Unit Name: Health Sciences Administration

1. **Academic Units**: Please provide a 1-2 page description of how your unit will fund growth plans identified in the Annual Academic Plan workbook through current or anticipated incremental revenue to your unit. Please provide specific fund source names and projections (in dollars). If these plans assume additional Provost Reinvestment Funds (supplement), please make that clear in this section.

N/A for HSA units.

2. **Academic Units**: If you are recommending the creation of a new tuition category, please identify the original tuition category, the proposed category, a suggested tuition rate for FY14 and a percentage increase for FY15. If you plan to move only a subset of your programs into a new category, please identify those programs.

N/A for HSA units.

3. **Administrative Units**: Please provide a 1-2 page overview of your current strategic plan and include a summary of any operational risks that the UW must work to mitigate over time. Note that there are very few Provost Reinvestment Funds, so your summary should provide a clear sense of how your unit intends to minimize risk, maximize service, and if necessary, repurpose existing funds to do so.

Health Science Administration (HSA) is committed to providing effective, efficient support for essential functions extending across the three elements of the University's mission: teaching, research, and service. HSA units fill critical roles in many elements of the Sustainable Academic Business Plan, highlighting the need to meet University requirements across all activities and sites of operation. Significant focus is directed towards improved organizational efficiency, alignment of activity and resource allocation, and active tracking of University and regulatory requirements. HSA has implemented a variety of measures to increase organizational efficiency, an element which becomes increasingly important as needs outpace available resources. This focus will continue to allow HSA to positively impact and support University education, research, collaboration and innovation.

Operational Risks

Risk #1: Obsolete Instructional Environment – Our Health Sciences Academic Services & Facilities (HSAS&F) unit is responsible for supporting all Health Sciences' instructional space. Most spaces were originally commissioned in the early 1970s, with variable renovations over time. Much of the equipment has reached the end of its useful life and cannot support new university active learning initiatives designed to "flip the classroom" with supportive technology. Instructional spaces require renovations to provide an appropriate learning environment and keep pace with technological and instructional advances.

South Campus Center (SCC): Although instructional spaces in SCC have been renovated recently, alternative issues have arisen within the operational model. When Provost Wise purchased SCC to provide more instructional space, she asked HSAS&F to manage the building, with a particular emphasis on the instructional spaces. Since that time SCC has performed well with high usage of instruction spaces. However, the current model is not financially self-sustaining and has resulted in annual deficits. No revenue is accrued for space assignment supporting course instruction and much of the alternative space has been converted to either open public spaces or allocated to specific units (e.g. School of Pharmacy). These uses do not generate revenue and contribute to a SCC operating deficit.

Risk #1 Reduction Strategy

Instructional Environment: HSA and HS Academic Services and Facilities (HSAS&F) propose renovation of existing Health Science instructional spaces to support the Teaching and Learning in the 21st Century Initiative, including both technology and selected furniture upgrades. These renovations will provide technical support for innovative instructional technologies such as Tegrity, Yarn, and the Tomorrow's University Today initiative, improving the quality and effectiveness of the educational experience. In addition, HSA has initiated a process to coordinate with Classroom Support Services to work towards developing a more refined, managed strategy for educational infrastructure support. Given the current financial environment, it seems both appropriate and timely to coordinate use of constrained resources to best support educational initiatives. We request $522,000 during this period to renovate a variety of instructional spaces and an additional annual allocation of $56,000 for ongoing equipment replacement (details available upon request).

South Campus Center: A one-time allocation of $22,000 is requested to resolve the HSAS&F budget deficit and $10,000 per year to maintain the budget balance. A note of caution exists since the current financial model rests upon an assumption that current tenants will continue occupancy and lease payments into the future. If this assumption changes, additional modification of the operational and financial models will likely be required. In addition, HSAS&F is conducting a review of current lease and use fees to explore opportunities for revenue enhancements.

