Presented by Jan Malvin from the Philip R. Lee Institute for Health Policy Studies, an overview of the Research Services Online Satisfaction Survey was conducted between 7/8 and 7/26 of the previous year in combination with the Human Resources customer survey. 15,899 invitations were sent to faculty, staff/administrators, post-docs, staff researchers, and academic non-faculty. The combined survey returned a 33% response rate. Jan presented results from three sources: the online survey, the in-depth interviews (23 interviews with faculty and administrators were conducted), and the OSR staff responses. Survey analysis focused on the 1,045 “active users” – those who indicated that they had been involved in submitting proposals in the last 12 months. The first 20 slides of the 64 slide deck were presented; the group is encouraged to read through the rest of the deck.

**Highlights of Results:**

- 49% of active users indicated that they are satisfied with their current pre-award services.
- 19% indicated that pre-award services are better after RMS (20% indicated the same, and 27% answered ‘don’t know’ or ‘does not apply’).
- Faculty, more than others, reported spending more time on proposal preparation and submission now than before RMS, and satisfaction with services and perceived time spent are more closely related to each other for faculty than for other respondents.
- Comments on the open ended questions, and information from the in-depth interviews indicate the following problem areas: personnel/staffing, service quality, communications, general process, and post-award issues.
- Overall recommendations from the interviews were consistent between RMS customers and OSR staff and included: hiring more staff, improving training, standardization of duties of RMS, and personalizing service (with an emphasis by customers on more face-to-face meetings, and an emphasis by OSR staff on greater staff support and increased participation in decision making).

Susanne provided information on the work currently in progress to address the recommendations from the evaluation results, which include the following efforts:

- RMS is using the Lean Six Sigma methodology to map out processes and identify opportunities for improved workflow and workload balancing.
- RMS is revising its training approach to include a progressive education program that will supplement the existing initial training.
- Many changes have already been made in regard to reorganizing roles and responsibilities within OSR (including the three units under its umbrella – RMS, GBC, and RDO), and the Pre/post Think Tank, a group of OSR, departmental and EMF staff are actively working on the ongoing task of reevaluating these roles, responsibilities and processes. Often the problems occur with the handoffs between the different units, and particular attention is being focused on those areas.

The OSR Advisory Board has recommended holding off on decisions regarding additional staff until the OSR reorganization is complete, eProposal is fully implemented, and processes have matured.

**Comments/Questions:**

Charge to the Research Advisory Group (RAB)

- To provide input to the Office of Research, and ultimately the EVC&P, about the needs of investigators and administrators in conducting research and administering extramural funds.
- To guide priority setting and critical assessment of quality improvement efforts in the Office of Research.
- To work with the Office of Research staff to ensure the successful implementation of the current Quality Improvement Project.
Who falls into the staff researcher category? This category includes analysts who write proposals, but who are not faculty or administrators.

Have we considered adding temporary workers to increase staffing in the short term? This is a possibility, but cost is the issue, and we would prefer to wait to add staff until we have the correct processes in place.

Would it be possible to have individuals from the RMS teams that are doing very well act as floaters to help other teams? Yes, we have considered this and are working on establishing a mentorship program to tap into the knowledge of the more experienced staff.

Was there a difference in satisfaction based on RMS team? Yes, and since this information is sensitive, it is being dealt with on the management level, and will not be presented or included in the slide deck.

Is there an attrition issue with RSCs? It is about as expected, and based on exit interviews, the majority of those who left did not leave due to stress, or overwork.

Has it been difficult to find qualified applicants for this kind of work? There is an overall issue with finding experienced research professionals. In some instances, we have hired individuals with law degrees, because of their critical thinking skills, though these decisions are made on an individual applicant basis, and other factors are also important.

The suggestion was made to consider an internship program for RMS as they have done in Innovation, Technology & Alliances (ITA).

The comment was made that the perception of many faculty is that they have no voice in this process, or in the changes that are being made to improve service. While faculty have been involved in the process of establishing the current Service Level Agreement, for example, we are aware of this perception. This is one reason why we have selected the Lean process, which includes input from faculty and other stakeholders to determine best practices.

Following discussion, the consensus from the group was that the decision not to add more FTE’s before the processes have been fully implemented makes sense.

When will the next survey go out? TBD; possibly in July.

Next Steps:
- Susanne will bring the budget proposal to the group before it is presented to the Budget and Investment committee for feedback and support.
- Christine Razler and Marge O’Halloran agreed to keep the group informed on the progress of this project.

PRESENTATION: Report on Clinical Research Services (CRS)  

Chip Chambers provided an update on changes that have been made to CRS since he took over as Director on July 1st of 2013. These changes were made with the goal of reducing costs and bringing resources in line with utilization and demand. An overview of the budget, which includes a 5% cut from the NIH, is included in the slide deck.

Key changes:
- Closed recruitment and coordinator cores due to inefficiencies in the budget; there are plans to rebuild the coordinator core.
- Implemented recharge rates and policies.
- Developed policy for investigator-initiated, industry “involved” studies.
- Implemented changes in the scientific review process, including: moving towards one combined committee with pediatric and medicine co-chairs to meet twice monthly, standardizing the review process, and eliminating scientific review for NIH-funded proposals and proposals approved by UCSF for scientific review.

Chip discussed the proposal to end grandfathering (GF) of certain protocols due to financial impact. The potential lost revenue of these protocols is represented by an initial projected liability of $4,300,000 (subsequently revised downward to as low as $700,000, but actual amount uncertain) over the life of the projects, and is determined by applying current recharge rates to the grandfathered proposals. 11 PIs and 13 projects account for ~90% of this number. They are currently planning to hold town hall meetings at UCSF and SFGH with PIs to discuss this proposal.
Chip also reviewed the current and proposed new funding models for the 6M Peds Unit, and the 12M Peds Unit, as follows:

1. With the 6M unit, CRS currently holds all liability for nursing salaries, and the Medical Center reimburse the CRS DHHS rate; under the proposed new model, the medical center would charge the CRS DHHS rate for usage of inpatient bed per the census.

2. With the 12M unit, the existing and proposed models are the same as with the 6M, and in addition, the remaining beds would be used as outpatient research space.

