



**PRESIDENTIAL SELECT TASK TEAM
FINAL RECOMMENDATIONS**



TEAM:	Research
CHAIR:	Drs. Knox and Weinstock
EC SPONSOR:	Drs. Barker and Mozell
RECOMMENDATION #1:	
<p>Research Steering Committee. With the changes in VP research-Dean COG positions, it is an excellent time to restructure how research planning is achieved in both short and long term. We propose the creation of a Research Steering Committee to act as advisors to the President and Deans regarding Research Activities on campus. This committee should be chaired by the VP-Research. The committee should have 12 faculty members (to have breadth) that are currently active in research. The members should be from both basic science as well as clinical departments and be from all ranks (professor to assistant professor). There should be a mechanism so changing the membership occurs (e.g. 3-year term). The major charge to the committee from the Senior VP would be to advise him regarding a long range plan for research direction and the implementation of the plan in the short as well as long term. This committee should advise the Senior VP on resource allocation, space, core facilities as well new initiatives in COM. Meetings should be held on a regular basis (e.g. monthly) and be formal (e.g. agenda, minutes, a clear decision making process, regular reports by the VP-Research to the Dean (who may attend meetings as necessary). We recommend that this committee be the principal mechanism for advising regarding research decisions on campus. It is recommended that at least two meetings per year should be open to all faculty.</p>	
PROPOSED TIME FRAME:	
Immediately	
TYPE: Process Improvement; Operational Expense; Capital Expenditure	
Policy	
EXPECTED BENEFITS:	
More organized and long-term planning, better support for research, increased extramural grant income, aid in recruiting the new VP-Research-Dean COG	
MEASURABLE OUTCOMES:	
Increased extramural grant income	

RESOURCES NECESSARY (e.g. FTE, funding, space):

Please note we are not asking for dollar amounts; just identification of resources, if known. Please work with Financial Representative on your team. Use the budget form, if necessary.

Faculty time

EXISTING POLICY IMPACT (if applicable):

Provide a focused advisory resource regarding the research mission



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RECOMMENDATION #2:	
<p>Clinical Chair review regarding Research. We recommend that the Dean of COM establish specific research expectations for the near and long term with each clinical department chair, focused on extramurally funded efforts and expectations. They should develop 1-, 5- and 10-year strategic plans for research in each department. It is anticipated that a number of clinical departments will not be expected to grow research, instead focusing exclusively on their clinical and educational missions. The expectations for research should be reviewed and discussed yearly and should reflect the resources allocated to the department for research. To meet research expectations, the Dean and Chair should establish a realistic plan, understanding that funded clinical researchers require protected time. The Chair should submit an annual progress report on research activities to the Dean and faculty.</p>	
PROPOSED TIME FRAME:	
Immediately	
TYPE: Process Improvement; Operational Expense; Capital Expenditure	
Policy	
EXPECTED BENEFITS:	
More organized and long-term planning, better support for clinical research, increased extramural grant income	
MEASURABLE OUTCOMES:	
Increased extramural grant income	
RESOURCES NECESSARY (e.g. FTE, funding, space):	
<p>Please note we are not asking for dollar amounts; just identification of resources, if known. Please work with Financial Representative on your team. Use the budget form, if necessary.</p>	
Faculty time	
EXISTING POLICY IMPACT (if applicable):	



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TEAM:	Research
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RECOMMENDATION #3:	
Increase private philanthropic support for research.	
<ol style="list-style-type: none">1) Conduct focused campaigns to raise money for research.2) Work with grateful patients/families and Upstate staff to stimulate private giving for research. An increase in this area of fundraising would require a change in the culture at Upstate. The Upstate culture does not currently foster the need for employees to work with the Foundation to secure gifts from grateful patients. Every medical university with a successful fundraising program has a culture where physicians and employees work closely with fundraisers to identify and cultivate major gift donors from patients and their families. We need to change our culture at Upstate, with the assistance of an outside consulting firm, to be successful in this area.3) Develop targeted materials to be placed in waiting areas to educate patients and families regarding the research being conducted at Upstate and the need for public support to continue that research.4) Establish a collaboration between the Foundation and the VP for Research to write and submit grant applications from potential donors and foundations.5) Establish a major collaborative effort between the Foundation, Alumni Associations and VP for Research to raise money for research.	
PROPOSED TIME FRAME:	
Immediately	
TYPE: Process Improvement; Operational Expense; Capital Expenditure	
Process Improvement	
EXPECTED BENEFITS:	

- 1) Increase research funding and productivity
- 2) Increase the potential for extramural funding for NIH etc.
- 3) Provide a future endowment for research
- 4) Education of patients, families and community regarding research at UMU
- 5) Enhance visibility and reputation of UMU

MEASURABLE OUTCOMES:

Increase in private support for research through the Upstate Medical University Foundation.

RESOURCES NECESSARY (e.g. FTE, funding, space):

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- 1) Staff Time.
- 2) Fundraising campaigns require an initial expenditure for a feasibility study (\$40 - \$60,000) per campaign. Expenses for staffing, materials, etc. are normally funded by the campaign (@ about 15% of the campaign total). Some projects also require startup funding. For major campaigns, Upstate would have to allocate resources in marketing and supporting units to provide materials and publicity as needed.
- 3) Making a change in the Upstate culture to foster philanthropic gifts from patients and families will require a major effort by many departments.

EXISTING POLICY IMPACT (if applicable):

University Hospital administrators would have to work with Foundation staff members to promote fundraising through patients while maintaining HIPPA regulations. Many other universities with hospitals have already succeeded in this area, and we could use them as models to refine Upstate's policies/systems.

Comments:

A new effort to conduct a major campaign to raise money for research on campus. All compelling research areas should included. Donors should have the option of making an unrestricted donation to research at UMU (the institution will decide how the funds will be used) or may be targeted to a specific disease or area, such as cancer, heart disease, diabetes, neurodegenerative disease etc.



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RECOMMENDATION #4:	
<p>Goal: New research spaces that include state-of-the-art cores. The expansion of IHP by 50, 000 square feet and a new research building that contains 75,000 square feet of space.</p> <p>If we are to expand the size of the Basic Science faculty by about 25 and the number of clinical research faculty by 25, we will need about one to two thousand square feet of space per each of these faculty members. Six thousand square feet of lab/offices must be reserved for a permanent swing space bank. The IHP and new research building must have dedicated cores, e.g., imaging, molecular biology, and animal facilities for terrestrial and aquatic species. Decisions need to be made now what research clusters or Departments will be in this new research space. Current Upstate investigators who are to be moved into these facilities should be part of the team that designs the lab and core facilities.</p>	
PROPOSED TIME FRAME:	
IHP expansion by 2010 and the new Research building by 2014,	
TYPE: Process Improvement; Operational Expense; Capital Expenditure	
Involve city, state and federal officials in these plans. Emphasize that these buildings and the recruitments will lead to scientists and clinicians who will have high paying jobs. This expansion of Upstate will serve as part of an economic engine for the improvement and creation of jobs for this region.	
EXPECTED BENEFITS:	
These new buildings will enable New York based Scientists to bring additional Federal dollars to this region of the State.	

MEASURABLE OUTCOMES:

125, 000 square feet at a projected \$225 grant per square foot of new federal funds would yield \$ 28 million per year. These funds would pay salaries of scientists, clinical researches and technicians. These Upstate employees will be spending their salaries in the local area. It is estimated that each federal dollar results in a six-fold stimulation of the local economy, i.e., \$ 160 million stimulation.

RESOURCES NECESSARY (e.g. FTE, funding, space):

Please note we are not asking for dollar amounts; just identification of resources, if known. Please work with Financial Representative on your team. Use the budget form, if necessary.

State funds for the expansion of IHP and a new Research building are necessary. The initial steps should include funds for blue prints in 2007. Completion of the IHP expansion by 2010. Purchase of land for new research building by 2009. Blue print funds for the new research building by 2010. Completion of new research building by 2014.

EXISTING POLICY IMPACT (if applicable):

We cannot hire some 50 new investigators in the research space currently available. City and State officials appear to be unaware or unappreciative that SUNY Upstate Medical University is an economic engine that needs to be nurtured and supported for the health and success of this city and state. It should be emphasized that SUNY Upstate is a potential source of new high paying jobs for CNY. This is also an opportune time for growth in space, given Governor Spitzer's stated goals to increase SUNY's stature.



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RECOMMENDATION #5:	
Adopt a research space metric immediately and implement this to vacate and reassign space for FOUR major research labs. Aggressively improve vacated space. The Research Steering Committee should advise the Dean of COM on space.	
PROPOSED TIME FRAME:	
One month to vacate labs and within a year to establish the Research Steering Committee to advise the Dean of COM	
STRATEGY:	
Reassign faculty in identified research space to appropriate office space. Establish the Research Steering Committee.	
EXPECTED BENEFITS:	
Increased ability to recruit new faculty and retain existing faculty in temporary space.	
MEASURABLE OUTCOMES:	
Research dollars/sq. ft. compared to the last 5 year period.	
RESOURCES NECESSARY (e.g. FTE, funding, space): Please work with Financial Representative on your team.	
Space and temporary renovation costs.	
EXISTING POLICY IMPACT (if applicable):	
The existing space policy is unresponsive and mired in conflicting interests colored by provincial interests, which has hampered research development.	

