

**RESEARCH ADVISORY BOARD (RAB)**  
**September 6, 2016**  
**8:30-10am**  
**Medical Sciences Building, Chancellors Conference Room S-118**

**Attendees:** Pam Den Besten, Joanne Engel, Clarice Estrada, MC Gaisbauer, Jennifer Grandis, Xiao Hu, Jean Jones, Jim Kiriakis, Larisa Kure, Georgina Lopez, Synthia Mellon, Suzanne Murphy, Michael Nordberg, Theresa O'Lonegan, Christine Razler, Elizabeth Sinclair, Brian Smith, Matt Springer, Winona Ward

**On Phone:** Jane Czech, Gretchen Kiser,

**Not here:** Chip Chambers, John Ellis, Vanessa Jacoby, Mounira Kenaani, Steven Lazarus, Wallace Marshall, Irene McGlynn, Teresa Moeller, Thomas Neylan, Nirao Shah, James Sorensen, Paul Volberding

**Guests:** Deborah Grady, Jim Hine, Dan Lowenstein, Bill Seaman, Jim Sobczyk, Eunice Stephens, Leslie Yuan

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Dan Lowenstein thanked Bill Seaman for serving as the RAB co-Chair and presented him with a thank you letter.

PZ2025 Update, Dan Lowenstein

See PowerPoint presentation attached

- One of the biggest challenges for strategic planning for UCSF is the future of our campuses, second only to the cost of living in San Francisco
- Some of the major changes that will happen by 2030 (14 years from now) are:
  - Moffitt will remain standing, but not as a hospital
  - A new hospital will be rebuilt where Langley Porter currently stands
  - UC Hall will have student housing
- We have to maintain the same total square footage on the campus with the new buildings
- We are focusing on research and instruction with the planners of the new spaces/buildings (to avoid the problems that we have with the new Mission Bay hospital)
- Improvements to the library will be a focus for significant fundraising
- There are major concerns for research faculty/staff at Parnassus, in that if the current situation does not change/improve, we will begin to lose our talent, especially the junior faculty
- We started a space audit last week. 35-40% of all research space on all campuses is not being used (this was determined by counting knee spaces, which is a measure of the intended number of people working in a laboratory
  - At Parnassus 45-50% is not being used, at Mission Bay approximately 30% is not being used
  - Does this actually reflect space not being used or that Parnassus has a substantial amount of laboratory space that is no longer usable (i.e. requires major renovation)
    - This can be examined further, but it looks as those spaces are not being used to their full capacity
  - Are renovated labs better utilized?
    - Yes
- Questions posed by Dan to the Board
  - We may have room to move 20 PI's to Mission Bay. However, there is an estimate that 70-80 have indicated they would move if possible. If there is space at Parnassus, what is recommended to keep them at Parnassus and better supported?
    - Many faculty see the center of research being located at Mission Bay
    - We need a 5 year timeframe for improvement (not 14)
    - Many lab spaces need to be renovated
    - The connected floors of the hospitals to other buildings offers a unique opportunity for connecting translational science to patient care
    - Need better access to core facilities
    - Divide people by jobs rather than departments
    - Build a new building at Mission Bay for the space noted above to move some PI's
    - Develop a solid plan for a multi campus UCSF, that works for everyone

Next Steps:

- Members of RAB can provide additional feedback to Dan directly and RAB as a board will issue a statement

Last Mile Delivery Program, Jim Hine & Jim Sobczyk

See PowerPoint presentation attached

- Distribution is now Logistics and located at Oyster Point
- Beginning on August 22, an option was added to increase last mile delivery volume to include other parcels purchased via BearBuy.
- BearBuy Requesters have two options:
  - 1) Select “desktop delivery” for urgent next day orders.
  - 2) For non-urgent orders, requesters may select “612 Forbes Boulevard” as the delivery point and we’ll route the parcels through our last mile delivery program same day delivery.
- Costs will be lower if people use the non-urgent option
- Our suppliers like this plan and have helping fund the initiative
- Program costs are not following to researchers

Questions/Comments:

- How are faculty being informed of this change/option?
  - It is now part of training for requesters
- How are we addressing confusion and potential costs in the future?
  - Delivery location is determined by whomever is placing the order, people will need a refresher on how to order
  - All orders are being monitored to ensure that in transition nothing is messed up
  - Currently only available at Parnassus, will be rolled out to other campuses in the new few months
- Are there less trucks coming onto campus?
  - This is being tracked, i.e. how many and how long they are parked on campus
- The medical center does not use BearBuy, how are you addressing this?
  - Hoping to pull the medical center in. Most of the clinical supplies come in at night and we are currently focused on day deliveries, we will reach out when we know we can fully support
- Pluses and minuses of using this system?
  - Cost savings and ease of use
- Are we forced to pay for large equipment to be delivered to Oyster Point and then re-delivered to our labs?
  - The BearBuy department “requestor” actually makes the decision where large equipment is to be delivered. No one is forced to use Logistics at Oyster Point. It is actually generally better to have large items delivery to Oyster Point as they inspect, set up items as needed and coordinate delivery into the actual space (like labs) at the departments convenience.

Next Steps:

- None specifically noted

UCSF-wide Consent for Discarded Biospecimens & Access to Electronic Health Record Data, Jennifer Grandis & Leslie Yuan

See PowerPoint presentation attached

- We have a very uncoordinated approach of asking patients for consent
- We are not trying to get additional Biospecimens, just to recycle or repurpose what gets thrown away
- Starting with the blood labs as a pilot, especially to deal with processing
  - It will be built out on a big scale (with other money/funding) or small, depending on demand
  - Getting consent systematically and consistently is the first step

Questions/Comments:

- Are the VA/ZSFG/etc. being involved?
  - Not as this time

Next Steps:

- None specifically noted

# **UCSF 2030 and Campaign Update and Discussion**

*Research Advisory Board*

*September, 2016*

*Dan Lowenstein, Executive Vice Chancellor and Provost*

# Summary

- UCSF 2030, the evolution of the original PZ2025 taskforce, has come to a close
- The taskforce identified a number of key strategic priorities for leadership attention and investment:
  - Enhancements to infrastructure for lab scientists at Parnassus
  - Need for a more holistic clinical and translational research enterprise at UCSF overall, integrated with the most advanced patient care
  - Revitalization of the Parnassus campus to enable a distinct and proud identity and community
- Some of these items are being addressed as part of the build-up to the Capital Campaign and are ongoing. Some will require additional work and analysis.

# UCSF 2030

## Background:

- Original Goal: to develop a compelling vision for the future of Parnassus, to guide program and facility investments
- Catalyzed by faculty and community discontent – i.e. being perceived as a “second tier” campus, with investment and growth focused on Mission Bay
- CEC input expanded our original scope to go beyond Parnassus, to include Mt. Zion

## Initial Approach:

- Convened (PH based) thought leaders across UCSF mission areas to develop and share ideas on potential enhancement of Parnassus
- Developed a comprehensive proposal for future of Parnassus campus, shared with leadership and development.

***Evolved to PZ2025, eventually, to UCSF 2030***

# Leadership Decisions and Input: 2030

*UCSF2030 concepts, themes and key takeaways have been shared with campus/health system leadership. Some areas got clear buy in...*

## **Support:**

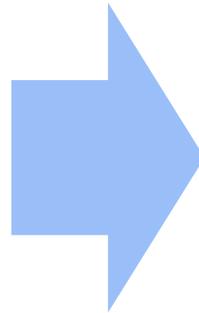
- ✓ Support for overall idea of enhancing Parnassus campus, though with caution for scope, timing and cost
- ✓ Strong development support for high tech, high touch “hospital of the future” concept, incorporating state of the art clinical and translational research. Decision to include this theme into Campaign planning
- ✓ Agreement to explore multiple uses of Library as a hub for professional education
- ✓ Decision to incorporate research and education strategies/vision into hospital design and space planning consulting

# Leadership Decisions and Input: 2030

.. While others were left more open-ended. We have some ideas to address these.

## Areas of Ambiguity

- Specifics regarding Parnassus enhancement - currently scope is too large and vague
- Moffitt Hospital somewhat separated from Campaign, even though Patient Care is part of Campaign
- Plans for basic science labs at Parnassus - challenges with current infrastructure



## Response/Plan to Address

- Need to define Parnassus work and break into components and cost. Beginning discussions with campus architect
- EVCP is ensuring Med Center is part of Campaign discussions on patient care, and that campus is integrated into hospital planning
- EVCP regularly meeting with basic scientists at PH to assess specific, tactical needs

# UCSF 2030 and Campaign

*2030 taskforce is dissolved, but many of the key themes will be further developed through the campaign and capital planning process*

## CAPITAL CAMPAIGN and UCSF 2030

### Care of the Future

- Hospital of the Future, clinical and translational research. Integration of discovery into patient care for the best patient-centric care
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### New Biology

- Discovery Research Centers around specific disciplines/diseases
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### Brilliant Minds

- Welcoming and inclusive community spaces, neighborhoods for community building for faculty, staff, students promoting a sense of belonging
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### Grand Challenges

- Disease or condition specific???