Comments/Questions:
- If more money is brought in by these changes in excess of the cuts in the budget, will the CRS get to keep that money to expand on other CRS projects, or does that go back to CTSI? This is unknown, but the real goal is not the money saved above the cuts, but the 2.5 million we need to cover from the budget.
- The comment was made that there seems to be a large opportunity for facilitating outpatient studies.
- Is the Mt. Zion outpatient facility operating efficiently? Yes, compared to the rest of CRS, and it is also heavily supported by industry; they cover a great deal of their own costs.
Research Services
Online Satisfaction Survey & In-depth Interviews

Key Findings

Jan Malvin, PhD
Bonnie Glaser, PhD
Claire D. Brindis, DrPH

January, 2014
About this presentation

- Methods
- Results
- Comments from customers and OSR staff
- Recommendations
Overview of methods

• Combined Human Resources and Research Services customer satisfaction online survey
  – Fielded between July 8 and July 26
  – 15,899 invitations sent to UCSF employees with valid email addresses
  – Survey reminders sent July 10, 16, 18 and 25
  – Response rate = 33.2% (HR baseline 2012 RR = 20%)

• In-depth interviews with faculty and administrators (n = 23)
  – Conducted June 20—September 10

• OSR staff perspective (n = 50)
  – Derived from text comments provided at end of survey
  – Staff were skipped out of ratings questions
### Who responded to survey?

#### How would you describe your role? (n = 1,442)

<table>
<thead>
<tr>
<th>Role</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td>38%</td>
</tr>
<tr>
<td>Other staff/administrator</td>
<td>33%</td>
</tr>
<tr>
<td>Post-doc</td>
<td>13%</td>
</tr>
<tr>
<td>Staff researcher</td>
<td>9%</td>
</tr>
<tr>
<td>Academic non-faculty</td>
<td>8%</td>
</tr>
</tbody>
</table>

#### How many years have you worked at UCSF? (n = 1,410)

<table>
<thead>
<tr>
<th>Years</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0—4</td>
<td>34%</td>
</tr>
<tr>
<td>5—12</td>
<td>34%</td>
</tr>
<tr>
<td>13 or more</td>
<td>31%</td>
</tr>
</tbody>
</table>

#### In the last 12 months, have you been involved in submitting any proposals? (n = 1,450)

<table>
<thead>
<tr>
<th>Response</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>72%</td>
</tr>
<tr>
<td>No</td>
<td>28%</td>
</tr>
</tbody>
</table>
Results
Overall satisfaction

I'm satisfied with my current pre-award services.

Full sample (n = 1,341)

<table>
<thead>
<tr>
<th>Strongly disagree (1)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Strongly agree (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7%</td>
<td>16%</td>
<td>32%</td>
<td>25%</td>
<td>21%</td>
</tr>
</tbody>
</table>

Active users (n = 1,002)

<table>
<thead>
<tr>
<th>Strongly disagree (1)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Strongly agree (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7%</td>
<td>18%</td>
<td>26%</td>
<td>24%</td>
<td>25%</td>
</tr>
</tbody>
</table>
Overall satisfaction by role (n = 998)

I’m satisfied with my current pre-award services.

- **1 Strongly disagree**
- **2**
- **3**
- **4**
- **5 Strongly agree**

<table>
<thead>
<tr>
<th>Role</th>
<th>1 Strongly disagree</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5 Strongly agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td>27%</td>
<td>22%</td>
<td>23%</td>
<td>18%</td>
<td>9%</td>
</tr>
<tr>
<td>Acad. non-faculty</td>
<td>34%</td>
<td>28%</td>
<td>25%</td>
<td>10%</td>
<td>4%</td>
</tr>
<tr>
<td>Post-doc</td>
<td>32%</td>
<td>38%</td>
<td>18%</td>
<td>9%</td>
<td>2%</td>
</tr>
<tr>
<td>Staff researcher</td>
<td>14%</td>
<td>49%</td>
<td>17%</td>
<td>17%</td>
<td>6%</td>
</tr>
<tr>
<td>Other staff</td>
<td>18%</td>
<td>21%</td>
<td>29%</td>
<td>24%</td>
<td>8%</td>
</tr>
</tbody>
</table>
Perception of pre-award services before and after RMS (n = 1,026)

In general, how do your RMS pre-award services compare to the pre-award services you received before the establishment of RMS?

- Don't know/Does not apply: 27%
- Much Worse: 16%
- Somewhat Worse: 18%
- About the Same: 20%
- Somewhat Better: 11%
- Much Better: 8%
Perception of personal time required before and after RMS (n = 1,024)

Compared to the pre-award services that you received before RMS, how much personal time is required of you and your team currently for proposal preparation and submission?

- Don't know/Does not apply: 24%
- Much More: 18%
- A Little More: 17%
- About the Same: 27%
- A Little Less: 10%
- Much Less: 5%
Rate the quality of the following RMS pre-award services:

- Understanding funding
- Establishing timeline
- Meeting deadlines
- Communicating progress
- Budget communications
- Complete application
- Submission communications
- Materials without errors
- Value for cost

Mean rating and 95% confidence interval (I)

- Excellent: 3.34
- Very good: 3.59
- Good: 3.43
- Fair: 3.32
- Poor: 3.28
- Excellent: 3.70
- Very good: 3.79
- Good: 3.37
- Fair: 2.61
Rate the quality of the following C&G services:

- Understanding requirements
- Processing awards
- Issuing subcontracts
- Communicating progress
- Facilitating communications
- Accounting for PI interests
- Notifying when finalized

Mean rating and 95% confidence interval (I)
Research Development Office (RDO) knowledge and use

Have you heard about RDO? (N = 1,045)
- Yes: 72% (753)
- No: 28% (292)

Have you used RDO services? (N = 292)
- Yes: 61% (179)
- No: 39% (113)
RDO specific quality ratings

- Large multi-investigator project (LGDP)
- Limited Submission Program (LSP)
- Resource Allocation Program (RAP)
- Building Teams (BTIR)
- Overall interaction
- Pivot Funding opportunity training

Mean rating and 95% confidence interval (I)

How would you rate your satisfaction with RDO services?

<table>
<thead>
<tr>
<th>Satisfaction Level</th>
<th>Mean Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>3.50</td>
</tr>
<tr>
<td>Satisfied</td>
<td>3.33</td>
</tr>
<tr>
<td>Neutral</td>
<td>3.83</td>
</tr>
<tr>
<td>Dissatisfied</td>
<td>3.33</td>
</tr>
<tr>
<td>Very dissatisfied</td>
<td>3.67</td>
</tr>
</tbody>
</table>
Summary of ratings predictors

• Type of respondent
  – **Faculty** rated service quality higher than other respondents on *establishing application timeline, communicating progress of application, and notifying when submission occurred*.

  – **Faculty**, more than others, report spending more time on proposal preparation and submission now than before RMS.

  – For **faculty**, satisfaction with services and perceived time spent are more strongly related than for other respondents.
Summary of ratings predictors

• **Type of funding**
  – Those with federal funding rated two specific RMS services higher than other respondents: establishing an application submission timeline; notifying me when submission occurred.

• **Years of service**
  – Those with 13 or more service years reported that services were better before RMS; rated ‘value for cost of services’ lower.

• **Number of proposals submitted**
  – Very active users (9 or more proposal submissions in 12 months) reported services were better before RMS.
Customer perspectives from survey

**Source:** Responses to open-ended questions...

- What recommendations do you have for improving research services from RMS, C&G, and/or RDO?
- What else would you like to tell us about your experience with research services from RMS, C&G, and/or RDO?
- What comments do you have about the Chancellor’s Operational Excellence Initiative?

