in employment, merely a transfer of responsibility.
  - d) Temporary allocations have been made by the Senior Vice President for special programs or needs.
    - i) Transitional funding has been allocated for the Medical Technology program. Five positions appear in the SVP-HS office count in September 1998. The funding will expire at the end of Fiscal Year 1999.
    - ii) A portion of the legislative initiative funding is accounted for in the AHC-Shared Activities organization. These allocations will end at the end of the Fiscal Year as well.
- 3) FTE positions increase and decrease in some units based on the level of activity. For example, the Community University Health Care Clinic is now a unit in the Academic Health Center and is accounted for within the AHC Shared Activity Organization. The number of FTE positions in the CUHCC unit varies with the amount of activity that is supported by patient care revenues and grant funds. If activity increases, so does the level of employment.

An accounting for the changes in the two budget centers in the AHC reveals that the majority of the changes were related to transfers to the AHC which were offset by reductions in other units of the University of Minnesota. After accounting for all the transfers, the net change in employment levels in all units reporting to the Senior Vice President for Health Sciences was a reduction of 1.6 FTE.

A detailed reconciliation of the year-to-year change follows:

Year-to-year Change

September 1998 FTE Positions	216.3
September 1999 FTE Positions	239.4
1999 Higher/(Lower) than 1999	<u>23.1</u>

## Changes in Staffing in the Academic Health Center June 1999

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### Explanation of the Year-to-Year Change

Fill FTE Vacant in 1997	
Communications	2.0
Multicultural Institute	2.0
Subtotal Fills	<u>4.0</u>
Transfers from other units	
Transfers from the Medical School	21.6
Transfers from Institute of Technology	2.0
Transfer from the Central Organization	1.0
Subtotal Transfers	<u>24.6</u>
Changes in workload volume	
New positions for Y2k and Desktop Support	4.0
Closing of Scientific Apparatus	-5.0
Research Animal Resources	-7.8
Research Computing	4.8
CUHCC	2.1
Molecular and Cellular Therapy	-2.7
Subtotal New/Abolished Positions	<u>-4.6</u>
Net of all other changes	<u>-1.0</u>
Total Change September 1998 to September 1999	<u><u>23.0</u></u>

### Analysis of the change by office in the SVP-HS organization

A comparison of the change in employment by office within the Academic Health Center's central organization is shown on the following page. The offices that report to the Senior Vice President for Health Sciences are listed in the first column. The FTE positions reported for FY 1998 and FY 1999 are shown in the next two columns. The year-to-year changes are shown in the fourth column. Positive numbers represent increases in FY 1998. The next four columns show transfers into the SVP-HS organizations. The final column shows the actual change in employment levels, after the transfers are counted. Net change equals the numbers in the FY 99 Over/(under) FY 98 column minus the numbers in the Total Transfers column.

### Improved Measurement Techniques for the Future

While the year-to-year comparison of FTE provides interesting facts about changing staffing profiles, it does not measure the adequacy of the staffing level or the amount of resources dedicated to providing the administrative service. The studies of FTE positions should include comparisons with recognized benchmarks and an indication of the level of resources allocated for these areas.

It is difficult to construct meaningful analyses between and within institutions, because of the differences in organizational structures and work. Even within the University of Minnesota, contrasting staffing levels produces inconclusive results. Shown on

Schedules 2 and 3 are the staffing profiles for major units of the University and by school in the Academic Health Center. Again, it is difficult to draw conclusions about the data because the activities in each of the major units are so diverse. Accordingly, for future reporting, the Academic Health Center Finance Office will develop and apply four standards:

1. An external standard: a survey instrument will be developed to collect position statistics from comparable academic health centers. Some data is currently available but it is difficult to draw conclusions about the comparability of the University of Minnesota and other institutions without further effort. The effort is better spent designing a survey to collect data in a consistent format, a format that reflects the organizational structure of the Academic Health Center.
2. An internal standard: the Academic Health Center Finance Office and the Grants Management project team are collaborating on a Standard Staffing Model, which will compute the number of positions required to perform administrative tasks. Currently, the group is matching working and staffing for tasks in financial management and in grants management. The first study, which was conducted in the Department of Epidemiology, was completed in early May. The second study will be initiated in June in one of the Medical School departments.
3. A dollar standard: Positions are one way to measure the use of resources; dollars are another. In FY 1998, a total of \$5.5 million in salary and fringe benefit expense was incurred by the administrative offices reporting to the Senior Vice President for Health Sciences. Total salary and fringe benefit expenditures in FY 1998 for the Academic Health Center were \$292.6 million. Accordingly, 1.8 percent of the total Academic Health Center budget was spent for centralized financial and administrative services. A standard for reporting in the future will be the percentage of resources allocated in the budget Academic Health Center for centralized financial and administrative support provided by the Senior Vice President's Office.
4. A position management model: Beginning in FY 2000, positions as well as dollars will be allocated to units within the SVP-HS office. The use of position budgeting will allow for comparisons using full employment levels, not point-in-time filled position counts. It will also provide stability to the analyses of staffing levels.

#### Qualitative Assessment

In addition to the quantitative analysis that will be performed regularly in the future, it is also important to assess, in a qualitative sense, the contributions of the staff in the organizational units of the Senior Vice President for Health Sciences. Some achievements over the past two years that demonstrate 'value-added' from the leadership in the Academic Health Center are listed below:

- ⇒ Retained access to an adjacent teaching hospital for the faculty and students of the Academic Health Center
- ⇒ Implemented the new Grants Management model, with relatively enthusiastic acceptance by faculty and staff



- ⇒ Provided development and coordination of interdisciplinary, interscholastic activities including primary care, geriatrics, Center for Spirituality and Healing, and research programs
- ⇒ Consolidated 18 practice groups into a single practice plan that is competing effectively in the market.
- ⇒ Initiated over \$100 million in new facility construction and renovations projects
- ⇒ Added, on an annual basis, over \$14 million in new education and research program initiatives for the schools of the Academic Health Center
- ⇒ Launched the National Institute of Health Policy, a unique collaboration of the Academic Health Center and the University of St. Thomas
- ⇒ Initiated a master's program in clinical outcomes research
- ⇒ Established the Research Services Organization, which has been even more successful than originally envisioned.
- ⇒ Systematically addressed all Y2k issues, and diminished the potential risks of non-compliant equipment and software
- ⇒ Initiated a program to coordinate classroom functional support and a common scheduling system for Twin Cities AHC schools
- ⇒ Expanded the visibility of the accomplishments of the AHC schools and faculty through positive media coverage of education, research and clinical services programs

#### Questions and comments

Questions about the report should be directed to Katherine Johnston, CFO for Health Sciences by telephoning 626-3700 or sending an e-mail message to KMJOHNST@mailbox.mail.umn.edu.

Academic Health Center  
Office of the Senior Vice President for Health Sciences  
Year-to-Year Changes in FTE Employment - Administrative Positions

Schedule 1

	Sept. FY98 FTE	Sept. FY99 FTE	FY 99 Over/(under) FY 98	Transfers					Net Change
				Med. School	Other Univ Units	Central	Within AHC	Total	
<u>Senior Vice President Health Sciences Operations</u>									
SVPHS Office	11.3	9.2	-2.1					0.0	-2.1
Facilities Management	5.4	4.0	-1.4					0.0	-1.4
Human Resources	14.5	16.0	1.5					0.0	1.5
Administrative Information Systems	3.0	12.0	9.0	5.0				5.0	4.0
Communications	8.0	10.1	2.1					0.0	2.1
VP - Clinical Affairs	2.0	2.0	0.0					0.0	0.0
VP - Organizational Redesign	0.7	0.4	-0.3					0.0	-0.3
Chief Financial Officer	5.0	6.0	1.0			1.0		1.0	0.0
Total	49.9	59.7	9.8	5.0	0.0	1.0	0.0	6.0	3.8
<u>Units Reporting to the SVP-HS</u>									
Learning Resources	1.8	2.2	0.4						0.4
Council for Health Interdisciplinary Participation	1.5	1.5	0.0						0.0
Multicultural Institute	2.0	4.0	2.0						2.0
Total	5.3	7.7	2.3	0.0	0.0	0.0	0.0	0.0	2.3
Total Health Sciences	55.3	67.4	12.1	5.0	0.0	1.0	0.0	6.0	6.1
<u>Academic Health Center Shared Programs</u>									
Biomedical Graphics	12.2	12.0	-0.1					0.0	-0.1
Research Animal Resources	65.5	57.6	-7.8					0.0	-7.8
Research Services Organization	2.0	3.0	1.0	1.0				1.0	0.0
Center for Spirituality and Healing	1.0	1.0	0.0					0.0	0.0
Research Computing	0.0	8.8	8.8	2.0	2.0			4.0	4.8
Scientific Apparatus	5.0	0.0	-5.0					0.0	-5.0
Cancer Center	28.5	29.4	0.9					0.0	0.9
Institutional Officer	0.1	2.0	1.9	1.9				1.9	0.0
Biomedical Ethics	0.0	4.8	4.8	4.8				4.8	0.0
Community University Health Care Clinic	37.2	39.4	2.1					0.0	2.1
Medical Technology		5.0	5.0	5.0				5.0	0.0
Legislative Initiative Accounts		2.0	2.0	2.0				2.0	0.0
Minnesota Molecular and Cellular Therapy	9.7	7.0	-2.7					0.0	-2.7
Total AHC Shared Programs	161.1	172.0	10.9	16.6	2.0	0.0	0.0	18.6	-7.8
Grand Total	216.4	239.4	23.0	21.6	2.0	1.0	0.0	24.6	-1.6

**University of Minnesota  
Headcount Analysis  
Non-Sponsored and Sponsored Programs  
Data as of March 31, 1999**

Headcounts	AHC	Twin Cities - Excluding AHC			Crookston	Duluth	Morris	Grand Total
		Total	Admin	Academic				
Faculty	1,052	2,070	46	2,024	40	438	109	3,709
Faculty with Administrative Appt.	74	101	7	94	3	39	6	223
Administrative	229	990	474	516	34	86	31	1,370
Professional	535	1,695	288	1,407	54	121	40	2,445
Civil Service	2,604	6,396	3,811	2,585	100	731	188	10,019
Total Headcount	4,494	11,252	4,626	6,626	231	1,415	374	17,766

**Profile: Percent of Total Headcount**

Faculty	23%	18%	1%	31%	17%	31%	29%	21%
Faculty with Administrative Appt.	2%	1%	0%	1%	1%	3%	2%	1%
Administrative	5%	9%	10%	8%	15%	6%	8%	8%
Professional	12%	15%	6%	21%	23%	9%	11%	14%
Civil Service	58%	57%	82%	39%	43%	52%	50%	56%
Total	100%	100%	100%	100%	100%	100%	100%	100%

**Ratios in Academic Units**

Administrative : Faculty	1 / 4.59			1 / 3.92	1 / 1.18	1 / 5.09	1 / 3.52	1 / 2.71
Professional : Faculty	1 / 1.97			1 / 1.44	1 / 0.74	1 / 3.62	1 / 2.73	1 / 1.52
Civil Service : Faculty	2.48 / 1			1.28 / 1	2.50 / 1	1.67 / 1	1.72 / 1	2.70 / 1

Source: Peoplesoft database. AHC data has been reviewed and corrected; other University data has not been reviewed for errors.

University of Minnesota  
Academic Health Center  
Headcount Analysis  
Non-Sponsored and Sponsored Programs  
Data as of March 31, 1999

	UMD School of Medicine	School of Dentistry	Medical School	School of Nursing	College of Pharmacy	School of Public Health	College of Veterinary Medicine	Total Collegiate	SVP- HS	AHC Shared	Total AHC
Faculty *	30	162	623	35	37	91	65	1,043	-	9	1,052
Faculty with Administrative Appt.	9	6	30	3	7	7	6	68	3	3	74
Administrative	9	7	78	13	22	31	24	184	19	26	229
Professional	10	37	317	36	14	56	41	511	2	22	535
Civil Service	55	228	1,272	32	48	397	305	2,337	64	203	2,604
Total Headcount	113	440	2,320	119	128	582	441	4,143	88	263	4,494

## Profile: Percent of Total Headcount

Faculty with Administrative Appt.	8%	1%	1%	3%	5%	1%	1%	2%	3%	1%	2%
Faculty	27%	37%	27%	29%	29%	16%	15%	25%	0%	3%	23%
Administrative	8%	2%	3%	11%	17%	5%	5%	4%	22%	10%	5%
Professional	9%	8%	14%	30%	11%	10%	9%	12%	2%	8%	12%
Civil Service	49%	52%	55%	27%	38%	68%	69%	56%	73%	77%	58%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

## Ratio

Administrative / Faculty	1 / 3.33	1 / 23.14	1 / 7.99	1 / 2.69	1 / 1.68	1 / 2.94	1 / 2.71	1 / 5.67	n/a	1 / 0.35	1 / 4.59
Professional / Faculty	1 / 3.00	1 / 4.38	1 / 1.97	1 / 0.97	1 / 2.64	1 / 1.63	1 / 1.59	1 / 2.04	n/a	1 / 0.41	1 / 1.97
Civil Service / Faculty	1.83 / 1	1.41 / 1	2.04 / 1	0.91 / 1	1.30 / 1	4.36 / 1	4.69 / 1	2.24 / 1	n/a	22.56 / 1	2.48 / 1

**FY2000 - 2001**

**Operating and Capital Budget  
Conceptual Framework**

**Presentation to Board of Regents  
May 13, 1999**

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**UNIVERSITY OF MINNESOTA**

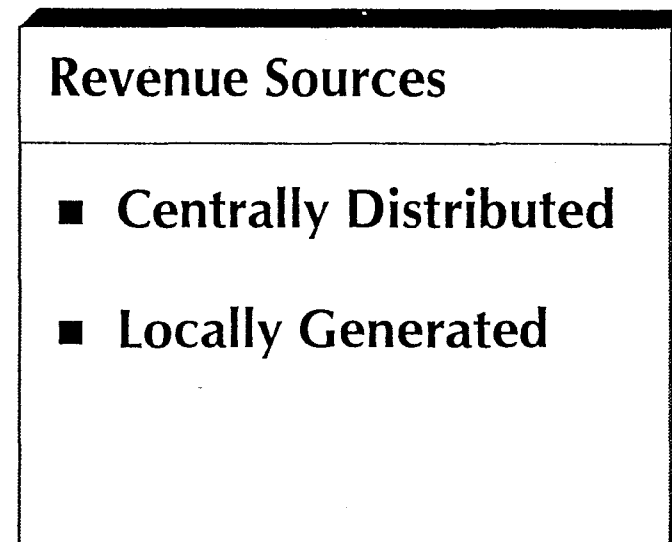
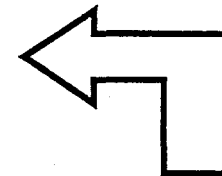
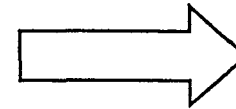
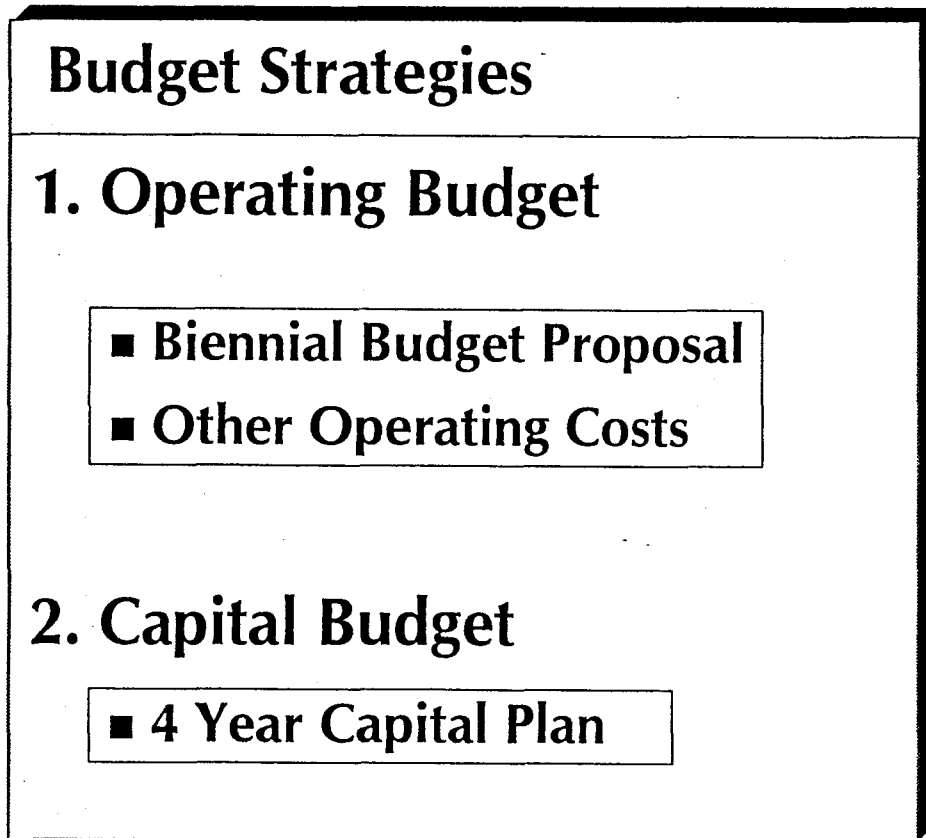
**University  
Plan**

**Budget  
Strategies**



**Critical Measures**

**Revenue  
Sources**



## Biennial Budget Proposal

- Competitive Compensation
- Enriching the Undergraduate Experience
- Financing Health Professional Education
- Connecting the University to the Community
- Promoting a Climate of Quality Service

## Budget Strategy

### Other Operating Costs

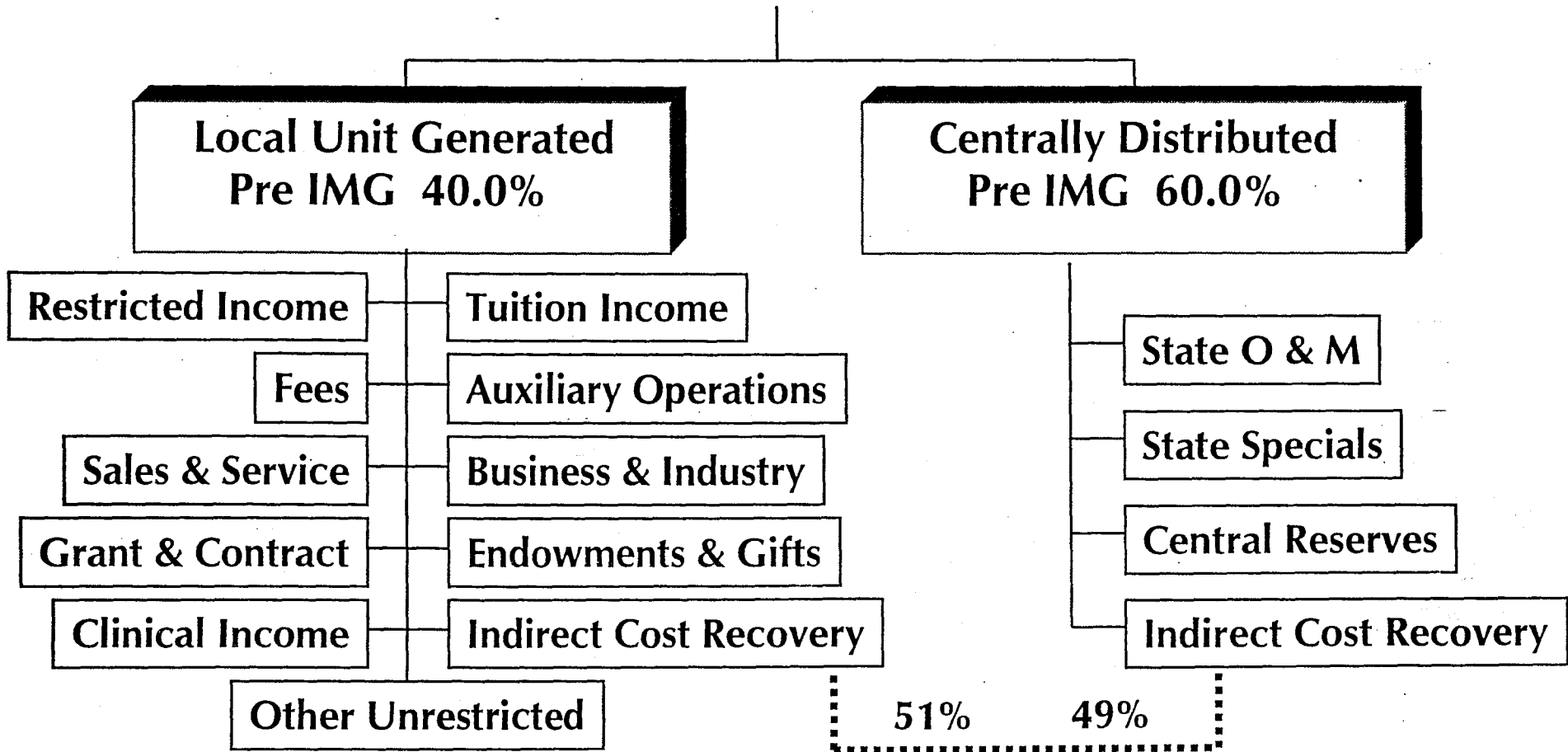
- Common Goods
- Core Administrative Services
- Targeted Academic Investments

