

IV. Presidential Select Task Team Issues



A. Students

Situation Analysis

The interviews where students were the primary topic or where students were being interviewed were extremely positive in nature. Generally, students at Upstate are seen by the faculty and the larger Upstate community as bright, motivated, career focused and goal oriented. And, generally, students see Upstate as having an excellent application process, good relationships between faculty and student body, and the staff is helpful and caring. They are proud of their schools and the quality of education they receive.

During the student group interview, and in other interviews as well, the admissions office was mentioned as significantly better than any other admissions office encountered during their application process. Some staff were mentioned by name as having been so impressive they prompted an applicant to alter his selection criteria resulting in Upstate becoming his first choice. This strength of purpose should be recognized and celebrated.

It appears there are multiple avenues for student involvement and advocacy with the Undergraduate Student Council, Graduate Student Council, Campus Activities Governing Board and 50-plus other student organizations. There is good attendance at campus sponsored activities and events, and many of the groups and individual students participate in community activities such as Adopt-a-School, COPE and the homeless clinic.

There is a widely held and positive perception that the student body is becoming more diverse with specific mention of a larger number of students of color, greater gender equity and increasing numbers of students from outside the state.

Areas where improvement could be addressed clustered around certain student-incurred cost issues and the campus activities building. The cost issues related to recent increased parking costs in the new garage, with the cost having more than doubled, and that no consideration was given to a student's cost versus the charge to a full-time employee. The cost for on-campus student housing was also cited as having increased and is now said to be higher than the cost of typical off-campus living expenses. Undergraduate students are required to live in the dorm until age 21. Later interviews mentioned that possibly the dorm cost was not significantly higher when cost of utilities, etc., were added into the comparison. Likewise, in later interviews, it was mentioned that Upstate's student costs are near the lowest of any SUNY campus.

It is believed the campus activity building is underutilized due to the age of the facility and the lack of amenities. The gym floor was described as being hazardous and the possible

cause of knee injuries. Other topics included poor air circulation, difficult access to the pool, poor quality of the tennis court surface, the need to interrupt a basketball game to access the weight room, and low quality and limited quantity of workout equipment. Some students mentioned that health and workout access is important to them and they have joined a local gym rather than use this facility. The food service closes at 2 p.m., which greatly limits the desire to congregate in the area in the evening. Other facility issues mentioned included the dorm not being air conditioned and the lack of a large group multi-purpose area for events. The admissions area, while nicely appointed inside, is in the basement and does not present the best appearance for prospective applicants.

Other concepts mentioned or briefly discussed that could be developed in an effort to continuously improve student education and life at Upstate included:

- Opportunities for students of one college to access certain classes and topics in other colleges – examples given were College of Medicine students accessing certain topics such as radiological technology and physical therapy in the College of Health Professions, or graduate students and medical students in certain basic science courses
- Improved opportunity for College of Health Professions clinicals at the hospital
- Improved career counseling and mentoring
- Desire for the College of Nursing to offer more night or weekend classes to serve the working student

Faculty and Staff Remarks

- In the College of Health Professions, you get into clinicals right away. At other schools, you are not allowed such access until your second year.
- Proud of our medical school. These are high quality students.
- College of Nursing is known for the quality of our graduates and our programs. We are recognized in employee surveys.
- The students lack a sense of belonging to the University. There is more a feeling of belonging to a school or a department.
- Talent and diversity is good. We need more focus on attracting students from other states and countries.

Examples of Topics to be Considered by Cross Functional Teams

- Identify and prioritize improvements that could be made at the Campus Activities Building, labs, classrooms and equipment. Consider costs of the projects.
- Identify opportunities that could be of value to the colleges to access other colleges' classes.
- Identify opportunities for community service collaboration between colleges.
- Explore methods to create opportunities for student interaction and engagement across college lines.
- Consider ways to enhance pride and formally recognize and celebrate student achievement.
- Identify inner-city and international opportunities for students and build incentives for participation.