**Sample:** 735 respondents generated 1,427 comments. Of those, 129 respondents were randomly selected and their 283 comments were analyzed in depth.
### Operational issues & concerns

**Areas for improvement in survey sample of 283 comments**

<table>
<thead>
<tr>
<th>Personnel</th>
<th># of comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>staffing level &amp; workload</td>
<td>29</td>
</tr>
<tr>
<td>interest &amp; knowledge</td>
<td>22</td>
</tr>
<tr>
<td>competence &amp; training</td>
<td>18</td>
</tr>
<tr>
<td>general complaints</td>
<td>11</td>
</tr>
<tr>
<td>responsibilities &amp; authority</td>
<td>8</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Services</th>
<th># of comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>errors &amp; general complaints</td>
<td>49</td>
</tr>
<tr>
<td>extra work customer side impersonal</td>
<td>36</td>
</tr>
<tr>
<td>impersonal</td>
<td>22</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Communication</th>
<th># of comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>general</td>
<td>26</td>
</tr>
<tr>
<td>style</td>
<td>12</td>
</tr>
<tr>
<td>timing</td>
<td>7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Structure &amp; Process</th>
<th># of comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>general system complaints</td>
<td>36</td>
</tr>
</tbody>
</table>

| Receive/set-up awards | 48 |
| Outreach & transparency | 11 |
Recommendation themes from interviews
# Overall recommendations

<table>
<thead>
<tr>
<th>All Customers</th>
<th>Interviewees</th>
<th>OSR Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hire more staff</td>
<td>Hire more staff</td>
<td>Hire more staff</td>
</tr>
<tr>
<td>Reduce workload</td>
<td>Reduce workload</td>
<td>Reduce workload, better workflow management</td>
</tr>
<tr>
<td>Improve training</td>
<td>Improve training</td>
<td>Improve training</td>
</tr>
<tr>
<td>Personalize service</td>
<td>Personalize service, meet face-to-face, build relationship</td>
<td>More staff support, participate in decisions</td>
</tr>
<tr>
<td>More responsive staff</td>
<td></td>
<td>More responsive and patient customers</td>
</tr>
<tr>
<td>Roles, responsibilities</td>
<td>Roles, responsibilities</td>
<td>Roles, responsibilities</td>
</tr>
<tr>
<td>Consistency</td>
<td>Standardize but tailor</td>
<td>Consistency across teams</td>
</tr>
<tr>
<td>Improve IT</td>
<td>Improve IT, alerts, templates</td>
<td>Improve IT, templates, reference materials</td>
</tr>
</tbody>
</table>
Questions?
Appendix

- Table of contents

  A. Details about survey sample
  B. Details about sample of ‘active’ users
  C. Details about statistical models, relationship between survey ratings and possible predictor variables
  D. Details about survey open-ended comments and in-depth interviews
  E. Details about OSR staff comments from survey
Appendix A.

- Details about survey sample
Samples in survey data analyses

• Completed surveys only
  – Some people started the survey but did not submit

• Respondents who self-identified as eligible by answering two screener questions:
  – Do your job responsibilities include preparation, submission, or management of proposals or awards for grants or contracts? (Yes/No)
  – Are you employed in the Office of Sponsored Research? (Yes/No)
Samples in survey data analyses

- **First analysis includes overall sample**
  - All respondents who self-identified as eligible, regardless of proposal activity level in past year.

- **Second analysis includes “active users” — who submitted proposals within past 12 months**
  - To focus on those with the most recent experience
Survey samples

- 15,899 survey invitations
- 5,253 surveys completed
- 1,615 proposal preparation, submission, or management
  - 1,463 not OSR staff
  - 1,045 ‘active’ in past year
  - 152 OSR (87 valid)
  - 50 staff wrote comments
Overall satisfaction, full sample (n = 1,341)

I'm satisfied with my current pre-award services.

<table>
<thead>
<tr>
<th>Strongly disagree (1)</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>Strongly agree (5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>7%</td>
<td>16%</td>
<td>32%</td>
<td>25%</td>
<td>21%</td>
</tr>
</tbody>
</table>
Appendix B.

• Details about sample of ‘active’ users
Who responded to the survey?

In the last 12 months, have you been involved in submitting any proposals? (n = 1,450)

- Yes: 28% (n = 405)
- No: 72% (n = 1,045)
Types of respondents active in past 12 months (n = 1,041)

How would you describe your role?

- Faculty: 44%
- Other staff/admin: 27%
- Staff researcher: 8%
- Post-doc: 13%
- Non-faculty academic: 8%
Number of years worked at UCSF (n = 1,023)

How many years have you worked at UCSF?

- 0-4 years: 31%
- 5-12 years: 33%
- 13 or more years: 35%
In the last 12 months, approximately how many proposals were you involved in submitting?

- 23% 1-2 proposals
- 28% 3-4 proposals
- 26% 5-8 proposals
- 23% 9 or more proposals
Types of proposals submitted in past 12 months (n = 1,045)

In the last 12 months, what types of proposals were you involved in submitting?

<table>
<thead>
<tr>
<th>Type of proposal</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>New contracts and/or grants</td>
<td>93%</td>
</tr>
<tr>
<td>Competitive renewal contracts and/or grants</td>
<td>44%</td>
</tr>
<tr>
<td>Noncompetitive renewal contracts and/or grants, and/or progress reports</td>
<td>66%</td>
</tr>
</tbody>
</table>
Types of funding applied for in past 12 months (n = 1,045)

Of the proposals you were involved in submitting in the past 12 months...type of funding?

- Federal funding: 79%
- City, County or State government funding: 18%
- Nonprofit organization or foundation funding: 51%
- Private industry funding: 25%
- Other: 5%

Type of funding
Overall satisfaction, active users (n = 1,002)

I’m satisfied with my current pre-award services.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>7%</td>
</tr>
<tr>
<td>2</td>
<td>18%</td>
</tr>
<tr>
<td>3</td>
<td>26%</td>
</tr>
<tr>
<td>4</td>
<td>24%</td>
</tr>
<tr>
<td>5</td>
<td>25%</td>
</tr>
</tbody>
</table>

Strongly disagree (1) | 2 | 3 | 4 | Strongly agree (5)
Appendix C.

• Details about statistical models of the relationship between survey ratings and possible predictor variables
Relationship between ratings and possible predictor variables

• **Sample**
  - Selection of “active users” defined as those who marked “yes” if submitted one or more proposals in past 12 months
  - Treatment of Don’t know/Does not apply as missing

• **Analysis strategy**
  - Multiple linear regression models
Which predictors affect the ratings on key outcomes?