### Capital Investments

- FY2000 Capital Budget
- 2000 State Capital Proposal



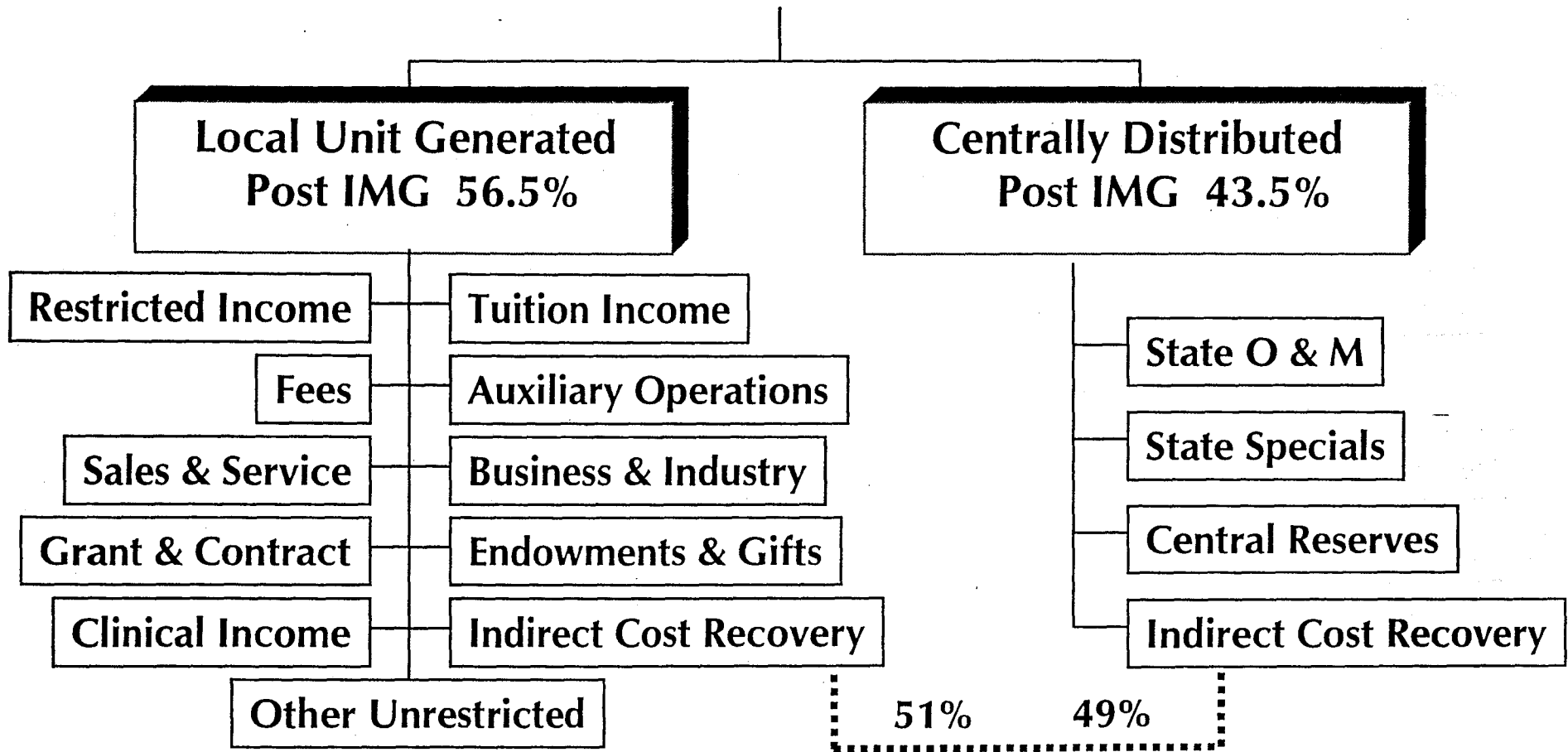
# Total Operating Revenues



**UNIVERSITY OF MINNESOTA**

**Current Non-Sponsored Funds  
Fiscal Year 1998-99 Resources  
\$1.624 Billion Revenue Responsibility**

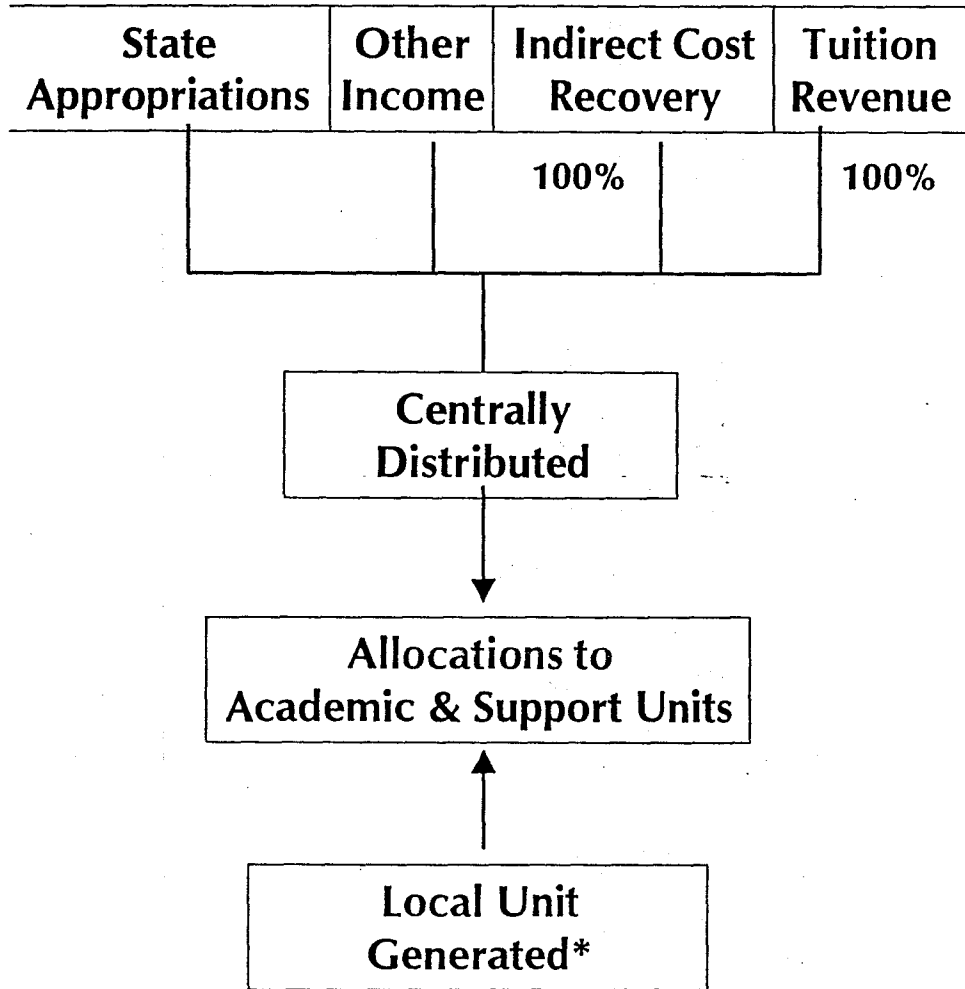
# Total Operating Revenues



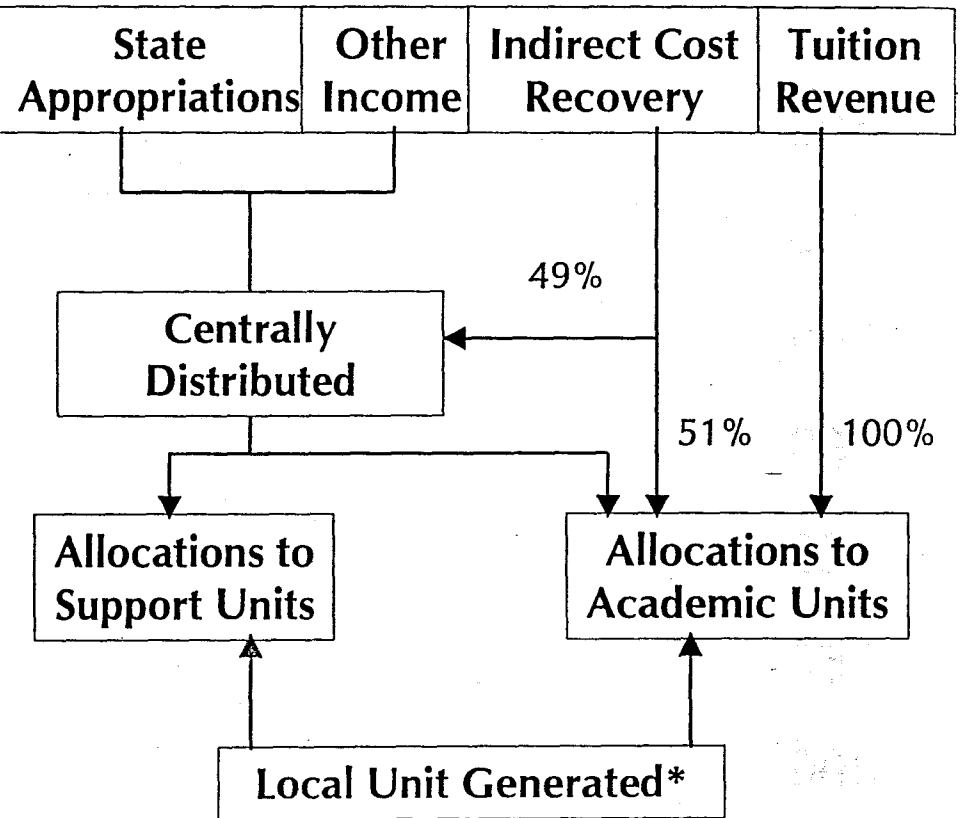
**UNIVERSITY OF MINNESOTA**

**Current Non-Sponsored Funds  
Fiscal Year 1998-99 Resources  
\$1.624 Billion Revenue Responsibility**

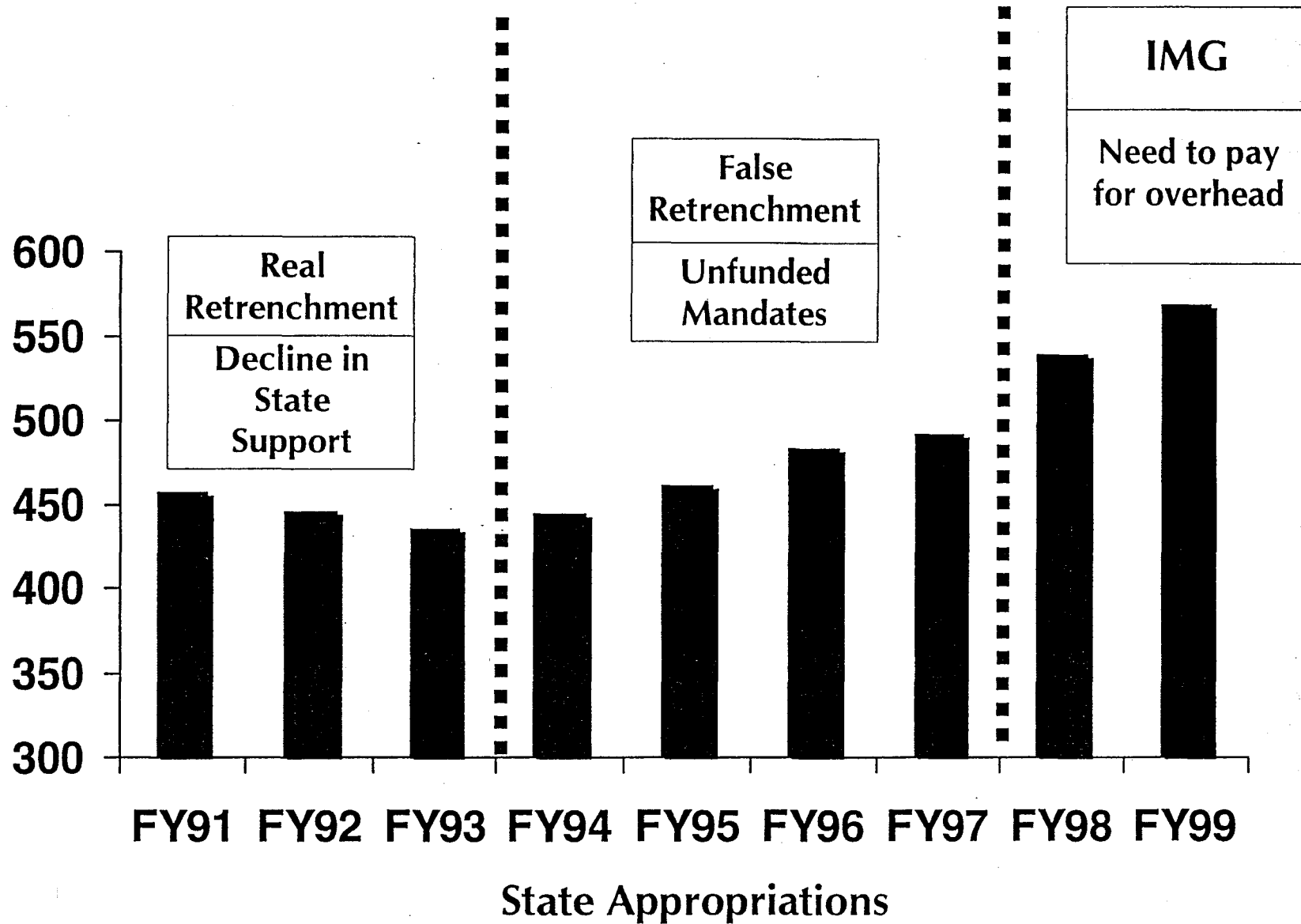
## Pre IMG Method



## IMG Method



\* Revenues from endowment income, sales & services, fees, auxiliaries, grants & contracts, etc.



UNIVERSITY OF MINNESOTA

Three Recent Phases

## Common Goods

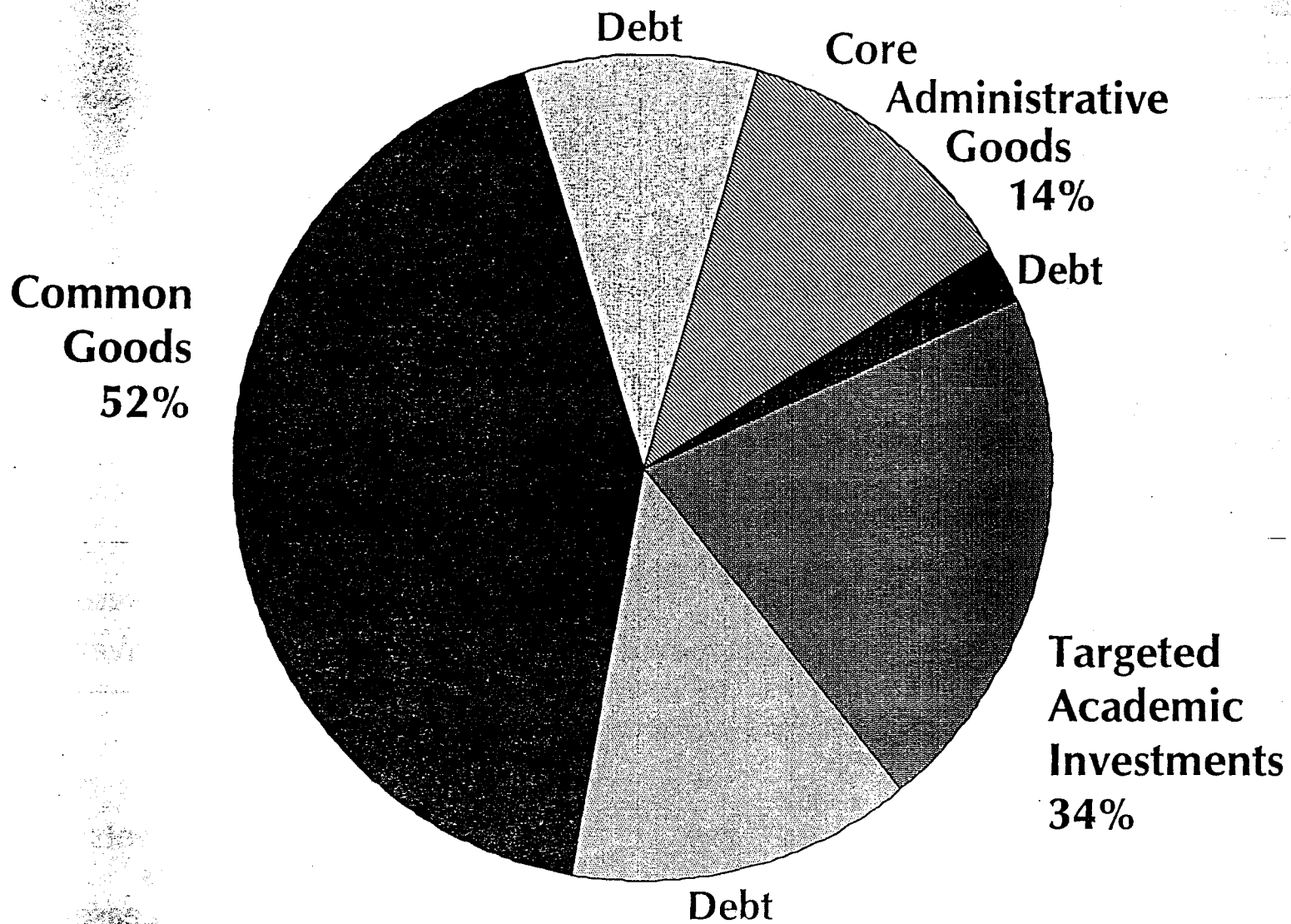
- Technology: Voice/Data
- Web Development
- Libraries
- Debt, Rents, and Leases
- Enterprise Systems
- Financial Aid
- Utility Costs
- New Building Operations
- Athletics

## Core Administrative Services

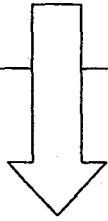
- EEO Community Education Program
- External Sales
- Financial Management
- Human Resources
- Health and Safety
- Institutional Relations
- Treasurer
- Debts, Rents and Leases
- General Counsel
- President's Office
- EVPP
- Budget and Planning
- Board of Regents
- Student Services

## Targeted Academic Investments

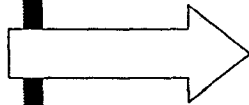
- Sabbatical Pool
- Teaching Awards
- Regents Professors
- CLA Best Departments
- Compact Initiatives
- Debts, Rents, and Leases
- Native American Enrollments - UMM



# What is the Problem?



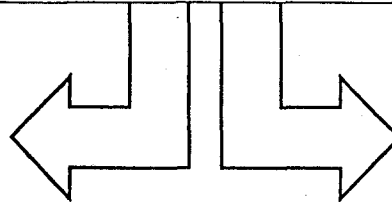
**Myths and  
Misconceptions  
Embedded in The  
Culture**



- Overhead is not a local unit cost!
- All central costs are administrative
- Lack of recognition of common goods
- Perception of more central control of resources when revenue streams are actually highly decentralized
- Lack of understanding that much of central costs are actually pass-through academic investments
- Idea that State Legislature will cover these costs
- Long term neglect of stewardship of common goods

# Alternative Choices

**Clarify Responsibility  
for Costs**



**Institutional  
Revenue Sharing**

## Examples

- Require local units to pay own debt
- Charge local units for building operations
- Require local units to pay larger share of compensation costs
- Establish new fees for services
- Allocate certain overhead costs

## Examples

- Establish a 1% assessment on all revenues
- Collect a 2% tax on “sales and services” revenues
- Rethink Tuition Attribution in IMG
- Rethink ICR Distribution in IMG
- Overhead % on State Funds



# Why Institutional Revenue Sharing?

IMG model left insufficient resources for overhead costs (“common goods”) not funded through the current revenues (biennial proposal, tuition, clinical income, auxiliary sales and services).