B. Faculty

Situation Analysis

Generalizations must be resisted when considering the faculty of Upstate as a whole since with four distinct colleges, there are circumstances and distinctions that must be weighed and carefully considered. However, one generalization does apply and must be cited since it was articulated repeatedly by students of all colleges, members of administration, support staff and others, and that is the faculty is strong, talented, dedicated to their work, and highly motivated. Students on several occasions noted the mentoring that takes place in addition to the clinical and didactic instruction as a major reason they chose Upstate. This sense of a personal touch is a respected attribute at Upstate as is the perception of being a very welcoming environment for incoming students.

As in most public academic health science centers, recruiting and retaining top educators is of paramount importance. This challenge is made more difficult by the struggle to keep up with private sector salaries. This is particularly true with the clinical faculty who are sometimes lured away from the academic setting and enticed into private practice by the promise of better hours and higher salaries. Those devoted to teaching and mentoring and who are excited about the prospect of creating knowledge, e.g., research, are the faculty most likely to stay for longer duration.

There is a perceived rift between research and clinical faculty and a sense that clinical faculty get the lion's share of resources and research suffers as a result. This leads to a perception that research is undervalued which, in turn, contributes to difficulty in recruiting research scientists in general.

Some faculty members of various colleges expressed a belief that they are poorly served by the Human Resources Department (HR). A general sense was conveyed that staff of the hospital are better served by HR than are members of the faculty. Similarly several faculty members expressed a feeling that Information Technology (IT) better served the business model in the hospital/clinical setting than on the academic side of the university.

A poor ratio of faculty to students in the COM was cited as was the resulting need to add large numbers of instructors. It was suggested that intense clinical activity limits the time COM faculty has to devote to the classroom and the research enterprise. A number of comments were made about the faculty being stable across the board, yet still others expressed concern about an aging faculty that could be difficult to replace. Opportunities for working across department and/or school lines were noted but also mentioned was the sometimes rigid territorialism ("silo mentality") that inhibits this kind of collaboration.

There is a mix of pride and frustration that exists with the faculty of the various colleges – pride over achieving their goals of imparting high quality instruction and frustration over what they see as limited resources, “silos” and “turf”, and less than ideal facilities for classrooms, labs, clinics and classrooms.

Faculty, Staff and Student Remarks

- “Faculty good, basic science top-notch”
- “Finally a stable faculty (College of Nursing), committed and mutually supportive”
- Faculty “prepares strong clinical nurses”
- “Not enough (faculty), but good”
- “Excellence in patient care and teaching”
- “Size of grad school ideal”, “facilitates mentoring”
- “Some (faculty) stay forever and become non-productive”, “they say ‘I am going to retire from seeing patients but keep my office and secretary’, and this limits those below to grow, limits the ability to recruit new folks and thus limits new ideas”
- “The HR process inhibits the hiring of good faculty”
- “Not valued by HR”
- “Better efforts to recruit needed”
- “Not a solid sense of community among faculty here”
- “There is a rift between research and clinical faculty here”
- “Chairs are a mixed lot in terms of training and preparing their faculty”
- (There is a) “struggle with the politics of how we educate, whose turf it is. Limited flexibility between departments on what gets taught and how much time (is allotted)”
- “Lots of students compared to number of faculty . . . must have infrastructure growth”
- “No cohesive approach to faculty development . . .varies greatly from college to college”, “no mentoring of junior faculty”
- “No female faculty at chair level”

Examples of Topics to be Considered by Cross-Functional Teams

- Explore methods to decrease faculty-to-student ratios.
- Examine opportunities for collaboration across colleges.
- Consider monetary and non-monetary incentives for recruitment and retention of faculty.

- Explore methods to formally welcome new faculty and to celebrate faculty career milestones.
- Consider innovative methods for faculty development such as creating a leadership institute.
- Explore incentives to encourage and metrics to measure interdisciplinary collaboration.
- Explore ways in which faculty can find and embrace commonalities of interest in order to identify more readily with the larger entity of Upstate.

C. The Clinical Enterprise

Situation Analysis

The clinical enterprise at Upstate is a complex network of overlapping functions and business and professional relationships. There is no way of coherently analyzing the complexity of the clinical component within the context of an academic health sciences university without coming to grips with the impact it has on all other segments of the institution. What one sees when they seek to examine the clinical enterprise is dependent upon that person's viewpoint – what “lens” are they looking through, i.e., the lens of the nurse manager, the direct care staff, the business office, the clinical researcher, the student or resident, the faculty member, the Hospital CEO, the patient, etc.