• “Key outcomes” are the ratings of...
  – Overall satisfaction with services
  – Overall quality of services
  – Specific details of the proposal process (9 items)
  – Services before and after RMS
  – Personal time required before and after RMS
Which predictors affect the ratings on key outcomes?

- “Predictors” in the analyses included...
  - Type of respondent
  - Type of proposal
  - Type of funding
  - Years of service
  - Number of proposals submitted
  - Pre-award team (A–J)
Which predictors affect the ratings on key outcomes?

- Controlling for all other factors in the models, significant differences ($p < .01$) in ratings were found for:
  - Type of respondent
  - Type of funding
  - Years of service
  - Number of proposals submitted
  - Pre-award team*

* results shared with management
Which predictors affect the ratings on key outcomes?

• On three components of RMS service quality, **faculty** rated services significantly higher than other respondents:
  - Establishing an application submission timeline.
  - Communicating with me about the progress of my application throughout the process.
  - Notifying me when the submission occurred.
Which predictors affect the ratings on key outcomes?

- Significantly more faculty than other respondents reported spending more personal and staff time on proposal preparation and submission after RMS implementation compared to before.
Which predictors affect the ratings on key outcomes?

• Those who reported they spend more time now than before RMS on proposal preparation and submission rated satisfaction with services lower. This correlation is stronger for faculty compared to other respondents. (R = -.64 vs. R = -.52)
Which predictors affect the ratings on key outcomes?

• On two components of RMS service quality, those who reported having federal funding rated services significantly higher than other respondents:
  – *Establishing an application submission timeline.*
  – *Notifying me when the submission occurred.*
Which predictors affect the ratings on key outcomes?

• Respondents with **13 or more service years** rated two items significantly lower than those with fewer years of service at UCSF.
  – Providing appropriate value for the cost.
  – In general, how do your RMS pre-award services compare to the pre-award services you received before the establishment of RMS?
Which predictors affect the ratings on key outcomes?

- Controlling for all other factors, we found significantly **lower ratings for respondents with 9 or more proposal submissions** in the previous 12 months on the following item:
  - *In general, how do your RMS pre-award services compare to the pre-award services you received before the establishment of RMS?*
Summary of ratings predictors

- **Type of respondent**
  - Faculty rated service quality higher than other respondents on establishing application timeline, communicating progress of application, and notifying when submission occurred.
  - Faculty, more than others, report spending more time on proposal preparation and submission now than before RMS.
  - For faculty, satisfaction with services and perceived time spent is more strongly related than for other respondents.

- **Type of funding**
  - Those with federal funding rated two specific RMS services higher than other respondents: establishing an application submission timeline; notifying me when submission occurred.

- **Years of service**
  - Those with 13 or more service years reported that services were better before RMS; rated ‘value for cost of services’ lower.

- **Number of proposals submitted**
  - Very active users (9 or more proposal submissions in 12 months) reported services were better before RMS.
Appendix D.

- Details about survey open-ended comments
- Details about in-depth interviews
Data reduction and analysis of comments

• Analysis strategy for summarizing the data from open-ended questions and interviews
  – Coding of survey comments using qualitative analysis software (Dedoose)
  – Review of interview notes to draw out implementation issues, positive comments, and recommendations
## Operational issues & concerns from survey comments

<table>
<thead>
<tr>
<th>Category</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Personnel</strong></td>
<td>“The grants pre-award person is competent but not knowledgeable about how to budget or plan a grant project.”</td>
</tr>
<tr>
<td></td>
<td>“The RMS team seems understaffed for the workload…some pieces haven’t been followed up as thoroughly because many other investigators are submitting on the same timelines…”</td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td>“Communication is key…Important that all parties know what is happening.”</td>
</tr>
<tr>
<td></td>
<td>“Proposals now take way more PI time because things that were done automatically before … have to be done by us or with lengthy email exchanges with RMS staff.”</td>
</tr>
<tr>
<td><strong>Services</strong></td>
<td>“…too many layers with too many people involved and very poor hand off between them. We used to have more personal service…”</td>
</tr>
<tr>
<td></td>
<td>“RMS…has failed to submit my grants before deadlines, or submitted to the wrong institute. I spend more time copyediting their work then I do on the proposal.”</td>
</tr>
<tr>
<td><strong>Structure &amp; Process</strong></td>
<td>“Restructuring around functional areas may have seemed to make sense but it is a disaster from a standpoint of ensuring quality and rapid response in addressing needs.”</td>
</tr>
<tr>
<td></td>
<td>“Costs more and is inefficient and wastes time.”</td>
</tr>
</tbody>
</table>
Positive comments from survey

**Personnel**

“Your employees are very knowledgeable and professional and I feel RMS has a large reservoir of expertise to draw on.”

“The quality of the individuals I have worked with has been high and the people seem genuinely committed to doing a good job.”

**Communication**

“Very good experience with the RMS Team. They are very responsive and knowledgeable.”

**Services**

“RMS is good at turning around last-minute proposal in a timely fashion, despite burden placed on them.”

“As for the OE RMS team, that does constitute a big improvement since we are able to submit more research proposals than we were able to prior to OE. The RMS team has a greater capacity to handle a heavy proposal volume.”

**Structure & Process**

“I have the most experience with RMS, and the work they do lends itself better to the new Operational Excellence process.”

“Pre-Award has worked extremely well!”
## Recommendations for improvement from survey

| Personnel          | • Hire more staff, reduce workload and turnover  
|                   | • Hire more dedicated & qualified staff with customer service orientation  
|                   | • Uniform training on budget preparation  
| Communication      | • More face-to-face with PIs  
|                   | • More consistent & timely communication & responsiveness between RMS, PIs, assistants, department managers, post-award analysts, C&G  
|                   | • System to track proposal status & submission & to issue alerts when bottlenecks occur  
| Services           | • Support building one-on-one relationships & maintain consistency of RSC assignments  
|                   | • Understand needs of departments & PIs  
|                   | • Standard forms & process across RSCs & teams  
|                   | • Reduce extra work required on customer side  
| Structure & Process| • Improve computer systems and software  

Customer perspectives from interviews

**Source:** 23 in-depth interviews across Schools, departments, divisions, centers, and ORUs

**Topics:** Experiences, satisfaction, recommendations for improvement re pre-award services

**Time frame:** June 20 – September 10, 2013 (1 to 2 years post-implementation)
Sampling for in-depth interviews

- **Selection strategy**
  - Aimed to represent a variety of experiences -- satisfied/unsatisfied, type of science, schools, unit size
  - Used pre-award teams framework, selected two customers -- an academic and staff member from different units
### Sample for in-depth interviews

