HEALTH SCIENCES REDESIGN TASK FORCE REPORT

February 3, 2010
PREAMBLE:
Early in Fall semester 2009, Provost Olson charged Interim Associate Vice President Hatzenbuehler, Interim Dean Cady and Interim Dean Feit with organizing a process whereby a plan for the unification of the current ISU College of Pharmacy and Kasiska College of Health Professions (KCHP) could be developed. With the move of Clinical Laboratory Science (CLS) from the Department of Biological Sciences to the College of Pharmacy, the unification affected 18 separate professional programs currently housed in the two colleges. While other health professional programs exist on the ISU campus, the focus of this report is on the administration of those 18 professions, namely Audiology, Counseling, Clinical Laboratory Science, Dental Hygiene, Dental Sciences, Dietetics, Educational Interpreting, Family Medicine, Health Care Administration, Health Education, Nursing, Occupational Therapy, Pharmacy, Physical Therapy, Physician Assistant Studies, Public Health, Speech-Language Pathology and Radiographic Science. Provost Olson’s charge included designing efficiencies in the unification such as merging small departments into larger administrative units and decreasing the overall costs of program administration. The following report is the result of the Task Force’s three months of deliberations. We believe that our recommendations exceed our original charge and establish a structure for the ISU campus that provides the framework for future growth in the health professions.

PROCESS:
Once the charge was given, Drs. Hatzenbuehler, Cady and Feit created a process to develop a Redesign Task Force. A call to the faculties in the College of Pharmacy and the KCHP went out to solicit volunteers to serve. From the list of volunteers, Hatzenbuehler, Cady and Feit chose the Task Force membership. The goal was to maintain a relatively small group of people who represented both colleges on both the Pocatello and Meridian campuses. Unfortunately, not all volunteers were assigned to the Task Force, nor could all professions be represented. As other redesign task forces were formed on campus, liaison representation was developed from the Health Sciences Redesign Task Force to those other committees, and representatives from the other redesign task forces were invited to join our meetings when possible. Feedback flowed from the various task forces and, again in some cases, impacted our recommendations. All Task Force meetings were telecommunicated to ISU’s Meridian campus. Listed below are the committee members and liaisons:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>College</th>
<th>Location</th>
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<tbody>
<tr>
<td>Carol Ashton</td>
<td>Director School of Nursing</td>
<td>KCHP</td>
<td>Pocatello</td>
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<tr>
<td>Paul Cady</td>
<td>Interim Dean</td>
<td>Pharmacy</td>
<td>Pocatello</td>
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<tr>
<td>Tracy Farnsworth</td>
<td>Visiting AP</td>
<td>KCHP</td>
<td>Pocatello</td>
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<tr>
<td>Steve Feit</td>
<td>Interim Dean</td>
<td>KCHP</td>
<td>Pocatello</td>
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<tr>
<td>Linda Hatzenbuehler, (Chair)</td>
<td>Interim AVP, Health Ed.</td>
<td>KCHP</td>
<td>Pocatello</td>
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<tr>
<td>Kathleen Hodges</td>
<td>Chair, Dental Hygiene</td>
<td>KCHP</td>
<td>Pocatello</td>
</tr>
<tr>
<td>Tim Hunt</td>
<td>Chair, Pharm Sciences</td>
<td>Pharmacy</td>
<td>Pocatello</td>
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<tr>
<td>Galen Louis</td>
<td>Program Dir, MPH</td>
<td>KCHP</td>
<td>Meridian</td>
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<tr>
<td>Barb Mason</td>
<td>Professor, Pharmacy Practice</td>
<td>Pharmacy</td>
<td>Meridian</td>
</tr>
<tr>
<td>Catherine Oliphant</td>
<td>AOP, Pharmacy Practice</td>
<td>Pharmacy</td>
<td>Pocatello</td>
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Meetings