Common Goods

Core Administrative Services

Targeted Academic Investments

## **What Other Modifications To IMG Are Necessary?**

**Committee will be appointed to review what additional steps need to be taken to modify IMG in light of recent experiences.**

**University has undergone genuine reductions in overall workforce -- tenure and tenure-track faculty has been slimmed down**

- **The 1998-99 Supplemental Appropriation provided funding for 30 new faculty positions.**
- **The 2000-01 Biennial Budget Proposal seeks funding for 100 new faculty positions.**

**Even with 130 new faculty positions, the University's tenured and tenure-track faculty will still be much smaller in 2000-01 than in 1989-90.**

# Number of Tenured and Tenure-Track Faculty University of Minnesota System

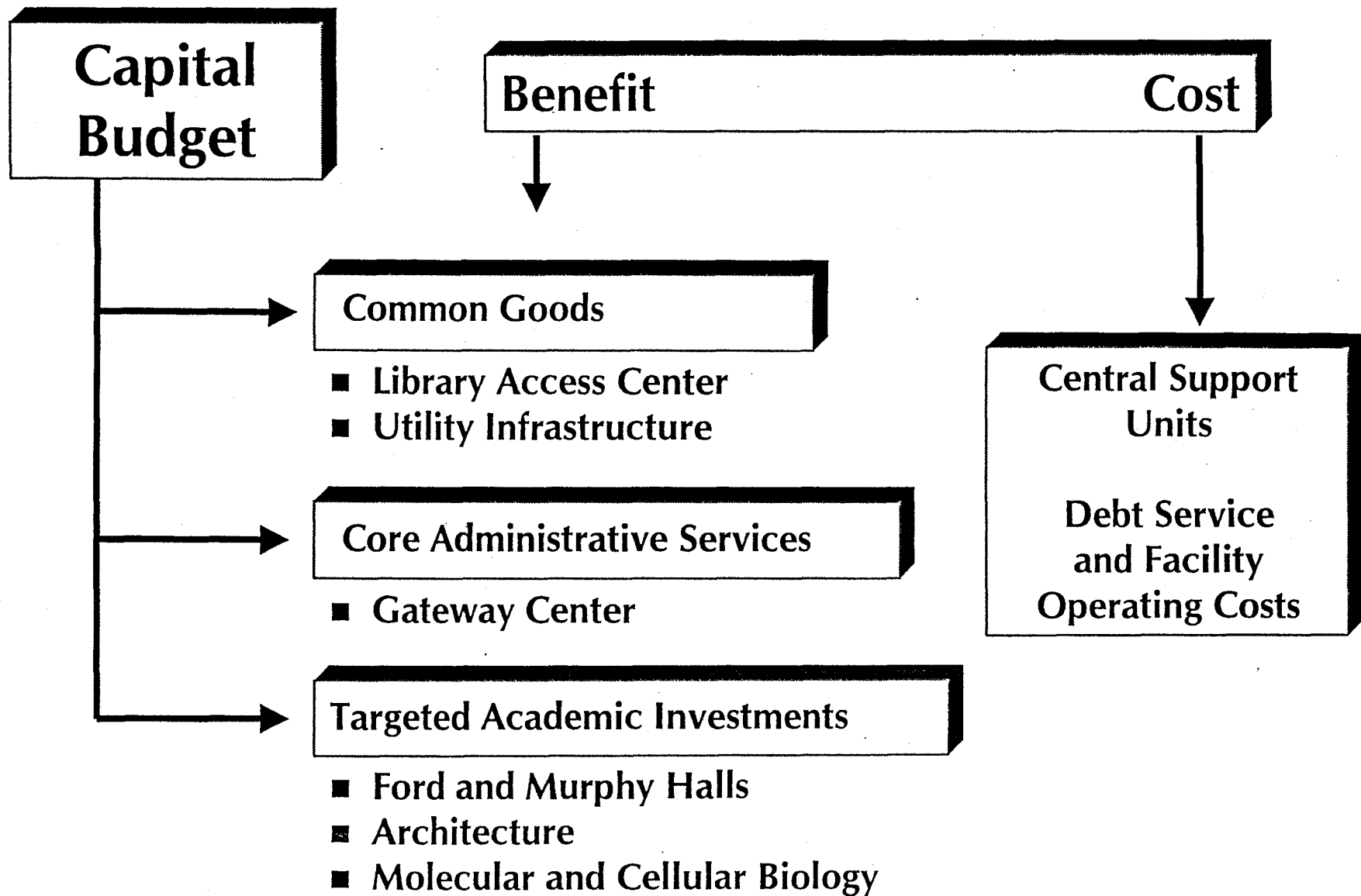
Academic Year	Faculty	Net Gain/Loss Over Previous Year
1989-90	3225	
1990-91	3201	(24)
1991-92	3216	15
1992-93	3182	(34)
1993-94	3138	(44)
1994-95	3089	(49)
1995-96	2966	(123)
1996-97	2941	(25)
1997-98	2818	(123)
<b>TOTAL GAIN/LOSS 1990-1998</b>		<b>(407)*</b>

\* Represents a 13% loss in tenured and tenure-track faculty over the eight year period.

# Number of Tenured and Tenure-Track Faculty Medical School

Academic Year	Faculty	Net Gain/Loss Over Previous Year
1993-94	539	
1994-95	532	(7)
1995-96	495	(37)
1996-97	479	(16)
1997-98	443	(36)
<b>TOTAL GAIN/LOSS 1993-1998</b>		<b>(96)*</b>

\* Represents a 18% loss in tenured and tenure-track faculty over five years.



# **Academic Health Center**

## **Budget Analysis and Proposed Funding Distributions**

### **Schedule**

### **Description**

---

- |          |   |
|----------|---|
| <b>1</b> | <b>Summary of Changes in Allocations to the Academic Health Center Organization: FY 1999 to FY 2000</b> |
| <b>2</b> | <b>Plan for Distribution of Endowment Funds</b>   |
| <b>3</b> | <b>Comparison of FY 2000 Legislative Budget Request and Allocation</b>                                  |
| <b>4</b> | <b>Impact of Enterprise Assessment and Institutional Revenue Sharing</b>                                |
| <b>5</b> | <b>Impact of 3% Salary Increase on Faculty Salaries</b>   |

**Academic Health Center, University of Minnesota  
Plan for Distribution of Endowment Funds**

**As of June 9, 1999**

(\$'s in thousands)

	<u>Recurring</u>	<u>Non-recur</u>	<u>Total</u>
<b>Replacing Patient Care Revenue</b>			
1. TC Medical: salary coverage for faculty in clinical departments who teach med students	\$1,800		1,800
2. Duluth -- medical student teaching by clinical faculty	125	0	125
3. TC Medical accreditation standards		350	350
Total	<u>\$1,925</u>	<u>\$350</u>	<u>\$2,275</u>
<b>Interscholastic Education</b>			
1. Community-based education: program development	\$300	\$400	700
2. Center for Spirituality and Healing	250	100	350
3. Technology-enhanced education	200	300	500
4. Teaching broader skills and knowledge		200	200
5. Community-University Health Care Center	200		200
6. SVP discretionary fund/initiative support	137		137
Total	<u>\$1,087</u>	<u>\$1,000</u>	<u>\$2,087</u>
<b>Community</b>			
1. Rochester/AHC programs	\$250	\$250	500
2. Hibbing dental program	150	175	325
3. Expanding pharmaceutical care education and outcomes research	150	125	275
4. Improving access to cancer information	50	250	300
5. Expanding nurse education and outreach	125	150	275
6. Veterinary comparative medicine	125	125	250
7. SVP discretionary fund/initiative support	329	0	329
Total	<u>\$1,179</u>	<u>\$1,075</u>	<u>\$2,254</u>
<b>Special Programs</b>			
1. Allied health programs	\$200	\$50	250
2. Extension Service Health Outreach (matching)	0	50	50
3. Biomedical Library		500	500
4. SVP discretionary fund/initiative support	334		334
Total	<u>\$534</u>	<u>\$600</u>	<u>\$1,134</u>
To be allocated		<u>250</u>	<u>250</u>
<b>Grand Total</b>	<u><u>\$4,725</u></u>	<u><u>\$3,275</u></u>	<u><u>\$8,000</u></u>



University of Minnesota Academic Health Center  
Comparison of Legislative Budget Request and Allocation - FY 2000  
Objective 1: Strengthening health professional education

\$'s in Thousands

	Request	Allocation		
		Total	Recurring	Non-Recur
<b>A. Replacing patient care revenue</b>	\$4,200	\$2,275	\$1,925	\$350
<b>B. Implementing interdisciplinary education</b>				
Release of faculty from patient care and research to design curriculum and teach	800			
New faculty positions to teach team care and primary care	1,500			
Support staff (operations, clerical, maintenance)	350			
Curriculum design costs (consultant, travel to other sites, audio visual equipment)	300			
Operating costs for the new clinical skills teaching facility	300			
Sub-total	\$3,250	\$1,178	\$778	\$400
<b>C. Shifting to community-based education</b>				
Faculty to create teaching opportunities in community settings	1,200			
Costs of teaching in clinical settings	900			
Administrative and legal costs of teaching in a non-University setting	400			
Information systems to link community sties with University faculty	520			
Teaching at UM clinics and community programs (CUHCC, RHS, RPAP, UMP)	1,200			
Compensation for private practitioners at clinical/community sites	300			
Sub-total	\$4,520	\$534	\$534	\$0
<b>D. Utilizing technology-enhanced education</b>				
Specialists in distance learning and web-based education	500			
Access to libraries and other resources	200			
Clerical and administrative support	180			
Hardware, network linkages, servers, digital image equipment	200			
Annual cost of materials, supplies, telephone	200			
Sub-total	\$1,280	\$500	\$200	\$300
<b>E. Teaching broader skills and knowledge</b>				
Non-AHC faculty to teach social work, business, ethics, care delivery systems	400			
Release of faculty to develop curriculum presentation	300			
Materials and support for curriculum development	50			
Sub-total	\$750	\$200		\$200
<b>Total</b>	<b>\$14,000</b>	<b>\$4,687</b>	<b>\$3,437</b>	<b>\$1,250</b>

**Objective 2: Shifting to a more community-based and population-based system - FY 2000**

\$'s in Thousands

	Request	Allocation		
		Total	Recurring	Non-Recur
<b>A. Developing and expanding successful care and illness prevention models</b>				
<b>1) Expanding pharmaceutical care education and outcomes research</b>				
Support for rural pharmacists professional development	230			
Faculty positions in geriatric pharmaceutical care education	170			
Faculty positions in pharmaceutical outcomes education and research	160			
Sub-total	<u>\$560</u>	<u>\$275</u>	<u>\$150</u>	<u>\$125</u>
<b>2) Expanding nursing education outreach and best nursing care practice</b>				
Faculty for coordination, evaluation, and collaboration in advanced practice nursing education	250			
Costs for off-site program delivery and distance education	100			
Operating and clerical support	30			
Sub-total	<u>\$380</u>	<u>\$275</u>	<u>\$125</u>	<u>\$150</u>
<b>3) Establishing two rural dental education sites</b>				
Faculty for coordination and collaboration in two new dental clinics	150			
Start-up operating costs for three rural clinics for dental education and service	650			
Operating and clerical support	20			
Sub-total	<u>\$820</u>	<u>\$325</u>	<u>\$150</u>	<u>\$175</u>
<b>B. Conducting health services and health outcomes research</b>				
Faculty position to develop strategies and to implement new models	300			
Equipment, software development	60			
Curriculum materials development	40			
Support for faculty efforts in health outcomes research	200			
Sub-total	<u>\$600</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
<b>C. Improving access to cancer information</b>				
Faculty for educational material development	100			
Support staff for editing, digital preparation, print materials design	200			
Start-up funds for production printing and distribution	75			
Sub-total	<u>\$375</u>	<u>\$300</u>	<u>\$50</u>	<u>\$250</u>
<b>D. Strengthening the connection between health sciences and agriculture</b>				
Veterinary faculty for comparative medical research into human disease	125			
Support staff for the program (1 FTE)	40			
Start-up support, materials development and laboratory expenses	40			
Sub-total	<u>\$205</u>	<u>\$250</u>	<u>\$125</u>	<u>\$125</u>
<b>Total</b>	<b>\$2,940</b>	<b>\$1,425</b>	<b>\$600</b>	<b>\$825</b>
<b>Special Programs</b>				
Bio-Medical Library (as separate item)	930	500	0	500
Rochester AHC Programs	0	500	250	250
Allied Health Programs	0	250	200	50
Health Extension: Matching	0	50	0	50
SVP- HS Discretionary/Initiative Support		338	338	0
To be Allocated		250	250	0
<b>Grand Total</b>		<b><u>\$3,313</u></b>	<b><u>\$1,638</u></b>	<b><u>\$1,675</u></b>

**University of Minnesota Academic Health Center  
Enterprise Assessment and Institutional Revenue Sharing  
Estimated Impact FY2000**

Schedule 4

Adjusted from May 3, 1999 Estimates from Central Budget Office to Exclude Affiliated Hospital Revenues \*

	Components of (B)				(E)
	(A)	(B)	(C)	(D)	
	<b>Enterprise Assessment at 1%</b>	<b>IRS at 1% of Total Revenues</b>	<b>2% on Sales and Service Revenues</b>	<b>IRS Balance (B-C)</b>	<b>Estimate of FY2000 Obligation Proposed System (A+C+D)</b>
<b>Collegiate Unit</b>					
Duluth School of Medicine	48,693	75,596	754	74,842	124,289
School of Dentistry	144,598	251,211	171,673	79,538	395,809
Medical School	813,727	1,285,727	758,848	526,879	2,099,454
School of Nursing	39,988	52,503	1,153	51,350	92,491
College of Pharmacy	43,917	105,106	19,499	85,607	149,023
School of Public Health	64,369	109,961	10,986	98,975	174,330
College of Veterinary Medicine	157,261	296,700	250,382	46,318	453,961
<b>Total</b>	<b>\$1,312,553</b>	<b>\$2,176,804</b>	<b>\$1,213,295</b>	<b>\$963,509</b>	<b>\$3,489,357</b>

\* Affiliated Hospital adjustments are subject to verification.

**Academic Health Center**  
**Cost of 3% Faculty Salary Raise for FY 2000**

Schedule 5

Based on Projected FY 99 Expenses  
(in thousands)

	<u>Duluth</u>	<u>Dentistry</u>	<u>TC Medical</u>	<u>Nursing</u>	<u>Pharmacy</u>	<u>Public Health</u>	<u>Vet Med</u>	<u>Total Collegiate</u>	<u>SVP-HS/ Shared</u>	<u>Total AHC</u>
<b>EXPENDITURE DATA</b>										
<b>Faculty Salary Expense (1)</b>										
O&M	\$2,679	\$4,989	\$16,389	\$1,531	\$2,789	\$2,418	\$4,823	\$35,617	\$352	\$35,969
ICR	0	0	2,425	0	0	273	34	2,732	25	2,757
Other non-sponsored	53	565	16,050	116	617	623	1,422	19,444	923	20,368
Sponsored	244	404	12,701	426	401	4,060	206	18,442	721	19,163
<b>Total NS/Spons Faculty Salary Expense</b>	<b>\$2,976</b>	<b>\$5,958</b>	<b>\$47,565</b>	<b>\$2,073</b>	<b>\$3,806</b>	<b>\$7,373</b>	<b>\$6,484</b>	<b>\$76,235</b>	<b>\$2,020</b>	<b>\$78,256</b>
Agency accounts	0	0	\$22,476	0	0	0	0	\$22,476	0	\$22,476
<b>Total Faculty Salary Expense</b>	<b>\$2,976</b>	<b>\$5,958</b>	<b>\$70,041</b>	<b>\$2,073</b>	<b>\$3,806</b>	<b>\$7,373</b>	<b>\$6,484</b>	<b>\$98,711</b>	<b>\$2,020</b>	<b>\$100,732</b>
<b>All Operating Expense</b>										
Non-Sponsored	\$8,437	\$25,542	\$167,232	\$5,859	\$10,460	\$15,071	\$31,871	\$264,473	\$26,820	\$291,293
Sponsored	2,418	4,610	99,456	2,443	3,602	33,333	4,937	150,798	8,917	159,716
Agency	(0)	0	22,476	0	0	340	17	22,833	42	22,875
<b>Total Operating Expense</b>	<b>\$10,855</b>	<b>\$30,152</b>	<b>\$289,164</b>	<b>\$8,302</b>	<b>\$14,061</b>	<b>\$48,744</b>	<b>\$36,826</b>	<b>\$438,104</b>	<b>\$35,780</b>	<b>\$473,883</b>
<b>Expense by Funding Category</b>										
% O&M Expenditures	57%	43%	15%	56%	46%	12%	33%	21%	32%	22%
% Other Non-Sponsored Expenditures	20%	42%	51%	15%	28%	20%	54%	45%	43%	45%
% Sponsored Expenditures	22%	15%	34%	29%	26%	68%	13%	34%	25%	34%
<b>Non-Sponsored Expense by Funding Category</b>										
% O&M Expenditures	74%	51%	23%	79%	62%	37%	38%	32%	43%	33%
% Other Expenditures	26%	49%	77%	21%	38%	63%	62%	68%	57%	67%
<b>FACULTY SALARY INCREASES</b>										
<b>Cost of FY 2000 Salary Increase - Non-sponsored only</b>										
<b>Cost of Raises</b>										
Raises for Non-sponsored										
3% raise (including Fb's)	\$105	\$213	\$2,195	\$63	\$130	\$127	\$240	\$3,073	\$50	\$3,122
Less Central Allocation (2)	103	191	720	59	107	103	186	1,468	14	1,482
<b>Net unfunded 3% raise</b>	<b>\$2</b>	<b>\$22</b>	<b>\$1,475</b>	<b>\$4</b>	<b>\$24</b>	<b>\$24</b>	<b>\$54</b>	<b>\$1,605</b>	<b>\$35</b>	<b>\$1,640</b>
<b>Cost of Additional 1% Raise</b>										
Cost for each additional 1% raise	\$35	\$71	\$732	\$21	\$43	\$42	\$80	\$1,024	\$17	\$1,041

(1) Includes ranked faculty in personnel classes 94XX - Professor, Associate Professor, Assistant Professor, Instructor, Research Associate, Research Fellow, Regents Professor.

(2) Includes O & M, ICR, and Tuition. Assumes each school will receive 3% of the actual related salary and fringe benefits expense recorded in these funds.

# UNIVERSITY OF MINNESOTA

*Twin Cities Campus*

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

*Box 501 Mayo  
420 Delaware Street S.E.  
Minneapolis, MN 55455-0374*

*612-626-3700  
Fax: 612-626-2111*

Date: June 8, 1999

To: The Academic Health Center Faculty Assembly

From: Terry Bock, Chief of Staff and Associate Vice President

*Offices located at:*

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

Re: **The Y2000 Problem: Status Report**

Ensuring that the Academic Health Center is ready and will not be adversely affected by Y2000 problems is a top priority. We need to be sure that computer hardware; software applications; databases; and laboratory, classroom, and clinical equipment are Y2K compliant. While there is much that we in the Senior Vice President's Office and in central administrative units can do to help, responsibility for ensuring Y2K compliance ultimately rests with individual faculty, staff, and students. Only you know the details of your operations.

### **There is good news to report:**

- There are easy, inexpensive fixes for most common computer hardware, software applications, and databases.
- To date, we have found that only about 2% of the research laboratory equipment we have inventoried have embedded chips that are not Y2K compliant.
- Most of the University's central computer systems are already Y2K compliant, and the rest will be by this fall. We have an aggressive program to identify and fix Y2K problems in network servers and in priority applications and databases in the AHC.
- Testing of University facilities to ensure Y2K compliance is underway.

### **Nonetheless, we can't be complacent:**

- There are only six months left to identify and fix any remaining Y2K problems. If we delay acting, we may not have time to fix any major problems we find, and the equipment or applications we need may be in short supply.
- Identifying and fixing potential Y2K problems that may affect research is particularly difficult. Responsibility rests with individual faculty: only they know the details of their research activities. We are there to help and assist.

### **Resources:**

University Office of Information Technology:

Ken Hanna, Y2K Compliance Manager, 612-625-1505

k-hann1@cafe.tc.umn.edu

Website: [www.umn.edu/oit/year2000](http://www.umn.edu/oit/year2000)

Academic Health Center Academic Computing Office

Ernie Retzel, Director, 612-626-0495

ernest@tc.umn.edu

Website: [www.cbc.umn.edu/y2k](http://www.cbc.umn.edu/y2k)

Academic Health Center Administrative Information Systems Office

Ed Deegan, Director, 612-626-4405

deega002@tc.umn.edu

**ACADEMIC HEALTH CENTER  
YEAR 2000 PROJECT  
STATUS REPORT**

**Overall:**

- AHC Y2K Project Committee: Terry Bock (chair), Steve Cawley, Ed Deegan, Katherine Johnston, Ken Hanna, and Ernie Retzel. Deegan is lead for administrative, education, and clinical components; Retzel is lead on research. Have used AHC, collegiate, and central staff to work on the project. Deans have appointed lead people in each school. There is also a University-wide Oversight Committee.
- Working with schools, compiled list of highest priority Y2K problems. List of 66 items: 44 have been fixed; remaining 12 are on schedule to be fixed by August 30.

**Research:**

- NIH and NSF require Y2K compliance assurances.
- Working with AHC schools and departments, have identified highest priority research computer systems, applications, and databases that may not be Y2K compliant. Highest priorities are multi-investigator systems, applications, and databases. For example, BSBE servers and operating systems are Y2K compliant. Epidemiology will upgrade server and operating systems to be Y2K compliant. No problems with Epi applications and databases. Have three remaining applications/databases to fix. Continuing to work to identify any other potential problems.
- Used the Basic Sciences and Biomedical Engineering Building, Cancer Center, Veterinary Medicine, and Surgery Department labs as representative sites to assess the extent of Y2K problem with research lab equipment and best ways of addressing it. Have compiled list of lab equipment and identified which are and which are not Y2K compliant. Created a website with vendor information for researchers to use. Electronic Equipment Services available to assist researchers assess and fix non-compliant equipment. Less than 2% of research lab equipment have Y2K problems.
- Have worked with Fairview to ensure that there are no Y2K problems affecting the ability of AHC researchers to get current and historical data from FUMC systems.
- Will launch an intensive education and information campaign beginning this summer aimed at AHC researchers to assist them in assessing, testing, and correcting Y2K problems in their offices and labs. Will launch contingency planning effort this summer.

**Education:**

- Student administrative systems: conducting a comprehensive inventory of collegiate/department systems and information needs as part of Student 2000 project. Overall strategy is to replace as many of the collegiate/department systems as possible with the PeopleSoft Student System.
- Working with central and collegiate units to assess and fix Y2K issues with educational hardware, software, and databases.