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CHAIR:	Drs. Knox and Weinstock
EC SPONSOR:	Drs. Barker and Mozell
RECOMMENDATION #6:	
<p>Goal: Permanent swing bank of 6,000 square feet of lab and office spaces that will not be occupied by the same investigators for more than two years.</p> <p>Opportune hiring of new investigators, or needed renovations are often inhibited by a lack of space. Every available lab is currently occupied. Space must be found in existing buildings, or more likely in new research buildings, expanded IHP or in a new research building.</p>	
PROPOSED TIME FRAME:	
2009 to 2011	
TYPE: Process Improvement; Operational Expense; Capital Expenditure	
<p>40 million dollars for IHP addition. Adds some 40 laboratory/office spaces of about 1,000 square feet per investigator. Six of these lab/office units reserved for swing space bank.</p>	
EXPECTED BENEFITS:	
<p>Ability to recruit high profile candidates using Empire Program funds while permanent future space is being renovated.</p>	
MEASURABLE OUTCOMES:	
<p>Meeting goals of 2 to 4 hires of senior candidates for the Empire program.</p>	
RESOURCES NECESSARY (e.g. FTE, funding, space):	
<p>Please note we are not asking for dollar amounts; just identification of resources, if known. Please work with Financial Representative on your team. Use the budget form, if necessary.</p>	
<p>Funding: request state appropriations to add additional labs in expanded IHP building.</p>	
EXISTING POLICY IMPACT (if applicable):	
<p>No swing lab/office units. Recruitment of Empire scholars is inhibited by lack of</p>	

**swing space that can be used while future Departmental space is being renovated.
Upgraded lab space cannot be provided for investigators already here if temporary
space is not available while renovations are ongoing.**

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TEAM:	Research
CHAIR:	Drs. Knox and Weinstock
EC SPONSOR:	Drs. Barker and Mozell
RECOMMENDATION #7:	
<p>Empire Scholar Search Committee. We recommend that an institution wide search committee of widely respected active research faculty be charged with over-seeing the Empire Scholar program. This Empire Scholar committee should function in a traditional “search committee” capacity. CVs should be evaluated by the committee for qualifications and stature. Candidates should also be evaluated for potential impact on existing campus programs or for bringing new disciplines here. Search committee should recommend to the Dean candidates to interview and be involved in the interview process, including rendering an opinion about suitability for an offer.</p>	
PROPOSED TIME FRAME:	
Immediately	
TYPE: Process Improvement; Operational Expense; Capital Expenditure	
Policy	
EXPECTED BENEFITS:	
<p>Additional research faculty, increased extramural grant income, increased national stature, increased recruitment of students to the Graduate School, increased collaboration with Upstate biomedical sciences institutions</p>	
MEASURABLE OUTCOMES:	
Increased extramural grant income	
RESOURCES NECESSARY (e.g. FTE, funding, space):	
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Faculty time	
EXISTING POLICY IMPACT (if applicable):	
<p>Improve current Empire Scholar search process by offering more coordination and higher visibility to the Empire hires</p>	



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TEAM:	Research Enterprise Team
CHAIR:	Drs. Knox and Weinstock
EC SPONSOR:	Drs. Barker and Mozell
RECOMMENDATION #8:	
Increase bridge money available for PIs with an interruption of extramurally funded projects. Need to protect existing investments quickly.	
PROPOSED TIME FRAME:	
0-2 years. This is a pressing issue for currently productive faculty that are being squeezed by existing funding constraints. There is no safety net for unfunded PIs.	
STRATEGY:	
Dedicate a <u>specified</u> fraction of indirect costs to fund bridge grants each year and publish the budget one year <u>in advance</u> to facilitate planning by the Research Committee. Bridge grants to individual PIs should be based upon funding in the most recent extramural award period, <u>minus</u> PI (and co-PI) salary components, requested equipment and all administrative costs. Funding levels should reflect relative indirect return in comparison to all extramural grants. Departments should be required to contribute a significant matching component to the bridge funding, agreeing to this stipulation prior to submission of the bridge request (the fraction should be determined by EC). Awardees should be compelled to submit renewal/revised applications within 6 months post-award and document the submission to the Research Committee. In addition, the Research Committee should be empowered to make recommendations to PIs about strategies for improving grant applications and receive PI responses prior to award.	
EXPECTED BENEFITS:	
Increased renewal of extramural funding and significant extension of existing faculty funding “lifetimes”.	
MEASURABLE OUTCOMES:	
A dollar-for-dollar analysis for bridge funding awarded to extramural funding after 2 years.	
RESOURCES NECESSARY (e.g. FTE, funding, space): Please work with Financial Representative on your team.	
In order to be effective, this program should be able to provide adequate research funds for ~8 NIH-level bridge grants per cycle (given the number of NIH grants	

currently here at UMU). With three NIH cycles per year, that translates to ~24 bridge grants per year. Realistically, not all “at risk grants” will be submitted each round, so an estimate of 80% is suggested as a model, meaning ~ 20 bridge grants per year. If we assume an average NIH grant has a direct budget of \$200,000, then we might expect a need to fund bridge grants at ~\$100,000/grant. This translates into a total expenditure for bridge funding at \$2 M/year. Given current levels of bridge funding (~\$800,000), this would require a new commitment of ~\$1.2 M/year. If there was a 2:1 split between COM and departments, that would translate to \$800,000/year and \$400,000/year, respectively. As grants are renewed as a result of the bridge funding program, department DDFs would be reimbursed for the bridge funding from indirects. The Research Foundation/State Funds conflict needs to be addressed for personnel.

EXISTING POLICY IMPACT (if applicable):

Current policy through the Research Committee is limited to \$50,000/year and the exact amount available to the committee has been predictably uncertain.



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TEAM:	Research
CHAIR:	Drs. Knox and Weinstock
EC SPONSOR:	Drs. Barker and Mozell
RECOMMENDATION#9:	
<p>Continue Support For Graduate Students in the College of Graduate Studies. As the key players for research on campus, graduate students are essential for successful growth of this mission. Graduate stipends for entering PhD students should increase commensurate with increases in research faculty. Tuition waivers for all PhD students should be guaranteed for students in all years, as in the present policy.</p>	
PROPOSED TIME FRAME:	
Immediately.	
TYPE: Process Improvement; Operational Expense; Capital Expenditure	
Student Stipends and tuition.	
EXPECTED BENEFITS:	
Increased research productivity and number of extramural grants awarded/renewed)	
MEASURABLE OUTCOMES:	
Extramural grant funding levels	
RESOURCES NECESSARY (e.g. FTE, funding, space):	
<p>Please note we are not asking for dollar amounts; just identification of resources, if known. Please work with Financial Representative on your team. Use the budget form, if necessary.</p>	
<p>Graduate student stipend(s) and tuition waivers. A 5-10% increase in research faculty in the basic science departments implies an additional 1-2 PhD stipends for the class entering in 2008. This policy for increasing student stipends should be embedded in the overall research plan for the future.</p>	
EXISTING POLICY IMPACT (if applicable):	
<p>Currently, graduate student stipends are provided for the first year and then by the PIs in subsequent years. (1) As UMU adds research faculty, there will be an increasing need for graduate research assistants to perform the research proposed by the new PIs. In order to maintain productivity and competitiveness for both PIs</p>	

and graduate students, the number of student stipends must be increased with faculty growth. Since UMU has an all-department graduate program and entering students have not identified a specific department/program, this expense is an institutional responsibility. (2) Tuition is waived by the Graduate School for students in all years. The requirement for including student tuitions on extramural grants would have a chilling effect on the Graduate School and research programs. For PIs, the cost of graduate students would become comparable to research technicians or postdoctoral fellows. Since students in the early years have many responsibilities, it would hurt competitiveness for labs that accept students. Second, many labs would not be able to attract postdoctoral associates (young investigators, PIs changing fields etc). This would reduce competitiveness by further putting stress on PIs to direct (relatively untrained) technicians on all aspects of a project design. Graduate students are able to shoulder responsibility for project design as they progress in their education. Therefore, the tuition waiver program currently in place should be continued (including additional tuition waivers as the number of student stipends increases).



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TEAM:	Research
CHAIR:	Knox and Weinstock
EC SPONSOR:	Barker and Mozell

RECOMMENDATION #10: Basic Science Faculty Salary Plan

The Dean of COM has proposed a plan that is based upon two components, one compensating for base job expectations and a second to reflect research/education/service expectations. Key elements include lower State bases, an at risk portion that is guaranteed for six years and then dependent on SOS salary from grants, the elimination of the 6% tax on SOS funds, and the COM ‘making whole’ the entire SOS salary amount which is divided into FDF (25%) and DDF (75%). The committee has reviewed the details presented by the Dean of COM to the committee on 5/14/07 (and additional information presented at a Research Cabinet meeting on 5/17/07).

The committee applauds the Dean for presenting a creative and flexible plan that increases funding for research yet protects both faculty and Departments. We endorse the key elements of the Dean’s plan and offer a simplified and slightly modified plan. We suggest that:

1. A written, detailed plan should be provided to faculty as soon as possible.
2. For the first six years until tenure, the total salary (= a starting base of \$55,000 + also receives) is guaranteed and increases each year based on COLA and merit raises. The total salary is the responsibility of the COM. If a faculty member receives a grant during this 6 year period, the entire SOS salary component is divided into FDF (25%) and DDF (75%). The maximum salary under this arrangement for an Assistant Professor is \$90,000; however, additional salary above \$90,000 can be given from DDF at the discretion of the Chair.
3. Significant extramural funding is required to achieve tenure and promotion to Associate Professor; it is recommended that at least 40% salary be requested on the first grant. As long as the grant is maintained, total salary (= starting base of \$66,000 for an Associate Professor + bonus) is guaranteed and increases each year based on COLA and merit raises. The total salary is the responsibility of the COM. As before, the entire SOS salary component is divided into FDF (25%) and DDF (75%). The maximum salary under this arrangement for an Associate Professor is \$110,000; however, additional salary above \$110,000 can be given from DDF at the discretion of the Chair in order to reward or retain a productive researcher.
4. The same arrangement is offered to full Professors, except that the starting base salary is \$77,000 and the maximum salary is \$130,000.

5. As an incentive to pursue additional grants, we recommend that faculty members automatically receive a 20% - 25% bonus (out of indirects) for each subsequent (second on) grant.
6. If a tenured Associate or full Professor loses their grant(s), the committee recommends that a “bridge” plan be put in place that takes into account previous funding in the calculation of also-receives. We propose that a PI be guaranteed also-receives in addition to the base for at least five years or a five year average of the previous funded period (whichever is shorter), as long as the PI is actively seeking extramural research funding, as determined by the Dean of COM who will provide these funds. This would protect PIs who have been extramurally funded for extended periods of time (and contributed indirect costs to the institution) from losing salary support as they compete for additional funds or transition to a new role. (refer to recommendation # 8: “Bridge Funding”)
7. If the “bridge” period (a maximum of five years) ends without success the faculty member receives only the tenured base salary from then on. The COM has no additional obligation. This maintains the institution’s ability to react to “mistakes” in the tenure process, since Associate Professors who don’t succeed as expected would not have unending support for research salary. The committee suggests that a written policy on this point be prepared prior to adoption of a salary plan.