<table>
<thead>
<tr>
<th>Variation in Interviewees (N = 23)</th>
<th>Variation in Units (N = 30)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Academic</strong></td>
<td><strong>Schools</strong></td>
</tr>
<tr>
<td>10 faculty (3 dept. chairs, 1 ORU dir.)</td>
<td>21 SOM dept./units</td>
</tr>
<tr>
<td>1 post-doc</td>
<td>5 DOM divisions</td>
</tr>
<tr>
<td><strong>Staff Members</strong></td>
<td>4 (1 each of EVCP, SOD, SON, SOP)</td>
</tr>
<tr>
<td>7 MSOs</td>
<td>17 mixed</td>
</tr>
<tr>
<td>3 financial analysts</td>
<td>6 basic science</td>
</tr>
<tr>
<td>1 DOM div. admin.</td>
<td>4 clinical research</td>
</tr>
<tr>
<td>1 other unit admin.</td>
<td>3 social science</td>
</tr>
<tr>
<td><strong>Female</strong></td>
<td><strong>Research focus</strong></td>
</tr>
<tr>
<td>15 women</td>
<td>14 small (12-45)</td>
</tr>
<tr>
<td><strong>Male</strong></td>
<td>11 medium (46-60)</td>
</tr>
<tr>
<td>8 men</td>
<td>4 large (61-110)</td>
</tr>
<tr>
<td></td>
<td>1 (DOM, &gt;600)</td>
</tr>
<tr>
<td></td>
<td><strong>Size</strong></td>
</tr>
<tr>
<td></td>
<td>(no. faculty submitting proposals)</td>
</tr>
<tr>
<td></td>
<td>11 (1.25)</td>
</tr>
<tr>
<td></td>
<td>10 (1)</td>
</tr>
<tr>
<td></td>
<td>5 (1.5)</td>
</tr>
<tr>
<td></td>
<td>4 (2)</td>
</tr>
<tr>
<td><strong>RMS exposure (years)</strong></td>
<td></td>
</tr>
</tbody>
</table>

# Operational issues & concerns from interviews

## Consequences of centralization

| Services removed from unit | • lack of shared mission, unfamiliarity with portfolios  
|                           | • impersonal service, need to build relationships & coordinate RSCs with PIs & post-award analysts  
|                           | • more people involved, redundant communications  
| Concentrated workload and fewer staff | • errors and poor responsiveness  
|                                         | • worker burnout, turnover, unsustainable workforce  
|                                         | • increased work on customer side  
|                                         | • need for triage, some customers getting less support  
| Measuring up to previous services | • satisfaction related to experience with prior services  

## Operational issues & concerns from interviews

### Observations of system implementation

| Staff skills, competency, training, and expertise | • widely varying competency levels  
| • inconsistent or incomplete levels of training  
| • staff expertise not always associated with client-management skills |
|---|---|
| RSC assignments, roles and responsibilities | • RSC not a good match for assigned unit  
| • frequent changes in RSC assignment  
| • involved parties are not clear on RSC role and responsibilities |
| Standardization and resources to do the job | • insufficient system-wide planning  
| • weak tools and IT infrastructure  
| • each team innovating unique processes, variation in way team operates |
Positive comments from interviews

### Achievements cited

| Outstanding individuals | • knowledge, passion, resourcefulness, customer service, communication skills, patience  
|                         | • good match with PIs and unit  
|                         | • efforts to build relationships with PIs |
| Effective management    | • management encourages flexibility, face-to-face interaction, team approaches  
|                         | • exerting best efforts given limited resources |
| Streamlined practices   | • consistent processes and tools  
|                         | • reduced number of reviewers  
|                         | • more time for proposal preparation |
## Recommendations for improvement from interviews

### Resolve issues, build on strengths

#### Staffing adjustments
- hire additional staff, adjust workloads, improve training
- encourage personalized service through working relationships, RSC continuity, and face-to-face contact
- periodic check-ins with involved parties, unit heads and team managers

#### Tailor the “Service Level Agreement”
- review and clarify the SLA with stakeholders
- define roles and responsibilities, develop additional agreements, ensure mutual needs are addressed
- balance *standardization* with appropriate *customization*

#### Structural enhancements and change
- provide additional targeted services where needed
- improve IT systems, alerts, templates
- transparency with campus community about organizational changes and timelines
Appendix E.

- Details about OSR staff comments from survey
Recommendations from and experiences of OSR staff

• **Employment and personnel related (44 comments)**
  – How staff feel about their jobs, the people they work with, and management

• **System/structural (17 comments)**
  – RMS business practices, central services generally, and computer systems support

• **Service delivery (8 comments)**
  – Inefficiencies, inconsistent practices, and internal coordination

• **Communications (4 comments)**
  – Unresponsiveness and time wasted, confusion about and timing of internal communications

• **Educating campus (1 comment)**
Recommendations from and experiences of OSR staff

- Employment and personnel
  - “Improve the training each staff member is receiving.”
  - “Hire more people so that workload per person is more manageable.”
  - “There needs to be more employee support for RMS especially, as their job routinely involves the need to stay late, work nights and weekends, and up against time deadlines.”
  - “Those that actually do the work should participate, in the least minimally, in policy and protocol formulation.”
  - “Professional development opportunities.”
  - “Better communication and understanding of roles and responsibilities.”
  - “Would like a toolbox that works - CACTAS terms, budget templates, and a clear reference document to search for what we need.”
Recommendations from and experiences of OSR staff

- System/structural
  - “Better workflow management and intake processes”
  - “The award set up process isn't working between RMS and C&G. Things often get lost, there is duplication of work, the department gets upset.”
  - “It would be helpful as well to develop more integrated technology solutions to manage our workload, expanding the platforms we already use instead of inventing new systems that don't replace the old ones or "talk" to the old ones efficiently.”
  - “I feel that the University is on the "right path" and over time the OSR will soon be in a better position to operate more effectively given the current evolution of systems and processes.”
Recommendations from and experiences of OSR staff

• Service delivery
  – “Consistency across all teams, workflows/checklists to standardize submissions.”
  – “Eliminate unnecessary redundancies. Instead of focusing on streamlining the processes, examine the processes for logic and value added... Our job should be to facilitate research on this campus not to add more and more hurdles that have to be navigated to submit a proposal or receive an award. KISS (keep it simple, sir).”