Despite these myriad viewpoints and perspectives one fact remains irrefutable – in an academic health sciences university the teaching hospital and ancillary clinical services are the economic engines largely responsible for helping to underwrite the entire institution. This is particularly true in a public university that has seen its state appropriations reduced year after year. Shifting revenues generated through clinical sources to the academic and research components means those equally vital aspects of the university can be sustained and grow even when state and federal funding sources slow to a trickle. Ideally, the clinical, research and academic components of this particular “three-legged stool” represent a mutual dependence and symbioses that, when functioning in balance, become a model of the aphorism of all boats floating higher.

As is often the case, “balance” is difficult to sustain. The dynamics of shifting political, operational and economic realities usually play a huge role in how an institution achieves and sustains that kind of balance, if indeed it does. Upstate has seen its share of change in recent years. Some of these changes, described in greater detail later in this section of the report, have created particular forms of stress within the organization, while at the same time they have created tremendous opportunities. How this stress and these opportunities are confronted and dealt with, not just by executive leadership but by each and every member of Upstate's staff and faculty, will help to determine the course of growth and development the institution will take in the next few years.

To thoroughly research and address all aspects of the clinical enterprise at Upstate would require a greater investment of time than this particular and very preliminary engagement has had at its disposal. True to its title, this is but an “environmental scan” intended to provide the Presidential Task Team a foundation from which to launch their research. In that regard, Butler/Helm have sought to distill common themes from the interviews. For purposes of constructing this foundation, this situation analysis will focus on the following

thematic areas. This list is not meant to be all-inclusive or to limit the investigative efforts of the task team as they delve into their examinations.

- Hospital Management and Operations
- Hospital direct care staff issues and the “snapshot”
- Clinical Departments
- Relationships with Crouse Hospital

We would be remiss if we failed to address the tremendous wellspring of pride that staff have in the hospital. Consistent mention was made of the high quality of care at UH, the pride staff takes in service delivery, strong patient advocacy and an overriding sense of mission that prevails throughout. This comes across as a sustaining force at Upstate, one that has had an instrumental role in past development and one that will help carry it successfully into the future.

Hospital Management

It is safe to say that the change in leadership at University Hospital approximately two years ago has been felt throughout the institution. Strong feelings about the change continue to resonate to this day. Depending upon one’s position within the hospital and the clinical hierarchy, those feelings remain quite strong and some, primarily clinical staff, continue to harbor resentment at the removal of the former CEO. Clearly, he was generally well-liked and thought to be an effective ambassador for the university.

The other side of the coin is that in retrospect even some of his supporters recognize that the previous administration lacked transparency in decision making and followed a budgetary course that contributed to financial difficulties for the hospital. More than one highly placed member of the clinical staff remarked upon how fond they were of the former administrator and yet acknowledged a change in leadership was necessary. Many interviewed conveyed a sense of a previous atmosphere of favoritism and a willingness to throw money at problems even when to do so meant creating a financially precarious position for the hospital.

Several of those interviewed stated that the current leadership at University Hospital is following a more fiscally responsibly, some might even say austere, course. There is a greater sense of openness and transparency in decision making and open forums are routinely held with all staff invited. Questioning is encouraged and answers are provided. “Performance Scorecards” for all operating areas based on industry benchmarks are routinely published and shared.

Regardless of the industry one is engaged in, when an enterprise moves from a more laissez faire management philosophy to a model with more structure and accountability, many experience a sense of dislocation and the pressure is widely felt and some would say it is felt unequally. To paraphrase one staff member, for many years change occurred at a glacial pace, now it is coming at warp speed. To some, the performance targets seem unreasonable and they complain of experiencing great stress and also cite stress on the fabric of the hospital overall. Routinely late discharges, “antiquated” equipment, shortages in basic patient care supplies and insufficient staffing in some key areas are offered up as indicators of stress in the system caused by the imposition of managerial and budgetary constraints.