PROPOSED TIME FRAME:

Immediately

TYPE: Process Improvement; Operational Expense; Capital Expenditure

Policy and Salary Expense

EXPECTED BENEFITS:

Additional research faculty, increased extramural grant income, increased national stature, increased recruitment of students to the Graduate School, increased collaboration with Upstate biomedical sciences institutions

MEASURABLE OUTCOMES:

Increased extramural grant income

RESOURCES NECESSARY (e.g. FTE, funding, space):

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Requires funds to support also receives for faculty attempting to maintain research grants that need renewal.

EXISTING POLICY IMPACT (if applicable):

The current salary policy is in flux. This supports aspects of the Dean of COM’s plan with stipulations.



**PRESIDENTIAL SELECT TASK TEAM
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TEAM:	Research Enterprise
CHAIR:	Drs. Knox and Weinstock
EC SPONSOR:	Drs. Barker and Mozell

RECOMMENDATION #11:

Increase the number of Postdoctoral Fellows engaged in research. Research is performed by groups of people at several levels of experience and training. The Principal Investigator (PI) directs the activities of the entire group, which may include members that hold post doctorate degrees such as PhD, DVM, DDS, MD, and MD/PhD. This cadre of researcher is typically training for a research career. Collectively called postdocs, they are highly productive members of a research group and often perform the most challenging studies. Top-tier institutions have many postdocs, whereas Upstate has relatively few. There are several reasons for their absence at Upstate, but the main result is that our research is less dynamic. The status of postdocs at Upstate is poorly defined and very little information is available about them.

PROPOSED TIME FRAME:

**Year 1: Document past and present postdocs at Upstate, and locate their current employment status.
Years 2-10: Coordinate Postdoc Affairs in HR office. Continue to document number of postdocs, their departments, and their job placements after leaving Upstate.
Years 3-10: Expand funding sources for postdoc stipends.**

TYPE: Process Improvement; Operational Expense; Capital Expenditure

Process Improvement. We recommend changes in the Human Resources Office to improve the documentation and management of postdoc affairs. Ties between the HR postdoc office and Research Administration (Sponsored Projects, Research Development Coordinator, IRB, etc.) should be formalized.

EXPECTED BENEFITS:

Enhanced research environment and productivity. Postdocs contribute vital resources to the research enterprise: technical expertise, intellectual power, mentoring to younger scientists, laboratory training, advanced scientific writing skills, and more. They also bring valuable experience from their graduate institutions to Upstate. Since they are not burdened by coursework (although they are eligible to audit classes), postdocs perform research fulltime. Clinical Fellows

are also highly trained physicians who may commit up to 30% effort to patient care. Clinical and translational research projects are greatly enhanced by Fellows who have direct contact with patients and also coordinate the research.

Alumni donations. There is untapped potential to elicit donations from postdocs who train at Upstate. They are often the most ambitious and successful members of a research group and usually obtain lucrative (relatively!) employment. Former postdocs are likely to have positive experiences at Upstate and would be an excellent source for future fundraising. There is mutual agreement among scientists that the postdoc years are “golden” due to their freedom, excitement, and discovery.

MEASURABLE OUTCOMES:

Change in number of postdocs. Once we know how many postdocs have worked at Upstate from 2000-07, then we can monitor changes. This will enable us to evaluate new strategies to increase their number, or to quickly notice when postdoc recruitment falls below normal.

Track postdoc publications. Research productivity can be inferred from the output of publications.

Extramural funding. Postdocs are eligible for many more sources of funding than graduate students, so their individual grants can be measured in dollars. They also contribute directly to grant applications submitted by the Principal Investigators, and these are already tracked closely by the Office of Sponsored Projects.

RESOURCES NECESSARY (e.g. FTE, funding, space):

Please note we are not asking for dollar amounts; just identification of resources, if known. Please work with Financial Representative on your team. Use the budget form, if necessary.

Administrative Resources: The effort of staff in Human Resources should be redirected to postdoc affairs. Graduate Medical Education Office (Sue Henderson-Kendrick) handles medical residents and fellows; Office of Human Resources (Patty Brecht) handles postdocs in basic sciences.

Funding: Stipends for postdocs should be available. NIH mandates a pay scale that starts at \$37,000 (2007) plus fringe, and rises each year to a maximum of \$51,000.

The number and source of these stipends is not specified. Postdocs are typically paid through the Research Foundation off NIH grants. They may have individual NIH training grants. Institutional resources to support postdocs would have direct benefits to research at Upstate, especially for clinical and translational projects.

This is an area where community fundraising can have a major impact.

Space: Existing laboratories and hospital facilities are sufficient.

EXISTING POLICY IMPACT (if applicable):

Coordination and centralization of postdoc affairs. Upstate has 460 medical Residents, of which 64 are Fellows. The number of postdocs is not known because they are classified as RF employees and have no special status. HR does not know how many postdocs are here and they have no resources dedicated to their recruitment, advising, or retention. It is critical that postdocs have a coordinator for their employment, visa and funding concerns because they are an essential component of high-caliber research.



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TEAM:	Research
CHAIR:	Drs. Knox and Weinstock
EC SPONSOR:	Drs. Barker and Mozell
RECOMMENDATION#12:	
Establish a Center for Clinical and Translational Research at SUNY Upstate Medical University (see full proposal below).	
PROPOSED TIME FRAME:	
Immediate	
TYPE: Process Improvement; Operational Expense; Capital Expenditure	
Process Improvement, Operational Expense	
EXPECTED BENEFITS:	
Increased productivity and funding for current researchers, and improved recruitment and retention of faculty.	
MEASURABLE OUTCOMES:	
Increased NIH funding as well as increased funding from other governmental, foundation and industry courses.	
RESOURCES NECESSARY (e.g. FTE, funding, space):	
Please note we are not asking for dollar amounts; just identification of resources, if known. Please work with Financial Representative on your team. Use the budget form, if necessary.	
Short-term	
1 FTE Director of the CCTR	
2 FTE (Masters prepared) biostatisticians	
0.5 FTE Database Administrator for CORE	
Site licenses for SPSS, SAS, and software for qualitative research	
Budget for the CRU	
Budget for education and training programs	
See full proposal below: There are additional needs described in detail.	

EXISTING POLICY IMPACT (if applicable):
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Reorganization of CRU (see below).

**CENTER FOR CLINICAL AND TRANSLATIONAL RESEARCH
AT SUNY UPSTATE MEDICAL UNIVERSITY**

Proposed by the Research Task Team 2007

GOALS

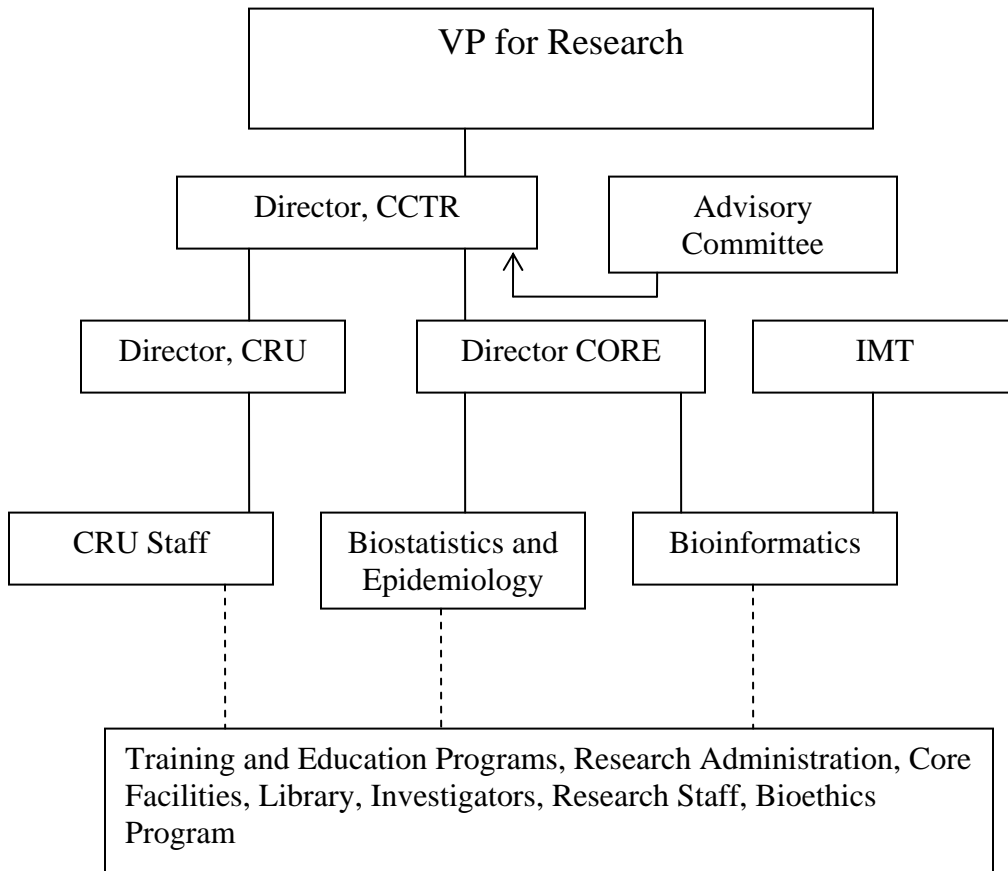
The primary goal of the Center for Clinical and Translational Research (CCTR) at SUNY Upstate Medical University will be to support and grow clinical and translational research by promoting the applications of new knowledge to patient care, disease prevention and improvement of health. The establishment of the CCTR should facilitate the acquisition of increased research funding from government, foundation, and industry sources. The Center will foster multidisciplinary and interdisciplinary collaborations and interactions across our campus as well as with the Clinical and Translational Science Program (CTSA) at the University of Rochester and the other Upstate New York Translation Resource Network (UNYTRN) partners (Albany College of Pharmacy, Albany Medical College, Bassett Healthcare, Binghamton University, Cornell University Ithaca, Guthrie Health, Ordway Research Institute, University of Buffalo), Syracuse University, industry, the Central NY Biotechnology Center, foundations, Onondaga County Department of Health, community organizations, physicians and networks, and other regional institutions and collaborators.