## **Clinical:**

- Fairview-University Medical Center and clinics: Fairview responsibility. Fairview has a comprehensive Y2K program underway for its entire organization. The plan at FUMC is to decommission the Unisys environment and move toward a common operating platform across Fairview and FUMC. Project is on schedule for July 30, 1999 conversion. Fairview has also completed a comprehensive inventory of its clinical equipment system-wide and is finishing Y2K assessment and testing. Strong willingness by Fairview to partner on Y2K project.
- University of Minnesota Physicians and other Medical School faculty practice plans: UMPhysicians has conducted an assessment of their central systems. They have upgraded their IDX system to Version 8.4 (which is Y2K compliant); the new system and all applications were operational Spring 1999. University Affiliated Family Physicians has reviewed their major systems and found them Y2K compliant. Strong willingness by UMPhysicians to partner on Y2K project.
- Working with Fairview, we have compiled inventory of clinical equipment still owned by Medical School departments. Inventories have been sent to departments to verify and identify Y2K problems. AHC and Fairview are providing technical assistance on assessment and fixes.
- Dentistry: an assessment of their clinical systems has been completed; a corrective action plan has been developed and completed. Only minor problems were identified.
- Veterinary Medicine: an assessment of their clinical systems has been completed; a corrective action plan has been developed and is being implemented. Under the plan, Y2K problems are being addressed as part of a system replacement project underway for the Veterinary Teaching Hospital. System is to be operational by August 30, 1999.

## **Administrative Systems:**

- Worked with AHC schools and Medical School departments to conduct an assessment of Y2K problems in administrative systems.
- Most AHC-wide administrative hardware, software, and databases are Y2K compliant. Highest priority has been to assess and fix servers. Nearly complete.
- Continuing to work with schools to assess if collegiate and department shadow systems are compliant and whether they can be phased out by using central systems and data warehouses.

June 8, 1999

**Documents for the AHC Faculty Assembly  
June 14, 1999**

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- 1) AHC-FCC Consultation Report
- 2) The Y2000 Problem: Status Report
- 3) Faculty Development Grant Program
- 4) Faculty Seed Grant Program
- 5) Faculty Education Grant program
- 6) Summary of Grant Programs for 1998 and proposed for 1999
- 7) Evaluating changing Administrative Position Levels report
- 8) Project Status Report on Improving Administration in the AHC
- 9) Budget Analysis and Proposed Funding Distributions
- 10) FY2000-2001 Operating and Capital Budget Conceptual Framework  
Presentation to the Board of Regents May 13, 1999



**Data compiled from the three workshops on "Enhancing the Consultative Process."  
For the AHC FCC and Senior VP Frank Cerra  
May 18, 1999**

**Participation and attendance** Approximately 120 people were invited to attend the three workshops, about 60 of those invited were identified as deans, directors, chairs and department heads. Additionally, members of the University FCC, the AHC FCC and the Faculty Assembly were invited. AHC FCC members were encouraged to invite one faculty member from their respective unit. Ninety-five people attended the workshops.

**April 6**

Total # Attending	# Deans/Directors/Chairs/Heads	#Faculty/Other
25	8	17

**April 14**

32	18	14
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**April 26**

38	23	15
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**Summary of the Evaluation**

Fifty-one evaluations were returned. Fourteen rated the workshop as excellent; 29 rated it as good; 7 rated it as fair; and 1 rated it as poor.

In response to the extent the workshop would be useful to their work, 8 indicated it would be excellent; 29 indicated it would be good; 11 fair; and 2 poor.

Overall, the general comments indicated that those who participated thought the workshops provided them an opportunity to exchange experiences and methods of problem solving. The majority indicated that they would prefer more time for table discussions.

**Comments:** "I gathered more perspectives to get a better picture of the consultative process in other units. I also gained ideas on ways to improve consultation in my own department and school."

"This was a waste of time...get an expert to speak on process - who are we to come up with a correct process on brainstorming."

"Don't stop now, we must be brought together more frequently to solve the AHC problems."

## SUMMARY OF THE QUESTIONNAIRE

A total of 50 questionnaire forms were returned. Twenty-eight identified themselves as administrators; and 20 indicated they were non-administrative faculty. Two did not identify.

Responses to questions.

1. 42 responded their collegiate unit has a Constitution and Bylaws.  
4 responded they did not have any Constitution and Bylaws.  
4 responded that they have a Constitution but no Bylaws.
- b. 39 responded that it includes a faculty governance structure.  
3 responded that it does not.
2. 41 responded that the Constitution and Bylaws are followed.  
9 responded that they are not followed.
- b. 32 responded that most faculty would say they are followed.  
6 responded that most faculty would say they are not followed.
3. 40 responded that the members of the faculty governance structure are elected.  
10 responded that they were not elected.
4. 50 responded that they have school or college-wide faculty meetings.  
23 responded that the dean sets the agenda  
14 responded that the administration and faculty set the agenda  
10 responded that the faculty set the agenda
5. 49 responded that they have department or division faculty meetings.  
24 responded that the division head or chair sets the agenda for these meetings.  
18 responded that the division head or chair and the faculty set the agenda.  
3 responded that the faculty sets the agenda.
6. 41 responded that they have a consultative process in their college/department/division for hiring;  
9 responded that they did not have a consultative process for hiring.
- b. 33 responded that most faculty would say that the department faculty are involved in a consultative process for hiring.  
13 responded that most faculty would say they were not involved in the process.
7. 22 responded that they have a regular consultative process in their college/department/division for determining space.  
27 responded they do not have a regular consultative process for determining space.

- b. 8 responded that most faculty would say they are involved in a consultative process for determining space.  
38 responded that most faculty would say they are not involved in this process.
  
- 8. 32 responded that they have a regular consultative process in their college/department/division for determining faculty compensation.  
18 responded that they do not have a regular consultative process for this.
  
- b. 26 responded that most faculty would say they are involved in a regular consultative process for determining faculty compensation.  
21 responded that most faculty would say that they are not involved in this process.
  
- 9. 34 responded that they have a regular process in their college/department/division on procedures for implementing post-tenure review.  
15 responded that they do not have a regular process for this.
  
- b. 26 responded that most faculty would say they are involved in a regular consultative process for implementing post-tenure review.  
17 responded that most faculty would say they are not involved in this process.
  
- 10. 41 responded that they have a regular consultative process in their college/department/division to address educational initiatives.  
9 responded that they do not have a regular process for this.
  
- b. 33 responded that most faculty would say they are involved in a regular consultative process to address educational initiatives.  
15 responded that most faculty would say they are not involved in this process.

Prepared by  
Vickie Courtney

**DRAFT**

**ACADEMIC HEALTH CENTER FACULTY ASSEMBLY**

Tuesday, March 30, 1999

Minutes of the Meeting

These minutes reflect discussion and debate at a meeting of a committee of the University of Minnesota Academic Health Center; none of the comments, conclusions, or actions reported in these minutes reflect the views of, nor are they binding on, the Administration or the Board of Regents.

The Academic Health Center Faculty Assembly is composed of members of the AHC Faculty Consultative Committee and elected faculty and academic professional representatives of the AHC's constituent colleges and schools who are members of the University Senate. At any regular or special meeting of the Assembly, a majority of its members shall constitute a quorum.

Senior Vice President Frank Cerra called the meeting to order at 12:00 noon.

I. The minutes of the January 28, 1999, meeting were approved.

II. NIH Update

Professor David Hamilton reported that representatives from the University of Minnesota met with representatives from the NIH. The status report regarding what the University has done was provided to the NIH and received positively. The NIH told the University to continue doing what it is doing and that the approach is exactly what they had in mind. In fact, some of these same approaches are now being used at the NIH. An informal site visit is expected in mid June and the formal visit is expected late November or early December. During the informal site visit, the University of Minnesota will partner with the NIH to put on a symposium on the proper conduct of research.

III. AHC Governance Workshop Update

Professor Muriel Bebeau reported that three workshops are to be held in April called "Enhancing the Consultative Process." The workshops are sponsored by the University FCC, AHC-FCC, Senior Vice President Frank Cerra and President Mark Yudof. Invitations to participate in the workshops will be extended to the deans, chairs and division heads in the AHC as well as members of the AHC Faculty Assembly.

IV. Grants Review Process Update

Professor Bebeau reported that the grants review panelists had all been selected based on names submitted to her since the last meeting. The AHC FCC reviewed the process and made suggestions, which appeared in the AHC FCC minutes. For instance, the language was changed so that the second level review by the deans would be more of an approval process than an independent evaluation.

V. Action: Motion regarding Nominating Committee for Committee on Committees

Professor Bebeau referred members to a handout describing the electoral process for filling vacancies on the AHC Committee on Committees. It was the recommendation of the AHC FCC that it serve as the nominating committee for the election. The committee would be responsible for generating names of two individuals, one each from the School of Nursing and College of Pharmacy, and preparing election ballots.

A motion to approve the AHC FCC as the Nominating Committee for the Committee on Committees was made and seconded. The motion carried.

VI. AHC FCC Consultative Report

Dr. Cerra referred members to the AHC FCC Consultative Report, which gave an overview of consultation on four items and their outcome:

1. Update on the grants management process

- the core review team members have been appointed; special panels will be used as needed, as recommended by PI
- a report is being drafted on the outcome from 1998
- a member of the AHC FCC will attend review committee meetings
- the review committee results will be presented for approval at a regular meeting of the Deans Council where an AHC FCC member is present. As previously mentioned, this Deans Council is not a scientific review group; if the Council disagrees with a decision, their discussion will be recorded in the minutes, available on the web.
- written reviews will be done, which requires that the faculty reviewers prepare and submit written critiques to the committee

2. Comprehensive review of deans

- Dr. Cerra has already reviewed the full report with the dean
- follow-up on the review will be part of the compact and yearly review process
- the next review will give greater detail on the survey process

3. Consultative/communication process

- Deans Council agendas and minutes are posted on the AHC web page
- SVPHS major project list has been developed and will be posted on the web and kept updated
- a review process in each school by the SVPHS will be part of the compact process
- see Professor Bebeau's report regarding AHC governance workshops
- a report from the AHC Finance and Planning Subcommittee has been distributed
- a faculty e-mail list is in progress

4. Administrative FTE's

- report is in progress and will be available at the next Assembly meeting

Next, Dr. Cerra presented the report of the AHC FCC Finance and Planning Consultative Subcommittee. Consultation had been given on compact development, staffing in the SVPHS office, and capital budgeting. Dr. Cerra felt that those have been constructive discussions and will hopefully lead to full participation in parts of the resource allocation process.

He then encouraged members to read through the distributed list of SVPHS work plan goals for April to June, 1999. Top priorities on the list include the legislative request, faculty/administrative communication and consultation, plans for faculty development, compacts and operating budget, capital budget, and revitalization of the strategic direction. The subsequent sections list the major individual projects in the areas of academic affairs, clinical affairs, administrative improvement, financial management, human resources, facilities management, information systems, and communications.

## VII. Legislative Update

Dr. Cerra felt that this biennial request had been the most consolidated, uniform, and effective that he has seen. He credited the President's leadership and the work by staff at many levels. The process has reached the stage where the legislators understand the basis for the request, and now must address the politics of allocation. Dr. Cerra, the President, and some of the deans have traveled to all the major cities in Minnesota to win support for the request. Dr. Cerra, the President, and Bob Bruininks have been making regular presentations to the various House and Senate committees. Dr. Cerra felt that the hearings have been fair and well received.

He reported that the Higher Education Bill includes only \$5 million for the AHC plus the AHC's share of the faculty compensation piece. The House and the Senate have set the target at a maximum of \$121 million for the University, and \$121 million for MNSCU. Word from the House is that this amount will be cut by \$10 million, while the Senate will likely cut it by \$25 million. The funding for the proposed University of Minnesota Rochester campus would not come from the allocation in the Higher Education Bill, but would be in addition to that. Thus, if the allocation drops below the Governor's target, the University may not agree to fund the Rochester project. Politically, this can help the AHC since the Rochester contingent serves on key committees related to the AHC's health professional education request.

Around the state, Dr. Cerra has presented the motivations for the request to largely supportive audiences. The Medical School has lost \$25 million in clinical revenue in the last four years. The Medicare effect has also cut funding for graduate medical education. The Medical Education and Research Trust (MERT) Fund for dentistry, nursing, pharmacy and medical students and residents, has only \$5 million, which creates a \$60 million deficit in the funding of those programs. Furthermore, most of that fund goes to the community hospitals and clinics where those students rotate. Dr. Cerra explained that the AHC is therefore requesting two types of funding: money for the MERT Trust Fund to pay for residents and fellows, and money that would go directly to the AHC to support health professional education.

Dr. Cerra remarked that the President has done an admirable job of articulating the needs of the AHC. The Governor had proposed an endowment of \$1.3 billion from the tobacco money, \$350 million of which would go to the Minnesota Medical Foundation (MMF) for funding AHC

student needs. After subtracting the \$200 million that must go toward tobacco cessation, there remains almost \$4 billion from the surplus and the tobacco settlement. In addition to the Governor's bill, Roger Moe introduced a similar bill containing an endowment for MERT, smoking prevention, and families and children. While the House is reluctant to approve the endowments, Dr. Cerra believed they might look favorably on the medical education piece. He also observed that the AHC has more support in the Senate. The Human Services Committee, where the tobacco money is handled, will determine the outcome.

In response to one member's concerns, Dr. Cerra clarified that the requested funds are not exclusively for the Medical School. The MERT Fund and the \$30 million for health professional education would be available to all the schools. Dr. Cerra then overviewed the decisions that would be made at the legislature in the next few weeks, including which bill (if any) would go to the Conference Committee. Another member asked how the \$350 million for MMF would be distributed to the AHC. Dr. Cerra explained that the MMF would act as the money managers, providing a single revenue stream to the University. The Board of Regents and the office of the SVPHS would act as the money administrators. The money would thus be distributed to the schools through the normal budgeting process. The Governor's bill specifies that, of the money that comes in to MMF, 75% would go to education expenditures and 25% to research expenditures (to be shared between the AHC and the Mayo Clinic).

#### VIII. Facilities Planning Report

Dr. Cerra voiced concern about the issue of space at the AHC. He reported that more than \$350 million of new construction or renovation is in progress. To refurbish Jackson Hall and demolish Owre, Millard and Lyon Halls, 200,000 square feet of space must be shifted into 80,000-90,000 square feet elsewhere. Some space has been recovered from Fairview and allocated to prioritized programs.

He gave an overview of the AHC's space management plan presented recently to the Board of Regents. This plan is the result of a two-year development process involving 250-300 faculty and staff. After the current work on JOML is completed, there will still be a shortage of 300,000 square feet, based on existing faculty and projected growth. The capital plan attempts to address this problem. The plan asks for funds to build a new School of Public Health, another research building, and possibly a research addition to the MCV building. Dr. Cerra explained that renovating old facilities is not an adequate solution and that the AHC has no space left on this campus on which to build new facilities. The AHC is therefore looking into buying land by the Lions Research Building or on the St. Paul Campus.

Dr. Cerra reviewed some of the goals of the planning process as listed in the handouts:

- to develop a working vision that serves to guide academic planning and programmatic management of facilities
- to develop consistency and continuity with the University's master plan
- to recognize and utilize internal resources and information at the University
- to better integrate AHC academic program management with the University's physical facilities management

He then referred members to the organization chart for the various committees involved in the project, and mentioned that the distributed packet includes the membership lists for each committee. He stressed that the faculty committee chairs have driven the selection of the architect and the layout of the new OML building.

He went on to present the deliverables:

- options for development to tie academic goals and objectives to space utilization
  - faculty based process for academic assignment and utilization of space
- Dr. Cerra added that work on this was put on hold when the demolition of OML began, but that the Medical School's committee is now ready to return to the development of criteria for space assignment and utilization. Dr. Cerra cautioned that this type of work must go through a formal consultative process, which minimally includes each school's consultative process, the AHC FCC and the Faculty Senate. This is a controversial issue and will require good dialogue before any action is taken.
- clear definition of facility needs and capital projects for AHC academic programs
- Dr. Cerra referred to a set of tables listing a strategic goal and a criteria score, and a document that explains the capital project scoring criteria. This document (entitled "AHC's Submission for the University's FY 2000 All-Funds Capital Budget and FY2000-2005 Capital Improvements Program") also summarizes the objectives, requirements, and process for developing the plan.

One member asked how each project was assigned to categories, such as education and research, and whether it was still possible to suggest changes in these categorizations. Dr. Cerra responded that the faculty committees had determined the categories, and that it was too late to provide input for this year's plan. He commented that the new OML building will be ready for use in three years. The AHC thus needs to begin thinking about how to move people seamlessly into the new building and how to fund the renovations that will be needed after the move. He hoped to make the public more aware of the enormity of the space problem.

At this point was spent discussing the issue of consultation. It was suggested that when deans or department heads are reviewed, faculty should know if they had a contract or a continued appointment, and for how many years. Dr. Cerra responded that he was not able to release this type of information without the permission of the person reviewed. He added that the President had eliminated contracts for deans and senior administrators. One of the members then inquired about the activity of the AHC Faculty Affairs Committee, specifically why it hadn't been meeting. Another member responded that the committee had not yet had occasion to meet, as many of the issues raised were already being handled by a Senate committee on faculty appointments and by the AHC FCC.

Finally, the committee discussed briefly how attendance might be improved at these Assembly meetings. It was suggested that frequent meeting cancellations at the AHC may have a negative effect on faculty participation.

Dr. Cerra adjourned the meeting at 1:30 p.m.





## **INTERDISCIPLINARY EDUCATION: 1999**

### **Request for Proposals in Interdisciplinary Education in the Academic Health Center**

Again this year, the Academic Health Center has funds to support initiatives in intercollegiate education in the health professions. Proposals must involve the faculty of more than one AHC school/college. To receive the highest ranking, proposals should address issues of significant concern facing the health professions as they respond to changes in the external environment in health care. The significance of the external changes/pressures should be supported in the proposal. Examples of these areas of concern might be:

- The move of clinical education to community/primary care sites not owned by the AHC
- The demand for coordinated interdisciplinary primary care/team care education
- The education needs of health professionals in a managed care environment
- The need for educational programs that incorporate more exposure to issues of health care ethics
- The need to respond to a more diverse patient population
- Demands for education for evidence based practice
- Preparation for health interventions that are community or population-based

#### **Proposals might be developed to address one or more of the following needs.**

1. Provide planning or pilot demonstrations of how the AHC can enhance the education of our students in an interprofessional, interdisciplinary manner.
2. Provide funds for implementing new curricular programs. Funds to sustain educational programs must come from other sources.
3. Create educational programs that can serve as national models for health professional education
4. Enhance the range of educational methods and the expertise of faculty in education
5. Identify ways to improve the cost efficiency of our educational efforts

**In general, proposals will fall into one of two categories:**

1. **Planning support:** this can include funds for faculty release time, for best practices investigation, and for support in developing new educational offerings. These projects must provide a concrete projection of how the offering, once planned, might be implemented.
2. **Implementation support** for new curricular offerings or educational programs. These must be one-time, start-up or first stage development projects. If the educational program will be on-going, then the proposal must include a budget detailing how the program, if initiated, will be funded on a continuing basis.

The proposal must also include a financial plan, complete with projected needs for dollars, faculty time and other personnel costs, space, equipment, and teaching sites. For the financial budget, the proposal should include both costs and projected revenues (tuition, continuing education income, sales of materials, etc.). If the proposal includes both a planning and an implementation phase, the budgets should be laid out by phases. Implementation funds will be allocated once an acceptable plan is presented to the Deans Council. While all of the specifics may not be known at the time that the proposal is submitted, concerted efforts must be made to be as complete as possible. Items that are unresolved should be explicitly noted. Staff from the Senior Vice President's Office are available to assist in developing the financial plan.

**The final proposal(s) must be submitted to the Office of the Senior Vice President for Health Sciences by March 15, 1999.**

Full grant applications (10 copies) should be submitted to Dr. John Fetrow, Office of the Senior Vice President for Health Sciences, Academic Health Center, Room 420 Children's Rehabilitation Center, 426 Church Street, Minneapolis, MN 55455; (Box 501 Mayo, CAMPUS MAIL) (625-2176; [fetro001@tc.umn.edu](mailto:fetro001@tc.umn.edu)).

Proposals will be reviewed by an Educational Review Committee. The committee will be an appointed group of university faculty, one from each school/college (two from the Medical School). They will review the proposals based on the criteria attached and forward their recommendations for final selection to the Senior Vice President for Health Sciences and the Deans Council.

## Process for the Review of the AHC Interdisciplinary Education Grants 1999

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There is a minimum of \$1,000,000 in the pool of funds available for these grant proposals. The 12 grants submitted made a total request of \$2,896,159, with the largest at \$700,000 and the smallest at \$16,500. If there are not enough proposals of sufficient merit, the funds available do not have to be allocated.

Each committee member will be asked to read all proposals **and to make notes on their evaluations**. For each proposal, a primary and secondary reviewer will be assigned. Primary reviewers should prepare a summary of the proposal, its strengths and weaknesses. That summary will be distributed at the meeting of the review team in late April or early May. After the team's discussion, the summary may be revised by the primary reviewer. The summary of strengths and weaknesses will be returned to the Deans Council and to the author. Secondary reviewers should also be very familiar with the proposal.

A review sheet based on the RFP criteria has been prepared. Each reviewer should evaluate each grant based on these criteria and assign an overall score for the grant, where 1 is very poor and 10 is superb. The average proposal should receive a score of 6. When the committee meets to discuss the proposals, we will average the scores assigned to create a beginning consensus score for ranking purposes. We will then discuss each proposal, led by the primary reviewer. At the end of discussion for each proposal, reviewers will be given the opportunity to change their preliminary scores. After all proposals are discussed the committee will look at the summary scores and attempt to reach consensus about the final ranking.

Once the ranking process is complete, the committee will also address the budgets of the top ranked proposals, to provide guidance to the Deans Council.