Hospital Direct Care Staff Issues and the “Snapshot”

The stress brought upon by the imposition of greater administrative rigor and the establishment of benchmarked goals seems nowhere more apparent than within the direct care staff, particularly nursing. They are deeply committed to good patient care and also most resistant to prescribed “staff-to-patient bed ratios”, implying they are unevenly applied, do not appropriately address patient acuity and that nurse recruitment and retention suffer as a result.

The “snapshot” of direct care staffing taken last February was intended to establish baseline staffing patterns and assist in the transition to more “industry standard” staffing patterns. The “snapshot” froze nursing staff levels at that point in time. It has been noted that every department, not just nursing, has performance improvement targets, but of course whenever direct patient care is factored into the equation, the issue and all possible repercussions become amplified. Those nurse managers who believed they had been conscientious in reducing their numbers of “travelers” (temporary nursing staff) now believe they were penalized because travelers were included in the count before the levels were frozen. Nurse Managers also believe they are now being expected to handle administrative tasks such as budgeting and computerized record keeping in a manner they have never been adequately trained to accomplish and that these tasks further compromise their ability to assure good staff supervision and, subsequently, patient care could be adversely affected.

The plan is to gradually reduce nursing levels which some hospital administrators believe were allowed to grow well beyond those of hospitals of comparable size and complexity. The time frame for this transition is a matter of contention; the nursing staff feels it is too ambitious and immediate while hospital administration believes it is “gradual.” This again is quite likely an example of a disconnection in perception between those in administration who believe reductions in staffing to benchmarked levels is essential to the long-term

viability of not just UH, but Upstate as a whole, and those direct care managers who see this as placing more and more complex work on an already over-stressed workforce.

It is an understatement to say that emotions are running extremely high on this issue. Despite the administration's data-driven transparency in decision making, many direct care staff believe their issues are not being heard and considered. As one highly placed hospital official put it, "it is very difficult to separate reality from emotion."

Clinical Departments

In looking closely at the matter and hearing the views of others regarding the structure and make-up of the clinical departments at Upstate, there appears to be a greater independence of action and authority than what might be found at other medical colleges. The existence of eighteen separate practice plans lends weight to that observation. One individual who was interviewed for this report described the situation in terms of there not having been a strong centralizing administrative structure and leadership in the past and, therefore, allegiance was formed first and foremost to the particular department and to the college second, if at all. Another interviewee stated it even stronger by saying, "There is no community of interest at the level of the college; it exists only within the departments." Add to this equation the apparent dynamic of a former hospital leadership willing to make separate and varying financial arrangements with the various clinical departments and an even greater insight into the independence of the departments begins to arise.

None of that is to say that the departments have ever acted outside the best interests of Upstate. A certain amount of autonomy and parochial thinking is to be expected and again and again we heard about the exceptional care and caring exhibited by the clinical staff as well as widely recognized clinical centers of excellence. What it does represent, however, is that the larger entity, Upstate, must remain alert to short-term and somewhat independent actions by departments that might not always be synchronized with the long-range strategic goals of the larger institution. One person described a hypothetical situation wherein a particular department might decide to add two or more surgical specialists to its staff without giving consideration to the stresses this could create elsewhere in the organization, e.g., operating room availability, anesthesiology, recovery, etc. The possible conflicts inherent in such a lack of systems thinking must be considered. An insight into the genesis of this type of organizational behavior comes from what one administrative official termed as the Chairs not traditionally having had a clear, fair, data-driven dialogue regarding growth and interdisciplinary impact. To do anything less inhibits an institution's ability to engage and mobilize rapidly to take full advantage of business opportunities. Given today's highly competitive environment, there must be unity of focus and clarity of purpose within integrated business models.

Another institutional anomaly within the structure of the clinical departments at Upstate is the fact that certain departments, i.e., Family Medicine and Obstetrics and Gynecology, are situated at different, some might even say rival, hospitals in the area. There seems to be plenty of history behind why these situations exist, but the impact this may have on referral patterns and even marketing opportunities cannot be precisely known.

Several comments were made about the physical conditions of some of the clinics themselves. While the addition of the “vertical expansion” is much anticipated and will no doubt create tremendous opportunities in state-of-the-art settings, other existing clinical facilities were described in less than glowing terms. Equipment was described as “antiquated” and as “relics”, some “thirty to forty years old”, and there is a perception that the replacement plan is not being followed. One staff member described some waiting rooms as “unfriendly” with under-trained reception staff. Clearly a friendlier, welcoming and more patient-focused environment must be developed.