OVERVIEW

The CCTR would be expected to support clinical and translational research directly involving human subjects (such as clinical trials), as well as research efforts to further translate findings from clinical trials more broadly for adoption into our communities. Established research groups (such as addiction, neurological/degenerative diseases, vision research, cardiovascular disease, cancer, diabetes and metabolism, orthopedics, environmental health, psychological illnesses, infectious disease/vaccine research) as well as future/additional areas of clinical and translational research would benefit from the establishment of the CCTR. Cost recovery for core support will come from funded investigators.

The components of the CCTR, described in more detail below, will include a redesigned and more flexible Clinical Research Center (CRU), expanded education, training and career development programs, expanded Center for Outcomes Research and Evaluation (CORE) which will include informatics and enhanced biostatistics services and expertise in study design and analysis, and greater involvement of other campus programs and offices such as Research Administration (including the Clinical Trials Office, IRB and Regulatory Compliance with expanded resources for Regulatory Knowledge and Support), the Bioethics Program, the Masters in Public Health program, library resources and translational technologies and resources such as the severe combined immunodeficiency (SCID) Mouse facility, Imaging Core and other institutional laboratory core facilities and technologies i.e. proteomics, genetics and stem cell technologies.

ORGANIZATIONAL CHART FOR THE CCTR



CCTR: Center for Clinical and Translational Research
CRU: Clinical Research Units
CORE: Center for Outcomes Research and Evaluation

RESOURCE REQUIREMENTS

1. Recruitment of a Director. This should be a faculty member who performs investigator-initiated clinical/translational research that directly involves the study of human subjects. We should recruit an NIH-funded clinical researcher, preferably as an Empire Scholar, who has experience working with multidisciplinary teams and industry. The Director of the CCTR will report to the Vice-President for Research. The search for a Director is a short-term objective and should begin as soon as possible.
2. CCTR Advisory Committee: A multidisciplinary CCTR advisory committee should be formed within 3 months. This committee would serve as the search committee for the Director position, and subsequently serve in an advisory role to assist the Director. Members should include at least one representative with experience and expertise in clinical research from the College of Medicine, the Graduate School, College of Nursing, College of Health-Related Professions, Ethics Program, Research Administration., and IMT, and should include the Director of the CRU and the Director of CORE.
3. Expansion of the Center for Outcomes Research and Evaluation (CORE): Additional biostatisticians and epidemiologists as well as mid-level support staff need to be recruited to the CORE to assist investigators with study design, data collection and data analyses services. A **Bioinformatics Division** of the CORE is needed, with the recruitment of personnel with expertise in working with and creating/establishing, interfacing with and adapting large databases, and expertise in regulatory compliance with privacy, security, interoperability, workflow, usability and standards adapted by HHS for the confidentiality of human data. The CORE should make available to investigators a searchable clinical data warehouse containing data from outpatients and inpatients. IMT and library support are needed to assist with the establishment and maintenance of a research resource inventory/database. These individuals could work with Cornell (the VIVO system) or with other UNYTRN members as needed.

Resources Needed for CORE:

A. Director of CORE: This position exists but has been unfilled since Dr. P. Franklin left the institution. It should be filled as soon as possible.

B. Biostatistics and Epidemiology

1. Software Needs: The CORE Advisory Committee, with expert advice from the biostatisticians, informatics experts and epidemiologists from the CORE, should recommend and have funds to purchase software licenses for use by researchers at SUNY Upstate Medical University. These needs should be reassessed annually.

Short-term (within 1 year): SUNY Upstate should have a site license for SPSS and for SAS so that researchers would have access to these 2 common packages. There is a SUNY contract for SPSS which drastically reduces the cost compared to retail. Software to support qualitative research, such as NUD*IST, should also be made available to researchers.

Medium-term (1-5 years): With consultation from the CORE Advisory Committee and the biostatisticians and epidemiologists from the CORE, additional software for data mining, determining power/effect size and statistical analyses should be considered.

Long-term (5-10 years): Needs should be reassessed annually by the CORE Advisory Committee with consultation with CORE faculty.

2. Personnel Needs

Short-term: There is an Assistant Professor (biostatistics) position that has already been approved, but without state support. Given the difficulties in recruiting for this important position, state salary support should be strongly considered. To meet the needs for our current researchers and trainees, 2 additional Masters degree level biostatisticians are required immediately to assist with the present huge workload.

Medium-term (1-5 years): At least 2 PhD biostatisticians/epidemiologists and 2 Masters prepared biostatisticians are needed.

Long-term: Long-term needs will need to be evaluated by the CORE and CCTR Advisory Committees, and will be dependent upon the success of the clinical and translational research enterprise.

C. Bioinformatics:

1. IT Support:

Short-term: Support from IMT is needed (0.5 FTE) for a Database Administrator. This individual would assist the CORE faculty with tasks such as programming for nightly back-up routines for databases, automatic nightly back-ups for research servers, monitoring systems for failures, make repair and update recommendations, work with third party software vendors for future software upgrades etc. Steve Roberts (from IMT) has recently been informally providing assistance, but this should be formalized.

Medium-term: As the Bioinformatics Division of CORE becomes established and grows, this position will need to be expanded to a full FTE.

Long-term: Needs will need to be reassessed annually by the CCTR and CORE Advisory Committees.

2. Informatics:

Short-term: 1 FTE position to help clinical researchers with the creation of databases, programming codes, retrieval of data etc. (Note: this is one of the 3 positions being proposed by under Information Systems)

Medium-term: As the EMR is purchased and implemented, additional IMT support for research utilization of these data will be needed.

Long-term: Needs should be assessed annually by the CCTR and CORE Advisory Committees.

4. Redesign of the Clinical Research Unit (CRU). To better reflect current needs and anticipated short and medium term needs, there should be, in addition to the current outpatient CRU in the IHP, an inpatient unit and additional outpatient (satellite) units. The Director should oversee the redesign, expansion, direction and coordination of the CRU resources, with the assistance of the CRU Advisory Committee. This includes (but not

limited to) deployment of research nurses. The new CRUs should have provisions for both inpatient and outpatient exam rooms, community-based exam rooms, study nurses and coordinators, phlebotomists and services for research specimen collection and shipment as needed. The Director should serve on the University of Rochester working group exploring the possibility of satellite GCRCs from their CTSA. The CRU should have its own budget. The processes for billing for clinical research for clinical investigators need to be more efficient. Over the next 5 years, an NIH-funded clinical investigator will need to be recruited to be Director of the CRU.

Short-term:

- Re-establish CRU Advisory Committee to assist the Director in assessing and reorganizing the CRU and its resources, including the establishment of satellite CRUs. The Director should direct use of CRU resources, including the deployment of research nurses to satellite sites.
- Establishment of a budget for the CRU, under the control of the Director.
- Reform the billing processes for clinical research.
- Explore the possibility of establishing a satellite GCRC with the CTSA of the University of Rochester

Medium-term:

- After the new Director of the CCTR is appointed, there should be a search for an NIH-funded clinical researcher to be the Director of the CRU.
- Continue discussions with the CTSA of the University of Rochester re: possible collaborations
- Resource requirements (i.e. research nursing staff, study coordinators, etc.) should be assessed annually based upon the success and needs of the clinical investigators.

Long-term: Needs should be assessed annually by the CCTR and CRU Advisory Committees.

5. Expanded Education, Training and Career Development Programs. Faculty and trainees (residents, students) and research staff should have access to formal instruction in all facets of clinical and translational research. The Director of the CCTR, with assistance from the CCTR Advisory Committee, should assess training needs annually and determine how best to meet these needs. Training will be multidisciplinary, and involve not only faculty who are directly involved in the CCTR, but also faculty from the MPH program and other departments and programs across campus, as well as other partners i.e. industry. When not available locally, training programs are available by teleconferencing with the NIH and possibly with other groups such as the CTSA at the University of Rochester as a well as other UNYTRN institutions. Academic programs will teach the basic sciences (including translational technologies), clinical research, translational research, ethics in research, Good Clinical/Manufacturing/Laboratory practices, and regulatory compliance. Candidates will come from a variety of academic programs for degrees in Masters of Science, Masters of Public Health, PhD MD/PhD as well as from degree candidates in the College of Nursing and the College of Health Related Professions. A program that provides PIs (and potential PIs) with Certification in Clinical and Translational Research is a medium-long-term goal. The graduates will be trained to work in academic/education and medical research institutions, public health organizations, regulatory agencies and industry. Short courses for staff such as study coordinators are needed as well as Continuing Education Programs.

6. Pilot Projects: Limited funding for pilot projects should be made available with approval by the CCTR advisory committee.
7. Expand Research Administration. There will be additional needs for IRB and Sponsored Projects offices to support grant submissions and regulatory compliance. The Clinical Trials office needs a Director who can foster industry partnerships and help provide resources for subject recruitment and enrollment (An individual with expertise in product development and regulatory affairs including Good Clinical Practice (GCP), Good Manufacturing Practice (GMP) and Good Laboratory Practice (GLP) requirements and quality assurance/quality compliance is needed. This office should provide investigator support in negotiating contracts and reviewing and approving budgets. A grants writer should be considered to assist investigators in obtaining additional clinical studies.
8. SCID Mouse Facility. A model system for testing therapeutics against cancers and human viruses exists that uses SCID mice and human tissue xenografts, but it needs to have the capability of being GLP compliant. This facility is needed for pre-clinical animal model development for the testing of new drugs, vaccines and therapeutics using a humanized SCID mouse model.