• Communications
  – “Too many waiting periods. People not always responding back or acknowledging emails. Some people are great and others are....well rude.”
  – “When there is an update, everyone should be informed at the same time.”
For more information

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(415) 476-3095
jan.malvin@ucsf.edu

Claire Brindis, DrPH
Philip R. Lee Institute for Health Policy Studies
(415) 476-5255
claire.brindis@ucsf.edu

http://healthpolicy.ucsf.edu/
# Overall recommendations and work in progress to address them

<table>
<thead>
<tr>
<th>All Customers</th>
<th>Work in Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Hire more staff</strong></td>
<td>The OSR Advisory Board has recommended holding off on decisions regarding additional staff until the OSR reorganization is complete, eProposal is fully implemented, and processes have matured.</td>
</tr>
<tr>
<td><strong>Reduce workload/better workflow management</strong></td>
<td>RMS is using LEAN Six Sigma methodology to map out processes and identify opportunities for improved workflow and workload balancing. Initial outcomes of the workshop have been to move award acceptance into the RMS teams by the end of March 2014, to move award setup to EMF, and to have one analyst handle a matter from cradle to grave, be it in RMS, Government &amp; Business Contracts (in effect) or Industry Contracts (planned for March 1).</td>
</tr>
<tr>
<td><strong>Improve training</strong></td>
<td>RMS is revising its training approach to include a progressive education program that will supplement initial immersion training. With support from OSR Training Specialists, the certification program will offer opportunity in 2014 for RMS staff to prepare and qualify for two additional levels of signature authority.</td>
</tr>
<tr>
<td><strong>Personalize service, meet face-to-face, build relationship</strong></td>
<td>One of RMS' unit goals for the year is that all RSCs have a face to face meeting with the PIs for which they are preparing proposals. This is one of the cornerstones of a successful RMS and we are paying close attention to this performance measure. RMS will continue to meet with department staff to address common issues.</td>
</tr>
<tr>
<td><strong>More responsive staff/more responsive patient customers</strong></td>
<td>This is a concern for everyone. Faculty are still trying to get used to not having their RSA next door and RSCs are figuring out how to be seen as a member of the team rather than outsider for which the departments give up precious resources and as such have a very low tolerance for any delays or errors. It will be important to engage with all stakeholders to get to a set of agreed upon expectations that meet everyone’s needs.</td>
</tr>
<tr>
<td>Roles, responsibilities</td>
<td></td>
</tr>
<tr>
<td>-------------------------</td>
<td></td>
</tr>
<tr>
<td>OSR has delineated roles and responsibilities for the three units under its umbrella: RMS, GBC, and RDO. The Pre/Post Think Tank, a group of OSR, departmental and EMF staff are actively working on reevaluating roles and responsibilities for processes that flow across boundaries and which are not working as well as they should.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consistency/standardize but tailor/consistency across teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>As soon as the RMS reorganization process has been completed, we will use LEAN methodology to create standard work processes that allow customization where needed.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Improve IT, alerts, templates, reference materials</th>
</tr>
</thead>
<tbody>
<tr>
<td>The rollout of eProposal will make the submission process easier for everyone involved; the CACTAS award database is proving to be a very useful tool to track awards and to allow departmental staff to see what the status of their awards is. The revamped website allows our clients to find accurate information quickly. We continuously look for ways to deploy IT to improve our service level.</td>
</tr>
</tbody>
</table>
2013 Research Services Online Satisfaction Survey & In-depth Interviews: Key Evaluation Findings

January 2014

ABOUT THIS EVALUATION

In January 2010, UCSF began to implement a series of initiatives designed to generate cost savings and improve organizational effectiveness. Among these initiatives is the restructuring of services within the Office of Sponsored Research (OSR), including proposal development, award set-up and modification, government and business contracting, and post-award support. The Office of Sponsored Research asked the Philip R. Lee Institute for Health Policy Studies in spring, 2013 to evaluate the impact of these changes on consumers of research services. Data collection included an online survey combined with the annual Human Resources survey fielded in July, 2013 (33% response rate); in-depth interviews with faculty and administrators (n=23); and OSR staff perspectives derived from text comments on the survey (n=50).

Comments from survey respondents:

“The RMS team seems understaffed for the workload... some pieces haven’t been followed up as thoroughly because many other investigators are submitting on the same timelines...”

“The quality of the individuals I have worked with has been high and the people seem genuinely committed to doing a good job.”

“Proposals now take way more PI time because things that were done automatically before ... have to be done by us or with lengthy email exchanges with RMS staff.”

“Very good experience with the RMS Team. They are very responsive and knowledgeable.”

Who responded to survey?

<table>
<thead>
<tr>
<th>HOW WOULD YOU DESCRIBE YOUR ROLE? (n=1,442)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty 38%</td>
</tr>
<tr>
<td>Post-doc 13%</td>
</tr>
<tr>
<td>Academic non-faculty 8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HOW MANY YEARS HAVE YOU WORKED AT UCSF? (n=1,410)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4 34%</td>
</tr>
<tr>
<td>5-12 34%</td>
</tr>
<tr>
<td>13 or more 31%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IN THE LAST 12 MONTHS, HAVE YOU BEEN INVOLVED IN SUBMITTING ANY PROPOSALS? (n=1,450)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes 72%</td>
</tr>
<tr>
<td>No 28%</td>
</tr>
</tbody>
</table>

KEY FINDINGS:

Analyses focused on 1,045 respondents who submitted proposals in previous year.

OVERALL SATISFACTION: 998 respondents rated the following statement “I’m satisfied with my current pre-award services.” [Scale: (1 strongly disagree) (2), (3), (4), (5 strongly agree)]

(5+4) Agree Neutral (3) Disagree (2+1)

- Post-doc 70% 18% 11%
- Academic non-faculty 62% 25% 14%
- Faculty 49% 23% 27%
- Other staff/administrator 39% 29% 32%
- Staff researcher 28% 49% 23%

PERCEPTION OF PRE-AWARD SERVICES BEFORE AND AFTER RMS: 1,026 respondents rated the following, “In general, how do your RMS pre-award services compare to the pre-award services you received before the establishment of RMS?” [Scale: much worse, somewhat worse, about the same, somewhat better, much better, don’t know/does not apply]

- 27% were unable to answer this question
- 34% rated services as worse than before RMS
- 20% rated services as about the same
- 19% rated services as better than before RMS
**RMS SPECIFIC QUALITY RATINGS:** The average ratings for specific activities in the pre-award process did not vary much. Ratings were in the “Good” to “Very good” range with one exception. “Providing appropriate value for the cost” was rated in the “Fair” to “Good” range — this item also had the most missing responses. [Scale: (1) poor, (2) fair, (3) good, (4) very good, (5) excellent]

- (3.34) Understanding the requirements of my specific funding mechanism.
- (3.59) Establishing an application submission timeline.
- (3.43) Meeting deadlines without needing to be reminded.
- (3.32) Communicating with me about the progress of my application throughout the process.
- (3.28) Bringing budget problems to my attention in a timely manner.
- (3.70) Submitting a complete application.
- (3.79) Notifying me when the submission occurred.
- (3.37) Processing my materials without errors.
- (2.61) Providing appropriate value for the cost.

**SPOTLIGHT**

Statistical models tested the extent to which survey satisfaction and quality ratings are predicted by the types of respondents or funding sought, volume of proposals submitted, or other factors. Significant differences were found at the p < .01 level.

- **Faculty** rated service quality higher than other respondents on establishing an application submission timeline, communicating with me about the progress of my application, and notifying me when the submission occurred.
- **Faculty**, more than other employees, reported spending more time on proposal preparation and submission now than before RMS.
- **For faculty**, satisfaction with services and perceived time spent on proposal preparation and submission are more strongly related than for other employees.