Risk #2: Evolving Regulatory Environment and Operational Demands

Regulatory requirements continue to rapidly evolve and increase resulting in additive demands on University operations and resources. Meeting these challenges is essential for the University to realize its goals of sustained excellence, transformation, investment, and quality. Specific areas of risk exist related to increasing demands to effectively meet operational needs and comply with regulatory requirements.

Risk #2 Reduction Strategy

It is clear that resource constraints preclude simply adding resources to meet increasing demands. HSA has therefore adopted an alternative strategy emphasizing efforts to significantly improve operational efficiency and effectiveness across HSA units, designed to meet University needs within current resources as much as possible. A key component of this strategic plan focuses on specific management elements, including; hiring best practices, improved staff management and work product through performance management, alignment of strategic goals and resources, and implementation of shared services initiatives.

Management elements: A variety of management tools are currently under development and implementation across HSA units. Hiring and management of staff are critical components of effective organizations and HSA has begun roll-out of best practices for both hiring and performance management. HSA staff have worked closely within individual units to train towards best practices and will continue staff training to ensure high probability of successful recruitment for new staff as well as effective management of existing staff. Improved hiring and performance management will result in enhanced alignment of priorities and resources, increased recognition of roles and responsibilities, cross-team functioning and improved engagement of staff. HSA will provide ongoing training for unit supervisors to increase their management skills and capabilities.

Process improvement: Improved operational efficiency and effectiveness are critical goals for HSA operations. To this end, several units are working closely with OEI staff (Office of Research) and Lean Process staff (F2) to incorporate specific process improvements around essential operations. Environmental Health & Safety (EH&S), Office of Animal Welfare (OAW), and the Primate Center are currently working on a variety of OEI and Lean initiatives designed to improve operational support for University activities without increasing resource commitments. Initial outcomes from these projects have proven highly successful with significant reductions in both time and effort as well as a sharp reduction in administrative commitment. Additional implementation of these principles will be aggressively pursued in the future, resulting in further increases in efficiency and reductions in administrative burden.

Shared services: HSA has recently implemented a shared services model whereby certain administrative functions are relocated from individual units to HSA central administration. The initial roll-out for the first element (payroll, and leave requests) is underway with excellent response from HSA units. Subsequent modules will focus on travel, orientation, and purchasing and will be developed and implemented collaboratively across HSA units. The shared services initiative provides opportunities to improve efficiency, reduce staff time, and improve practices across previously independent units. This allows units to reassign staff resources to higher priority activities, thereby improving support for University operations without increasing resources.

Improved metrics and tracking: An essential element of both strategic alignment and process improvement is benchmarking with accurate, representative data. HSA units are encouraged to develop specific metrics to identify high priority University needs as well as methods to track unit performance. Specific units with heavy compliance commitments (EH&S, OAW, HSAS&F, Primate Center) are surveying user communities to garner information relating to effectiveness as well as opportunities for improvement.

Risk #3: Aging IT Compliance Infrastructure

Outdated IT supporting infrastructure has negatively impacted operations in three ways: increased administrative burden on UW faculty and staff, inefficient operations and inability to fully meet regulatory requirements. Recent regulatory site visits have demonstrated deficiencies in current IT support infrastructure resulting in strong encouragement to upgrade IT support systems (NIH review April 2012, AAALAC review October 2012) and incidents of failure to meet regulatory requirements (CDC review October 2012). Many activities associated with the research and education enterprises are inefficient, paper-based, and duplicative – all producing increased burden on faculty and staff and impacting their ability to address higher value organizational activities. As regulatory and operational demands continue to outpace available resources, IT support deficiencies will increase institutional risk.

Risk #3 Reduction Strategy

Upgrading IT supporting infrastructure for both EH&S and OAW is considered a critical resource for reducing institutional risk. Improved technology support for essential operations will significantly reduce staff administrative commitment, allowing reassignment to higher priority, higher value activities. In addition, significant opportunities exist to align with President Young's initiative to reduce administrative burden across University activities. For example, a web-based system supporting research proposal IACUC submission and approval has the potential to significantly reduce approval processes and administrative burden. This system improvement should also increase the overall pace of research by decreasing administrative delays and administrative burden, another goal of the Sustainable Academic Business Plan.