PRESIDENTIAL SELECT TASK TEAM FINAL RECOMMENDATIONS



TEAM:	Research
CHAIR:	Drs. Knox and Weinstock
EC SPONSOR:	Drs. Barker and Mozell

RECOMMENDATION #13:

Clinical Science Faculty Salary Plan. A salary plan to support research activities for clinical faculty doing clinical research on campus is needed. The lack of such a plan has been an historical weakness and contributes to the deplorable state of clinical research at UMSOM. The committee finds that clinical researchers require 50-70% protected time for PIs to succeed in obtaining extramural funding. This level of salary support can't realistically be recovered from extramural funding given the current plan for base salaries in the COM. UMSOM needs to allocate sufficient state salary resources to clinical faculty who primarily perform clinical research. We recommend:

- 1. Senior established funded researchers should be recruited first, with at least 50% of their time protected for research. Senior clinical researchers are needed not only to enhance clinical research and boost research funding, but also to mentor junior faculty and trainees. It is expected that tenured clinical faculty will be able to maintain their research funding. However, if that is not the case, after a reasonable period of time e.g. up to five years (to allow for resubmission of applications), if the faculty member cannot maintain a funded research program, their time will no longer be protected, and per the Chair, additional clinical and teaching duties will be assigned. The department will return the equivalent of the research portion of the State salary to the College of Medicine.**
- 2. New clinical investigators should be hired only if there is an established mentor in their area of research. They must be given 70% protected time for six years until tenure, with the expectation of obtaining federal funding by then.**
- 3. We recommend that the funds to support the protected time be a combination of state salary line and also-receives from the COM. In order to recruit competitively, we recommend that the State base be at least 50% of the total salary.**
- 4. The unprotected portion will be compensated through clinical income and Departmental funds. Consistent with the arrangement for researchers in basic science departments, SOS salary from grants can be used to support this 'unprotected' portion of the salary. For all clinical faculty who have extramural funding, SOS should be available for salary reimbursement to support research**

efforts.

5. Consistent with the arrangement for researchers in the basic science Departments, and as an incentive to pursue a second grant, we recommend that the faculty member automatically be able to receive a bonus if they obtain a second and additional grants. These monies are entirely dependent on- and therefore coincident with- the tenure of the grant.

6. Consistent with the formula in basic science departments, the FDF and DDF will be made whole by the COM, which allows the Department Chair to supplement salaries even further as a reward or tool for retention.

7. Those successful researchers with multiple grants should be able to bonus themselves above salary caps.

Further, we recommend that as state salary lines become vacated from retirements or relocations, that they be primarily used (considering the educational mission of the existing department) for hiring new clinical research faculty regardless of the department of origin. We additionally recommend that senior faculty lines in clinical departments be preserved if possible to recruit new senior research faculty who will be inherently more expensive than a junior faculty hire.

PROPOSED TIME FRAME:

Immediately and intimately coordinated with current clinical chair searches.

TYPE: Process Improvement; Operational Expense; Capital Expenditure

Process Improvement, Policy, Salary and Capital Expenditures.

EXPECTED BENEFITS:

Additional research faculty, increased extramural grant income, increased national stature, increased recruitment of students to the Graduate School, increased collaboration with Upstate biomedical sciences institutions

MEASURABLE OUTCOMES:

Increased extramural grant income

RESOURCES NECESSARY (e.g. FTE, funding, space):

Please note we are not asking for dollar amounts; just identification of resources, if known. Please work with Financial Representative on your team. Use the budget form, if necessary.

Requires funds to support also receives for faculty attempting to maintain research grants that need renewal.

EXISTING POLICY IMPACT (if applicable):

The current salary policy is non-existent. This policy supports growth of clinical research in a rational manner.



PRESIDENTIAL SELECT TASK TEAM FINAL RECOMMENDATIONS



TEAM:	Research
CHAIR:	Drs. Knox and Weinstock
EC SPONSOR:	Drs. Barker and Mozell

RECOMMENDATION #14:

Goal: Increase research funding in clinical medicine. It is well-recognized that a strong research program in the Department of Medicine, which is fundamental to the clinical research enterprise of any medical school, is critical for increasing research in the institution. Research has not been a priority for this department for many years. Since there is currently a search for a new Chair of this department, there is opportunity now to grow research. The department is extremely weak in research. Given limited resources, recruitments for faculty with the primary responsibility for leading NIH –sponsored research programs should be targeted to areas in which our institution already has strength: cardiovascular diseases and metabolic diseases.

- 6) Short-term: Hire one senior clinical cardiology faculty researcher and 2 junior faculty researchers who would collaborate with the already established and very strong basic science programs in this area.**
- 7) Short-term: Hire 2 faculty researchers studying metabolic diseases who would share research interests and collaborate with current faculty in these areas.**

In addition, increase research in clinical departments that already have strong programs in areas with significant opportunities for NIH funding and large budget programs, NEI and NIMH.

- 8) Short-term: Hire one senior research faculty researcher and 1 junior research faculty researchers who would collaborate with already established and very strong research program in the Center for Vision Research in Ophthalmology.**
- 9) Short-term: Hire two research faculty researcher in the very strong research program in the Psychiatry.**

PROPOSED TIME FRAME:

2007-2009

TYPE: Process Improvement; Operational Expense; Capital Expenditure

Faculty recruitments for research require salary support and start-up costs associated with transferring and establishing their research programs at our institution.

EXPECTED BENEFITS:

Increased research funding at SUNY Upstate Medical University.

MEASURABLE OUTCOMES:

Increased NIH funding and funding from other sponsored programs.

RESOURCES NECESSARY (e.g. FTE, funding, space):

Please note we are not asking for dollar amounts; just identification of resources, if known. Please work with Financial Representative on your team. Use the budget form, if necessary.

- 4) For cardiology, one senior faculty position and 2 junior faculty positions.**
- 5) For metabolism, 2 faculty positions.**
- 6) For vision, one senior and one junior faculty.**
- 7) For psychiatry, 2 faculty positions.**
- 8) Space and other resource needs will need to be determined based upon the nature of the work of the researchers. It is anticipated the at least some of the work will use existing CORE facilities and the proposed Center for Clinical and Translational Research.**

EXISTING POLICY IMPACT (if applicable):



PRESIDENTIAL SELECT TASK TEAM FINAL RECOMMENDATIONS



TEAM:	Research
CHAIR:	Drs. Knox and Weinstock
EC SPONSOR:	Drs. Barker and Mozell
RECOMMENDATION #15:	
Establish a temporary facility to support in-patient clinical research (see full proposal below).	
PROPOSED TIME FRAME:	
Immediate	
TYPE: Process Improvement; Operational Expense; Capital Expenditure	
Process Improvement, Operational Expense	
EXPECTED BENEFITS:	
Increased inter-departmental collaboration for clinical research projects, including sharing of research personnel, increased productivity and funding for current clinical researchers, and improved recruitment and retention of clinician scientists in clinical departments.	
MEASURABLE OUTCOMES:	
Increased funding from all sources – NIH, other governmental, foundation, and particularly industry-funded studies (pharmaceutical and biotechnology).	
RESOURCES NECESSARY (e.g. FTE, funding, space):	
Please note we are not asking for dollar amounts; just identification of resources, if known. Please work with Financial Representative on your team. Use the budget form, if necessary.	
Short-term	
See full proposal below: There are additional needs described in detail.	
EXISTING POLICY IMPACT (if applicable):	
(see below).	

Temporary facility to support in-patient clinical research (see full proposal below).

It will be important to have a center to facilitate inpatient research for all clinical departments and for inter-disciplinary efforts. There is an immediate need for a “facility to support in-patient clinical research”, which could be temporarily located in a building immediately adjacent to the hospital. To that end, an additional 1500-1800 square feet of wet and dry laboratory space is needed. One suggested location has been the Computer Warehouse Building, due to its proximity to the hospital.

This space would be subdivided into 3 sections:

- 1) Administrative – this section would office cubicles for research nurses and non-RN clinical research coordinators or technicians and office equipment including computers (with access to routine hospital programs, e.g. medical records, lab values, etc), FAX machine, and copier;**
- 2) Laboratory – this section would consist of lab space that would be used for sample processing and storage. Necessary equipment will include an ambient and/or refrigerated centrifuge, a hood, a refrigerator, and -70° freezer;**
- 3) Storage – this section would hold supplies and have locked cabinets for patient record and data storage.**

The existing Pain Clinic on the first floor of University Hospital could temporarily serve as an area to see future inpatients coming for a pre-procedural visit and former inpatients who must return for a study-related follow-up visit and must be seen by a hospital-based primary investigator (P.I.) or other study personnel (e.g., research nurses or clinical research coordinators). This location will facilitate identification of patients for perioperative clinical research, including the opportunity to obtain consent and appropriately test patients. Furthermore, patient examinations by physicians and nurses, as well as data and sample collection, would be convenient for physicians, research nurses, and coordinators who are based in or near the hospital.

Personnel to staff the Satellite Clinical Research Unit (CRU) would be phased in gradually, most likely representing several clinical departments. As quickly as possible, the goal would be to have a unit that is self-supporting due to an income stream from industry-funded, peer-reviewed, and departmental studies, generated by multiple clinical

departments. Ideally, cross-trained research and administrative personnel would be available to shift into the Satellite CRU for In-hospital Patients from the Outpatient CRU, as needed, to help cover work overload.

- **Note: Eventually, an inpatient CRU that includes at least 4 inpatient beds for intensive and/or overnight monitoring should be planned, in order to conduct studies that include administration of research drugs that require such monitoring.**

Research Nurse Manager (Salary Range \$52,495 - \$74,896):

In order to staff the new Satellite CRU for In-hospital Patients, while maintaining the quality of the Outpatient CRU, permanent funding for a Research Nurse Manager should be considered. This Manager could be a Research Foundation employee or perhaps have a position on the faculty of the College of Nursing. His or her responsibilities would include:

Leadership and Human Resources:

Scheduling of all Satellite CRU and Outpatient CRU personnel to meet current investigator and sponsor needs in both the inpatient and outpatient settings; planning, organizing, and controlling the daily, weekly, and monthly activities of the Satellite and Outpatient CRU personnel with responsibility for timeliness and quality of services; performance evaluation, promotion, and disciplinary action for all CRU personnel; assisting with current ongoing training for department employees, hospital staff, and patients; establishing and maintaining good working relationships with hospital and medical school staff and outside personnel; providing a positive example for subordinates, with exceptional professionalism and work ethic.

Compliance:

Ensuring compliance with applicable regulations and policies (IRB, FDA); assistance to investigators and sponsors in developing and preparing protocols for clinical research projects, in accordance with applicable regulations and policies (including technical, administrative, and budgetary aspects); maintenance of appropriate project documentation, completion of required project tasks, including technical reports and case report forms, as evidenced by audit results and observations of investigators and the associate dean; monitoring of inpatient hospital bills to ensure that study costs are appropriately billed to the specific research project.