# Questions/Comments

We have a number of unresolved areas where we welcome input:

- **Basic science at Parnassus:** How do we ensure Parnassus remains attractive and welcoming for the basic scientist of the future? What are the priorities?
- **Clinical and translational research integrated into patient care:** How do we ensure that we incorporate our excellence in research into all aspects of future patient care planning? Where are the areas we need to focus on?
- **Campaign:** Note that we do not know what donors will actually be interested in. As such, how can we meet the needs and expectations raised by both 2030 and the campaign? How can we prioritize our key needs given limited resources?

# UCSF Logistics - Distribution, Storage & Mail

## UCSF Last Mile Delivery Program

September 6, 2016



Supply Chain Management

## Last Mile Delivery Processing

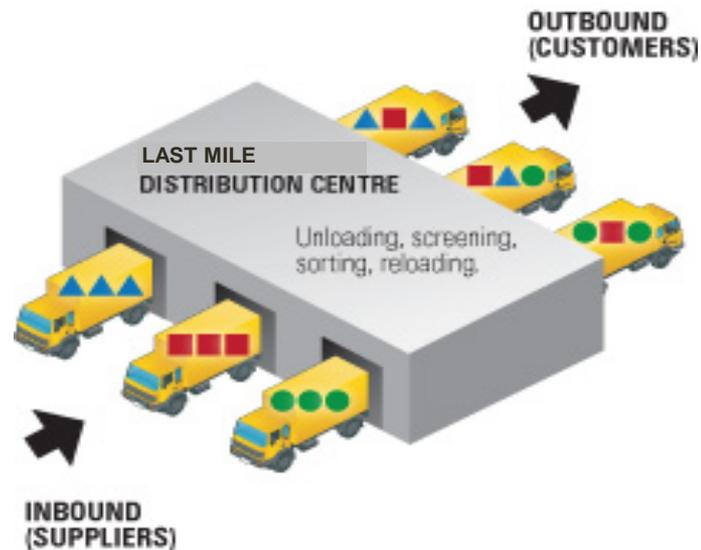
- Our last mile delivery operation aligns with the University's Long Range Developmental Plan, commonly known as LRDP.
- One of the goals of LRDP is to reduce truck traffic and the “carbon foot-print” on UCSF campuses. This business line also advances UCSF's efforts toward carbon neutrality by 2020.
- Last mile deliveries assist the UCSF Government & Community Relations Department's effort to subdue the neighborhood associations' understandable concerns of higher traffic volume.



# Last Mile Delivery Processing

## Last Mile Delivery – The Definition

- In simple terms “last mile delivery” is a practice in the logistics of unloading materials from an incoming truck and loading those materials onto outbound trucks, with little or no storage in between.