The rankings and the summary evaluation of each proposal will be forwarded to the Senior Vice President and Deans Council for final approval, budget considerations, and judgements about funding allocations. If the Deans Council disagrees with the recommendations of the review committee, the Deans Council will provide a written explanation for their re-ordered recommendation.

**Proposed Review Committee  
AHC Faculty Education Development Grants**

College	Proposed person to review grants
Duluth School of Medicine	Arlen Severson 218-726-7903 <a href="mailto:sseverson@d.umn.edu">sseverso@d.umn.edu</a>
College of Dentistry	Muriel Bebeau 5-4633 <a href="mailto:bebea001@tc.umn.edu">bebea001@tc.umn.edu</a>
TC Medical School: basic science	Doug Wangenstein 5-6421 <a href="mailto:wange001@tc.umn.edu">wange001@tc.umn.edu</a>
TC Medical School: clinical science	Joe Keenan 4-6123 <a href="mailto:keena001@tc.umn.edu">keena001@tc.umn.edu</a>
School of Nursing	Marsha Lewis 4-7694 <a href="mailto:lewis003@tc.umn.edu">lewis003@tc.umn.edu</a>
College of Pharmacy	Don Uden 4-9624 <a href="mailto:udenx001@tc.umn.edu">udenx001@tc.umn.edu</a>
School of Public Health	John Finnegan 4-5544 <a href="mailto:finne001@tc.umn.edu">finne001@tc.umn.edu</a>
College of Veterinary Medicine	David Brown 4-0713 <a href="mailto:brown013@tc.umn.edu">brown013@tc.umn.edu</a>

# UNIVERSITY OF MINNESOTA

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June 1 1999

To: Dr. Frank Cerra, Senior Vice President of the Academic Health Center

From: Dr. John Fetrow



Re: Faculty Development Grant Application and Review Process for 1999

The funds for the AHC Faculty Development Grant Program were provided by allocations from the State Legislature.

The RFP for proposals and the criteria for funding were essentially the same as in 1998 (see attached or see the web site at <http://www.ahc.umn.edu/devgrant.html>).

A faculty committee from across the schools of the AHC was formed. There was one faculty member from each school, except the TC Medical School, from which there were two: one from a clinical department and one from a basic science department. Members of the review panel were recommended by the AHC Faculty Consultative Committee, with additional input from the Deans of the respective colleges. In addition, the AHC FCC collaborated in the development of the review process. The Office of the Senior Vice President served in the role of facilitating and providing logistic support for the process.

A total of 19 grants were submitted by the faculty of the AHC. The breakdown of the grants by school is attached. A grant was attributed to a school based on the principal investigators' collegiate affiliations. Two grants submitted were not eligible for funding because they did not include faculty from more than one AHC college.

The entire committee read the 19 proposals and met to discuss their merits in relation to the criteria. They ranked the proposals and forwarded the rankings to the Senior Vice President and the Deans Council. Both the SVP and the Deans Council affirmed the faculty review committee's evaluation and the eight top proposals were awarded to the faculty. The list of grants awarded is attached.

Reviewers were given a form to use in their process of review (attached). The reviewers were informed of the intention to return critiques to the authors. The same was noted on the statement of review criteria for the grant, which was given to the reviewers. The members of the committee will assemble a summary of the reviewer's comments to be forwarded to the principal investigator.

Cc: AHC Deans, AHC FCC, Chris Roberts

Recommendations for the AHC Faculty Development Grants						28-May-99
#	score	amount	cummulative	PI	Title	
the following grants were funded						
13	9.13	200,000	200,000	Largaespada	Novel transposon for gene delivery	
3	8.63	199,963	399,963	Versluis	Vascular biomechanics in plaque rupture	
10	8.38	169,022	568,985	Molitor	Porcine cytomegalovirus risk for xenotransplantation	
14	8.29	200,000	768,985	Kallick	Strucutral biology in the new millenium	
17	8.18	200,000	968,985	Kapur	Microbial pathogen genome sequencing	
12	7.79	200,000	1,168,985	Wei-Shou Hu	Genomic science and technology in hepatic tissue engineering	
5	7.44	200,000	1,368,985	Wallace	Mechanisms of antiviral activity of Betulin	
16	7.13	199,650	1,568,635	Roberts	Gamete cryopreservation and assisted reproduction	
the following grants were recommended for funding but were not funded due to insufficient funds						
15	7.00	199,349	1,767,984	Sawchuk	Targeted delivery of anit-viral drugs to the brain	
9	6.94	116,813	1,884,797	Armstrong	Effect of acupuncture and herbal medicine on canine lymphoma	
1	6.88	110,884	1,995,681	Ross	The Minnesota birth study	
19	6.88	200,000	2,195,681	Wilcox	Control of spinal cord plasticity	
18	6.44	200,000	2,395,681	McCarthy	Peptide based therapies for acute and chronic inflammation	
6	6.25	55,027	2,450,708	Pijoan	Gilt acclimatization strategies to reduce swine disease	
the following grants were not recommended for funding						
8	5.88	199,855		Resnick	A youth development strategy for teen pregnancy prevention	
11	4.50	132,639		Call	Managing care for children with chronic medical conditions	
2	3.31	144,059		Wilson	Peptidases in evaluation of prstate cancer	
the following grants were did not involve faculty from at least two AHC colleges						
4		200,000		Key	New therapies for hemophilia	
7		199,216		Das	Site pesecific therapy for the prevention of re-stenosis	

## Faculty Research Development Grants

	<u>submitted grants</u>	<u>selected for funding</u>
College of Dentistry	2	1
School of Medicine: Duluth	2	1
Medical School, Twin Cities	18	8
School of Nursing	2	0
College of Pharmacy	6	3
School of Public Health	3	0
College of Veterinary Medicine	6	4
TOTAL	19	8

**Proposed Review Committee  
AHC Faculty Research Development Grants**

<b>College</b>	<b>Proposed person to review grants</b>
Duluth School of Medicine	<b>Jean Regal</b> 218-728-1333; <a href="mailto:jregal@d.umn.edu">jregal@d.umn.edu</a>
College of Dentistry	<b>Patrick Mantyh</b> 6-0180; <a href="mailto:mantyh001@tc.umn.edu">mantyh001@tc.umn.edu</a>
TC Medical School: basic science	<b>Marty Dworkin</b> 4-5634; <a href="mailto:dworkin@tc.umn.edu">dworkin@tc.umn.edu</a>
TC Medical School: clinical science	<b>Tim Behrens</b> 5-4485; <a href="mailto:behre001@tc.umn.edu">behre001@tc.umn.edu</a>
School of Nursing	<b>Jean Wyman</b> 4-2132; <a href="mailto:wyman002@tc.umn.edu">wyman002@tc.umn.edu</a>
College of Pharmacy	<b>Cheryl Zimmerman</b> 4-4611; <a href="mailto:zimme005@tc.umn.edu">zimme005@tc.umn.edu</a> ; Calendar: Candy 4-5153
School of Public Health	<b>Ken Sexton</b> 6-4244; <a href="mailto:sexto006@tc.umn.edu">sexto006@tc.umn.edu</a>
College of Veterinary Medicine	<b>Gerry Sullivan</b> 5-6271; <a href="mailto:osull002@tc.umn.edu">osull002@tc.umn.edu</a>





## **FACULTY RESEARCH DEVELOPMENT PROGRAM: 1999**

### **FORMAT FOR THE FULL PROPOSALS FOR THE AHC FACULTY DEVELOPMENT GRANT**

#### **Criteria for Awards:**

1. New or ongoing research collaborations that are interdisciplinary, intercollegiate, and innovative. Grants must involve faculty from two or more AHC schools/colleges. Projects should be state-of-the-art science with a high potential for return. Projects that can directly show benefit to the people and State of Minnesota and that fit the strategic research mission of the AHC will be given highest priority.
2. Programs or projects that demonstrate broad contributions across the AHC will have priority. A successful project could include faculty from outside the AHC, but the majority of the funds should be used to develop AHC faculty.
3. The maximum funding limit will be \$200,000 as a one-time investment. The funds can be spent over a period of up to three years.
4. The proposal must provide clear demonstration of how the money will be leveraged to obtain major external funding to sustain or further develop the program.

#### **The proposal should contain the following information:**

- a) purpose of the project
- b) scientific rationale and plan must be significantly expanded to include a full description of the study hypothesis, scientific approach, and scientific background of the project. A summary of no more than one page should be provided that could be understood by a lay audience.
- c) what work has been done on this project and what is the status and funding sources
- d) listing of other funding pending for this project
- e) explanation of how these funds will help the project or program move forward
- f) potential for continuing and future outside funding
- g) how does the intercollegiate nature of the project enhance its effectiveness?
- h) potential impact of the project on the State of Minnesota
- i) faculty descriptions and roles on the project

Items a-i should be on 15 pages or less, single spaced

- j) biographical sketches of faculty (1 page, NIH format)

k) proposed budget: the budget should provide the reviewers with the detail necessary to know how the money will be spent and how each expenditure relates to the project.

**DEADLINE: The deadline is February 15, 1999.**

Full grant applications (10 copies) should be submitted to Dr. John Fetrow, Office of the Senior Vice President for Health Sciences, Academic Health Center, Room 420 Children's Rehabilitation Center, 426 Church Street, Minneapolis, MN 55455; (Box 501 Mayo, CAMPUS MAIL).

**Review Process:**

Proposals will be reviewed by a Research Review Committee. The committee will be an appointed group of university faculty, one from each school/college (two from the Medical School). At the first meeting of the committee, they will review the general topics of the submitted proposals and recommend the creation of a limited number of "study groups" by topic (e.g., basic science, clinical research, population based research, behavioral interventions). These study groups will provide the Research Review Committee with a review of the scientific merit of the proposal which the committee will take into consideration in their final evaluation of the proposals. Their review will be based on the broader criteria attached and will be forwarded for final selection to the Senior Vice President and the Deans Council.

**Reporting Requirements:**

Funded Projects will be required to provide a final report for the project and an accounting of all funds expended at the completion of the project. If the project extends beyond the calendar year 1999, a progress report will be required at the end of each year of the project. Reports are to be submitted to the Office of the Senior Vice President for Health Sciences.

## Process for the Review of the Faculty Development Grants: 1999

The proposals will be grouped by general topic. Based on the topic of the grant, review team members will volunteer to serve as primary or secondary reviewers. If no one is comfortable that they can acceptably review the grant because of its topic, the committee can recommend two ad hoc reviewers that could serve as a "pre-review" of grants in those topic areas. If the review committee is not confident that they can identify appropriate reviewers, they may ask the principal investigator for suggestions for appropriate reviewers. These "pre-reviewers" will provide input to the review committee only on the scientific merit of the proposal, not on the other criteria desired in these grants. This "pre-review" mechanism should only be used if absolutely necessary.

There are \$1,500,000 in the pool of funds available for these grant proposals. The 19 grants submitted made a total request of \$3,354,870, some for less than the maximum of \$200,000. Therefore roughly 8 or 9 proposals could be funded. If there are not enough proposals of sufficient merit, the funds available do not have to be allocated.

Each committee member will be asked to read all proposals and to make notes on their evaluations. For each proposal, a primary and secondary reviewer will be assigned. Primary reviewers should prepare a summary of the proposal before the committee discussions and to prepare a summary of the strengths and weaknesses of the proposal after the discussion is finished. The summary of strengths and weaknesses will be returned to the Deans Council and to the author. Secondary reviewers should also be very familiar with the proposal.

A review sheet based on the RFP criteria has been prepared. Each reviewer should evaluate each grant based on these criteria and assign an overall score for the grant, where 1 is very poor and 10 is superb. The average proposal should receive a score of 6. When the committee meets to discuss the proposals, we will average the scores assigned to create a beginning consensus score for ranking purposes. We will then discuss each proposal, led by the primary reviewer. At the end of discussion for each proposal, reviewers will be given the opportunity to change their preliminary scores. After all proposals are discussed the committee will look at the summary scores and attempt to reach consensus about the final ranking.

Once the ranking process is complete, the committee will also address the budgets of the top ranked proposals, to provide guidance to the Deans Council.

The rankings and the summary evaluation of each proposal will be forwarded to the Senior Vice President and Deans Council for final approval, budget considerations, and judgements about funding allocations. If the Deans Council disagrees with the recommendations of the review committee, the Deans Council will provide a written explanation for their re-ordered recommendation.

**The University of Minnesota Academic Health Center**

**Summary of Changes in Allocations to the Academic Health Center Organization: FY 1999 to FY 2000**

**Central Allocations**

(in thousands)

	<u>Duluth</u>	<u>Dentistry</u>	<u>TC Medical</u>	<u>Nursing</u>	<u>Pharmacy</u>	<u>Pub Health</u>	<u>Vet Med</u>	<u>Total Collegiate</u>
<b>FY 1999 Spending Level</b>	\$6,246	\$14,459	\$61,255	\$4,993	\$7,154	\$10,176	\$15,754	<b>\$120,037</b>
<b>Base Adjustments for FY 2000</b>								
Block Grant from Health Sciences					73			73
Clinical Outcomes Research Center from Health Sciences						100		100
Accreditation Standards from Health Sciences			275					275
Advanced Practice Nursing				340				340
Price Level Increase-Non Recurring								
TPUB Off-Campus ICR/Cost Share w/AHC-Non Recurring								
Technology Transfer Year 2- Non-Recurring								
Other Adjustments	55	(3)	7	(46)	58	30	(62)	38
Sub-total Base Adjustments	<u>55</u>	<u>(3)</u>	<u>282</u>	<u>294</u>	<u>131</u>	<u>130</u>	<u>(62)</u>	<u>826</u>
Remove FY99 Space Allocation (IMG)		(870)	(4,544)	(163)	(308)	(669)	(1,451)	(8,005)
<b>FY 2000 Base Spending Level</b>	<b>\$6,301</b>	<b>\$13,586</b>	<b>\$56,993</b>	<b>\$5,123</b>	<b>\$6,977</b>	<b>\$9,637</b>	<b>\$14,241</b>	<b>\$112,858</b>
<b>Changes for FY 2000</b>								
3% Compensation Increase	218	442	1,477	164	206	281	384	3,171
Updated Tuition Estimate	(34)	(177)	(539)	(146)	796	129	36	64
ICR Revenue Change	237	39	(754)	(36)	68	(394)	34	(807)
Inflation Adjustment - State Special Funds			43			15		58
Animal Health & Food Safety								
Health Services Research & Policy						350		350
IMG Correction						27		27
Clinical Outcomes Research Center from Health Sciences						100		100
Sunset County papers/Indigent Care-Rounding								
Health Care Access Fund (MN CARE) - NR Yr 1 of 2								
Recurring Reallocation								
Transfer of Funds to Support Central Computing								
Endowment for Health Professional Education								
<b>Total Adjustments for FY 2000</b>	<u>421</u>	<u>304</u>	<u>227</u>	<u>(18)</u>	<u>1,070</u>	<u>507</u>	<u>453</u>	<u>2,963</u>
<b>FY00 Spending Level</b>	<u>\$6,722</u>	<u>\$13,890</u>	<u>\$57,219</u>	<u>\$5,105</u>	<u>\$8,047</u>	<u>\$10,143</u>	<u>\$14,695</u>	<u>\$115,821</u>

## Review Guide for the Faculty Research Development Grants: 1999

This form is simply an outline to provide a framework / recording sheet for your review of each grant. The details of the criteria are set forth in the RFP as sent to the faculty. This form is not an attempt to create a "formula" for the evaluation, nor is it meant to create "weights" for the various criteria; the rankings should be based on your own judgement based on the criteria in the RFP.

These sheets will be assembled for each grant and provided to the primary reviewer so that they can create a summary evaluation of the strengths and weaknesses of each grant. The summary (not the individual sheets) will be forwarded to the Deans Council and to the author.

Title of the grant: **SCORE: (1: very poor – 10: superb) \_\_\_\_\_**

Principal investigator(s):

Is the scientific rationale and is the proposed project sound? Would it be good research / scholarship? Is it state of the art science for its field?

Is the grant interdisciplinary, intercollegiate and innovative? **(required)**

If successful, could it provide direct benefit to the people or state of Minnesota?

Does it fit with the strategic research mission of the AHC?

Does the proposal demonstrate broad contributions from across the AHC? Does the intercollegiate nature of the project enhance its effectiveness?

Does the proposal provide clear demonstration of how it will leverage major external funding to sustain or further develop the program?

Does the funding requested relate constructively to the project / activity proposed?

What specific strengths do you see in the proposal?

What specific weaknesses do you see in the proposal?

# UNIVERSITY OF MINNESOTA

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*Twin Cities Campus*

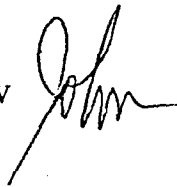
*Academic Health Center  
Office of the Senior Vice President  
for Health Sciences*

*Box 501 Mayo  
420 Delaware Street S.E.  
Minneapolis, MN 55455-0374  
612-626-3700  
Fax: 612-626-2111  
Offices located at:  
410 ChRC  
426 Church Street S.E.  
Minneapolis, MN 55455-0374*

January 21, 1999

To: Dr. Frank Cerra

From: Dr. John Fetrow



Re: charting the AHC grant processes and changes for 1998 and 1999

I have attached a summary and documentation for the three relevant programs. If this is not what is needed please let me know.

## **Process and Summarization of the Allocation Process for the Faculty Grant programs of 1998 and 1999 (proposed)**

### **Faculty Seed Grants:**

#### **1998**

The process for the awarding of Faculty Seed Grants in 1998 has been previously summarized and reviewed by the AHC FCC (see attached). Briefly, a committee of faculty from across the AHC developed the format for the application, set the funding limits, and established the criteria used in evaluation for the awards. A separate faculty review committee was appointed by the collegiate Deans. The faculty review committee met and ranked the proposals and submitted their recommendations to the SVP and the Deans Council. The process they used is detailed in the attachments. The recommendations of the faculty committee were affirmed exactly by the SVP and the Deans Council and ten grants were awarded.

Some criticism of the process was levied by some applicants who did not receive written critiques of their proposal. Reviewers had been asked to prepare such critiques, however they were not available in every case from the faculty who did the reviews.

#### **1999**

The RFP for proposals and the criteria for funding are essentially the same as in 1998 (see attached or see the web site at <http://www.ahc.umn.edu/seedgrant.html>). The Deans of each college have recommended faculty to serve on the review committee, however the committee has not been formed and no faculty member has been asked to serve yet. The plans for the review process and the criteria for review are the same as last year. The committee must be formed in the next several weeks to respond to submissions due on February 15, 1999. Every effort will be made to have reviewers provide written critiques of proposals they review.



## FACULTY SEED GRANT PROGRAM: 1999

### Background:

The Academic Health Center will once again provide a pool of small grant funds to seed faculty research. As was done last year, these funds will be distributed through a competitive peer review process. One faculty member from each of the units (two from the Medical School) will serve on a review task force which will make funding recommendations to the Senior Vice President and the Deans Council.

### Criteria:

1. Seed grants would be available to any faculty member in the AHC. They are not restricted to junior faculty.
2. Seed grants are only available to support new initiatives in the faculty member's research. The purpose of these grants is to provide support for faculty who want to initiate a substantial new direction in their research or to help develop innovative projects that will allow faculty to expand into new research areas. Applications to support long-standing areas of research, previously funded projects, or to extend currently funded projects will not be acceptable.
3. The primary criteria for funding will be innovation and the quality of the scientific approach. Potential for future funding is a secondary concern, but could strengthen an application.
4. The project may be interdisciplinary or from a single investigator. There will be no preference for interdisciplinary projects.
5. The maximum amount available for any single grant application is \$25,000 per application. The funds must be solely designated for the direct support of the research. No funds will be available to support faculty salaries. Given the size of the awards, only small equipment purchases that are directly needed for the research are appropriate. In general, funds should be primarily used for supplies and partial support of research personnel (graduate students or technicians). Funding could be used over an extended period (longer than one year) if necessary, but there should be no expectation of recurring funds.

### Process:

- 1) Interested faculty are asked to submit a three page proposal that describes the rationale for the research and a research plan, and explains why this research is a new area for the investigator. A biographical sketch (NIH style) and a budget page should also be included. Based on a \$25,000 cut-off, it is expected that no more than 12-15 applications will be funded. The deadline for receipt of the applications is February 15, 1999.
- 2) Final awards will be granted as soon as reviews are completed.

Grant applications should be submitted to Dr. John Fetrow, Office of the Senior Vice President for



Health Sciences, Academic Health Center, Room 420 Children's Rehabilitation Center, 426 Church Street, Minneapolis, MN 55455; (Box 501 Mayo, CAMPUS MAIL).

**Review Panel:**

The review panel will include one faculty member from each School or College except two from the Medical School. The Medical School representatives (2) should include one faculty from basic sciences and one clinical faculty member. The evaluations and recommendations of the Review Panel will be forwarded to the Senior Vice President and Deans Council for final decisions regarding funding.

Written reviews/critiques will be returned to the final applicants.

**Reporting Requirements:**

Funded Projects will be required to provide a final report for the project and an accounting of all funds expended at the completion of the project. If the project extends beyond the calendar year 1999, a progress report will be required at the end of each year of the project. Reports are to be submitted to the Office of the Senior Vice President for Health Sciences.

