**PRESENTATION: Update on Results of Risk Assessment – Patrick Phelan**

Patrick Phelan provided an overview of the results identified by the recently completed external assessment of UCSF’s information security risks. The findings indicate that UCSF’s level of risk is high, driven largely by variations in security practices across control points and departments. This is due in part to increased targeting of medical devices, and the software used to run those devices, as well as problems with network access control and encryption.

They have identified that more templates and processes identifying best practices and guidelines are needed, and they are working on being able to provide these to departments and control points.

Patrick discussed possible exceptions to the laptop encryption requirement for certain users who are only running high powered computers in a lab, for example, and are not working with protected data. They are exploring ways to isolate these computers on a separate portion of the network, which would minimize the risks to more vulnerable areas. The group agreed that this solution would solve many of the problems that faculty have regarding the encryption requirement.

Patrick also explained that they will be presenting to the IT Governance Committee later this week a proposal to tighten security across UCSF, including desktop encryption, and tightening the campus firewall. Once they receive feedback from that committee on their recommendations, they plan to reach out to the research community for feedback as well.

**PRESENTATION: HR Update – David Odato**

David Odato presented an overview of current HR initiatives, including the new Service Partnership Agreement (SPA), the Chazey Partners assessment, and a discussion future cost growth.

**Service Partnership Agreement (SPA)**

David discussed the new SPA, which went into effect on 7/1/14. The SPA was developed by staff and academic subcommittees of the HR Advisory Board. Turnaround time for common, measurable actions was a major element they examined, and those results are indicated on the slides. Metrics are a major focus [including metrics focusing on quality, which may not have been captured with the examination of turnaround times. They plan to reconvene a workgroup to look at these quality metrics.

The goal is to get to 90% compliance for all SPA goals, and while they are not there yet, many improvements have been made, with many more expected in the coming months.

**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
shared service models. The goal is to identify internal chances to improve customer service, standardize processes and use technology and tools to increase efficiencies, as opposed to changing the scope of services, or significantly altering the roles between HR and customers.

This project is currently in the assessment phase. Chazey will provide recommendations next week, after which outcomes will be shared, and next steps for implementation with customers will be identified. David expects that standardization of practices will be a recommendation, and also that Chazey may suggest we change our current service center structure.

We also expect that technology will be identified as playing a large role in HR’s success. We are currently in the process of implementing UCPath, which will replace our payroll system (OLPPS), and while we expect that improvements will be made to HR as well, when it is fully implemented, in the meantime we are working to develop other ways to make improvements.

Comments:
- Can you provide an estimate of how much it cost to bring Chazey in? --80K, which we feel is a modest investment; the money was provided by the Chancellor’s office.

Budget
David explained that 80% of HR’s budget is personnel. Therefore the only way to significantly reduce cost is to eliminate people, and it is difficult to do this without the tools needed to make the organization more effective with fewer people. HR costs are also influenced by a variety of other factors, including service level expectations, and technology. The subcommittee considered each of these factors in order to understand the feasibility of slowing growth in the HR budget beyond FY15. There is acknowledgement that it will be difficult to meet service expectations given planned cuts in future years without significant process improvements and technology investments to reduce workload and eliminate steps that do not add value.

The current focus on how to address this includes:
- Anticipate an internal restructuring of the HR organization to streamline and become less “top-heavy” based on Chazey Partners’s assessment
- Expanded faculty representation on Advisory Board to ensure we understand academic concerns
- Launch LEAN cross-functional process improvement – starting with onboarding
- Consider a focused effort on improving end-to-end postdoc services

David then asked the group for additional feedback.

Comments:
- The group agreed that targeting the onboarding process is a very good idea – this is a very visible area that touches many people and a great deal of wasted effort could be saved if we could streamline this.
- The group also agreed that focusing on the postdoc process will be very beneficial – one example of a current problem is not being able to institute a probationary period; this should be looked at.
- The T32 program should be represented on the advisory board, as these postdocs, as well as any postdocs who use a stipend, work differently than others. --David agreed to consider forming a work group to examine this.
- When transactions were taken out of the service teams, problems began to occur as the service center became the middle man – communications around this should be more streamlined, right now there are too many steps.
- Another issue raised was academic personnel. Reviews, and requirements for merit promotion are very slow. Will UCPath allow for retroactive reviews? --David believes it will, and that rumors to the contrary are not true.
- Some trainings that used to be available online before staff arrived and received their ID are no longer available, and it would be great to bring that back, as it saved a lot of time. --David agreed to look at this as part of the onboarding process.