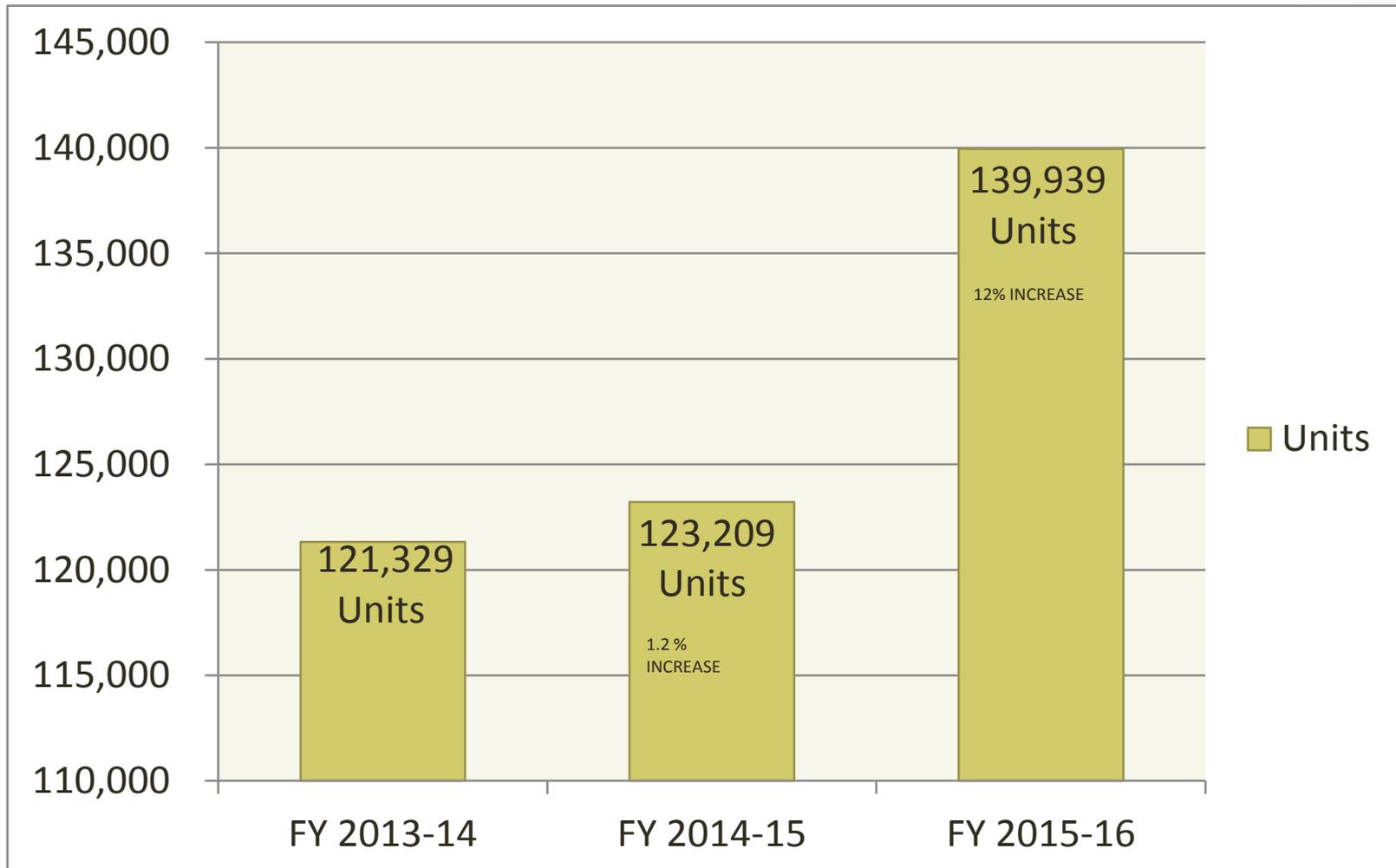


## Last Mile Delivery Processing

- Prior to August 22, 2016, there were four suppliers and the post office enrolled in our last mile delivery program:
  - Office Max
  - VWR
  - Fisher Scientific
  - Give Something Back Office Supplies
  - United States Postal Service Parcels
- This last mile delivery program has been delivering parcels and reducing traffic on our campus streets for these five business's since 2010.



## Last Mile Delivery Units Processed



## Last Mile Delivery Processing

- Beginning on August 22, we added an option to increase last mile delivery volume to include other parcels purchased via BearBuy.
- BearBuy Requesters have two options:
  - 1) Select “desktop delivery” for urgent next day orders.
  - 2) For non-urgent orders, requesters may select “612 Forbes Boulevard” as the delivery point and we’ll route the parcels through our last mile delivery program same day delivery.
- The motive for delivery to “612 Forbes” is to reduce truck volume and the amount of time trucks spend on the campus streets. Again, this strategy fully supports the UCSF Long Range Development Plan.



# UCSF Logistics – Distribution, Storage & Mail

## Supply Chain Management

UCSF Logistics – We Deliver Excellence

Thank you



University of California  
San Francisco

# eConsent

*for remnant blood and tissue for research*

Jennifer R Grandis, MD  
Associate Vice Chancellor of Clinical and Translational Research  
Director, CTSI

9/6/2016



WHY?

WHAT?

HOW?

