UCSF Academic Senate

Report of Principles and Policies Underpinning Non-Direct Patient Care Activities

Academic Space for Clinicians Policy Task Force

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Acknowledgements

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I. Overview

Introduction

The mission of UCSF is to advance health worldwide through excellence in Education, Research, and Patient Care. Historically, campus space allocation has focused on the Research aspect of the mission statement and UCSF Health space allocation has focused on direct Patient Care. However, space policies related to the other aspects central to UCSF's mission (Education, Administrative/Leadership, and Service) have received less attention. Space decision-making should consider all of UCSF's missions.

Process

At the request of the UCSF Academic Senate Space Committee, the Academic Senate Committee on Committees established an Academic Space for Clinicians' Non-Clinical Activities Policy Task Force (abbreviated as Academic Space for Clinicians Policy Task Force) in January 2018. Committee members were appointed in February and met at least monthly March – June 2018. Membership included at least one faculty member from each School who conducts clinical work and incorporated diversity in academic series, ranks and campuses. Broad ideas and opinions were obtained from invited speakers (Dan Lowenstein, Executive Vice Chancellor and Provost; Lori Yamauchi, Associate Vice Chancellor Campus Planning; Vineeta Singh, Professor and Member of Senate Space Committee) and an Academic Senate Space Town Hall on May 15, 2018. The chair also met collaboratively with David Teitel, Chair of the UCSF Academic Senate; Arianne Teherani, Chair of the Education Space Policy Task Force; and Chris Shaffer, University Librarian.

The Task Force was charged with development and recommending:

1. **Principles** underpinning the allocation of space for non-direct patient care activities of clinicians and their staff.
2. **Policies** that the administration would use for:
    - Space assignment during space planning;
    - Oversight; and
    - Governance during space utilization/management of assigned space.

II. Background and Concerns

Non-Direct Patient Care Activities of Clinicians and Staff

The Academic Space for Clinicians Policy Task Force determined that all UCSF clinicians and their staff conduct a broad range of non-direct patient care activities that are an integral part of who we are at UCSF (e.g., educators, leaders, mentors, collaborators, public servants). All faculty, regardless of whether their primary focus is Research, Education, Patient Care or Administration, engage in these activities that advance both their careers and UCSF missions.

Clinicians' indirect-cost generating research and direct patient care activities are the focus of other space committees. Therefore, the Academic Space for Clinicians Policy Task Force did not focus on those activities. Rather, we focused on other non-direct patient care activities by clinicians that have generally not been incorporated into space decision-making, such as patient care coordination and clinical administration, education, mentorship, quality improvement, and scholarly projects that do not generate indirect costs as well as local and national service activities:

- Examples of Patient Care Coordination and Clinical Administrative Activities: Telephone calls with patients and families; Team meetings; Completion of clinical forms and other documentation; Responding to Inbox/MyChart Messages; Clinical program leadership/administration (e.g., budget, strategic planning, resource allocation, HR activities).
- Examples of Education Activities: Precepting; Confidential trainee feedback and coaching; Preparation of lectures/curricula; Writing/Publishing; Residency and Fellowship program leadership/administration (e.g., interviewing, evaluations, program administration); Simulation experiences involving patient/family scenarios.
- Examples of Mentorship Activities: Red-inking manuscripts; Ad-hoc and structured advising/mentoring for trainees and junior faculty.
- Examples of Quality Improvement and Scholarly Projects: Data collection and evaluation; Writing; Quality improvement program leadership/administration (physician champions are often clinicians).
- Examples of Local and National Service: Journal editorial boards; Chairing local and national committees; Board memberships for local and national non-profit healthcare organizations.

All these activities are desired and expected for clinical faculty advancement and promotion at UCSF, with varying weights of importance placed on activities depending on each clinical faculty member's track/series. *Space policies should account for the needs of clinical faculty who are expected to do a variety of non-clinical activities, whether they identify primarily as a researcher, clinician, or educato*r.