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
• In general, the group agreed that personnel policies should be more welcoming to faculty, and to non-faculty academics – right now it is a burden, and sometimes a deterrent.

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
Background and Context

- An external, independent assessment of UCSF-wide information security risk was completed over the last 8 months.
- Findings indicate that UCSF’s level of risk is high, driven largely by variations in the security practices across operating units (control points / departments).
- A structure must be established to engage operating units and IT Security in a collaborative effort to reduce our business risk.
  - UCSF IT Security must provide structure for remediation, safe alternatives for risky practices and institute change in a purposeful and deliberate way.
  - UCSF operating units to assign resources to plan, execute, and track remediation in their areas while meeting the needs of the business.
  - Will be referred to as the Data Security Compliance Program (DSCP)
Background and Context

• Procedures will be documented that departments can follow to assist in mitigating security risks.
  • Address departmental IT security requirements.
  • Address how the department/control point is handling sensitive data.

• Additional technical controls must be agreed upon and put in place to enforce policy including:
  • Network Access Control
  • Encryption on all computing and storage devices
  • System management software on all computing devices attached to UCSF network
  • Password length and change requirements
  • Dual Authentication for remote / VPN users
  • Data Loss Prevention (DLP) tools (expose where PHI exists and is being moved)
  • Firewall policy changes to further restrict access to and egress of data to/from UCSF

• UCSF leaders must assist in providing a sense of urgency and necessity for change.
Federal Action Intensifying

Federal Enforcement Activities

- Corrective Actions Imposed

Incidents

Industry Issues and Fines Escalating

Columbia Medical Center, Hospital To Pay $4.8M Fine for Data Breach

Stanford Hospital Agrees to $4M Data Breach Class Action Settlement

Idaho State University Settles HIPAA Security Case for $400,000

- UCSF Breaches with Open Investigations
  - 9/22/09 – 610 individuals – Email
  - 11/20/09 – 7300 individuals – Laptop
  - 09/09/13 – 3553 individuals – Laptop, paper
  - 09/25/13 – 8294 individuals - Laptop
  - 01/11/14 – 9861 individuals – Desktop Computer
Federal HIPAA Breach Data

- National industry data of all breaches reported to OCR from ’03 – present, ranked by frequency
- Named “Wall of Shame” by Industry & Regulators

<table>
<thead>
<tr>
<th>Rank</th>
<th>Organization</th>
<th>Breaches</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>UnitedHealth Group</td>
<td>7</td>
</tr>
<tr>
<td>2</td>
<td>University of California, San Francisco</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>Mount Sinai Medical Center</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>Cook County Health &amp; Hospitals System</td>
<td>4</td>
</tr>
<tr>
<td>3</td>
<td>The University of Texas MD Anderson Cancer Center</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Newark Beth Israel Medical Center</td>
<td>3</td>
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<tr>
<td>3</td>
<td>Georgetown University Hospital</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Jackson Health System</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Oregon Health &amp; Science University</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>Delta Dental of Pennsylvania</td>
<td>3</td>
</tr>
</tbody>
</table>

859 Organizations                  925 Breaches

Data Source: [http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/breachtool.html](http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/breachtool.html)

A 5th reported UCSF incident from 2013 is not on the OCR website at this time.
UCSF Risk Horizon for Current Breaches

- Common timeline is 3-5 years for OCR investigations, from incident to closure
  - Open OCR investigations for UCSF breaches may not close before 2019
- UCSF’s increasing commitment to the risk management program can potentially reduce the impact of potential OCR imposed corrective actions
  - Organizations which have shown commitment to risk management and HIPAA compliance experience more favorable outcomes from investigations