**Operational issues & concerns in sample of survey comments**

735 survey respondents generated 1,427 comments in response to open-ended survey questions. 129 respondents were randomly selected and their 283 comments were analyzed in depth.

Comments were grouped into four main categories of problem areas: personnel, communications, services, and structure & process issues.

- “Personnel” accounted for comments related to staffing levels, workloads, interest and knowledge of staff, competence and training of staff, general complaints, and responsibility & authority issues.
- “Communications” included general comments and specific remarks about style and timing.
- “Services” comments were dominated by complaints about errors, having extra work on the customer side, and impersonal interactions.
- “Structure & process” included a range of general complaints about the new systems.
- A number of comments pertained to problems with the receipt and set-up of awards.
- Concern about outreach by and transparency of RMS was expressed by a number of people.

All comments were de-identified and shared with management.

**Main recommendations across data sources**

50 of the 87 OSR staff who completed the survey provided comments. With customer comments from the survey and interviewees, the following captures in general, suggestions for improvement:

- All were concerned about staff workload and burnout; hiring more staff was suggested.
- Besides workload issues, OSR staff advocated for improvements in workflow management practices.
- Improved staff training was suggested by all.
- Customers requested more personalized service and face-to-face contact with assigned RMS staff.
- OSR staff requested more staff support and participatory decision-making.
- Customers would like staff to be more responsive; staff would like customers to be more responsive and patient.
- All sources commented that roles and responsibilities need further clarification.
- Need to standardize procedures was mentioned by all; additionally, interviewees talked about flexibility and tailoring of services.
- Improvements in Information Technology, templates, business tools, and reference materials for staff were strongly suggested across the board.
CRS Report to RAB

Chip Chambers, MD
Director of CRS
February 4, 2014
Agenda

• Update
• Budget Overview
• Grandfathering
• Recharge Policy for Investigator-initiated studies with Industry Involvement
• 6M and 12M in-patient units
  – Business plan
  – Acquisition of out-patient space for adult unit
Up-Date On Changes and Accomplishments

- Closed recruitment and coordinator cores
  - Discussions initiated to rebuild the coordinator core
- Implemented recharge rates and policies
  - Analysis of impact of Grandfathering
- Developed policy for investigator-initiated, industry “involved” studies
- Draft survey of CRS and non-CRS clinical investigators developed
- Finalized scatter-bed model for 6M (peds)
  - MOU finalized
- Personnel changes
  - Barbara Moscicki, MD – Medical Director for 6M, 7/1/14
  - Phil Rosenthal, MD – Interim Medical Director 6M, co-chair of CRS Scientific Review Committee
- Implemented changes in scientific review process
  - Moving towards one combined committee with pediatric and medicine co-chairs to meet twice monthly
  - Standardized review process
  - Eliminated scientific review for NIH-funded proposals, and proposals approved by UCSF for scientific review.
# Budget Overview

## CRS FY 13-14 Budget and Projected FY 14-15 Budget
As of October 29, 2013

<table>
<thead>
<tr>
<th>Sources</th>
<th>FY 13-14 Budget</th>
<th>Projected FY 14-15 Budget</th>
<th>Change</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grant (directs only)</td>
<td>$6,575,937</td>
<td>$6,247,695</td>
<td>$(328,242)</td>
<td>Reduced by 5%</td>
</tr>
<tr>
<td>SOC Income (boarders)</td>
<td>$972,087</td>
<td>$972,180</td>
<td>$93</td>
<td></td>
</tr>
<tr>
<td>Recharge Income</td>
<td>$1,419,823</td>
<td>$1,553,317</td>
<td>$137,494</td>
<td>Increased 25% less $112K PRS non-recurring</td>
</tr>
<tr>
<td>DHHS Rate True Up</td>
<td>$4,153,310</td>
<td>$-</td>
<td>$(4,153,310)</td>
<td>Non-recurring</td>
</tr>
<tr>
<td>Misc Funds</td>
<td>$134,784</td>
<td>$134,784</td>
<td></td>
<td>19962, Jacobs, etc.</td>
</tr>
<tr>
<td><strong>Total Sources</strong></td>
<td><strong>$13,255,941</strong></td>
<td><strong>$8,947,976</strong></td>
<td><strong>$(4,307,965)</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Uses</th>
<th>FY 13-14 Budget</th>
<th>Projected FY 14-15 Budget</th>
<th>Change</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty Payroll</td>
<td>$740,672</td>
<td>$740,672</td>
<td></td>
<td>FY 14-15 Not yet adjusted for inflation</td>
</tr>
<tr>
<td>Nursing Payroll</td>
<td>$4,872,585</td>
<td>$4,872,585</td>
<td></td>
<td>FY 14-15 Not yet adjusted for inflation</td>
</tr>
<tr>
<td>Staff Payroll</td>
<td>$4,397,399</td>
<td>$3,458,954</td>
<td>$(938,445)</td>
<td>FY 14-15 Not yet adjusted for inflation</td>
</tr>
<tr>
<td>Rent</td>
<td>$679,901</td>
<td>$679,901</td>
<td></td>
<td>FY 14-15 Not yet adjusted for inflation</td>
</tr>
<tr>
<td>Other Non-Payroll</td>
<td>$823,627</td>
<td>$920,501</td>
<td>$96,874</td>
<td>FY 14-15 Not yet adjusted for inflation</td>
</tr>
<tr>
<td>Kaiser/CHORI</td>
<td>$917,760</td>
<td>$871,872</td>
<td>$(45,888)</td>
<td>Reduced by 5%</td>
</tr>
<tr>
<td><strong>Total Uses</strong></td>
<td><strong>$12,431,944</strong></td>
<td><strong>$11,544,485</strong></td>
<td><strong>$(887,459)</strong></td>
<td></td>
</tr>
</tbody>
</table>

| Annual Operating Gain/(Loss) | $823,997        | $(2,596,509)               | $(3,420,506)   |                                            |

| Beginning Fund Balance   | $(1,025,395)    | $(201,398)                 | $823,997       |                                            |

| Ending Fund Balance      | $(201,398)      | $(2,797,907)               | $(2,596,509)   |                                            |
FY14 Projected Recharge Revenue

Projected Total FY14 Revenue: $1,954,837
Cost of Grandfathering Policy

$ per protocol

Protocol

1
2
3
4
5
6
7-73

17.3%
Grandfathering

• Approximately 75 protocols
• Financial impact approximately by calculating potential lost revenue applying current recharge rates to GF proposals
• Initial projected liability: $4,300,000 over the life of the projects
  – 11 PIs and 13 projects account for ~90%
• Revised estimates based on phone survey
  – $760,000 liability
  – $1,870,000 subsidy to date (lost revenue)
Proposal to End GFing

• E-mail to all CRS users announcing plan to phase out grandfathering (as of 7/1/14?)
• Letter to GF’d PIs
  – Providing estimate of liability if GF ended
  – Soliciting application for CRS support
• Town hall meetings at UCSF and SFGH with PIs
• PIs to meet with Medical Directors
Policy for Application of CRS-Subsidized Rates for Investigator-Initiated Studies that Receive Industry Support

All investigator-initiated studies that receive industry support must be reviewed by the CRS Scientific Review Committee in a 2-stage process: 1) scientific review and if, requested, 2) review for eligibility for CRS non-industry, subsidized recharge rates.