Financial Management:

Submission of annual budget recommendations to the Director of the CCTR; maintenance of expenses within the division's budgeted guidelines by limiting overtime while scheduling staff appropriately to meet workload and control of other costs; preparation and monitoring of budgets for all clinical research studies in the department; monitoring of sponsor payments to ensure appropriate compensation within contractual guidelines.

**PRESIDENTIAL SELECT TASK TEAM
FINAL RECOMMENDATIONS**



TEAM:	Research
CHAIR:	Drs. Knox and Weinstock
EC SPONSOR:	Drs. Barker and Mozell
RECOMMENDATION #16:	
<p>To hire a minimum of 1 FTE at the level of Clinical Research Information Technology Specialist.</p> <ul style="list-style-type: none"> • The FTE would report to the director of Information, Management and Technology and to the director of the Center for Clinical and Translational Research. • Responsibilities would include accessing information from University Hospital as well as from other data available in SUNY Upstate Medical University for clinical and translational research. 	
<p>PROPOSED TIME FRAME: Implement the recruitment process and hire an F1 over the period of one year. Minimum requirements: bachelor's degree in Information Management and Technology with two years of experience in area of clinical research using relational databases.</p>	
TYPE: Process Improvement; Operational Expense; Capital Expenditure	
Operational Expense; Process Improvement	
<p>EXPECTED BENEFITS: Increased productivity and ability to participate in a greater number of federally- and industry-funded clinical research investigations. Recruitment for clinical studies would be facilitated and the ability to conduct outcomes research will be enhanced.</p>	

MEASURABLE OUTCOMES: To remain a competitive and viable clinical research enterprise, it is necessary to be availed to a specialist who is knowledgeable in clinical informatics and who can help retrieve and analyze data for use by different end-users for varied purposes, most importantly for health services research, to determine if University Hospital's patient population would support a clinical study and to assist in recruitment for clinical studies. This information is necessary to apply for and to maintain funding for clinical investigations

RESOURCES NECESSARY (e.g. FTE, funding, space):

Please note we are not asking for dollar amounts; just identification of resources, if known. Please work with Financial Representative on your team. Use the budget form, if necessary.

1 FTE line for Clinical Research Information Technology Specialist; office space; PC; printer; query tool; potential data warehouse server upgrades/hardware/software upgrades.

EXISTING POLICY IMPACT (if applicable):



PRESIDENTIAL SELECT TASK TEAM FINAL RECOMMENDATIONS



TEAM:	Research
CHAIR:	Drs. Knox and Weinstock
EC SPONSOR:	Drs. Barker and Mozell

RECOMMENDATION #17: Incentive for Research for Faculty in Clinical Departments

Goal: Maintaining Incentives and Recognition for Research by Clinical Faculty.
We recommend that the institution support for all clinical faculty who choose to pursue a research activity by recognizing that:

- 1) **Faculty in Clinical Departments should have the ability to use funds generated from medical practice to support scholarly activities in their departments and the Institution, in addition to salary support and according to some Institutional guidelines [in need of development].**
- 2) **Such a funding mechanism can support pilot and/or or long-term projects, and can result in data which can be used to start, maintain and expand funding (through extramural sources) for major research in the long term.**

Recognizing this issue and having a more formalized and uniform Institutional Plan will improve Faculty morale and incentive to do more individual and collaborative research.

Faculty in Clinical Departments should have the ability to use funds generated from clinical practice income to support academic activities in their departments and the Institution, in addition to salary support and according to defined Institutional guidelines [in need of development]. Such a funding mechanism can support pilot and/or or long-term projects, and can result in data which can be used to start, maintain and expand funding (through extramural sources) for major (clinical and/or basic) research in the long term. Such an Institutional Plan would need to include:

- A. Options for Individual Departmental Control AND a shared pool from UMAS and/or Research Funds from other Upstate Medical University institutional sources for Departments that cannot, by their nature, generate excess clinical funds**
- B. This mechanism, with funds for such research being administered through RF accounts, will allow recognition equal to funding from other sources. Also, these**

projects will be included in data on research funding and generate BAP funding for Upstate Medical University.

PROPOSED TIME FRAME:

Immediately

TYPE: Process Improvement; Operational Expense; Capital Expenditure

Process Improvement. Faculty Development.

EXPECTED BENEFITS:

Increased research funding at SUNY Upstate Medical University.
Increased Faculty satisfaction and retention.

MEASURABLE OUTCOMES:

Increased research funding at SUNY Upstate Medical University.
Increased Faculty satisfaction and retention.

RESOURCES NECESSARY (e.g. FTE, funding, space):

Please note we are not asking for dollar amounts; just identification of resources, if known. Please work with Financial Representative on your team. Use the budget form, if necessary.

New Plan for Institution and Medical Service Groups

EXISTING POLICY IMPACT (if applicable):

Institutional Recognition of Clinical Practice Plans ability and Incentive to support Research.



PRESIDENTIAL SELECT TASK TEAM FINAL RECOMMENDATIONS



TEAM:	Research
CHAIR:	Drs. Knox and Weinstock
EC SPONSOR:	Drs. Barker and Mozell
RECOMMENDATION #18:	
<p>Nursing Research Advisory Committee created to formalize the research relationship between the CON and UHN, and to serve in an advisory role to the CON Dean and UHN CNO on priorities and activities for research support and direction, including oversight of an ongoing Strategic Plan for Nursing Research. Members will include two doctorally prepared nurse researchers from the CON and two from the UHN plus two graduate nursing students completing a thesis and two nurses from the Nursing Research Special Interest Group (Nursing Dept’s shared governance group focusing on research conduct, translation and use of evidence). Three additional members will include an externally-funded nurse researcher from the Syracuse-area community who may or may not be affiliated with Upstate Medical University, a member of the Central New York Collaborative to Advance Research & Evidence-based Practice (CNY-NCARE), and a lay community member with vested interest in the health of our community. One co-chair will come from the CON, the other from the UHN.</p>	
PROPOSED TIME FRAME:	
Created within 3 months. Meets quarterly and on call of the [co-] chair	
TYPE: Process Improvement; Operational Expense; Capital Expenditure	
Process Improvement	
EXPECTED BENEFITS:	
<p>1) Improved communication and coordination of research activities between CON and UH Nursing Dept; 2) Development and improvement of a nursing research presence at SUNY Upstate; 3) More equitable distribution of funds for pilot research; 4) Development and improvement of research collaboration across the professional nursing community;</p>	
MEASURABLE OUTCOMES:	
<p>1) Increased number of IRB-approved studies with nurse researcher as P.I. 2) Increased number of IRB-approved nursing studies conducted at more than one site.</p>	

3) Increased number of IRB-approved nursing studies with staff RNs and/or CON students as co-investigators

4) Increased number of IRB-approved nursing studies with a common/developing trajectory (ex., demonstrated use of results from prior study in development of next proposal)

RESOURCES NECESSARY (e.g. FTE, funding, space):

Please note we are not asking for dollar amounts; just identification of resources, if known. Please work with Financial Representative on your team. Use the budget form, if necessary.

Clinical appointment for non-SUNY researcher(s) to offset need for compensation; paid time for staff RNs for meetings (est. 8 – 10 hrs/year for 2 RNs); parking vouchers for 3 outside members for 4 two-hour meetings; administrative support (minutes, handouts, etc.)

EXISTING POLICY IMPACT (if applicable):

Current practice not based on policy. This will formalize the process and make it more transparent, equitable.



**PRESIDENTIAL SELECT TASK TEAM
FINAL RECOMMENDATIONS**



TEAM:	Research
CHAIR:	Drs. Knox and Weinstock
EC SPONSOR:	Drs. Barker and Mozell

RECOMMENDATION #19:

Inter-Institutional Mentoring Program created between SUNY Upstate and other UNYTRN and SUNY schools whose faculty include federally-funded (e.g., R-01) nurse researchers to facilitate development of externally-funded programs of research by SUNY Upstate nurse researchers. Program also may include non-nurse mentors at SUNY Upstate who are federally funded, provided the mentorship demonstrates the intent of developing a program of research for the nurse researcher being mentored. Program will expand to include at least one full-time endowed faculty position for recruiting a nurse researcher with at least one R-01 plus equivalent other external funding (ex., AHRQ, RWJ).

PROPOSED TIME FRAME:

Short-term (within 18 mos): Active recruiting of mentors within UNYTRN, incl. University of Rochester, by VP for Research as well as by SUNY Upstate nurse researchers interested in participation. Clinical faculty appointments for non-SUNY Upstate faculty agreeing to participate. Upon receipt of a letter from a prospective mentor agreeing to support the nurse researcher’s efforts to develop/expand a research trajectory, the researcher will be given 40%-50% protected time to develop proposals and conduct research. Continuation of protected time will be dependent upon progress recognized during semi-annual review by the mentor with written documentation submitted to the CNO for hospital-based researchers and to the CON Dean for CON-based researchers. A copy of the plan and acceptance letter will be reviewed and maintained by the Nursing Research Advisory Committee

Mid-term (18mos – 6 yrs): One or more joint-appointments between Upstate and the mentor’s home institution created to allow expanded access to mentoring relationships and increased visibility of Upstate as a site for nursing research funding and conduct in that topic area. One or more joint-appointments between the CON and other colleges, departments at Upstate may also be created.

Long-term (6-10 yrs): Upstate will provide the necessary support for institutions participating in mentoring to support post-doctoral nursing studies conducted at Upstate. At least one full-time faculty position at the CON will be endowed or otherwise funded for research; an endowed position with time at the hospital as well as at the CON is preferred. The person recruited will have at least one R-01 plus equivalent other external funding (ex., AHRQ, Robert Wood Johnson)

TYPE: Process Improvement; Operational Expense; Capital Expenditure

Process Improvement (any current activity is serendipitous) and operational expense (protected time; joint appointments; support toward endowment).