Relationships with Crouse Hospital

The close proximity of Crouse has obviously created some unique challenges as well as opportunities for Upstate. This has never been truer than it is now with the recent release of the report from the Berger Commission (also known as the “Right-Sizing Commission). The possibility of a merger or some sort of partnership between UH and Crouse was raised repeatedly during the interviews. Many expressed the view that a decision was overdue since discussion of the issue had been going on for so long. Now, however, with the sweeping structural changes recommended by the Commission, it may be that Upstate and Crouse will have to begin a process of completely re-examining their respective roles and service missions within the community and region. The teaching and research aspects of Upstate’s mission must take a front seat in any deliberations about possible mergers.

Faculty, Staff and Student Remarks

- “Clinical care as an enterprise is known for its care and caring”
- “Excellence in patient care and teaching”
- Some students are able to experience “immediate immersion” into the clinical environment
- “Emergency Medicine is best in the region”
- “Those nurse managers are patient advocates in every way”
- The organization has “some extraordinarily competent people”
- “Nineteen practice plans . . . too many”

- Family Medicine “not perceived” to refer to UH
- “Other hospital physicians will not refer to UH, but Upstate physicians routinely refer out. It erodes our reputation.”
- “Lack of coordinating influence (between clinical departments) on growth”
- The “snapshot” issue “was a business decision, now let’s get on with it”
- “Chairs are very parochial and they have great power”
- “Insufficient staffing in many critical (hospital) support areas”
- Upstate physicians “practice here, at the V.A., at Crouse and in private practice. Allegiance not to the University”
- Upstate has, “a forty year history of every man for himself”
- Former hospital administration “set a tone where the hospital dictated to the academic enterprise”
- Much greater transparency now in management and administration . . . current hospital administration is, “a wonderful influence in that regard”
- “Under funded for capital equipment”
- “Interdependence between hospitals could be improved”
- “The community sees Upstate as a hospital”
- “We are not patient friendly. We must make it easier for patients and for them to be satisfied when they leave”
- Pediatrics “is truly the regional resource”
- “Initial encounters with clinics and hospital by community are often negative” (“long waits”, dirty waiting rooms”, “unfriendly and unhelpful reception”)
- Hospital has a “major throughput issue”, “no morning discharges”, “the system is constipated”
- “Many hospital departments have their own data management systems”
- “Lack of customer focus”
- “We have a private practice working in the context of an academic entity”
- The “nursing staff is overwhelmed”
- “If patient care is not superb, everything else will fall apart”
- “Every clinical program we’ve capitalized adequately has done terrifically”

Examples of Topics to be Considered by Cross-Functional Teams

- Examine ways to create greater understanding and collegiality between colleges and hospital. Cross fertilization.
- Consider if more training and work with Organizational Development staff could ease the transition in roles and responsibilities for nurse managers.
- Explore ways to create a more patient-friendly clinic atmosphere.

- Examine how a multi-disciplinary, system-wide strategic plan might contribute to a more cohesive university environment.
- Explore ways to create an internal system to facilitate cross referrals.
- Consider ways to align the missions of Upstate with a more sweeping entrepreneurial spirit.
- Work toward a more unified organization through the application of systems thinking.

D. The Research Enterprise

Situation Analysis

As is the case with most complex issues, there are multiple viewpoints – many “lenses” through which to consider the research enterprise at Upstate. You will notice when reading the quotations and comments listed below that there are widely disparate opinions and perspectives on this issue, particularly when trying to describe current conditions and needs. The good news is that research is not mentioned as a divisive issue, even with the wide range of viewpoints. It is recognized as being of paramount importance by all groups.

The statement that most clearly captures the sense of Research’s importance to Upstate while at the same time noting a general lack of focused institutional objectives is, “There is not a clear expectation of what we want from the research enterprise other than we want it to grow . . . we need a sharper focus on desired outcomes.”