Review of Existing UCSF Space Policies

- **Campus Administrative Policy 600-24:** UCSF's policy on space governance and principles was published in 2014 as "Campus Administrative Policy 600-24." This policy indicates that space should be allocated, used, and managed with a view towards supporting all aspects of UCSF's mission (Educational, Research, Clinical Care, and

Administrative). The policy lists several principles underpinning space decision-making at UCSF: Fairness, Consistency, Transparency, Economic Sustainability, Strategic Prioritization (i.e., alignment with overall UCSF Vision, Mission and Strategic Goals and priorities), and Non-Permanence of Space (i.e., space is not designated in perpetuity). Metrics for space accountability included: economic criteria for Research (i.e., indirect costs; total expenditures relative to assignable square feet (asf)); density criteria for new administrative space (i.e., 150 sf per person); classroom hour usage for Education (i.e., time, distribution); clinical productivity criteria for direct Patient Care (i.e., agreed upon standard such as wRVUs, patient satisfaction).

- **Space Utilization Policies of UCSF Schools:** UCSF Schools of Medicine and Pharmacy have space utilization policies, whereas the Schools of Nursing and Dentistry have established space practices that have not been codified as policy. The School of Medicine (SOM) Space Governance Policy 2010 (revised 2/2017) and the School of Pharmacy (SOP) 2016 Space Utilization Guidelines (revised 5/18/17) are similar. Both policies indicate space requests are reviewed on individual merit and strategic priorities (e.g., recruitment of department chairs, funded recruitments, funded programs, campus research core facilities, etc.). Also, each requesting unit's current space utilization is reviewed based on eight criteria for Research space (alignment with School priorities; Department goals; collaborative transdisciplinary multi-site research; translational research; transformative research; capacity to contribute to operational costs; in-kind contributions to research community—space, instrumentation, and staff; and extramural funding—direct and indirect cost expenditures per asf) as well as density standards for Administrative space set by Campus Administrative Policy 600-24. Principles include transparency, fairness, and consistency. Both SOM and SOP space utilization policies focus primarily on Research space.

None of these space policies include any metrics of success for the numerous non-direct patient care activities listed above that are critical to UCSF's overall mission and to faculty and staff success. Also, none of these policies consider the economic costs of faculty and staff burnout, unhappiness, and attrition. The focus of these policies is accountability of space. None of the policies include metrics or discussion about the responsibility of UCSF to provide space necessary for faculty and staff to be successful. *An additional principle that should underpin decision-making for non-direct patient care activities is Enable Faculty and Staff Success.*

Criteria for Minimum Office Space

Dr. Lowenstein asked our task force to review criteria for minimum office size. We reviewed Federal Occupational Safety and Health Administration (OSHA) and California OSHA (Cal/OSHA) regulations, which do not discuss minimum requirements for dimensions of an office or cubical. In reviewing standard U.S. office sizes for professionals, 75 sf would be the minimum private office size for conducting non-patient care activities and is similar to the standard office size for clerical work. For technical and senior professional work, 90 to 100 sf is the standard private office size and may be more conducive to enabling faculty success and morale.

Academic Space Town Hall Feedback from Faculty

- There are multiple UCSF space committees and multiple efforts occurring to develop space policies and principles but no central location to examine updates or voice concerns/approval. There should be one central place (e.g., website) that provides findings and recommendations from each space committee and allows faculty and staff to provide input.
- Space decisions are not transparent and it remains unclear who makes space decisions at UCSF, the basis upon which space decisions are made or if there is a consistent application process for space.
- It is important to understand the heterogeneity of the UCSF faculty. Every faculty member contributes to multiple missions, which makes each faculty member's space needs unique. Space decisions should consider what faculty need for success. Success likely cannot be captured by quantitative metrics alone but will require qualitative assessments as well.
- Faculty prefer shared offices with a door over individual cubicles. There also is general agreement with 1) having a standard office size; 2) having one private assigned office at UCSF with hotel space at other locations; 3) hotel spaces (e.g., focus rooms) do not substitute for having a private office space; and 4) faculty use space at varying times during the week such that a shared office can be used by multiple faculty as private space if there is a system for requesting/using space on an individual basis.
- As careers evolve so does the need for space and privacy (i.e., natural progression towards needing more space and privacy with increasing seniority as leadership, mentorship and service activities grow).
- It is critical that sufficient space be provided to support staff.
- Draft space proposals should be presented at Works-In-Progress sessions for feedback.