UCSF Federally Reported Breaches

- 9/22/09 – 610 individuals – Email
- 11/20/09 – 7300 individuals – Laptop
- 09/09/13 – 3553 individuals – Laptop, paper
- 09/25/13 – 8294 individuals – Laptop
- 01/11/14 – 9861 individuals – Desktop Computer

June 2014 Start of Data Security Compliance Program

Risk Management Plan
Overall Compliance

Note: Includes central services such as IT, HR, Legal, & Privacy which are shared across all control points.
HIPAA Security Compliance

The lack of a comprehensive data security risk management program has resulted in insufficient HIPAA compliance posture across UCSF.

Note: Includes central services such as IT, HR, Legal, & Privacy which are shared across all control points
What is Driving this Risk Profile

• Highly variable work practices across our control points, e.g.:
  • Granting access to data and applications.
  • Data handling for business workflow.
  • Storage and movement of data such as removable storage media, internet collaboration tools.

• No IT security compliance oversight to drive progress across control points.
  • The lack of a risk management program was a key factor in OCR’s issuance of a $4.8M fine for New York-Presbyterian and Columbia University for a desktop that exposed data for 18 months.

• Lack of security-related procedures and practices that all IT groups / departments must execute, e.g.:
  • Structured patching of systems
  • Physical security of computing devices
  • Decommissioning of computing and storage
  • Ex.: In technical testing at UCSF, a vulnerability in a CPFM web application resulted in compromise of domain admin credentials, that would have allowed access to all UCSF systems, including Epic database. The tester accomplished this in 4 hours

• The widespread use of personally owned devices for UCSF work.
What is Driving this Risk Profile

• Lack of technical controls to enforce policy / procedure, e.g:
  • Control what devices can attach to the UCSF network.
  • Ability to manage the devices attached to the network (lack of management software on devices).
  • Ability to monitor where PHI / PII exists and how it is being moved.
  • Enforcement of password length and change requirements.
  • Enforcement of higher security bar for remote users (from outside our network).
  • Limit the kinds of internet protocols that can come into our network (tight Firewall controls)
    • In a 5-day period, there were over 140,000 SSH remote login attempts on the UCSF firewall. 91% of those were “bad” traffic. 74% of all attempts were from China. 20,000 gained access.

• An IT funding mechanism within Campus that enables individual departments and individuals to make decisions to address security appropriately.
  • i.e.: Don’t want to spend scarce dollars on encryption; upgrades to hardware; monitoring software.

• Concern that secure equals 1) lower computing performance; 2) less efficient; 3) less collaboration. (Valid risks that must be mitigated but should not stop action.)

• Missions that require a very open and collaborative culture but a culture that also resists most forms of limitation, control, oversight.
Data Security Compliance Program

- IT risk management program designed to secure UCSF’s sensitive data and satisfy compliance requirements (ePHI, personally identifiable information, intellectual property, etc.).
  - The program is modeled on National Institute of Standards and Technology (NIST) guidelines, the framework cited by the HIPAA Security Rule.

- Collaborative effort between UCSF IT and the Control Points:
  - Each Control Point appoints two or more “DSCP Champions.” These are individuals who have familiarity of the business operations and IT environment of their respective Control Points.
  - The DSCP Champions coordinate the creation and execution of risk management plans to address the risks documented in the Enterprise Risk Assessment.

- Consults, coordinates, and tracks risk management activities being conducted by the Control Points.

- Periodic updates to the enterprise risk assessment to discover changes in risk exposure.