# UNIVERSITY OF MINNESOTA

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*Twin Cities Campus*

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

*Box 501 Mayo  
420 Delaware Street S.E.  
Minneapolis, MN 55455-0374*

*612-626-3700  
Fax: 612-626-2111*

*Offices located at:  
410 ChRC  
426 Church Street S.E.  
Minneapolis, MN 55455-0374*

February 6, 1998

To: Vicki Courtney for the AHC Faculty Consultative Committee

From: John Fetrow



Re: Seed Grant Application and Review Process

The funds for the AHC Faculty Seed Grant Program were provided by a one time allocation from the State Legislature, led by Representative Leppik. The Legislature provided \$250,000 to support new ideas by faculty. A faculty committee from across the schools of the AHC was formed and they developed the format for the grant application, set the funding limits, and established the criteria to be used in the evaluation (see attached). These were described and made available to the entire faculty of the AHC and were posted on the web (<http://www.ahc.umn.edu/seedgrant.html>).

A total of 63 grants were submitted by the faculty of the AHC. The breakdown of the grants by school is attached. A grant was attributed to a school based on the principal investigator's collegiate affiliation. A second faculty committee was assembled (see summary page for the membership) to review the grants. There was one faculty member from each school, except the TC Medical School, from which there were two: one from a clinical department and one from a basic science department.

The grants were divided into four groups. The instructions given to the review committee are attached. Each group was read and evaluated by a team of two members of the review committee. The two person team ranked their group and forwarded their top five ranked proposals for further review. In addition, each member of the review committee had the opportunity to add one proposal, if they chose, as a "wild card", i.e. without agreement of the other member of their two person team. This was done to provide a maximum opportunity for a unique proposal to "catch the eye" of a reviewer and go on for further consideration. At the end of this first round of review there were 23 proposals assembled for further consideration.

The entire committee then read the 23 proposals and met to discuss their merits in relation to the criteria set by the faculty committee. They ranked the proposals and forwarded the rankings to the Senior Vice President and the Deans Council. Both the SVP and the Deans Council affirmed the faculty review committee's evaluation and the ten top proposals were awarded to the faculty. The list of grants awarded is attached.

Reviewers were given a form to use in their process of review (attached). The reviewers were informed of the intention to return critiques to the authors. The same was

noted on the statement of review criteria for the grant, which was given to the reviewers. The form included (in bold), that we intended to collect the review forms and return them to the authors. At the time of the final meeting of the reviewers I collected any review forms available at the meeting and again asked the faculty reviewers to turn in any reviews they still had. We followed up several times with members of the review panel who had not returned their forms until we received all that we were going to get. Some faculty reviewers either did not have the forms or felt that their notes from their review were too cryptic or otherwise not useful feedback to the author.

Faculty who submitted Seed Grants had been told that they could ask for their reviews and many did so. For most, a review from was available and was forwarded to the faculty member. Having exhausted the chance to obtain the remaining reviews, a letter was sent to those who for whom no review was available.

This was a completely faculty driven and controlled process, from the establishment of the criteria and grant application through to the awarding of the grants on a peer reviewed basis. The criteria were known from the outset of the announcement of the grant and those criteria were used by the faculty review committee. The Office of the Senior Vice President served in the role of facilitating and providing logistic support for the process.

I would like to thank the AHC FCC for their interest and appreciate your efforts in assuring that the process is made clear to anyone who may approach you. If there are any questions, please let me know.

cc: Dr. Frank Cerra

Faculty Seed Grants: recommendations of peer review committee									
Grants recommended for funding		11-Dec-97							
Investigators	school	amount	title						
Denis Clohisy / Catherine Verfaillie	TC Med	\$ 25,000	A model for studying human osteoclast formation						
Gary Dunny	TC Med	\$24,866	Novel ribosomal targets for developing antimicrobial chemotherapeutic agents						
Dorothy Hatsukami /Sharon Allen	TC Med	\$ 25,000	Cigarette cessation among youth						
Daniel Mueller	TC Med	\$ 24,079	Transgenic model of T-cell autoimmune arthritis						
Robert Morrison / JinLiang Xue	Vet Med	\$ 23,800	Establishment of clinical trials center for swine						
S. Ramakrishnan	TC Med	\$ 25,000	Artificial presentation of a superantigen on tumor cells						
John Schulte	Dentistry	\$ 25,000	Development of an electromyograph system to diagnose nocturnal bruxism						
Amy Skubitz	TC Med	\$ 25,000	Animal model to study the dissemination of ovarian carcinoma						
Brian Van Ness	TC Med	\$ 25,000	Transgenic Bcl-xl mice and the generation of B cell tumors						
Antheunis Versluis/Alan Bank	Dentistry/TC Med	\$ 20,500	Biomechanical fatigue effects and risk factors in coronary plaque rupture						
	TOTAL	\$ 243,245							
	remainder	\$ 6,755							
<u>total applications by 1st author</u>	<u>submitted</u>	<u>awarded</u>	<u>Review committee</u>						
Dentistry	3	2	Charles Schachtele						
Duluth	2	0	Paul Anderson						
TC Med	45	7	Karen Hsiao / Tom Hostetter						
Nursing	6	0	Patricia Tomlinson						
Pharmacy	1	0	John Rotschafer						
SPH	3	0	Jim Boen						
Vet Med	3	1	Mitch Abrahamsen						
TOTAL	63	10							

## Academic Health Center Seed Grant Program

### Background:

As part of special legislative request, the AHC received a one-time amount of \$250,000 for the purpose of providing seed money for new ideas generated by AHC faculty. This special legislative funding was spearheaded by Representative Peggy Leppik. Dr. Frank Cerra and the Deans Council established an AHC Faculty Task Force to develop criteria and suggest mechanisms to distribute these funds through a competitive peer review process. One faculty member from each of the units (two from the Medical School) were recommended by the Deans of the various AHC units to serve on the task force.

### Criteria:

1. Seed grants would be available to any faculty member in the AHC. They are not restricted to junior faculty.
2. Seed grants are only available to support new initiatives in the faculty member's research. The purpose of these grants is to provide support for faculty who want to initiate a substantial new direction in their research or to help develop innovative projects that will allow faculty to expand into new research areas. Applications to support long-standing areas of research, previously-funded projects, or to extend currently funded projects will not be acceptable.
3. The primary criteria for funding will be innovation. Potential for future funding is a secondary concern, however both the AHC and the State legislature are interested in a return on their investment in the faculty.
4. The project may be interdisciplinary or from a single investigator. There will be no preference for interdisciplinary projects.
5. The maximum amount available for any single grant application is \$25,000 per application. The funds must be solely designated for the direct support of the research. No funds will be available to support faculty salaries. Given the size of the awards, only small equipment purchases that are directly needed for the research are appropriate. In general, funds should be primarily used for supplies and partial support of research personnel (graduate students or technicians). Funding could be used over an extended period (longer than one year) if necessary, but there should be no expectation of recurring funds.

### Process:

1. Interested faculty are asked to submit a three page proposal that describes the rationale for the research and a research plan, and explains why this research is a new area for the investigator. A biographical sketch (NIH style) and a budget page should also be included. Based on a \$25,000 cut-off, it is expected that no more than 10-15 applications will be funded. The deadline for receipt of the applications is October 31st, 1997.
2. The above guidelines should be followed and no specific forms are to be filled out.
3. Final awards will be granted by December 1st, 1997.

Grant applications should be submitted to Dr. John Fetrow, Office of the Senior Vice President for Health Sciences, Academic Health Center, Room 420 Children's Rehabilitation Center, 426 Church Street S.E., Minneapolis, MN 55455; (Box 501 Mayo, CAMPUS MAIL).

### Review Panel:

The review panel will include one faculty member from each School or College except two from the Medical School. The Medical School representatives (2) should include one faculty from basic sciences and one clinical faculty member. The evaluations and recommendations of the Review Panel will be forwarded to the Senior Vice President and Deans Council for final decisions regarding funding.

Written reviews/critiques will be returned to the final applicants.

### Reporting Requirements:

Funded Projects will be required to provide a final report for the project and an accounting of all funds expended at the completion of the project. If the project extends beyond the calendar year 1998, a progress report will be required at the end of each year of the project. Reports are to be submitted to the Office of the Senior Vice President for Health Sciences.

## Process for the review of the Faculty Seed Grants

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1. Deadline for receipt is Friday, October 31, 1997. There are \$250,00 available for these grant proposals. If one assumes that each selected grant were funded at the maximum of \$25,000, then only ten proposals would be funded. Some requests might be for less than the maximum, so probably 10 to 15 will be funded. On that basis, we will do the review in two steps: first, a selection of the top 20 to 28 proposals based on a two person review process, and second, a ranking of those selected based on review by the whole committee.

2. Each committee member will be asked to review one quarter of the grants. The eight members of the review team will be split into four, two person subgroups. Each grant will be reviewed by the two people of one sub-group. Criteria for the review are attached. Each reviewer should independently rank their proposals from best to worst and be prepared to *briefly* describe the proposal and their reasons for the rankings. The subgroup pair should then get together and create a ranked list of their quarter of the proposals. Based on that combined ranking, the top **FIVE** proposals will be selected. In addition, each team member will have the right to select one "wild card" proposal (if they choose) that somehow caught their imagination but that did not seem to fit the criteria well enough to make the top five.

While the core decision should rest on the pre-proposal as written, practical reality says that the reviewers will be trying to understand pre-proposals in very different scientific fields, with different methodologies, and at different levels in the continuum from basic to applied scholarship. Pre-proposals should have been written to be clear to a smart, scientifically trained person, even if they are not expert in the specific field. If a reviewer needs help understanding a pre-proposal, they have two options: 1) return the proposal to Dr. Fetrow for distribution to another committee member, or 2) contact the PI of the proposal to get permission to ask for help. Once granted permission, the reviewer should feel free ask anyone, including the author of the pre-proposal, for clarification. The pre-proposal may not, however, be edited or re-written. Asking for outside help should be done sparingly. Please notify Dr. Fetrow of any such contacts.

3. The collection of the top ranked proposals and "wild cards" will make up a final pool for review and will contain from 20 to 28 proposals. The proposals will be reviewed by all eight members of the team and independently ranked by each person. Each proposal will be assigned a "spokesperson" who should be prepared to present to proposal to the committee as a whole.

4. At a combined meeting of all eight committee members and Dr. Fetrow (facilitator and recorder, not a reviewer), the committee will discuss the final pool of proposals and rank them for funding.

5. The final rankings will be forwarded to the Senior Vice President for Health Sciences and the Deans Council for final selection of the proposals for funding.

## Review Guide for the Faculty Seed Grant Proposals

This form is simply to provide an outline framework / recording sheet for your review as you read each grant. The details of the criteria for evaluation are on the RFP as sent to the faculty. This form is not an attempt to create a "formula" for the evaluation; the ranking should be based on your own judgment based on the guidelines.

We will collect these sheets and distribute them to the authors of the proposal. Please write your comments so that they can constructively serve the authors.

Principle Investigator:

Title:

Is this a new initiative for this faculty member?

Is the proposed project innovative?

Does the funding requested relate constructively to the project / activity proposed?

What specific strengths do you see in the proposal?

What specific critiques would you make about the proposal?

Conflict of Interest Statement for Peer Reviewers of Proposals Submitted to Programs Administered by the Office of the Senior Vice President for Health Sciences

- A committee member should not review a proposal submitted by an applicant with whom the reviewer has a significant research collaboration whether or not they are members of the same department.
- A committee member should not review a proposal submitted by a former student or advisor.
- Because it is often hard to spot potential conflicts of interest by reviewers on internal panels such as ours (there are often more collaborations across departments than within departments), the general principal is that if the committee member will benefit in any material way from the outcome of the proposal under review, then the committee member should not review the proposal.
- The borderline is often very hard to define with panels internal to the University, so committee members are not excluded from reviewing proposals from faculty within their own department provided none of the above potential conflicts apply.
- A committee member should not review a proposal submitted by an applicant with which the committee member has a personal relationship.
- A committee member should refrain from reviewing any proposal whose research conflicts with their personal beliefs.
- In other possible situations where a committee member perceives there may be a conflict, the member will use his/her own judgment in deciding whether to review and rate a proposal.
- A committee member will not discuss any aspect of any proposal reviewed and/or discussed at the committee meeting without the express approval of the Senior Vice President for Health Sciences.



## **Faculty Development Grants in Research**

### **1998**

The process for the awarding of Faculty Research Development Grants in 1998 has also been previously summarized and reviewed by the AHC FCC (see attached). The process and the criteria for awards were developed by a committee of faculty from across the AHC in consultation with the Office of the Senior Vice President and the Deans Council. The RFP was made available to the faculty from across the AHC (see attached). Faculty members were asked to prepare brief pre-proposals in the first round. A review committee of faculty from all of the colleges of the AHC reviewed the pre-proposals and ranked them for continuation in the process. The intent of the pre-proposal round was to reduce the effort by faculty in developing a full proposal when the likelihood of receiving funding was low. The process of review is attached, and involved an initial screen by two reviewers of each one quarter of the proposals, ranking the top 4 or 5. Based on the faculty review committee's recommendation, 13 investigators were asked to submit full proposals out of the original 54 submitted. The committee then reviewed those full proposals and ranked them based on the criteria set forth in the RFP (see attached review guide). The SVP and the Deans Council affirmed the rankings and awarded five grants.

The 1998 process was criticized for two principle problems. First, the faculty and the reviewers felt that the pre-proposal phase did not serve to reduce faculty workload, but rather increased it. Second, some reviewers felt ill equipped to review science well outside of their area of expertise.

### **1999**

The general format and criteria for the 1999 Faculty Research Development Program is very similar to the 1998 program (See attached or <http://www.ahc.umn.edu/devgrant.html>), with the following exception. First, the maximum award has been reduced from \$300,000 to \$200,000 to increase the number of successful submission. Second, for 1999 there will be no pre-proposal phase; all submissions will be full proposals and reviewed as such. Third, we will endeavor to expand the base of faculty expertise for the scientific review. In addition to the core review team of 8 faculty assembled from colleges, ad-hoc review teams will be formed as deemed necessary by the core review committee when they need better expertise to evaluate the scientific merit of a proposal. Because we do not know what submissions will be made, the topic areas or the expertise of the committee, we do not know how many ad-hoc review sub-teams will be needed or in what areas. The Dean of each college has recommended faculty to serve on the review committee, however the committee has not been formed and no faculty member has been asked to serve yet. The committee must be formed in the next several weeks to respond to submissions due on February 15, 1999.



## **FACULTY RESEARCH DEVELOPMENT PROGRAM: 1999**

### **FORMAT FOR THE FULL PROPOSALS FOR THE AHC FACULTY DEVELOPMENT GRANT**

#### **Criteria for Awards:**

1. New or ongoing research collaborations that are interdisciplinary, intercollegiate, and innovative. Grants must involve faculty from two or more AHC schools/colleges. Projects should be state-of-the-art science with a high potential for return. Projects that can directly show benefit to the people and State of Minnesota and that fit the strategic research mission of the AHC will be given highest priority.
2. Programs or projects that demonstrate broad contributions across the AHC will have priority. A successful project could include faculty from outside the AHC, but the majority of the funds should be used to develop AHC faculty.
3. The maximum funding limit will be \$200,000 as a one-time investment. The funds can be spent over a period of up to three years.
4. The proposal must provide clear demonstration of how the money will be leveraged to obtain major external funding to sustain or further develop the program.

#### **The proposal should contain the following information:**

- a) purpose of the project
- b) scientific rationale and plan must be significantly expanded to include a full description of the study hypothesis, scientific approach, and scientific background of the project. A summary of no more than one page should be provided that could be understood by a lay audience.
- c) what work has been done on this project and what is the status and funding sources
- d) listing of other funding pending for this project
- e) explanation of how these funds will help the project or program move forward
- f) potential for continuing and future outside funding
- g) how does the intercollegiate nature of the project enhance its effectiveness?
- h) potential impact of the project on the State of Minnesota
- i) faculty descriptions and roles on the project

Items a-i should be on 15 pages or less, single spaced

- j) biographical sketches of faculty (1 page, NIH format)

k) proposed budget: the budget should provide the reviewers with the detail necessary to know how the money will be spent and how each expenditure relates to the project.

**DEADLINE: The deadline is February 15, 1999.**

Full grant applications (10 copies) should be submitted to Dr. John Fetrow, Office of the Senior Vice President for Health Sciences, Academic Health Center, Room 420 Children's Rehabilitation Center, 426 Church Street, Minneapolis, MN 55455; (Box 501 Mayo, CAMPUS MAIL).

**Review Process:**

Proposals will be reviewed by a Research Review Committee. The committee will be an appointed group of university faculty, one from each school/college (two from the Medical School). At the first meeting of the committee, they will review the general topics of the submitted proposals and recommend the creation of a limited number of "study groups" by topic (e.g., basic science, clinical research, population based research, behavioral interventions). These study groups will provide the Research Review Committee with a review of the scientific merit of the proposal which the committee will take into consideration in their final evaluation of the proposals. Their review will be based on the broader criteria attached and will be forwarded for final selection to the Senior Vice President and the Deans Council.

**Reporting Requirements:**

Funded Projects will be required to provide a final report for the project and an accounting of all funds expended at the completion of the project. If the project extends beyond the calendar year 1999, a progress report will be required at the end of each year of the project. Reports are to be submitted to the Office of the Senior Vice President for Health Sciences.

Sent 4-23-98

# UNIVERSITY OF MINNESOTA

*Twin Cities Campus*

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

*Box 501 Mayo  
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426 Church Street S.E.  
Minneapolis, MN 55455-0374*

April 21, 1998

To: AHC Faculty Consultative Committee Council

From: John Fetrow



Re: Faculty Development Grants

I have attached the summary of the process and outcome of the AHC Faculty Development Grant process; a summary similar to the one you received for the faculty seed grant program.

The process was similar, except that for this fund there was a pre-proposal / full proposal process. The faculty review committee did an excellent job of trying to judge a series of grants from across a very wide spectrum of disciplines.

If the ACH-FCC would like any more information regarding this process, please let me know.

cc: Dr. Cerra

## **Process and outcome of Faculty Peer Review panel for the final proposals for the Faculty Development Grants:**

The funds for the Faculty Development Grant program were provided by AHC internal funds. A faculty committee from across the schools of the AHC was formed and they developed the format for the grant application, set the funding limits, and established the criteria to be used in the evaluation (see attached). These were described and made available to the entire faculty of the AHC and were posted on the web. The stated purpose of the grants was "to help faculty by funding research projects that have a high potential for further development." Criteria for awards were:

1. New or on-going research collaborations that are interdisciplinary, intercollegiate, and innovative. Projects should be state-of-the-art science with a high potential for return. Projects that can directly show benefit to the people and State of Minnesota and the fit the strategic research mission of the AHC will be given highest priority.

*There was apparently some lack of clarity on the part of the faculty about the criteria that the grants must be intercollegiate. In effect, these faculty development grant funds were derived from a "tax" from the seven colleges of the AHC, pooled together by the Deans Council for the express purpose of stimulating intercollegiate collaborations. The decision was made to assemble those "taxed" dollars because the senior leadership was convinced of the long term value of creating a pool of investment dollars that would attract researchers from different colleges in the AHC to come together, get to know each other, and to begin a collaboration in research which would be repaid many times from the synergy and opportunities created. Obviously, if the goal had been to invest in research within a college, the funds could have been allocated directly by the Dean for that purpose. Several grants of good scientific merit were not considered for funding in the final round because they included faculty from only one school.*

2. Programs or projects that demonstrated broad contributions across the AHC will have priority. A successful project could include faculty from outside the AHC, but the majority of funds should be used to develop AHC faculty.
3. Maximum funding of up to \$300,000 as an initial, on-time, single investment. The funds can be spent over a period of up to three years.
4. Clear demonstration of how the money will be leveraged to obtain major external funding to sustain or further develop the program.

A total of 54 pre-proposals were submitted by the faculty of the AHC. The breakdown of the grants by school is attached. A grant was attributed to a school based on the principal investigator's collegiate affiliation. A second faculty committee was assembled (see summary page for the membership) to review the grants. In reviewing the pre-proposals, the committee was made up of one faculty member from each school, except the TC Medical School (from which there were two: one from a clinical department and one from a basic science department). The basic science representative needed to withdraw before the final review of the full proposals.

The grants were divided into four groups. The instructions given to the review committee are attached. Each group was read and evaluated by a team of two members of the review committee. The two person team ranked their group and forwarded their top four ranked proposals for further review. In addition, each member of the review committee had the opportunity to add one proposal, if they chose, as a "wild card", i.e. without agreement of the other member of their two person team. This was done to provide a maximum opportunity for a unique proposal to "catch the eye" of a reviewer and go on for further consideration. At the end of this first round of review the committee met and discussed those selected proposals and recommended that 13 of them be chosen for development of a full proposal

The full proposals were submitted and the entire committee then read them and met on March 19th and again on April 7th to discuss their merits. They ranked the proposals and what follows is a summary of their recommendations, submitted to the Senior Vice President and the Deans Council. The Deans Council and the Senior Vice President affirmed the Faculty Review Committee's findings and five grants were awarded.