III. Recommendations

Principles Underpinning Allocation of Space for Non-Direct Patient Care Activities

The same principles that guide Research and direct Patient Care space should guide Non-Direct Patient Care space for clinicians: transparency, fairness, consistency, economic sustainability, and strategic prioritization. We also suggest an additional guiding principle: enable faculty and staff success with regards to advancement/promotion, retention and resiliency.

Transparency
Fairness
Consistency
Economic Sustainability (including costs of faculty/staff attrition)
Strategic Prioritization to Align with All UCSF Missions (Patient Care, Research, Education, Administration/Leadership, and Service)
Enable Faculty and Staff Success

To incorporate these principles into space decision-making, UCSF leaders should seek input about space design, assignment, oversight, and governance from representative clinical faculty and staff who perform non-direct patient care activities (e.g., include as members on space development and management committees).

Policies that the Administration Would Use for Space Assignment, Oversight, and Governance

Space assignment, oversight, and governance should include a combination of quantitative metrics and qualitative assessments/holistic review that reflect the principles above. Having a holistic review process acknowledges that one-size-fits-all quantitative metrics do not capture the heterogeneous roles of clinical faculty or holistically measure success. In addition, these space policies and metrics should be reviewed and updated at least every 3 years.

Quantitative metrics:

- The ultimate goal should be for every UCSF faculty member to have one private assigned office at UCSF for non-direct patient care activities with hotel space at other locations if a clinician works at multiple locations. A private office is defined by acoustic and visual privacy and allows for personalized workspace.
- Metrics for prioritizing private office space should reflect that there is a natural progression towards needing more space and privacy with increasing seniority as leadership, mentorship, and service activities grow (i.e., quantitative metrics should include seniority level and leadership roles). Space assignment is not permanent and priority for private office space declines after retirement (e.g., emeritus and recall faculty).

Holistic review:

- The ultimate goal is for every UCSF faculty member and staff to successfully engage in non-direct patient care activities that advance their careers, overall well-being, and missions of UCSF.
- Metrics for prioritizing private office space should include a holistic review of faculty success in advancing non-direct patient care imperatives and the need for privacy to

successfully accomplish these activities. Also, interviews should be conducted to ask whether space was a contributing factor to clinical faculty leaving UCSF (e.g., exit interview data) or to failed faculty searches.

- Space assignment should consider whether there are strategic neighborhoods in which proximity of several faculty and staff to each other maximizes success in advancing non-direct patient care activities.

IV. Conclusions

All UCSF clinical faculty, regardless of whether their primary focus is Research, Education, Patient Care, or Administration, engage in non-direct patient care activities (e.g., care coordination, education, leadership, mentorship, administration, quality improvement, service) which advance both their careers and UCSF missions. These activities are desired and expected for faculty advancement/promotion at UCSF and all faculty share a need for dedicated space in which to successfully accomplish these non-direct patient care imperatives.

In addition to space accountability, UCSF has a responsibility to provide space that enables faculty and staff success in performing non-direct patient care activities. Therefore, in addition to the guiding principles listed in current UCSF space policies (transparency, fairness, consistency, economic sustainability, and strategic prioritization), we suggest adding the guiding principle: Enable Faculty and Staff Success.

To fully incorporate these guiding principles into space decision-making, representative clinical faculty and staff who perform non-direct patient care activities should be included on space development and management committees. Also, there needs to be greater transparency about who makes space decisions, the application process for space, and the basis upon which space decisions are made.

The ultimate goal should be for every UCSF faculty member to have one private assigned office at UCSF for non-direct patient care activities with hotel space at other locations if a clinician works at multiple locations. Space assignment, oversight, and governance should include a combination of quantitative metrics and holistic review that assess faculty and staff success in advancing non-direct patient care imperatives as well as the need for privacy to successfully accomplish these activities.