While specific information regarding time and costs for these initiatives are not yet available, scoping and proposal development processes are nearing completion. Once these data are available, a request for resource support will be forwarded with the goal to arrive at a decision as soon as possible. Staff are already prepared to move forward with the process and achieve implementation quickly should the request(s) receive positive support.

Risk #4: Inability to Retain and Hire Quality Staff – Similar to many campus units, HSA units experience difficulty hiring and retaining quality staff during this period of sustained fiscal challenge. Proximal risks arise in instances where specific certifications/training are required for regulatory compliance. Although HSA units will be reassigning staff internally to meet evolving needs, this strategy has limitations in specific circumstances. Failure to recruit and retain staff with appropriate certification and training/experience will place our ability to meet regulatory requirements at risk.

The most pressing risks lie within EH&S where two units, Radiation Safety and Biologic Safety, are faced with near-term challenges. Radiation Safety is currently staffed by a number of long-term employees, three of which are expected to retire within the next 12 months. In addition, another position remains open following declination from the two qualified candidates due to salary constraints. These four positions (Radiation Safety Officer, Radioactive Materials Compliance Manager, Human Subjects Compliance Analyst and X-Ray Compliance Analyst) are critical for maintenance of the UW Radiation License, particularly in light of a recent regulatory site visit where staffing was identified as a specific concern. Similarly, the most recent CDC site visit (October 2012) identified a number of issues relating to management of our infectious agent program. Recent increases in regulatory requirements (October

2012) will require an additional FTE to successfully meet federal training, documentation and compliance expectations across the University.

Risk #4 Reduction Strategy
HSA is implementing multiple means to address this issue, tailored to the unit and specific circumstance. Several HSA units will be reassigning staff to critical needs positions following ongoing needs assessment. Significant process improvement efforts are underway (outlined above) as well as focus on internal prioritization and strategic alignment with University needs. Hiring best practices across HSA units has been another area of emphasis with the goal of finding quality staff with essential skills in a salary-constrained environment. HSA shared service initiatives have centralized some administrative functions, providing relative staff FTE savings available for reassignment to higher priority activities.

Radiation Safety risk: Current salary for these positions is less than 80% of market rate and EH&S will likely find it very difficult to recruit certified, technical experts for these positions. An annual funding request for $87,611 is requested to increase these salaries to 80% of market rate, thereby significantly improving the likelihood of successful recruitment.

Biosafety risk: One Biological Safety Officer FTE is requested at 80% market rate ($127,301). This FTE will augment existing resources to meet current and future CDC requirements for programmatic oversight and management.

Risk #5: Incomplete integration of interdisciplinary research centers into Activity Based Budget (ABB) model
Exceptional research is a central element of the University mission and HSA research units (Alcohol and Drug Abuse Institute, Center on Human Development and Disability, and Washington National Primate Research Center) represent excellent models of highly successful interdisciplinary research. While the ABB model provides important improvements across a range of resource issues, it does not clarify initial assignment of resources for units used in many different ways by many different departments. Failure to clarify this issue will put essential funding support at risk for these interdisciplinary research centers, ultimately impacting their ability to support a broad research portfolio.

Risk #5 Reduction Strategy
HSA has initiated preliminary discussions with Planning and Budget staff to refine the ABB model around this issue. Both HSA and Planning and Budget staff are committed to find a resolution within the ABB framework and we hope to have final resolution in the coming year.

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4. **Academic and Administrative Units**: Considering your strategic plans (particularly if they assume growth) please provide a short summary (1-2 pages at most) that relates these plans to your current space assignment. In particular, you might consider the following questions when drafting your response:
   a) Does your current space inventory meet current programmatic requirements? Contrarily, does the type or quality of the space place any constraints on your ability to meet program requirements? If not, please provide specific quality or space type concerns (location, specific quality concern, etc.).

b) Will your unit be able to accommodate your growth plans within existing inventory of space? If additional space will be necessary, please describe the amount, type, or quality of *additional* space you may need to meet programmatic objectives and growth plans.