- Report compliance status to the IT Governance and the Privacy Compliance Committees.
# DSCP Champions (* in progress)

<table>
<thead>
<tr>
<th>Department</th>
<th>Champions</th>
</tr>
</thead>
<tbody>
<tr>
<td>School of Dentistry (SOD)</td>
<td>Tom Ferris, Computer Resource Manager, Dentistry Network &amp; Info Services</td>
</tr>
<tr>
<td></td>
<td>Tommy Kwong, Programmer Analyst, Dentistry Network &amp; Info Services</td>
</tr>
<tr>
<td>Langley Porter Psychiatric Institute (LPPI)</td>
<td>Ann Saggio, Information Systems Director</td>
</tr>
<tr>
<td></td>
<td>Laverne Tarpley, Manager, Health Info Management Services</td>
</tr>
<tr>
<td>Clinical Labs (CL)</td>
<td>Enrique Terrazas, Associate Clinical Professor</td>
</tr>
<tr>
<td></td>
<td>James Reese, Programmer/Analyst III</td>
</tr>
<tr>
<td>Student Academic Affairs (SAA)</td>
<td>Doug Carlson, Registrar &amp; Student Information</td>
</tr>
<tr>
<td></td>
<td>Kevin Yeung, Programmer/Systems Coordinator</td>
</tr>
<tr>
<td>School of Nursing (SON)</td>
<td>David Kell, Programmer/Analyst III</td>
</tr>
<tr>
<td></td>
<td>Doug McCracken, IT - Programmer/Analyst</td>
</tr>
<tr>
<td>University Development &amp; Alumni Relations (UDAR)</td>
<td>Jansen Lowe, Director, Information Technology</td>
</tr>
<tr>
<td></td>
<td>Sushmita Sharma, Director, Information Systems</td>
</tr>
<tr>
<td>Library &amp; Center for Knowledge Management (LIB)</td>
<td>Kirk Hudson, Manager, Technology Commons</td>
</tr>
<tr>
<td></td>
<td>Rich Trott, Director, Academic Information Systems</td>
</tr>
<tr>
<td>School of Pharmacy (SOP)</td>
<td>Michael Nordberg, Associate Dean, Admin &amp; Finance</td>
</tr>
<tr>
<td></td>
<td>Valerie Starling, Controller</td>
</tr>
<tr>
<td>Finance &amp; Administration (FAS)</td>
<td>Jane Y. Wong, Executive Director-Business Applications, UCSF IT</td>
</tr>
<tr>
<td></td>
<td>Cindy Yoxsimer, CLS BTS Manager</td>
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<tr>
<td>* Medical Center (MC)</td>
<td></td>
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<tr>
<td>* School of Medicine (SOM)</td>
<td></td>
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<tr>
<td>* Enterprise (UCSF IT)</td>
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</tbody>
</table>
Changes To Be Governed

• Procedures to standardize and inform practices in technology & administrative departments, for example:
  • Access to data practices
  • Physical security of IT assets
  • Consistent patching and management of systems
    • *Ex: Technical testing at UCSF found hundreds of unpatched systems across the enterprise*

• Technical controls including:
  • Network Access Control to prevent non-conforming computers from attaching to the UCSF network.
  • Or, prohibit personal devices from attaching to the UCSF network. (Major technical and cultural issues to overcome.)
  • Enforce encryption on all computers and removable storage (e.g. USB flash drives).
  • Require Data Loss Prevention on computer endpoints to identify where PHI exists and enforce controls on how it is used and where it is being shared (e.g. Google & DropBox).
  • Require “Big Fix” system management software on all computers attached to UCSF network.
  • ...and others that must be investigated and technical solutions developed.
Changes To Be Governed

• All IT Vendors and Service Providers must be assessed for security risks; security is most efficient in the acquisition and design phases
  • Example: Applications like InQuicker and Golden Hour are housing patient data in a system managed outside IT.

• Reasonable password expiration policies, e.g. 8 character with 6 month change or 9 character passwords with 12 month change interval.
  • Note: Wellpoint ACO contract requires 90-day password changes; UCSF does not require periodic password changes.

• Two-factor authentication for technology system administrators and remote users.

• Network traffic into and out of UCSF will be subject to more firewall restrictions to close known security risks.
  • Example: A persistent attack on UCSD last year from China resulted in stolen intellectual property, major productivity disruptions, and two forced password changes for 40,000 users within one month.
Actions Taken to Date

- Data Security and Compliance Program (DSCP) established.
  - DSCP “Champions” from nearly every Control Point have been identified.
  - IT risk management training materials for champions in development.
  - Posted position for leader of DSCP with strong candidate in discussions.
  - Detailed risk assessment reports reviewed with Control Points.
  - Purchased customer-facing risk management tracking tool.