During these discussions, many successful Upstate research efforts were listed. Recent yearly totals for Upstate research revenues show a gain of 14% over the previous year, and a comparison to sister SUNY institutions shows Upstate’s to be the greatest percentage gain. This certainly is a positive trend in light of recent reductions in NIH funding. The following statement should not be taken as a distraction from those successes nor from Upstate’s supportive role in the effort, but generally during the interviews any identification of a success was accompanied by the statement that the success was primarily due to the tenacity of the individual researcher. This statement was not made by people trumpeting their own successes, but rather about other individual researchers.

One highlighted research activity, the Center for Vision Research, was mentioned often as a very positive example of a collaborative effort successful in reaching across campus and clinical lines.

The three topics most often mentioned as areas for improvement were the need for a strategic plan or focus, need for improved core support services, and space/facility adequacy. None of these three areas were mentioned as crises-threatening, but each was seen as an important need for Upstate to reach a higher level in terms of reputation and service.

Discussions with external constituents of the University clearly indicate Research is the one area that must continue to grow and improve if Upstate is to achieve a greater prominence. It becomes the fuel that powers the engine. Research creates the reputation that attracts the better faculty and students, and ultimately contributes to greater funding levels. One then

went on to say, "...it is like a beautiful mosaic (research, faculty and students) when all the pieces fit together." It was clear from discussions with individuals outside the University that research must develop, but possibly only in selected areas, and return on investment must be considered.

During their second visit Butler/Helm learned of the Research Cabinet and a subset of this group, the Research Advisory Committee, comprised of various faculty and staff. It is not known whether a specific and formal written charge exists for this committee, but apparently the group views the research enterprise from a higher level and discusses topics such as investment in centers of excellence, purchase of equipment to be used by multiple areas and operational issues including funding and staff. This group is also involved in the Empire Funding program deriving from the state to attract top level researchers. A review of the membership clearly indicates this to be the group that would fit the need requested for a strategic plan and improved focus. An in-depth review of the attendance, minutes, communication of agendas or decisions, or authority was not conducted. However, such a review might help with understanding why this group's activities have not attracted greater recognition.

Support services that would contribute to improvements in the research enterprise were listed as: improved technical help with grant applications, better focused review of available funding opportunities, and readily available pro forma information. Indications are that these support resources exist in various forms, but further refinements are needed to meet specific needs.

In regard to space and facilities, many comments were received supporting the notion that adequate space exists but is not properly utilized. These statements indicated that space is allowed to be used in a less than productive manner. The implication is that some of this space is used for things such as storage, offices or research that is no longer active and vital. There is an assumption that, if authorized, the space could be converted to address an active demand. A space analysis of this type is relatively easy. Finding agreement on the results of the analysis is more difficult and still more difficult is taking action to reallocate the space. If the institution does in fact deem research to be one of the keys to future prominence, then such a process is a necessity. Developing a sound method to accomplish such a reallocation is the starting point.

Of course the process to address the long term space need is developed differently than the short term process described above. Most any architect/engineering (A/E) firm has the capability to develop a space and facility use plan. A limited group of A/E firms can accomplish the same objective for a complex research laboratory structure. However, none of the A/E firms can develop a useful plan without the institution having a clear strategic

plan for where it intends to take its research mission. It is imperative for Upstate to achieve clarity in its goals and objectives for the research enterprise before any meaningful space and land use policy can be undertaken.

Faculty and Staff Remarks

- Research suffers due to extensive clinical activity
- We have some research superstars
- Some strong researchers. Dollars have grown.
- “Basic science is top-notch”
- Need more and better marketing for research endeavors
- Need even a small amount, \$10,000 for bridge funding
- Some superstars, but more deadwood
- IHP a plus, but not that useful

Examples of Topics to be Considered by Cross Functional Teams

- Evaluate current charge of Research Cabinet and other related groups.
- Determine status of a strategic and operational plan for the research enterprise.
- Recommend process for continuous renewal of strategic plan for research.
- Determine process for analyzing highest and best use of space.
- Consider ways in which the Vice President for Research and the Dean of the Graduate School can better integrate their areas of responsibility.
- Explore ways to provide greater technical help for new leaders in integrating space planning and assessment.
- Consider ways in which research opportunities surface and how to move expeditiously, strategically and tactically to seize those opportunities.
- Consider a formalized process for mentoring new research focused staff.