**Full Proposal Review Committee:**

Dwight Anderson: Dentistry  
David Brown: Veterinary Medicine  
John Foker: TC Medicine  
Arthur Johnson: Duluth  
Kathleen Krichbaum: Nursing  
Thomas Louis: School of Public Health  
Ronald Sawchuk: Pharmacy

**Recommendations**

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Total: \$1,196,570

**Recommendations of the Faculty Peer Review panel for the final proposals for the Faculty Development Grants**

**Proposals by the College of the Principal Investigator**

	pre-proposals	full proposals	recommended
Duluth School of Medicine	0	0	0
Dentistry	1	0	0
TC Medical School	40	11	3
Nursing	2	1	1
Pharmacy	1	0	0
Public Health	7	1	1
Vet Medicine	3	0	0
<b>Totals</b>	<b>54</b>	<b>13</b>	<b>5</b>

**Funding by the college of the principal investigator:**

Duluth: \$0  
 Dentistry: \$0  
 Medicine (TC): \$747,746  
 Nursing: \$150,000  
 Pharmacy: \$0  
 Public Health: \$298,740  
 Veterinary Medicine: \$0

**Involvement by school**

proposal		Dentistry	Duluth	Medicine	Nursing	Pharmacy	Pub.Health	Vet Med
Miller	298,824			X				X
Sexton	298,740					X	X	
Verfaille	299,006			X		X		
Wilcox	150,000	X		X		X		
Wyman	150,000			X	X	X		
-----	-----	-----	-----	-----	-----	-----	-----	-----
totals of funded	1,196,570	1/5	0/5	5/5	1/5	4/5	1/5	1/5

1998

**ACADEMIC HEALTH CENTER FACULTY RESEARCH DEVELOPMENT PROGRAM  
FORMAT FOR THE FULL PROPOSALS FOR THE AHC FACULTY DEVELOPMENT GRANT**

**Criteria for awards:**

1. New or ongoing research collaborations that are interdisciplinary, intercollegiate, and innovative. Projects should be state-of-the-art science with a high potential for return. Projects that can directly show benefit to the people and State of Minnesota and that fit the strategic research mission of the AHC will be given highest priority.
2. Programs or projects that demonstrate broad contributions across the AHC will have priority. A successful project could include faculty from outside the AHC, but the majority of the funds should be used to develop AHC faculty.
3. Maximum funding of up to \$300,000 as an initial, one-time, single investment. The funds can be spent over a period of up to three years.
4. Clear demonstration of how the money will be leveraged to obtain major external funding to sustain or further develop the program.

The proposal should contain the following information:

- a) purpose of the project
- b) scientific rationale and plan must be significantly expanded to include a full description of the study hypothesis, scientific approach, and scientific background of the project.
- c) what work has been done on this project and what is the status and funding sources
- d) listing of other funding pending for this project
- e) explanation of how these funds will help the project or program move forward
- f) potential for continuing and future outside funding
- g) how does the intercollegiate nature of the project enhance its effectiveness?
- h) potential impact of the project on the State of Minnesota
- i) faculty descriptions and roles on the project

Items a-i should be on 12 pages or less, single spaced

- j) biographical sketches of faculty (1 page, NIH format)
- k) proposed budget: the budget should provide the reviewers with the detail necessary to know how the money will be spent and how each expenditure relates to the project.

**DEADLINE:** The deadline has not yet been set. This will be discussed with the principal investigators on the 13 grants and a decision made. Likely deadline will not be earlier than January 30th.



Full grant applications (10 copies) should be submitted to Dr. John Fetrow, Office of the Senior Vice President for Health Sciences, Academic Health Center, Room 420 Children's Rehabilitation Center, 426 Church Street, Minneapolis, MN 55455; (Box 501 Mayo, CAMPUS MAIL).

**Reporting Requirements:**

Funded Projects will be required to provide a final report for the project and an accounting of all funds expended at the completion of the project. If the project extends beyond the calendar year 1998, a progress report will be required at the end of each year of the project. Reports are to be submitted to the Office of the Senior Vice President of Health Sciences.

From Page 6 of the Document: "INTERSCHOLASTIC STRATEGIC PLAN FOR THE ACADEMIC HEALTH CENTER 1996 - 1999"

## 2) *Research*

*While most research activities in the AHC will come from faculty initiatives and external funding, the AHC will strategically invest in some key promising research areas. To that end, processes must be created that assure that those investments are properly targeted, well managed, and productive.*

- a. develop an ongoing strategic planning process to set broad programmatic areas for research investment
- b. initiate an internal competitive research pool of dollars for the AHC. Ideas and proposals solicited from the faculty, selection based on scientific merit, strategic importance, and fiscal opportunities
- c. initiate research support service infrastructure for enhanced private sector access and service
- d. consider and initiate targeted investments in areas of strength and potential in the AHC in:

basic science, examples might include

1. neuroscience programs
2. developmental biology
3. animal comparative genetics
4. drug development program
5. immunology
6. emerging infections and microbial pathogenesis

clinical science, examples might include

1. cancer
2. neuroscience
3. human genetics
4. biotherapy
5. geriatrics
6. outcomes research

population sciences, examples might include

1. disease prevention
2. community assessment
3. health promotion / disease prevention strategies
4. health services organization, delivery and finances
5. aging and long term care
6. environmental hazards
7. population outcomes
8. children, youth, and families at risk

biomedical engineering

ethics research

behavioral sciences related to family systems, psychological dimensions of health and illness, and sociology of health and illness

animal health and productivity

## Process for the review of the Faculty Development Grants

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1. Deadline for receipt is Friday, October 31, 1997. There are \$1.5 million available for these grant proposals. If one assumes that each selected grant were funded at the maximum of \$300,000, then only five proposals would be funded. In all likelihood, some requests will be for less than the maximum, so probably 8 to 10 will be funded. On that basis, we will do the review in three steps: first, a selection of the top sixteen to twenty-four proposals pre-proposals based on a two person review process, and second, a ranking of those selected pre-proposals based on review by the whole committee. Third, those top ranked by the committee as a whole will be requested to prepare a full proposal for review. The number of grants chosen to submit full proposals will be based on the budgets submitted so that the chance of being funded is roughly 50 percent.

2. Each committee member will be asked to review one quarter of the pre-proposals. The eight members of the review team will be split into four, two person subgroups. Each pre-proposal will be reviewed by the two people of one sub-group. Criteria for the review are attached. Each reviewer should independently rank their pre-proposals from best to worst and be prepared to *briefly* describe the pre-proposal and their reasons for the rankings. The subgroup pair should then get together and create a ranked list of their quarter of the pre-proposals. Based on that combined ranking, the top **FOUR** pre-proposals will be selected. In addition, each team member will have the right to select one "wild card" pre-proposal (if they choose) that somehow caught their imagination but that did not seem to fit the criteria well enough to make the top four.

While the core decision should rest on the pre-proposal as written, practical reality says that the reviewers will be trying to understand pre-proposals in very different scientific fields, with different methodologies, and at different levels in the continuum from basic to applied scholarship. Pre-proposals should have been written to be clear to a smart, scientifically trained person, even if they are not expert in the specific field. If a reviewer needs help understanding a pre-proposal, they have two options: 1) return the proposal to Dr. Fetrow for distribution to another committee member, or 2) contact the PI of the proposal to get permission to ask for help. Once granted permission, the reviewer should feel free ask anyone, including the author of the pre-proposal, for clarification. The pre-proposal may not, however, be edited or re-written. Asking for outside help should be done sparingly. Please notify Dr. Fetrow of any such contacts.

3. The collection of the top ranked pre-proposals and "wild cards" will make up a final pool for review and will contain from 16 to 24 proposals. The pre-proposals will be reviewed by all eight members of the team and independently ranked by each person. Each pre-proposal will be assigned a "spokesperson" who should be prepared to present the pre-proposal to the committee as a whole.

4. At a combined meeting of all eight committee members and Dr. Fetrow (facilitator and recorder, not a reviewer), the committee will discuss the final pool of pre-proposals and rank them for funding. The top pre-proposals will be selected and full proposals requested such that those preparing a full proposal will have a chance of approximately 50% of being funded.

5. When the full proposals are submitted, the committee will again review each one and meet to rank the full proposals as submitted.

6. The final rankings of the full proposals will be forwarded to the Senior Vice President for Health Sciences and the Deans Council for final selection of the proposals for funding.

## **Timeline for the Faculty Development Grants**

November 5: pre-proposals distributed to team members

November 21: subteams complete ranking of top four + wild card

November 26: distribution of final pool pre-proposals to entire committee

December 8: committee ranks final pre-proposal pool and recommends proposals that should be submitted as full proposals

January 15: final full proposals are due

February 6: committee meets to rank the full proposals

February 20: awards announced by Senior Vice President's Office

## Review Guide for the Faculty Research Development Proposals

This form is simply to provide an outline framework / recording sheet for your review as you read each grant. The details of the criteria for evaluation are on the RFP as sent to the faculty. This form is not an attempt to create a "formula" for the evaluation; the ranking should be based on your own judgment based on the guidelines.

We will collect these sheets and distribute them to the authors of the proposal. Please write your comments so that they can constructively serve the authors.

Principle Investigator:

Title:

Is this project intercollegiate? (broad contributions across the AHC faculty)  
interdisciplinary?  
innovative?

Does the project relate to the strategic research mission of the AHC? (attached)

Is the project state of the art science?

Does it have a high potential for return and for attracting additional funding? Is that leverage for new funding clear in the proposal?

What potential is there for direct impact on the State of Minnesota?

Does the funding requested relate constructively to the project / activity proposed?

What specific strengths do you see in the proposal?

What specific critiques would you make about the proposal?

**Conflict of Interest Statement for Peer Reviewers of Proposals Submitted to Programs  
Administered by the Office of the Senior Vice President for Health Sciences**

- A committee member should not review a proposal submitted by an applicant with whom the reviewer has a significant research collaboration whether or not they are members of the same department.
- A committee member should not review a proposal submitted by a former student or advisor.
- Because it is often hard to spot potential conflicts of interest by reviewers on internal panels such as ours (there are often more collaborations across departments than within departments), the general principal is that if the committee member will benefit in any material way from the outcome of the proposal under review, then the committee member should not review the proposal.
- The borderline is often very hard to define with panels internal to the University, so committee members are not excluded from reviewing proposals from faculty within their own department provided none of the above potential conflicts apply.
- A committee member should not review a proposal submitted by an applicant with which the committee member has a personal relationship.
- A committee member should refrain from reviewing any proposal whose research conflicts with their personal beliefs.
- In other possible situations where a committee member perceives there may be a conflict, the member will use his/her own judgment in deciding whether to review and rate a proposal.
- A committee member will not discuss any aspect of any proposal reviewed and/or discussed at the committee meeting without the express approval of the Senior Vice President for Health Sciences.

## **Interdisciplinary Education Grants**

### **1998**

There was no Interdisciplinary Education competitive grant process in 1998. The funding for interdisciplinary education from the AHC in 1998 was allocated to match the specific requests for funding made to the Legislature in the 1997-1998 biennium. The projects were developed and have been implemented by broad teams of faculty from across the colleges of the AHC.

### **1999**

The RFP for the Interdisciplinary Education grant program for 1999 is attached and available on the web at <http://www.ahc.umn.edu/ided.html>. Criteria for evaluation will be set based on the RFP. . The Dean of each college has recommended faculty to serve on the review committee, however the committee has not been formed and no faculty member has been asked to serve yet. The committee must be formed to respond to submissions due on March 15, 1999.



## **INTERDISCIPLINARY EDUCATION: 1999**

### **Request for Proposals in Interdisciplinary Education in the Academic Health Center**

Again this year, the Academic Health Center has funds to support initiatives in intercollegiate education in the health professions. Proposals must involve the faculty of more than one AHC school/college. To receive the highest ranking, proposals should address issues of significant concern facing the health professions as they respond to changes in the external environment in health care. The significance of the external changes/pressures should be supported in the proposal. Examples of these areas of concern might be:

- The move of clinical education to community/primary care sites not owned by the AHC
- The demand for coordinated interdisciplinary primary care/team care education
- The education needs of health professionals in a managed care environment
- The need for educational programs that incorporate more exposure to issues of health care ethics
- The need to respond to a more diverse patient population
- Demands for education for evidence based practice
- Preparation for health interventions that are community or population-based

**Proposals might be developed to address one or more of the following needs.**

1. Provide planning or pilot demonstrations of how the AHC can enhance the education of our students in an interprofessional, interdisciplinary manner.
2. Provide funds for implementing new curricular programs. Funds to sustain educational programs must come from other sources.
3. Create educational programs that can serve as national models for health professional education
4. Enhance the range of educational methods and the expertise of faculty in education
5. Identify ways to improve the cost efficiency of our educational efforts

**In general, proposals will fall into one of two categories:**



1. **Planning support:** this can include funds for faculty release time, for best practices investigation, and for support in developing new educational offerings. These projects must provide a concrete projection of how the offering, once planned, might be implemented.

2. **Implementation support** for new curricular offerings or educational programs. These must be one-time, start-up or first stage development projects. If the educational program will be on-going, then the proposal must include a budget detailing how the program, if initiated, will be funded on a continuing basis.

The proposal must also include a financial plan, complete with projected needs for dollars, faculty time and other personnel costs, space, equipment, and teaching sites. For the financial budget, the proposal should include both costs and projected revenues (tuition, continuing education income, sales of materials, etc.). If the proposal includes both a planning and an implementation phase, the budgets should be laid out by phases. Implementation funds will be allocated once an acceptable plan is presented to the Deans Council. While all of the specifics may not be known at the time that the proposal is submitted, concerted efforts must be made to be as complete as possible. Items that are unresolved should be explicitly noted. Staff from the Senior Vice President's Office are available to assist in developing the financial plan.

**The final proposal(s) must be submitted to the Office of the Senior Vice President for Health Sciences by March 15, 1999.**

Full grant applications (10 copies) should be submitted to Dr. John Fetrow, Office of the Senior Vice President for Health Sciences, Academic Health Center, Room 420 Children's Rehabilitation Center, 426 Church Street, Minneapolis, MN 55455; (Box 501 Mayo, CAMPUS MAIL) (625-2176; [fetro001@tc.umn.edu](mailto:fetro001@tc.umn.edu)).

Proposals will be reviewed by an Educational Review Committee. The committee will be an appointed group of university faculty, one from each school/college (two from the Medical School). They will review the proposals based on the criteria attached and forward their recommendations for final selection to the Senior Vice President for Health Sciences and the Deans Council.

**Conflict of Interest Statement for Peer Reviewers of Proposals Submitted to Programs Administered by the Office of the Senior Vice President for Health Sciences**

- A committee member should not review a proposal submitted by an applicant with whom the reviewer has a significant research collaboration whether or not they are members of the same department.
- A committee member should not review a proposal submitted by a former student or advisor.
- Because it is often hard to spot potential conflicts of interest by reviewers on internal panels such as ours (there are often more collaborations across departments than within departments), the general principal is that if the committee member will benefit in any material way from the outcome of the proposal under review, then the committee member should not review the proposal.
- The borderline is often very hard to define with panels internal to the University, so committee members are not excluded from reviewing proposals from faculty within their own department provided none of the above potential conflicts apply.
- A committee member should not review a proposal submitted by an applicant with which the committee member has a personal relationship.
- A committee member should refrain from reviewing any proposal whose research conflicts with their personal beliefs.
- In other possible situations where a committee member perceives there may be a conflict, the member will use his/her own judgment in deciding whether to review and rate a proposal.
- A committee member will not discuss any aspect of any proposal reviewed and/or discussed at the committee meeting without the express approval of the Senior Vice President for Health Sciences.

Twin Cities Campus

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Office of the Senior Vice President  
for Health Sciences

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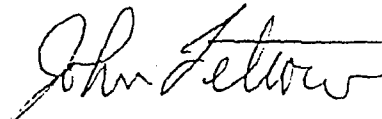
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Offices located at:  
410 ChRC  
426 Church Street S.E.  
Minneapolis, MN 55455-0374

May 12, 1999

To: Dr. Frank Cerra, Senior Vice President of the Academic Health Center

From: Dr. John Fetrow



Re: Seed Grant Application and Review Process for 1999

The funds for the AHC Faculty Seed Grant Program were provided by continuing allocations from the State Legislature, led by Representative Leppik. The Legislature provided \$250,000 to support new ideas by faculty.

The RFP for proposals and the criteria for funding were essentially the same as in 1998 (see attached or see the web site at <http://www.ahc.umn.edu/seedgrant.html>).

A faculty committee from across the schools of the AHC was formed. There was one faculty member from each school, except the TC Medical School, from which there were two: one from a clinical department and one from a basic science department. Members of the review panel were recommended by the AHC Faculty Consultative Committee, with additional input from the Deans of the respective colleges. In addition, the AHC FCC collaborated in the development of the review process. The Office of the Senior Vice President served in the role of facilitating and providing logistic support for the process.

A total of 65 grants were submitted by the faculty of the AHC. The breakdown of the grants by school is attached. A grant was attributed to a school based on the principal investigator's collegiate affiliation.

The grants were divided into four groups. The instructions given to the review committee are attached. Each group was read and evaluated by a team of two members of the review committee. The two person team ranked their group and forwarded their top six ranked proposals for further review. In addition, each member of the review committee had the opportunity to add one proposal, if they chose, as a "wild card", i.e. without agreement of the other member of their two person team. This was done to provide a maximum opportunity for a unique proposal to "catch the eye" of a reviewer and go on for further consideration. At the end of this first round of review there were 27 proposals assembled for further consideration.

# UNIVERSITY OF MINNESOTA

Twin Cities Campus

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

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May 7, 1999

## MEMORANDUM

**TO:** Dr. Frank Cerra and the AHC Deans Council  
**FROM:** Dr. John Fetrow, Assistant Vice President for Organizational Development  
**RE:** AHC Seed Grant Final Selection

The following Seed Grant Applications were selected by the Seed Grant review committee:

Title	PI	Budget
Engineered Specificity Directed Against the CD19 Antigen Using Chimeric Single Chain Fv Constructs	Paul Orchard, M.D.	\$24,813
Coronary artery disease and cytomegalovirus: are they linked?	M. Kent Froberg, M.D.	\$24,765
Signaling regulation in Angiogenesis	Yun Qiu, Ph.D.	\$25,000
Pathogenicity of a newly isolated mycoplasma in pregnant sows	Han Soo Joo, Ph.D., DVM	\$24,027
Modulation of Mitogen-Activated Protein Kinase Pathways by Genotoxic Alkylating Agents	Elizabeth Wattenberg, Ph.D., Lisa Peterson, Ph.D.	\$24,923
Protein Metabolism in Neonates with Sepsis Syndrome	Sarah Jane Schwarzenberg, M.D.	\$25,000
Functional Analysis of mammalian Iats2, a newly identified tumor suppressor, in tumorigenesis, development, and cell cycle control	Wufan Tao, Ph.D.	\$25,000
Subtype Selection Nicotine Agonists for Treatment of Cognitive Dysfunction	S. Mbua Ngale Efange, Ph.D.	\$17,800
Identification of Chromosomal Segments Containing Disease Causing Genes in the Horse by Genomic Mismatch Scanning	James R. Mickelson	\$24,826
Nitroxyl Donors: Prodrugs of nitroxyl for the treatment of male erectile dysfunction	Earl Dunham, Ph.D.	\$25,000

The entire committee then read the 27 proposals and met to discuss their merits in relation to the criteria. They ranked the proposals and forwarded the rankings to the Senior Vice President and the Deans Council. Both the SVP and the Deans Council affirmed the faculty review committee's evaluation and the ten top proposals were awarded to the faculty. The list of grants awarded is attached.

Reviewers were given a form to use in their process of review (attached). The reviewers were informed of the intention to return critiques to the authors. The same was noted on the statement of review criteria for the grant, which was given to the reviewers. The members of the committee will assemble a summary of the reviewer's comments to be forwarded to the principal investigator.

Cc: AHC Deans, AHC FCC, Chris Roberts

	Submitted	Selected (Top 15)	Selected (Top 10)
Dentistry	4	0	0
Duluth	5	1	1
TC Med	41	10	5
Nursing	0	0	0
Pharmacy	3	1	1
School of Public Health	4	1	1
Vet Med	8	2	2
<b>TOTAL</b>	<b>65</b>	<b>15</b>	<b>10</b>

Total funds available           \$250,000

Total of first 10 grants:       \$241,154

Remainder                           \$8,846

**Review Committee  
AHC Faculty Seed Grants: 1999**

College	TEAM	Reviewer
College of Dentistry	A	<b>Charles Schachtele</b> 4-2630; <a href="mailto:schac001@tc.umn.edu">schac001@tc.umn.edu</a>
School of Public Health	A	<b>James Boen</b> 4-0475; <a href="mailto:boenx001@tc.umn.edu">boenx001@tc.umn.edu</a>
TC Medical School: basic science	B	<b>Henricus (Harry) Hogenkamp</b> 5-4471; <a href="mailto:hogen001@tc.umn.edu">hogen001@tc.umn.edu</a>
TC Medical School: clinical science	B	<b>Sue Berry</b> 4-7144; <a href="mailto:berr002@tc.umn.edu">berr002@tc.umn.edu</a>
College of Pharmacy	C	<b>Thomas Shier</b> 4-9465 <a href="mailto:shier001@tc.umn.edu">shier001@tc.umn.edu</a>
College of Veterinary Medicine	C	<b>Han Soo Joo</b> 5-0235; <a href="mailto:jooxx001@tc.umn.edu">jooxx001@tc.umn.edu</a>
School of Nursing	D	<b>Carol Pederson</b> 4-2448; <a href="mailto:peder001@tc.umn.edu">peder001@tc.umn.edu</a>
Duluth School of Medicine	D	<b>George Trachte</b> 218-726-8975; <a href="mailto:tracht@d.umn.edu">tracht@d.umn.edu</a>



## FACULTY SEED GRANT PROGRAM: 1999

### Background:

The Academic Health Center will once again provide a pool of small grant funds to seed faculty research. As was done last year, these funds will be distributed through a competitive peer review process. One faculty member from each of the units (two from the Medical School) will serve on a review task force which will make funding recommendations to the Senior Vice President and the Deans Council.