**MISSION**

Caring – Healing  
Teaching – Discovering

**VISION**

Be the best provider of health care services,  
the best place to work and  
the best environment for teaching and research

**VALUES**

Professionalism – Respect – Integrity – Diversity - Excellence

**TRUE NORTH PILLARS & STRATEGIC PRIORITIES**

<p><b>Patient Experience</b> Deliver an Outstanding Patient Experience</p>	<p><b>Quality &amp; Safety</b> *Achieve Zero Harm *Continually Improve Patient Care</p>	<p><b>Our People</b> Create an Optimal Work Experience</p>	<p><b>Financial Strength</b> Lower Our Costs</p>	<p><b>Strategic Growth</b> *Expand Our Reach *Optimize Access</p>	<p><b>Learning Health System</b> Advance, Apply and Disseminate Knowledge</p>
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**THE UCSF HEALTH WAY: OUR MANAGEMENT SYSTEM**

*Align – Engage – Improve*

**REDEFINING POSSIBLE**

# The Problem

Currently, there is no uniform, integrated electronic approach to obtaining consent for use of remnant tissue or blood for research at UCSF

Today, there are >1,500 IRB approved protocols that involve collection of “tissue” for research

# **GOAL - Obtain electronic consent for use of remnant biospecimens obtained during clinical care for use in research:**

- Develop efficient, electronic, ethical methods
- Obtain consent from a high proportion of patients
- Minimize disruption to clinical workflow

# Approach

## Obtain Consent

- Educate patients (video)
- Capture consent response (app)
- Manage the consent response (MyChart)

## Link Data

- Consent response available via EMR system and LIMS

## Use for Research

- Researchers able to identify available biospecimens

# Benefits

## ■ Privacy and Ethics

- Uniform, centralized governance
- Uniform patient education provides clear and consistent messaging
- Centralized storage and management of data

## ■ Compliance

- Anticipates the change in the Common Rule regarding whether de-identified tissue is considered human subjects

## ■ Investigators

- Better compliance for data use with NIH funded studies
- Uniform system for identifying consented specimens

# Benefits, cont'd

## ■ Clinics

- Uniform, automated process with minimal disruption

## ■ Patients

- Better understanding of what they are being asked to provide and how it will be used
- Easier method for managing consent once it has been given
- Decreased potential for redundant asks from multiple clinics or providers

# EngageUC: Ethical, Efficient, Sustainable UC Biobanking System

- Ethical
  - Aim 1, Stakeholder engagement
  - Identify how to build public support for biobank research
- Efficient
  - Aim 2, Compare methods for obtaining consent
  - Determine what works for obtaining informed consent
- Sustainable
  - Aim 3, Policy translation
  - Inform system-wide policies & action

# EngageUC Consent Process

The consent process should be initiated at a time of **low stress** for the patient by a **knowledgeable, trustworthy** individual; there should be **ample time** for discussion.

Recommendation	San Francisco			Los Angeles		
	Vote ID#	# Yes	Full Vote	Vote ID#	# Yes	Full Vote
<b>SECTION F - INFORMED CONSENT</b>						
Consent must [should] be obtained when donor is less [not] stressed, worried or preoccupied	F36	24	24/0/1	F2	24	24/1/1
It should be obtained via interaction with a knowledgeable [and trusted] person [who has time to answer questions]	F42	24	24/1/0	F2	24	24/1/1
Consent forms must[should] be written clearly and use simple language [and large fonts, in the donor's preferred language]	F34	24	24/0/1	F1	25	25/01/

The format and language of consent materials should make the content easy to understand.

# UCSF eConsent Working Group

Consent Materials – Dan Dohan

Regulatory and Permissions – Chris  
Ryan, CTSI Support

Technology – Leslie Yuan

Overall Project led by  
Deborah Grady, CTSI

Clinical Workflow – Russ Cucina

BIOS/LIMS Coordination - Scott  
Vandenberg

# Progress

- Work Group and Subgroups established
- Process outlined
- Preliminary informational materials developed
  - EngageUC: CTSA-funded collaboration of UCSF and UCLA
  - Informational video (4 min) and materials vetted by:
    - Ethicists and regulatory officials
    - Legal and privacy experts
    - Community members

# Progress

## Vetted existing solutions

- Commercial
  - A few good solutions
  - Expensive
  - Unnecessary frills
- Academic
  - Most use “manual” approaches with lots of FTE
  - Potential solution developed at UCLA
  - UCLA willing to share experience, code

# Next Steps

- Obtain campus and medical center feedback
- Identify clinics for pilot (test small, revise, expand)
  - Likely to select a blood lab and a busy clinic
- Collaborate with UCLA
  - Tech team, app developer
- Revise and finalize informational material
- Further explore clinic implementation
  - Likely need to alter work-flow in clinics
  - Consider using trained staff in specific clinics at initial start-up



UCSF