HSA units occupy central roles in activities critical to the Sustainable Academic Business Plan. World-class education, research, and service depend on equivalent infrastructure and support services, many of which are managed through HSA units. HSA anticipates limited growth with some resulting space limitations described below. In some cases the quality of the space adversely impacts our ability to meet program commitments.

The Alcohol and Drug Abuse Institute (ADAI) occupies leased, off-campus space that meets current programmatic requirement, and may be able to accommodate growth within existing space. However, if necessary, we will work with the UW Real Estate Office to secure additional leased space, ideally within the University District Building where ADAI is currently housed.

The Center for Human Development and Disability (CHDD) has a space inventory that meets its current programmatic needs. However, in the future, space will need to be renovated to update offices and repurpose space to accommodate researcher and program needs.

Environmental Health & Safety (EH&S) has space in several locations in the Health Sciences Complex, Hall Health Center, the Environmental Safety buildings in the east campus, and the South Campus Center. The 4th floor of Hall Health lacks appropriate HVAC as the space is a non- insulated attic. This creates difficulties in meeting the programmatic needs of the unit. It is anticipated this will be addressed through a mods capital request.

To accommodate newly authorized research support FTEs that must grow in FY 2014 to meet increasing compliance needs and research growth, EH&S needs more space. If budget requests are approved, they will need office space for a total of 3 FTE – 1 Biosafety Officer, 1 Occupational Health Nurse and 1 Ergonomics Specialist.

The **Hall Health Primary Care Center's** space is adequate and meets its programmatic needs.

The quantity and quality of space in **Health Sciences Academic Services & Facilities (HSAS&F)** are insufficient to meet the needs of University operations, especially in light of possible increases in future enrollment. The demand for lecture halls and small group spaces is particularly acute between 9:30am and 2:30pm on weekdays, and available facilities cannot provide sufficient space to meet demand. In addition, a significant proportion of HSA educational spaces cannot support progressive educational models as proposed by the Provost and President (see Risk #1, above). HSA is developing coordinated, collaborative approach to instructional space renovation, including ongoing consultation with Classroom Support Services as outlined for Risk #1 (above).

The **Office of Animal Welfare** space allocation presents operational challenges and some impact on efficiency and investigator support. Challenges include:

- The lack of a dedicated conference room. Since many employees share offices, a conference room is needed for meetings both within OAW as well as with University investigators. OAW staff have experienced difficulty in meeting with individual investigators to answer questions and provide individualized assistance and consultation related to protocol approval.

- Supervisors do not have private offices resulting in challenges relating to staff management and communications. Meeting with employees have to be scheduled into alternate spaces which are often difficult to access given the demand for shared conference and meeting space within the Health Sciences Complex.

The addition of four staff offices would mitigate these issues, providing improved operations and support for University programs.

Health Sciences Risk Management (HSRM) has maximized its use of assigned space at both its locations (Health Sciences Center and the Pat Steele Building). HSRM is somewhat constrained by having a Risk Management Specialist housed across the hall in Health Sciences. The proposed solution is to move the Director's office into the current conference room and to convert the office across the hall into a conference room/lunch room. Such a change would permit the separation of lunch/coffee break activities from work activities.

The Washington National Primate Center (WaNPRC) acknowledges and appreciates the University's investment in animal housing facilities, allowing significant improvements across all facilities over the last three years. These improvements, aligned with the current Animal Research and Care Facility (ARCF) initiative, were the defining elements in the very positive facility reviews during several recent regulatory site visits. The WaNPRC looks forward to continuing our commitment to support outstanding research through excellent animal care and research support. Current space concerns focus on the quality of research space in the Health Sciences I wing. Similar to other occupants in this wing, concerns arise regarding laboratory design, surface finishes, infrastructure, air quality, and remaining operating life of this aging facility. While the renovation needs are not critical at present and may, given the economic environment, be better considered at a future date, the gradual degradation of the wing is concerning and will ultimately become critical.