Scientific review will be conducted according to CRS policies and procedures. Proposals deemed lacking in scientific merit will not be eligible for CRS support or resources and will not be considered further.

Review for eligibility for CRS non-industry, subsidized recharge rates will be assessed according to the criteria listed below. The applicant investigator must provide a check-list documenting each of these criteria with a supporting letter from the industry sponsor indicating compliance with these criteria.
Policy for Application of CRS-Subsidized Rates for Investigator-Initiated Studies that Receive Industry Support

The following studies are not eligible for CRS-subsidized rates:

- The study is an industry-sponsored phase 1, 2, 3, or 4 clinical trial.
- IND for the drug or device involved is held by the industry sponsor.
- There is a contract-specified deliverable other than a report or manuscript.
- There is a defined scope of work per se other than to conduct the study.
Policy for Application of CRS-Subsidized Rates for Investigator-Initiated Studies that Receive Industry Support

The following studies may be eligible for CRS-subsidized rates, pending review and approval as described below:

- The proposed research investigator initiated and authored the study without substantive industry sponsor input (for example, it has been submitted in a substantially unaltered form to a non-industry, peer-reviewed, funding agency such as NIH or the American Heart Association).
- The investigator “owns” the data.
- The industry funds are allocated from a source that is designated by the company for investigator-initiated research.
- The University is the designated study sponsor.

If these criteria are met, then the proposed study may be eligible for CRS support subject to final approval by the Chair of the CRS Scientific Review Committee and the CRS Director.
### 6M Funding Model

<table>
<thead>
<tr>
<th></th>
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<th></th>
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<th></th>
<th>Projected Reduced Liability</th>
<th></th>
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<tbody>
<tr>
<td></td>
<td>Liability</td>
<td>FTE</td>
<td>Month</td>
<td>Q1</td>
<td>Annual</td>
<td>Liability</td>
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<td>Q1</td>
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<td>6.80</td>
<td>$59,909</td>
<td>$287,728</td>
<td>$1,150,914</td>
<td>DHHS</td>
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<td>$2,603.44</td>
<td>$7,810.32</td>
<td>$31,241</td>
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<tr>
<td>Total</td>
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<td>6.80</td>
<td>$59,909</td>
<td>$287,728</td>
<td>$1,150,914</td>
<td>Total</td>
<td>$1,953</td>
<td>$2,663</td>
<td>$7,810</td>
<td>$31,241</td>
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<tr>
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<td>$59,676</td>
<td>$179,027</td>
<td>$716,108</td>
<td>Outpatient</td>
<td>1.90</td>
<td>$29,838</td>
<td>$89,513</td>
<td>$358,054</td>
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<tr>
<td>Total</td>
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<td>3.80</td>
<td>$59,676</td>
<td>$179,027</td>
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<td>Total</td>
<td>$1,90</td>
<td>$29,838</td>
<td>$89,513</td>
<td>$358,054</td>
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**Census**

- Inpatient Days: 18%
- Outpatient Days: 82%

**Projected Liability**

- Current
- Proposed

### Research Census*

<table>
<thead>
<tr>
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<th>Month</th>
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<th>Annual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inpatient</td>
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<td>4</td>
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<tr>
<td>Outpatient</td>
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<td>18</td>
<td>71</td>
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<tr>
<td>Total</td>
<td>7</td>
<td>22</td>
<td>87</td>
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</table>

### Research Census Ratio

- Inpatient %: 18%
- Outpatient %: 82%

### Research vs. SOC

- Research: 8%
- SOC: 2%

**Note:**

- Current Inpatient Model: CRS holds all liability for nursing salaries and then Medical Center reimburses CRS DHHS rate
- Proposed Inpatient Model: Medical Center charges CRS DHHS rate for usage of inpatient bed per census
- Nursing Staff Liability includes benefits
- * Census: WebCamp Data A&D: July - Sept 2013
- * Nursing Staff Liability based on Jun 13 payroll transfer

Prepared by Hu Li 1/28/14
12M Funding Model

<table>
<thead>
<tr>
<th>Liability</th>
<th>Current</th>
<th>Proposed</th>
<th>Projected Reduced Liability</th>
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</thead>
<tbody>
<tr>
<td><strong>Inpatient</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nursing Staff*</td>
<td>6.28</td>
<td>$102,847</td>
<td>$308,541</td>
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<tr>
<td></td>
<td>6.28</td>
<td>$102,847</td>
<td>$308,541</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>6.28</td>
<td>$102,847</td>
<td>$308,541</td>
</tr>
<tr>
<td><strong>Outpatient</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td>4.35</td>
<td>$79,692</td>
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<tr>
<td></td>
<td>4.35</td>
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<td>$239,075</td>
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<tr>
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<table>
<thead>
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<th>Current</th>
<th>Proposed</th>
<th>Projected Reduced Liability</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Inpatient</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>DHHS</td>
<td>$1.953</td>
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<tr>
<td></td>
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<tr>
<td><strong>Total</strong></td>
<td>$1.953</td>
<td>$39,051.60</td>
<td>$117,155</td>
</tr>
<tr>
<td><strong>Outpatient</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staff</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>$0</td>
<td>$0</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

**Census**
- Outpatient Days: 50%
- Inpatient Days: 50%

**Projected Liability**

- Inpatient: $1,400,000
- Outpatient: $600,000

**Research Census**
- Inpatient Days: 20, 90, 240
- Outpatient Days: 20, 60, 240
- Total: 40, 150, 480

**Research Census Ratio**
- Inpatient %: 50%, 50%, 50%
- Outpatient %: 50%, 50%, 50%

**Research vs. SOC**
- Inpatient: 30%, 70%
- Outpatient: 100%, 0%

Note:
- Current Inpatient Model: CRS holds all liability for nursing salaries and then Medical Center reimburses CRS DHHS rate
- Proposed Inpatient Model: Medical Center charges CRS DHHS rate for usage of inpatient bed per census. The remaining beds under CRS will be used as "outpatient research" space.
- Nursing Staff Liability includes benefits
  * Census: Weickamp Data A&D: July - Sept 2013
  * Nursing Staff Liability based on FY11-12 budget

Prepared by NL, Lily 1/20/14