- Medical Center encryption program substantially completed July 2014.

- IT Governance support for comprehensive encryption policy for Campus
  - Implementation proposal in progress.

- Firewall security tightening has begun.

- Upgraded security event correlation tools.
Next Steps and Requests

- **Next Steps:**
  - Develop first set of specific recommendations for security changes: Sept 2014
  - Get agreement from IT Governance Steering then review with Chairs
  - Complete risk management training curriculum and certify departmental DSCP Champions
  - Fully staff DSCP and implement risk management tracking tool

- **Requests:**
  - Executive sponsorship for the DSCP and support for the departmental DSCP Champions to engage.
  - Engagement with your leadership team to reinforce expectations on an ongoing basis.

- **Discussion Points and Questions:**
  - What forums should we be certain to engage in the decision making process?
  - Are there departments for which you are particularly concerned about the impact of these changes?

This can be accomplished without materially impacting our ability to do research, education and patient care.
Contents

- New Service Partnership Agreement
- Chazey Partners assessment
- Future cost growth/containment
Service Partnership Agreement
Service Partnership Agreement (SPA)

- New SPA effective July 1, 2014 is an agreement between UCSF Human Resources and departments about
  - Services provided
  - Turnaround times for common, measurable actions
  - Expectations for partnership between departments and HR to facilitate service delivery
- Developed by staff and academic subcommittees of the HR Advisory Board
  - Members included customer and HR representatives
  - Metrics and process improvements were approved by the HR Advisory Board in January
- We have made progress on process improvements to help us meet the SPA
  - Vet changes with stakeholders and continually update customers on changes
- We are developing reports to gather performance data for measuring our service against the SPA
## Academic Metrics

<table>
<thead>
<tr>
<th>Metric</th>
<th>Average Turnaround Jan 2013 – July 2013</th>
<th>Finalized SPA (target turnaround for 90% of cases)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Change (MPM Data)</td>
<td>3.8 day turnaround</td>
<td>3 day turnaround</td>
</tr>
<tr>
<td>Funding Change (SRS Data)</td>
<td>6 day turnaround</td>
<td>4 day turnaround</td>
</tr>
<tr>
<td>Additional Pay</td>
<td>3.27 day turnaround</td>
<td>5 day turnaround</td>
</tr>
<tr>
<td>Separations (SRS Data)</td>
<td>19 day turnaround</td>
<td>4 day turnaround</td>
</tr>
</tbody>
</table>
# Staff Metrics

<table>
<thead>
<tr>
<th>Metric</th>
<th>Average Turnaround January–July 2013</th>
<th>Finalized SPA (target turnaround for 90% of cases)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Changes and Renewals (SRS Data)</td>
<td>3.65 day turnaround</td>
<td>4 day turnaround</td>
</tr>
<tr>
<td>Recruitment Request (SRS Data) (Target metric accounts for new OFCCP requirements)</td>
<td>11.59 day turnaround</td>
<td>New Hire:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 10 day turnaround</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Replacement:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• 5 day turnaround</td>
</tr>
<tr>
<td>Compensation (SRS Data) (Union review, when required, will result in longer turnaround times)</td>
<td>Reclassification:</td>
<td>Reclassification:</td>
</tr>
<tr>
<td></td>
<td>• 20 day turnaround</td>
<td>• 20 day turnaround</td>
</tr>
<tr>
<td></td>
<td>Equity Review:</td>
<td>• 15 day turnaround</td>
</tr>
<tr>
<td></td>
<td>• 16 day turnaround</td>
<td></td>
</tr>
<tr>
<td>Campus Locator (SRS Data)</td>
<td>2.43 day turnaround</td>
<td>3 day turnaround</td>
</tr>
</tbody>
</table>
SPA Compliance Reports

- Report is being developed that measures SPA compliance using data from the SRS and MPM
- SPA results will be shared with department representatives and used to partner on improvement plans
- Stretch goals:
  - We are aiming for 90% compliance in all SPAs
  - Some areas are more challenging and necessitate process improvement and training
For July/August 2014, HR achieved the target metrics as follows:

**Academic**
- Funding changes – 64%
- Additional pay – 79%
- Separations – 34%
  - Report currently not well controlled for “inactive” time

**Staff**
- Funding changes – 69%
- Recruitment/replacement – 53%
- Recruitment new – 74%
- Reclassification – 48%
  - New process has been implemented
- Equity review – 73%
- Changes to campus locator 80%
Academic SPA Success - All Measures
Aug 2013 - Jul 2014

- **Fund Distribution Change**: 64% NO, 36% YES
- **Additional Pay**: 79% NO, 21% YES
- **Separation**: 66% NO, 34% YES
Staff Data - example

Staff SPA Success - All Measures
Aug 2013 - Jul 2014

- Campus Locator: 80% (NO), 20% (YES)
- Equity Review: 73% (NO), 27% (YES)
- Fund Distribution Change: 69% (NO), 31% (YES)
- Reclassification: 48% (NO), 52% (YES)
- Recruitment - New: 74% (NO), 26% (YES)
- Recruitment - Replacement: 53% (NO), 47% (YES)
UCSF Human Resources has engaged Chazey Partners to conduct an assessment of the current state of the HR organization, and develop recommendations for improvements.

- Chazey Partners has a focused practice on building effective shared services.
- Track record with Lawrence Berkeley Labs, UC Davis, and UCOP.

The goal is to identify internal changes to:

- Improve customer service culture.
- Standardize processes.
- Develop or enhance technology systems/tools to improve efficiency and effectiveness for customers and HR staff.
- The goal is not to change the scope of services provided or significantly alter the roles/responsibilities between HR and customers.

Concurrent with this effort, Chazey is conducting a similar assessment of Medical Center HR.
Chazey Partners Project Phases

- **Phase 1 – Assessment**
  - Stakeholder interviews, process workshops with customers and service providers, effort analysis
    - Included a dedicated effort to gather input from the Academic Senate
  - Identify key opportunities for improvement and work with HR leadership to prioritize

- **Phase 2 – Recommendations**
  - Chazey Partners will present recommendations to HR Advisory Board in mid-September (target)
  - Chazey Partners will incorporate feedback and recommend high-level implementation plan

- **HR will share outcomes and next steps for implementation broadly with customers**
  - Partner with HR Advisory Board and other key stakeholders to facilitate change management
HR Cost Growth and Containment
HR Budget Considerations

- HR costs are influenced by a variety of factors
  - Lack of systems and technology
  - Service level expectations as driven by the Service Partnership Agreement (SPA)
- The subcommittee considered each of these factors to understand the feasibility of slowing growth in the HR budget beyond FY15
  - There is acknowledgement that it will be difficult to meet service expectations given planned cuts in future years without significant process improvements and technology investments to reduce workload and eliminate steps that do not add value
  - Given a realistic timeline for process improvements, policy changes, and UCPath, it may take longer than originally expected to see HR costs flatten although every effort will continue to be made to contain expenses
HR Budget Considerations continued

- Beginning in FY16, the subcommittee continues to pursue flattening rates, as recommended last year
  - However, HR’s ability to achieve this depends upon systems/technology investments and process standardization
  - More detail is needed about systems initiatives and process standardization timelines to determine if this is realistic

- Technology and Systems
  - HR had deferred most technology investments due to UCPath, which is now expected to be delayed by at least a year (update: estimated go-live is October 2016)
  - UCPath is no longer expected to fully meet local needs, so UCSF will need to make considerable investments in technology and systems to improve efficiency and accuracy
  - Subcommittee endorses HR to pursue resources for systems investments to help with process improvement and efficiency
Current Focus

- Developing a comprehensive technology strategy taking into account UCPath’s limited scope and significant unknowns
- Anticipate an internal restructuring of the HR organization to streamline and become less “top-heavy” based on Chazey Partners’s assessment
  - Have identified opportunities to combine director- and manager-level positions whenever possible
- Expanded faculty representation on Advisory Board to ensure we understand academic concerns
- Launching LEAN cross-functional process improvement
  - Onboarding as pilot
- Considering a focused effort on improving end-to-end postdoc services
- Need partnership with the Schools’ leadership to address policy changes that drive efficiency
Appendix: SPA Process Improvements
# Academic Process Improvements