5. Academic and Administrative Units: Should the 2013 Legislature lift the ongoing salary freeze and allow increases, we certainly hope that state funding will be provided for GOF increases. In the event that state funding for compensation is not available, all units should have plans to cover GOF/DOF salary increases out of tuition or other fund sources. Should no tuition revenue be available to your unit, Provost Reinvestment Funds may be dispatched to provide support for increases. Please provide your units' plans to cover expenses associated with salary increases. A salary and tuition revenue model is available on the OPB website; this model is designed to give you a sense of the magnitude of the support that will be required at various percentage increases.

Health Sciences Administration, as an administrative unit, has no ability to financially support any salary increases for GOF/DOF budgets. We ask that the Provost supply all funds for GOF/DOF budgets for salary increases. Self-sustaining units will fund salary increases from revenues. There will be no funding available to units from HS Administration to support salary increases.

6. Academic and Administrative Units: Your unit may have identified growth plans in the Annual Academic Plan workbook; if so, as part of question 1 your unit should have included a description of the funds necessary, including Provost Reinvestment Funds, to support such growth. For this section, however, please provide specific requests of

Provost Reinvestment Funds for new initiatives. Please provide a one-page summary of these requests, articulating how much funding is requested by an initiative, whether temporary or permanent funds are requested, and how the funds would be spent (new positions, systems, etc.).

The Intellectual and Developmental Disabilities Research Center (IDDRC) unit of the CHDD has six cores that provide shared laboratory resources to multiple researchers from across the UW. The Cellular Morphology Core is focused on providing CHDD Research Affiliates with access to state-of-the-art equipment and technical expertise needed to observe the pathology and pathogenesis of neurodevelopmental and neurodegenerative disorders at the cellular level. A potential growth of this service would include the purchase of additional equipment to perform screening assays in multiple formats. Equipment being considered for this purpose can cost anywhere from $150,000 to $200,000. We request $150,000 as a one-time request to support the purchase of this equipment.

Ergonomics Health and Financial Risk Mitigation: In 2011, the University of Washington paid more than $17 million dollars in worker's compensation claims due to work related injuries, illnesses and time loss. More than 80% of this cost is related to musculoskeletal-related injuries. EH&S is requesting two year support for 2.0 FTEs to launch an innovative ergonomics pilot program focusing on reducing musculoskeletal injuries and worker's compensation claims. An ergonomic specialist and an occupational health nurse team will conduct health and worksite screenings to identify ergonomic risk activities and work with high-risk units to develop interventions reducing risk, decreasing injuries and time loss, and reducing compensation claims. Partners include the EH&S physician, Employee Health Clinic and other occupational health sections, Facilities Services, the Washington National Primate Research Center, Comparative Medicine and the Office of Risk Management . These partners will work collaboratively to address reduction in time loss and medical claims in these higher risk areas. This work will include worker and supervisor awareness training, job hazard analysis, and implementation of preventative measures. The request for these 2 FTE is for a total of **$225,859** per year for a two year period to evaluate this pilot and its outcomes. It is anticipated that the projected cost savings and best practices will be shared across the University to reduce the costs of injury to employees and the University.

New Initiatives without cost estimates at present

1) Interprofessional Educations (IPE): A top priority of the Board of Health Sciences Deans is an Interprofessional Education (IPE) initiative including all six Health Sciences schools. It is anticipated that the HS Board of Deans will be requesting funds for staff support to manage the ongoing IPE exploration process. Also, the HS Board of Deans is expected to ask for some capital funds to renovate spaces to be used for pilot projects. HSA has taken a central role in the IPE initiative and will be participate in future resource discussions.
2) Purchase and installation of a next-generation IT support infrastructure for EH&S/OAW (see Risk #3, above). This system will improve regulatory compliance, conserve existing EH&S/OAW resources, speed the pace of research, and decrease administrative burden (see Risk #3, above).