E. Human Resources

Situation Analysis

Within a large organization, it is not unusual to find wide ranging opinions of a human resources (HR) department's value. This often results from the varied responsibilities assigned to HR. These duties range from those designed to help individuals achieve their full potential within the context of the organization, such as employee development and training, to those that are more compliance focused, such as employee terminations or other disciplinary actions. Certainly it is difficult but critically important for HR to perform well at both ends of this spectrum. To assure it develops and maintains this two-pronged imperative requires continual monitoring.

A component of this process is to initially define the purpose and focus of the HR department and then establish the "tone" leadership will use in accomplishing the assigned tasks. A subsequent section in this report will speak to issues related to Upstate's culture and leadership and although not specifically mentioned in that section, a part of HR's responsibility is to help positively influence and develop the entire organization's culture.

As mentioned above, there is significant diversity of opinion regarding the services provided and culture influenced by the Upstate Human Resources Department. The views regarding HR's effectiveness and impact on the institution typically vary between opinions held by upper management and those of middle management or non-managerial employees. Similarly and as noted elsewhere in this report, there is also a difference in perception of HR between staff of the hospital and those of the campus. It is clear that senior management values HR highly for their ability to limit risks and be responsive to their needs. Middle management and other non-managerial staff often view HR as non-responsive or creating barriers and note what they indicate is a punitive culture. Time limited our ability to fully investigate these widely differing opinions, however, we did hear similar opinions often enough and did validate some of these situations adequately to believe there is just cause for the widely varying perspectives. The process of utilizing cross-functional teams is perfectly designed for this situation through validating the areas for improvement, describing the solutions that will cause improvement, and then proposing and testing those solutions with leadership and other employees within Upstate.

Two areas most often discussed as needing improvement within the HR function are its customer service approach and the culture that it models. Comments listed below adequately clarify these issues. Examples often cited were phone callers whose calls are routed to voice mail and sometimes never responded to at all, multiple routing of phone calls and impersonal tone. Comments on culture within the HR offices indicated a lack of

effort dedicated to treating employees as customers of the HR Department. Some believe HR is consumed with regulation and process.

Two service areas viewed positively were labor relations and organizational training and development (OD). It is perceived that HR works well with the various unions and their representatives. It was often stated that the OD function provides quality services, however, there is a stated desire for more training opportunities.

A recent employee recognition celebration was viewed positively and there is a desire for HR to lead Upstate with more opportunities for similar activities.

Faculty and Staff Remarks

- “Often viewed as an obstacle – consumed with process and regulations – does not help, but hinders”
- Their leadership is a stickler for process and detail, and has saved me many times
- “How do we make this area more helpful, yet still be a protector?”
- “HR is the key to helping all staff feel an opportunity”
- We must put in more human touch
- HR sends “nasty grams”
- HR uses a “disciplinary tone in all communications”
- “In recent years they’ve become very good, first rate”
- HR is a “punitive culture”
- There is fear of repercussions or retaliation if a matter is brought forward to HR
- We can’t aspire to be the employer of choice, when employees are so miserable
- “Folks in HR do a creditable job within bounds of rules”
- HR leadership is “top notch”; they try “very, very hard”
- Poor attitude, non-responsive
- HR “has a grip over the institution” and is “defensively practiced”
- We are told “you can’t do it rather than here’s how you can get it done”
- Our campus is more restrictive than most SUNY campuses
- “Rampant violations” of attendance, leave and outside employment policies

Examples of Topics to be Considered by Cross Functional Teams

- Determine Upstate’s HR mission, vision and goals for customer service.
- Recommend opportunities for meaningful employee recognition and appreciation.
- Identify expanded useful opportunities for employee development and mentoring.

- Discover ways to build on the strengths in labor relations and improve methods to develop human potential.
- Consider audits of staffing levels in the offices of senior management. There is a perception that many such offices are over-staffed while others with important responsibilities lack sufficient personnel.
- Explore the potential for introducing innovative methods for monitoring performance such as journaling.
- Consider peer analysis and determine if other like institutions have found success by taking more creative approaches to making HR more customer focused.