<table>
<thead>
<tr>
<th>Improvement</th>
<th>Description</th>
<th>Status</th>
<th>Resources/Tools</th>
</tr>
</thead>
</table>
| Appointment and Advancement  | • Create and publish a calendar that identifies actions, those responsible and deadlines  
                               | • Create a report in Advance that follows progress of packets              | Completed and communicated through UCSF HR Update in February 2014         | • The Academic Calendar Guidelines for Advancement Actions  
                               |                                                                             |                                                                         | • Advance widget that follows progress of packets – training webinar provided to campus |
|                               |                                                                             |                                                                         | • Guidelines for salary increases  
                               |                                                                             |                                                                         | • Payroll procedure instructions and guideline |
| Post Docs                    | • Standardize process for Post Doc salary increases  
                               | • Develop and provide instructions and procedures for Post Doc payroll transactions  
                               | • Develop and provide related training                                     | Completed and communicated through UCSF HR Update in February 2014         | • Guidelines for salary increases  
                               |                                                                             |                                                                         | • Payroll procedure instructions and guideline |
## Academic Process Improvements (continued)

<table>
<thead>
<tr>
<th>Improvement</th>
<th>Description</th>
<th>Status</th>
<th>Resources/Tools</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Renewals</td>
<td>• Develop and provide tools and training materials for the annual renewal process</td>
<td>Process piloted in April 2014&lt;br&gt;Continuous improvement of the renewal process and opportunities to streamline are being assessed</td>
<td>• Best practice process developed to integrate data from multiple systems&lt;br&gt;• Training is ongoing</td>
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<tr>
<td>Visa Application Procedures</td>
<td>• Develop standard procedures for visa application in relation to hiring and onboarding</td>
<td>Plan in place by June 2014, completion depends on stakeholder outside HR</td>
<td>Will be addressed through content on UCSF HR website</td>
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# Staff Process Improvements

<table>
<thead>
<tr>
<th>Improvement</th>
<th>Description</th>
<th>Status</th>
<th>Resources/Tools</th>
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<tbody>
<tr>
<td>Onboarding</td>
<td>• Identify “core” actions required for the on-boarding &lt;br&gt;• Identify a cross-functional team of stakeholders &lt;br&gt;• Develop proposals for process changes</td>
<td>Still pending &lt;br&gt;Cross-functional workgroup with key campus stakeholders launched</td>
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<tr>
<td>Affiliate Appointments</td>
<td>• Document requirements for use of specific non-payroll roles at UCSF &lt;br&gt;• Develop guidelines and criteria &lt;br&gt;• Develop tool(s) for selecting the correct non-payroll role &lt;br&gt;• Develop process documentation</td>
<td>Completed and communicated through UCSF HR Update in June 2014</td>
<td>• Comprehensive list of Affiliate Codes &lt;br&gt;• Description grid of non-salaried appointment types &lt;br&gt;• Request form &lt;br&gt;• Internal HR review process &lt;br&gt;• Monthly report for departments/HR to help monitor use &lt;br&gt;• August 2014</td>
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## Staff Process Improvements (continued)

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| Labor and Employee Relations | • Define UCSF’s philosophy  
• Identify current strengths/areas for improvement  
• Define roles and required approvals  
• Engage stakeholders and develop training plan | Partially completed in June 2014 - ongoing  
Clarified that the Department Supervisor, Manager and/or Director ultimately decides the action to be taken  
• HR’s role: provide advice | • Comprehensive list (matrix) of actions identifying who provides support and advice  
• Complex cases/issues guidelines |
| Funding Changes              | • Standardize templates  
• Identify process improvement  
• Develop a strategy for tracking error frequency and causes | Completed and communicated through UCSF HR Update in June 2014 | • Re-designed SRS on-line funding area  
• Standardized funding change process and forms  
• Error monitoring process developed as part of the new PAN review process |