EXPECTED BENEFITS:

1) Development and improvement of a nursing research presence at SUNY Upstate; 2) Development and improvement of research collaboration across the professional nursing community; 3) Improvement in interdisciplinary research collaboration; 4) Federally funded nursing studies at SUNY Upstate

MEASURABLE OUTCOMES:

**1) Increased number of IRB-approved studies with nurse researcher as P.I.
2) Increased number of IRB-approved nursing studies conducted at more than one site.
3) Increased number of IRB-approved nursing studies with a common/developing trajectory (ex., demonstrated use of results from prior study in development of next proposal)
4) Increased number of post-doctoral nursing students conducting studies at SUNY Upstate
5) Increased external funding for nursing research conducted with SUNY Upstate as the primary site**

RESOURCES NECESSARY (e.g. FTE, funding, space):

Please note we are not asking for dollar amounts; just identification of resources, if known. Please work with Financial Representative on your team. Use the budget form, if necessary.

0.5 expanding to 1.0 FTE administrative support for program. 0.4 – 0.5 FTE protected time for nurse researchers being mentored. Funding and space for mentors with joint appointments (space could be shared for first few years). Support from Foundation for attaining a fully endowed position. Space and administrative support for endowed position).

EXISTING POLICY IMPACT (if applicable):

No related policy currently exists.



PRESIDENTIAL SELECT TASK TEAM FINAL RECOMMENDATIONS



TEAM:	Research
CHAIR:	Drs. Knox and Weinstock
EC SPONSOR:	Drs. Barker and Mozell

RECOMMENDATION #20:

Pilot funding of \$50,000 per year given to the CON with oversight by the Nursing Research Advisory Committee to be used only for research conduct by nurses who are eligible to be SUNY Upstate principal investigators, with preference going to those who meet the following criteria: 1) presence of a documented research trajectory that includes a plan for future external funding to support a program of research; 2) not eligible for other CON funds; 3) doctoral preparation or conducting dissertation research. These funds are necessary for access to CORE resources in addition to other budget items. Most funding opportunities at Upstate are limited to physicians. Current funds provided to the CON are totally inadequate for study funding (\$10,000/yr), are limited to use only by full-time doctorally prepared faculty, and are used for other scholarly activities in addition to research conduct. No incentive currently exists for full-time faculty in doctoral study to develop a program of research. This recommendation addresses these issues. Continued funding is dependent upon demonstrated progress in developing a research trajectory/building a program of research to be submitted with each annual application. Copies of applications and progress reports will be reviewed/approved by the Nursing Research Advisory Committee. Members of the Committee who are applying for funds will be recused from participation in that funding cycle. New and continuing applications will be accepted for review at least semi-annually and not more often than quarterly. Deadlines for submission will be posted at least 6 months in advance.

PROPOSED TIME FRAME:

Short-term (within 1 yr): Process for review and approval is established; application forms developed; eligibility criteria and deadlines for submission determined and published. First deadline for submission published by 1 October, with due date not less than 6 mos later.

Administrative support (0.5 FTE) is made available and is convenient to nurse researchers working in University Hospital and Weiskotten Hall. Responsibilities of this support person may include support to the Nursing Research Advisory Committee.

Nurses eligible for these funds who submit a letter of intent with an outlined research trajectory/program of research, will be given 25% - 30% protected time to

develop a research proposal. Once funded, investigators will be given at least 40% protected time for research. Pilot studies should be completed within two years of IRB approval and availability of funds unless an extension is approved by the Nursing Research Advisory Committee.

Mid-term (1– 6 yrs): Resource requirements (administrative support, funding to continue CCTR access, time for research) should be assessed annually based upon success and needs of clinical investigators and in support of joint appointments.

Long-term (6-10 yrs): Resources will be available to support sub-contracts for at least one area grant (R-15). Nurse investigators with external funding will be given a state appointment to maintain their full-time salary and benefits. If a nurse researcher with an R-01 is recruited, that individual will be given a state line with 100% funding for 6-years to build their program at Upstate. These funds may come from more than one source if the researcher had a joint appointment with another College at Upstate or with another institution

TYPE: Process Improvement; Operational Expense; Capital Expenditure

Process Improvement (any current activity is serendipitous) and operational expense (study funding, protected time; administrative support; space for support person/study office).

EXPECTED BENEFITS:

1) Development and improvement of a nursing research presence at SUNY Upstate; 2) Incentive to faculty in doctoral study to continue research activity; 3) Provides nurse researchers who are not full-time faculty the opportunity to develop programs of research; 4) Federally funded nursing studies at SUNY Upstate

MEASURABLE OUTCOMES:

1) Increased number of IRB-approved studies with nurse researcher as P.I.
2) Increased number of IRB-approved nursing studies with a common/developing trajectory (ex., demonstrated use of results from prior study in development of next proposal)
3) Increased external funding for nursing research conducted with SUNY Upstate as the primary site

RESOURCES NECESSARY (e.g. FTE, funding, space):

Please note we are not asking for dollar amounts; just identification of resources, if known. Please work with Financial Representative on your team. Use the budget form, if necessary.

Funding \$50,000 per year. FTE 0.5 expanding to 1.0 for administrative support for program. Protected time of 0.3 – 0.4 or greater FTE for nurse researchers being mentored. Study office space with locking file cabinets, telephones with long-distance capability and computer equipment.

EXISTING POLICY IMPACT (if applicable):

No related policy currently exists.

**PRESIDENTIAL SELECT TASK TEAM
BUDGET RECOMMENDATIONS**



TEAM:	Research
CHAIR:	Drs. Knox and Weinstock
EC SPONSOR:	Drs. Barker and Mozell

RECOMMENDATION #21:

To accelerate and facilitate research in the College of Health Professions we suggest a multifaceted approach that requires a change of the institutional culture with regard to access to currently available resources. To accomplish this, new programs will need to be implemented.

1- Improved inter-institutional collaborations: A Health Professions Research Advisory Committee should be created to formalize the research relationship between the CHP and the respective clinical departments in the COM, and to serve in an advisory role to the CHP Dean and COM Dean on priorities and activities for research support and direction, including oversight of an ongoing Strategic Plan for Health Professions Research. The membership of the committee should include faculty from the CHP and clinical researchers in the COM. The Chair of this committee should be the CHP representative at the Institutional Research Steering Committee.

2- Recruitment of doctoral trained professionals: Nationwide, the professions represented by the departments in the CHP have very few doctoral trained members. The CHP strives to become the national employer of choice for these elite individuals and actively recruits them for our faculty openings. Specifically, to compete for health professionals with research credentials the CHP must be able to offer competitive start up packages which include the space, and equipment necessary for the new faculty's research and release time, in the form of a reduced teaching load.

3- Seed and bridge money for research: The institution should identify a pool of funds that are available to researchers that can be applied for and used as seed money to initiate and bridge research projects. Currently the CHP receives \$10,000 per year for research. This allocation is inadequate. The Health Professions Research Advisory Committee should oversee an institutional pool of \$50,000 devoted exclusively to the faculty of CHP. In the absence of institutional support in the form of money time and resources, it is extremely difficult for CHP faculty to grow a program of research. Through increased collaboration and with access to a larger pool of seed funds, larger, more significant projects can be undertaken by CHP Faculty.

4- Graduate training for current faculty: The CHP, CON and UH currently employ many dedicated and enthusiastic professionals that would eagerly pursue graduate

training if there was institutional support and encouragement for their effort. Therefore we recommend that the institution develop educational programs and tracks for campus faculty and employees and encourage and facilitate the pursuit and attainment of advanced degrees for these committed individuals. New academic programs should be developed which prepare our faculty and staff to fulfill needs in our college, institution and community. Additionally, tracks and extended curriculum plans should be developed for the currently existing graduate programs in the College of Graduate Studies. These programs combined with formalized institutional support for release time from employment responsibilities will help to grow the academic credentials of our faculty and employees to the tremendous benefit of the institution as a whole.

PROPOSED TIME FRAME:

- 3 months to establish research advisory committee.
- 1-2 years to develop new programs and educational tracks.
- 5-10 years to increase the number of doctoral trained faculty members.
- 5-10 years to increase the number of extramurally funded research projects.

TYPE: Process Improvement; Operational Expense; Capital Expenditure

Process improvement in the form of institutional culture change regarding collaboration and faculty advancement.

EXPECTED BENEFITS:

1. Improved communications and collaborations between CHP faculty researchers and clinical departments.
2. Improved ability to recruit doctoral trained faculty to CHP
3. Reduced impediments for faculty and staff who are industrious enough to pursue graduate degrees while serving the institution.

MEASURABLE OUTCOMES:

1. Increased number of IRB approved studies from faculty of CHP.
2. Increased extramural funding projects through the CHP
3. Increased academic credentials of CHP, CON and UH faculty and staff members

Increased extramural grant income

RESOURCES NECESSARY (e.g. FTE, funding, space):

Please note we are not asking for dollar amounts; just identification of resources, if known. Please work with Financial Representative on your team. Use the budget form, if necessary.

- \$50,000/ year allocated to CHP faculty research pool.
- Access for CHP faculty to clinical research space and patients

EXISTING POLICY IMPACT (if applicable):

No related policy currently exists



**PRESIDENTIAL SELECT TASK TEAM
FINAL RECOMMENDATIONS**



TEAM:	Research
CHAIR:	Drs. Knox and Weinstock
EC SPONSOR:	Drs. Barker and Mozell
RECOMMENDATION #22:	
Office of Sponsored Programs be approved to hire 1 FTE at the level of Sponsored Programs Assistant to improve extramural funding opportunities and position our campus for new growth.	
PROPOSED TIME FRAME:	
Immediately	
TYPE: Process Improvement; Operational Expense; Capital Expenditure	
Policy and Operational Expense	
EXPECTED BENEFITS:	
We expect increased efficiency in submitting extramural grants, better service for clinical faculty who require additional support for submitting grants/contracts and increased revenue to the Research Mission.	
MEASURABLE OUTCOMES:	
Increased extramural grant income	
RESOURCES NECESSARY (e.g. FTE, funding, space):	
Please note we are not asking for dollar amounts; just identification of resources, if known. Please work with Financial Representative on your team. Use the budget form, if necessary.	
FTE and desk space	
EXISTING POLICY IMPACT (if applicable):	
The change to electronic grant submissions by the NIH and other major funding organizations has put a larger burden on the Sponsored Programs Office (SPO), which also includes the Clinical Trials Office (CTO). All grant proposals must now be personally submitted by the staff. In addition, in recent years there has been a significant growth in extramural funding at Upstate, nearly doubling during the past 6 years or so, with the expectation <u>from this committee that it continues to grow</u>. During this time the number of staff in the SPO has remained the same. Based on the growth rates and the switch to e-submissions it is necessary to hire an	

additional sponsored programs assistant immediately. This will allow the office to process grants and clinical trials contracts effectively and with a higher level of service.