### Criteria:

1. Seed grants would be available to any faculty member in the AHC. They are not restricted to junior faculty.
2. Seed grants are only available to support new initiatives in the faculty member's research. The purpose of these grants is to provide support for faculty who want to initiate a substantial new direction in their research or to help develop innovative projects that will allow faculty to expand into new research areas. Applications to support long-standing areas of research, previously funded projects, or to extend currently funded projects will not be acceptable.
3. The primary criteria for funding will be innovation and the quality of the scientific approach. Potential for future funding is a secondary concern, but could strengthen an application.
4. The project may be interdisciplinary or from a single investigator. There will be no preference for interdisciplinary projects.
5. The maximum amount available for any single grant application is \$25,000 per application. The funds must be solely designated for the direct support of the research. No funds will be available to support faculty salaries. Given the size of the awards, only small equipment purchases that are directly needed for the research are appropriate. In general, funds should be primarily used for supplies and partial support of research personnel (graduate students or technicians). Funding could be used over an extended period (longer than one year) if necessary, but there should be no expectation of recurring funds.

### Process:

- 1) Interested faculty are asked to submit a three page proposal that describes the rationale for the research and a research plan, and explains why this research is a new area for the investigator. A biographical sketch (NIH style) and a budget page should also be included. Based on a \$25,000 cut-off, it is expected that no more than 12-15 applications will be funded. The deadline for receipt of the applications is February 15, 1999.
- 2) Final awards will be granted as soon as reviews are completed.

Grant applications should be submitted to Dr. John Fetrow, Office of the Senior Vice President for



Health Sciences, Academic Health Center, Room 420 Children's Rehabilitation Center, 426 Church Street, Minneapolis, MN 55455; (Box 501 Mayo, CAMPUS MAIL).

**Review Panel:**

The review panel will include one faculty member from each School or College except two from the Medical School. The Medical School representatives (2) should include one faculty from basic sciences and one clinical faculty member. The evaluations and recommendations of the Review Panel will be forwarded to the Senior Vice President and Deans Council for final decisions regarding funding.

Written reviews/critiques will be returned to the final applicants.

**Reporting Requirements:**

Funded Projects will be required to provide a final report for the project and an accounting of all funds expended at the completion of the project. If the project extends beyond the calendar year 1999, a progress report will be required at the end of each year of the project. Reports are to be submitted to the Office of the Senior Vice President for Health Sciences.

## Process for the review of the Faculty Seed Grants: 1999

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1. There are \$250,000 available for these grant proposals. If one assumes that each selected grant were funded at the maximum of \$25,000, then only ten proposals would be funded. There are 66 proposals submitted for consideration. Some requests might be for less than the maximum, so probably 10 to 15 will be funded. On that basis, we will do the review in two steps: first, a selection of the top 24 to 32 proposals based on a two person review process, and second, a ranking of those selected based on review by the whole committee.
2. Each committee member will be asked to review one quarter of the grants (~17 proposals). The eight members of the review team will be split into four, two person subgroups. The two people of one sub-group will review each grant. The RFP that describes the criteria for the review is attached. Each reviewer should independently score the proposals they read from 1 (very poor) to 10 (superb), trying to score the average proposal as a 6. They should also *briefly* describe the strengths and weaknesses of the proposal. A review worksheet is provided to compile the information. **Please complete a worksheet for every proposal. They will be returned to the author as feedback on their proposal.**
3. The subgroup pair of reviewers should then get together and create a ranked list of their quarter of the proposals. Based on that combined ranking, the top **SIX** proposals will be selected. In addition, each team member will have the right to select one additional "wild card" proposal (if they choose) that somehow caught their imagination but that did not seem to fit the criteria well enough to make the consensus top six. Thus each pair of reviewers will pick six to eight proposals for further review.
4. While the core decision should rest on the proposal as written, practical reality says that the reviewers will be trying to understand proposals in very different scientific fields, with different methodologies, and at different levels in the continuum from basic to applied scholarship. Proposals should have been written to be clear to a smart, scientifically trained person, even if they are not expert in the specific field. If a reviewer needs help understanding a proposal, they have three options: 1) return the proposal to Dr. Fetrow for distribution to another committee subgroup, 2) contact another member of the review committee directly for help, or 3) contact the PI of the grant for suggestions about a person in the AHC who could help in the review of that particular grant. Reviewers should record the names of faculty who participate in such ad hoc review with them.
5. The collection of the top ranked proposals and "wild cards" will make up a final pool for review and will contain from 24 to 32 proposals. These proposals will be reviewed by all eight members of the team and independently ranked by each person. Each proposal will be assigned a "primary reviewer" who should be prepared to present to proposal to the committee as a whole.
6. At a combined meeting of all eight committee members and Dr. Fetrow (facilitator and recorder, not a reviewer), the committee will discuss the final pool of proposals and rank them for funding. The committee as a whole should also review the appropriateness of the budgets of the top ranked proposals.

7. The final rankings will be forwarded to the Senior Vice President for Health Sciences and the Deans Council for final approval of the proposals selected for funding. If the Deans Council disagrees with the recommendations of the review committee, the Deans Council will provide a written explanation for their re-ordered recommendation.

## Review Guide for the Faculty Seed Grants: 1999

This form is simply an outline to provide a framework / recording sheet for your review of each grant. The details of the criteria are set forth in the RFP as sent to the faculty. This form is not an attempt to create a "formula" for the evaluation, nor is it meant to create "weights" for the various criteria; the rankings should be based on your own judgement based on the criteria in the RFP.

These sheets will be assembled for each grant and provided to the primary reviewer so that they can create a summary evaluation of the strengths and weaknesses of each grant. The summary (not the individual sheets) will be forwarded to the Deans Council and to the author.

Title of the grant: \_\_\_\_\_ SCORE (1: very poor – 10: superb) \_\_\_\_\_

Principal investigator(s): \_\_\_\_\_

Is the scientific rationale and is the proposed project sound? Would it be good, innovative research / scholarship? Is it state of the art science for its field?

Is the grant a new initiative in the faculty member's research? (required)

What is the potential for further funding if the project were successful?

Does the funding requested relate constructively to the project / activity proposed?

What specific strengths do you see in the proposal?

What specific weaknesses do you see in the proposal?

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# Improving Administration in the Academic Health Center

Project Status -- March 1999

A Report from:

Frank B. Cerra, MD  
Senior Vice President for Health Sciences  
University of Minnesota

## Vision for AHC Administrative Services

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The Academic Health Center will create and sustain administrative services that support faculty and staff in carrying out our education, research, and service missions --

- services that are user friendly;
- simple to use by faculty and staff;
- meet the needs of academic units;
- are responsive, of high quality, and efficient.

## Impetus for Improving Administrative Services: Why and Why Now?

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- Assessment of administrative services by State of Minnesota's Management Analysis Division: an objective outside assessment of administrative services that identified areas of weaknesses and strength.
- Changes occurring from other University initiatives:
  - Grants Management:  
Changes that reduce administrative paperwork; provide more accurate and timely information and support to faculty in managing their grants; improve oversight and internal controls
  - Enterprise Student Systems and Human Resources Project:  
Changes that eliminate cumbersome and inflexible policies and processes; provide more accurate and timely information to faculty, staff, and students; automate much of the routine paperwork and enable faculty, staff, and students to serve themselves; decentralize decision-making to collegiate units; reduce administrative costs; and replace systems that are not Y2K compliant

## Goals Established for Administrative Process Improvement in the AHC

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- Improve the effectiveness of administrative services to better support our education, research, and service missions
  - ⇒ Transition to more self-service
  - ⇒ Simplify administrative processes
  - ⇒ Increase responsiveness
- Reduce costs of administration and increase investment in core activities

Administrative costs ↓   Academic investment ↑
- Improve the quality of the work environment and expand development opportunities for employees
  - ⇒ Support the distribution of responsibility and authority to departments
  - ⇒ Develop humane implementation strategies that consider the impact on people
  - ⇒ Communicate the wins and recognize the early innovators and adopters
  - ⇒ As jobs change, retrain staff for new opportunities
- Create incentives to encourage staff involvement in process improvement projects



# Highlights: Plan for Improving Administrative Processes in the AHC

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## Objectives

- Seamless integration of:
  - ⇒ Work done by university organizations
  - ⇒ Work done by AHC
  - ⇒ Work done by AHC Schools
- Clear definition of:
  - ⇒ Roles and responsibilities
  - ⇒ Required competencies
- Redefinition of:
  - ⇒ Work and who does it

## Resources and Tools

- State of Minnesota's Management Analysis Division
- Current and future computer applications
  - ⇒ FormsNirvana
  - ⇒ Grants management software
  - ⇒ Warehouse reports
  - ⇒ Enterprise/PeopleSoft Human Resources and Student Systems
- Process improvement techniques (e.g., mapping)
- Activity-based evaluation techniques

## Action Items in the Plan for Improving Administrative Processes in the AHC

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- Identify administrative functions to target
  - ⇒ Criterion 1: AHC programmatic and administrative priorities
  - ⇒ Criterion 2: Potential savings
- Evaluate current processes in AHC schools and departments
- Establish benchmark measures for the processes: time, resources, quality, and cost
- Revise or redesign processes
- Connect new or revised processes with University redesign/improvement efforts
- Pilot and test the redesigned processes in selected AHC units
- Train AHC staff in the redesigned processes and implement AHC-wide
- Collect data for measuring against established benchmarks
- Conduct routine evaluations

## Expected Outcomes from the AHC Administrative Process Improvement Program

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- Improved service to faculty, staff, students, and administrators
- Increased efficiency and reduced costs
  - ⇒ Overall reduction expected to equal 15 percent of administrative costs
  - ⇒ Early success: reduced number of payroll staff in Veterinary Medicine from 7 FTE to 4 FTE
- **Important: a significant percentage of savings will be realized by Central university units**
  - Example: direct entry of invoices through FormsNirvana eliminates work in Disbursement Services*
- Increased competency of staff
  - ⇒ Reduction in required rework of transactions
- Expanded opportunities for staff development
  - ⇒ Increased mobility of staff across AHC schools and departments
- Improved access to timely, accurate information
  - ⇒ More informed decision making
- Improved internal controls
  - ⇒ Reduced risk
- New distributed management models
  - ⇒ Authority, responsibility and accountability distributed to achieve optimal effectiveness and efficiency

# Update on Initiatives in Financial Management

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- Financial Transactions Training Programs

Project 1: Training and certification in financial transaction processing

⇒ Designed curriculum of courses for financial staff

- ▷ Completed inventory of currently available classes offered by Central organizations, University foundations, etc.
- ▷ Defined currently unmet training needs; working with appropriate offices to develop new classes

⇒ Identified standards for competency in 17 financial processes

⇒ Training encounters for AHC staff: Calendar Year 1997 = 716  
Calendar Year 1998 = 1,708

Project 2: Personalized training courses for faculty in the use of Financial Reports on the Web

- ⇒ First step in eliminating paper reports from university's accounting system in College of Pharmacy
- ⇒ Full implementation targeted for 7/1/99

Project 3: Financial Management Internship Program

- ⇒ Train future financial leadership for the AHC
- ⇒ Provide career paths for current employees
- ⇒ Three AHC staff currently in program

## Initiatives in Financial Management *(continued)*

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- Electronic transactions

Project 1: Implement FormsNirvana throughout AHC by March 1, 1999

⇒ Documents submitted via FormsNirvana

- ▷ 41% in December
- ▷ 49% in January
- ▷ 57% in February

⇒ Central University units savings = conservative estimate of \$240,000 to \$500,000 annually  
AHC savings = \$30,000 annually

⇒ Implemented a charge for paper documents in March 1999

Project 2: Process Improvement Readiness Program

⇒ In collaboration with Grants Management Project group

⇒ Access readiness of units to implement FormsNirvana and EGMS

- ▷ Evaluate computers, software, and network connections
- ▷ Evaluate staff readiness (appropriate training)
- ▷ Provide on-site assistance in implementing new applications for first 90 days

Project 3: Expand available applications in FormsNirvana

⇒ Travel vouchers

⇒ Payments to individuals

## Initiatives in Financial Management (continued)

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### Activity-Based Evaluation Projects:

- Completed Projects:
  - ⇒ Billing services in UMP and CUHCC
    - ▷ Transfer of CUHCC billing services to UMP
  - ⇒ College of Pharmacy
    - ▷ Savings identified: one of five staff positions in business office
  - ⇒ Payroll across the AHC
    - ▷ Improvements in reconciling payrolls
    - ▷ Automated identification of changes in employees on payroll/saved on average 2 hours per department per payday
    - ▷ Improved internal controls
  
- New Project: Standard Staffing Model
  - ⇒ Collaboration between AHC Finance Staff and Grants Management Project staff
  - ⇒ Development of a mathematical model to compute staffing requirements for financial services and grants management
  - ⇒ First pilot: Division of Epidemiology
  - ⇒ Second pilot: Administrative centers in Medical School
  - ⇒ Expected outcomes:
    - ▷ Identification of best practices
    - ▷ Effective benchmark for evaluating adequacy of staffing
    - ▷ Better match of staff skills and workload

## Initiatives in Financial Management (continued)

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- Financial Information Applications
  - ⇒ Completed design and implementation of new integrated Budget and Financial Planning System
    - ▷ On-line preparation of annual budget and automated entry of annual budgets into University's accounting system
    - ▷ Improvements in monthly financial performance reporting
    - ▷ In development: Forward year financial planning application
  
- Distributed Management Model
  - ⇒ Decentralize financial management to departments
    - ▷ Resource decisions
    - ▷ Transaction processing (through FormsNirvana (source point entry)
    - ▷ Future financial planning
  - ⇒ Changing role of administrative staff
    - ▷ Consultants rather than controllers
    - ▷ Authority and accountability assigned to academic leadership; information and counsel furnished by administrative staff
    - ▷ Department heads accountable to deans; deans accountable to Senior Vice President for Health Sciences who is accountable to President and Regents
  - ⇒ New technology supports decentralization
    - ▷ Better control assurance
    - ▷ Reduced error rate
    - ▷ More problem solving at point of entry

## Initiatives in Administrative Services (continued)

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### Administrative Information Systems

- Created core of professional staff to serve all AHC schools:
  - ⇒ Transferred 5 Medical School information systems staff to the AHC
  - ⇒ Added 2 staff to work on PeopleSoft development and implementation
  - ⇒ Added 1 staff to work on Y2K
  - ⇒ Added 1 staff to handle work formally done by the Hospital and UMP
  - ⇒ Added 4 desk top support staff at request of departments
- Developing a strategic administrative information systems plan to clarify needs, reduce duplication, and better leverage critical resources that are in high demand.
- Developing common administrative systems for AHC schools and departments to provide more timely and accurate information and more comparable data across units. Tied to central systems and data warehouses -- to avoid duplicate data entry and to use common data. AIS development costs are \$40/hour compared with private consultant costs of \$100/hour.
  - ⇒ Eliminate expenses of maintaining stand-alone shadow systems (many of which have significant security, back-up, maintenance, data validity, and Y2K problems)
  - ⇒ First systems developed: budget, performance reporting, and human resources tracking systems. 150 current users



## Initiatives in Administrative Services (continued)

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- Launched major initiative to create electronic administrative reports and reduce paper reports.
- Developed hardware and software standards for all AHC administrative offices -- to reduce operating and support costs and to improve ability to share information between units. Three-year conversion plan under implementation.
- Software purchasing: through volume purchases, AIS has cut licensing costs for calendar software by 50% and anti-virus software by 60%. Savings in 1998 were \$49,750
- Operate network of servers for calendaring, file sharing, and web services AHC-wide: 750 users connected to AHC administrative servers; 1,000 users on AHC calendar system.
- Developed desktop support services for interested AHC schools and departments. The service is optional. 500 current users. At \$900/year per machine, the service is less expensive than departments hiring their own staff or Office of Information Technology guidelines of \$1,100 per year.
- Rather than creating its own help desk, University of Minnesota Physicians (UMP) is negotiating with the AHC for these services.

## Initiatives in Administrative Services (continued)

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- Distributed Management Model under development:
  - ⇒ AHC-AIS will develop and maintain AHC-wide applications; develop and support AHC-wide desktop, network and data standards; operate an AHC-wide network of servers; and provide desktop support and help desk services to interested units. Collegiate and department units will be responsible for developing necessary local applications. They can use AHC-AIS servers, networks, and support services or operate their own as long as they meet University and AHC-side standards.

## Initiatives in Administrative Services (continued)

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### Human Resources

- Established core of human resource professionals to serve all AHC schools
  - ⇒ Transferred 2 Medical School human resources staff
  - ⇒ Transferred 6 staff and 3 student workers from central Human Resources
  - ⇒ Added 4 staff to work on PeopleSoft

AHC has assumed responsibility from central for employment, compensation, grievance handling, employee relations, and human resources consulting.

- Establishing a service vision for Human Resources: more flexible, innovative policies/services; trusting rather than policing line administrators; simplifying processes. Strategies: establishing new policies; redesigning processes; building new information systems; and building the human resources knowledge/expertise of administrators and administrative staff.
- Mapped and redesigned seven processes within AHC departments: recruitment, initial appointment, contract renewal, termination, salary increases, job reclassification, and the administrative aspects of the faculty promotion and tenure process. Results: reduced time to fill staff positions by 20%; reduced time to review and approve reclassification requests from 20 to 10 days; reduced number of staff salary reviews by AHC HR staff by 85%; eliminated the duplicate auditing and approval of Medical School personnel documents so that two staff can be reassigned to work on PeopleSoft implementation.

## Initiatives in Administrative Services (continued)

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- Improving the human resources competencies of administrators and administrative staff: developed management guides on major human resources policies; monthly information and training sessions for collegiate and department human resources staff; and monthly training sessions for supervisors, managers, and administrators.
- Established five pilot sites for PeopleSoft human resources system implementation. Working to identify changes needed in the system to better meet unit needs. Using PeopleSoft to do further process redesign. Leading implementation of PeopleSoft at the unit level in the AHC. Developing implementation tools and strategies that can be used elsewhere, for example, data verification and correction effort.
- Developing staffing models, defining staff competencies, developing training, and preparing for decentralization of human resources in the AHC.
- Distributed Management Model under development:
  - ⇒ AHC-HR will have a core of human resources professionals to advise and assist schools on employment, compensation, labor-management, employee relations, and training and development matters. Handling of routine human resources work will be done by trained staff in collegiate units or administrative service centers. As much human resources paperwork as possible will be automated and become self-service.

## Initiatives in Administrative Services (continued)

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### Facilities Management

- Completed a strategic facilities plan for the AHC that identifies needs for the next five to ten years. AHC facilities staff and faculty/staff committees prepared plan (rather than engaging outside consultants). Estimated cost of using outside consultants would have been \$500,000 to \$750,000. The plan includes over 100 projects with an estimated cost of at least \$250 million.
- Developed a project administration process for AHC capital projects to improve the delineation of programmatic needs, cost estimates, and budget control. AHC-FM staff are currently overseeing 60 projects with a total estimated cost of \$100 million; last year AHC-FM oversaw and completed 50 projects totaling \$16 million.
- Implementing an initiative to better utilize existing space, including the development of new space allocation guidelines.
- Developing cost/quality benchmarks for projects using past AHC projects and comparable projects from other institutions.
- Proposing collaborative efforts with University Facilities Management staff to improve project management processes that would reduce overall costs and increase quality of service to AHC user groups.

## Initiatives in Administrative Services (continued)

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- Distributed Management Model under Development:
  - ⇒ AHC-FM will be responsible for the programmatic planning and management of AHC facilities. They will work with AHC units in developing an AHC-wide strategic facilities plan and the six-year capital improvement plan. They will be responsible for planning, programming, and project administration of approved capital projects. The Senior Vice President's office will be responsible for allocating space to colleges and schools; collegiate units will be responsible for managing and allocating the space assigned to them.

## Other Academic Health Center Initiatives

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- Grants Management
  - ⇒ Four focused projects underway in Surgery, Epidemiology, Pediatrics and Biochemistry
  - ⇒ New best practice in effort reporting developed; has potential to reduce the number of salary redistributions by 50 percent
  - ⇒ Established target date of July 1, 1999 for full implementation of FormsNirvana and EGMS in the Medical School
- Research Services Organization
  - ⇒ Involved in 29 new clinical trials in 1998, at an estimated contract value of \$2.1 million
  - ⇒ At year-end, 15 new projects in initiation stages at an estimated contract value of \$2.6 million
  - ⇒ Process time (from the first contact to the enrollment of the first patient) reduced from 171 to 57 days
  - ⇒ Assisted in the review of 103 clinical trials in 1998
- Internal Service Organization reviews
  - Project 1: Scientific Apparatus
    - Current Status: Completed review and closed operation in September 1998. Customers referred to other internal operations.
  - Project 2: Biomedical Graphics
- Classroom Support
  - ⇒ Hired students enrolled in classes to make sure equipment works and supplies are available
  - ⇒ Result: Dramatic reduction in complaints from covered classrooms

## Lessons Learned

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- Redesign takes strong leadership and support from the top.
- If the goals are not clear, the process will not be successful.
- Voluntary administrative redesign does not work.
- Redesigning process more difficult than anticipated.
- Resistance to change higher than predicted.
- No single model exists for effective, efficient administration.
- Savings are often hard to “capture” and often benefit units “upstream”.
- Success is invisible.
- Continuous skillful communication is critical.
- Communicate both successes and failures.
- Financial incentives (or penalties) will affect behavior in a positive way
- Even under the best conditions, someone will complain.