PRESIDENTIAL SELECT TASK TEAM FINAL RECOMMENDATIONS



TEAM:	Research
CHAIR:	Drs. Knox and Weinstock
EC SPONSOR:	Drs. Barker and Mozell

RECOMMENDATION #23:

Division of Information Management and Technology be approved to hire 1 FTE at the level of general support analyst:

- The FTE will be dedicated to the SUNY Upstate research community and will serve as an ombudsman between the research community and IMT, responsible for services that include, but are not limited to: desktop devices, networking, server and help desk services.**
- The FTE would provide consultation services for, but not limited to, the purchase of computers and other related technology most appropriate to conduct research on the SUNY Upstate campus and that which would allow for collaboration with research institutions external to SUNY Upstate.**
- The Research Computing Task Force has also proposed this position.**
- Assist, in conjunction with EdCom and the library, to create a web-based searchable research resource similar to the Cornell University “Vivo” website.**

PROPOSED TIME FRAME: Implement the recruitment process and hire an F1 over the period of one year. **Minimum requirements:** bachelor’s degree in Information Management and Technology with two years of experience in networking and related areas.

TYPE: Process Improvement; Operational Expense; Capital Expenditure
Operational Expense, Process Improvement
EXPECTED BENEFITS: Increase in productivity and a more cost effective means to purchase/negotiate and support computers and other related technology (network, printers, etc.) necessary to conduct research on the SUNY Upstate campus.
MEASURABLE OUTCOMES: General support for desktop devices, networking and server services; help regarding the purchase of the most appropriate computer technology for the laboratories; and the need for an individual to serve as an ombudsman between IMT and the research community continue to be major priorities for the research community. The current primary weakness is the lack of a dedicated general support analyst who specializes in the needs of basic and clinical science research faculty. Support for day-to-day activities and occasional one-time requirements, both during business hours and after hours, is viewed as critical to carrying out the research mission. It is felt that a minimum of one dedicated general support analyst FTE would deliver high value through a better understanding of research needs and through development of an ombudsman type of role within IMT.
RESOURCES NECESSARY (e.g. FTE, funding, space): Please note we are not asking for dollar amounts; just identification of resources, if known. Please work with Financial Representative on your team. Use the budget form, if necessary.
1 FTE line for general support analyst for research; office; PC; printer.
EXISTING POLICY IMPACT (if applicable):



**PRESIDENTIAL SELECT TASK TEAM
FINAL RECOMMENDATIONS**



TEAM:	Research
CHAIR:	Drs. Knox and Weinstock
EC SPONSOR:	Drs. Barker and Mozell
RECOMMENDATION #24:	
<p>To produce an electronic system for research purchasing that would: 1) Allow the research purchases to campus purchasing electronically with receipt acknowledge; 2) Allow campus purchasing to have a database of purchase requests with status information, purchase order numbers etc; 3) electronically notify both research labs and campus receiving when an order has been submitted.</p>	
PROPOSED TIME FRAME:	
Immediately	
TYPE: Process Improvement; Operational Expense; Capital Expenditure	
Operational expense	
EXPECTED BENEFITS:	
<p>Increased efficiency for routine ordering of supplies and equipment; more time for research; better checks-balances for research purchasing; ease the work load for campus purchasing.</p>	
MEASURABLE OUTCOMES:	
<p>Increased satisfaction with campus purchasing performance; Increased productivity.</p>	
RESOURCES NECESSARY (e.g. FTE, funding, space):	
<p>Please note we are not asking for dollar amounts; just identification of resources, if known. Please work with Financial Representative on your team. Use the budget form, if necessary.</p>	
<p>Require IMT to implement the electronic purchasing/database request and some training for researchers who place orders.</p>	
EXISTING POLICY IMPACT (if applicable):	
<p>Currently, orders are placed by paper copy and either faxed or mailed. Would upgrade this process to 2007 standards.</p>	



PRESIDENTIAL SELECT TASK TEAM FINAL RECOMMENDATIONS



TEAM:	Research Task Force
CHAIR:	Barry Knox and Ruth Weinstock
EC SPONSOR:	Ken Barker and Max Mozell
RECOMMENDATION #25:	
<p>Achieve local autonomy over Research Foundation. Currently, all Research Foundation functions are routed through RF Central in Albany. The research committee recommends that UMU transfer RF functions to the Syracuse campus as soon as possible.</p>	
PROPOSED TIME FRAME	
Immediately	
TYPE: Process Improvement; Operational Expense; Capital Expenditure	
Process and Operational Expense	
EXPECTED BENEFITS:	
Improved efficiency and savings in off-campus charges.	
MEASURABLE OUTCOMES:	
RF charges to grants and increased productivity (grants and time).	
RESOURCES NECESSARY (e.g. FTE, funding, space):	
<p>Please note we are not asking for dollar amounts; just identification of resources, if known. Please work with Financial Representative on your team. Use the budget form, if necessary.</p>	
Administration time to achieve	
Additional staff and space	
EXISTING POLICY IMPACT (if applicable):	
Current inefficiencies and cost to campus	



PRESIDENTIAL SELECT TASK TEAM FINAL RECOMMENDATIONS



TEAM:	Research
CHAIR:	Drs. Knox and Weinstock
EC SPONSOR:	Drs. Barker and Mozell
RECOMMENDATION #26:	
<p>A commonly communicated concern by our faculty is that they are unaware of the research being conducted at our institution and what resources are available. Creating web sites that list this information may be helpful, but this has been done in the past and the concern remains the same. Even our most senior research faculty are not knowledgeable about research activities /resources. It is unlikely that intra or inter-departmental collaborations will occur if this situation is not rectified. We recommend that the institution create an annual all campus (basic and clinical researchers) faculty research retreat.</p>	
PROPOSED TIME FRAME:	
1 year to schedule and plan the 1 st retreat, then ongoing.	
STRATEGY:	
<p>Create a subcommittee, consisting of senior faculty from each of the basic science and clinical departments and a member from each appropriate administrative office (such as, research administration, Dean' office, marketing, curriculum etc.), to plan the retreat agenda and speakers.</p>	
EXPECTED BENEFITS:	
<p>Increased collaborations and mentoring opportunities between departments and faculty and an increased awareness of the research being conducted at the institution and what resources are available to aid in research endeavors.</p>	
MEASURABLE OUTCOMES:	
<p>Increase in intra/inter-departmental grant applications submitted for funding.</p>	
<p>RESOURCES NECESSARY (e.g. FTE, funding, space): Please work with Financial Representative on your team.</p>	
<p>In order to be effective, this program should be highly promoted at the very top levels of the institution. No additional FTE's required. A large meeting space within close proximity to the hospital and campus will be needed (such as the University Sheraton) for the program and funding for the retreat required. This all campus research retreat could be held in lieu of the Ross lecture/posted day and the basic</p>	

science faculty retreat in an effort to reduce overall costs.

EXISTING POLICY IMPACT (if applicable):

N/A



**PRESIDENTIAL SELECT TASK TEAM
FINAL RECOMMENDATIONS**



TEAM:	Research Task Force
CHAIR:	Drs. Knox and Weinstock
EC SPONSOR:	Drs. Barker and Mozell
RECOMMENDATION #27:	
<p>Goal: Provide parking facilities for employees, students and postdoctoral fellows at SUNY Upstate Medical University.</p> <p>The location of Upstate Medical University within easy commuting distance of many different types of neighborhoods from rural to city is one of the attractions of working here. The severe shortage of convenient parking near the SUNY campus, however, requires many employees and students to park at inconvenient distances from the campus in surface lots, or search for closer street parking. Replacing the large two story-parking (old west; 1850 original spaces) garage near the Upstate hospital with a structure with fewer spaces (1400 to 1550) exacerbates the problem, and leaves employees, students and fellows without convenient parking for the year or more it will take to rebuild a new structure. An additional parking garage (2000 spaces) is necessary to allow all those who wish to park at the University to do so. Land and funds for the building of this additional garage should be found soon. Parking fees can help pay for the building of this building. Novel ideas should be developed to allow students and fellows to park in the parking garages for those involved in evening courses or work in the labs and clinics.</p> <p>Employees and students should be encouraged to share rides. This could be accomplished by a higher priority for allotted parking spaces for parking.</p>	
PROPOSED TIME FRAME	
2008-2010	
TYPE: Process Improvement; Operational Expense; Capital Expenditure	
<p>Parking Fees should be at a level that pays for the construction and maintenance of the building, as well as the salaries for staffing the garage. Actual costs for a new garage have been estimated to be about \$ 150 per month. Crouse Hospital subsidizes parking fees at a reduced rate of \$ 135 per month.</p>	

EXPECTED BENEFITS:

The rebuilding of the Hospital parking garage plus the construction of a new garage should raise the morale of current members of the University. It will also aid in the recruitment of new faculty members and staff to our medical University.

MEASURABLE OUTCOMES:

No long waiting lists for parking. Surplus of parking fees over the payments to meet bond payments and salaries. Surplus to be added to dedicated account for a future needed parking facility.

RESOURCES NECESSARY (e.g. FTE, funding, space):

Please note we are not asking for dollar amounts; just identification of resources, if known. Please work with Financial Representative on your team. Use the budget form, if necessary.

Three FTEs for collecting parking fees. Costs to support University FTEs involved in maintaining the various garages on campus.

EXISTING POLICY IMPACT (if applicable):

Present high levels of discontent and disappointment at lack of parking spaces at the University. Temporary parking spaces are a good distance from the University. This will continue for several years until the Hospital garage is rebuilt. There should be a plan that will give hope that the parking problem will be solved in a few years. This plan should include an adequate number of spaces that are on or close to the campus. This is especially important in view of the expected growth of the children's hospital, the increase in faculty, staff and student population, the MPH and PA programs. Parking is essential for Upstate's employees and students, as well as it is for patients.