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<td>11/2</td>
<td>Joint Faculty meeting with Dr. Olson</td>
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<td>11/10</td>
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<td>11/11</td>
<td>Meeting with Pharmacy faculty (Hatzenbuehler)</td>
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<td>11/11</td>
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<td>12/2</td>
<td>Public Meridian with Dr. Olson</td>
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<td>12/4</td>
<td>Public Pocatello</td>
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<td>12/7</td>
<td>Task Force</td>
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<td>12/14</td>
<td>Transition Subcommittee</td>
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<td>12/16</td>
<td>Meeting with faculty in Meridian (Hatzenbuehler)</td>
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<td>12/17</td>
<td>Curriculum Subcommittee</td>
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<td>Public Joint meeting via DL</td>
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<td>Meeting with Rehab Faculty (Hatzenbuehler)</td>
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<td>1/11</td>
<td>Meeting with KCHP chairs (Hatzenbuehler/Feit)</td>
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<td>Clinic Subcommittee</td>
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<td>Meeting with Medicine (Hatzenbuehler)</td>
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<td>Task Force</td>
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Once the Task Force was announced, every effort was made to maintain communication with the faculty and staff, as a whole, in both colleges so that those not assigned to the Task Force had a mechanism whereby they could still have input into the process. Various documents developed along the way by the Task Force were placed on the Google doc
system and directly emailed to all faculty and staff. Public meetings were also held on both the Pocatello and Meridian campuses on some occasions and at other times through the DL system. Prior to submitting this final report, it was shared via email and Internet to all faculty and staff in the colleges.

Input from faculty and staff, and to a lesser extent students, was considered by the Task Force and, in some cases, resulted in substantial impact to the proposed unification scheme. Other times, input could not be accommodated, and the Task Force did its best to communicate the justification for the recommendations contained in this report. The Task Force used a Consensus Model of decision making.

Based upon a review of the comments made via the Internet, as well as the public meetings, of greatest concern to the faculty was the loss of autonomy of some of the programs in the new administrative arrangement and the fact that some individuals’ contract length would be impacted. The autonomy concern was partly motivated by accreditation requirements, and the contract length issue was, in part, motivated by workload noted for department chairs. Many faculty are leery that in a more centralized organization, the program work currently accomplished at the department level will not occur well. The third concern is the timeframe. Faculty expressed grave concern on the speed at which these major changes were being developed.

Early in the process, the Task Force developed the following six (6) goals:

**Goal 1 – Strengthen ISU’s Health Mission**

**Strategies / Tactics:**

A. Increase the visibility of ISU’s health mission on and off campus
B. Increase opportunities for continuing professional and community education through a college-wide clearing house
C. Increase number of clinical/professional programs offered within Division
D. Increase number of sites for current/established programs within Division
E. Increased number of affiliation agreements between Division and clinical/professional sites
F. Increase the quality of internship experiences
G. Increase domestic and international student enrollment (and graduation rates) across Division of Health Sciences

**Goal 2 – Streamline administrative structure and procedures**

**Strategies / Tactics:**

A. Create division executive council to address common administrative requirements
B. Decrease number of departments and department chair positions
C. Streamline student services for health science students—HIPAA, background, drug screening
D. Coordinate affiliation agreements
E. Simplify select administrative policies and procedures to ease administration
Goal 3 – Maintain core faculty positions and accreditation status

Strategies / Tactics:

A. Do not lose any tenured, tenure-track, or clinical faculty positions
B. Do not lose accreditation in any colleges, schools, departments, or programs

Goal 4 – Decrease curricular overlap

Strategies / Tactics:

A. Consolidate common course offerings thereby freeing faculty to do other things
B. Develop a faculty workload system that maximizes accountability & flexibility

Goal 5 – Increase research and opportunities for collaborative research and practice opportunities

Strategies / Tactics:

A. Increase opportunities for basic, clinical, and translational research
B. Improve the alignment of administrative units with granting agency funding divisions
C. Increase credibility by merging external funding totals

Goal 6 – Save money/Increase revenue

Strategies / Tactics:

A. Decrease number of colleges, schools, departments, programs, and associated administrative appointments
B. Consolidate staff positions
C. Develop faculty workload system that maximizes both accountability & flexibility
D. Save time & money via simplified administrative policies, programs, and procedures
E. College/School Targeted Budgets
F. Individualized College/School Work Plan
G. University Financial Report (Institutional Research Department-TBD)
H. Strengthen and promote the growth and centralization of revenue-producing clinics
I. Encourage the growth of funded research and research collaborations; see also Goal 5

Our goals incorporated the issues voiced by President Vailas:

- Does reorganization facilitate research and instructional collaborations?
- Does reorganization enhance faculty's role in shared governance at the college and program levels?
- Does reorganization increase the scope of faculty shared governance at the college and program levels?
• Does reorganization reduce demands on faculty time for committee and other service responsibilities?

• Does reorganization help distribute workload across disciplines, providing more opportunities for reduced workloads for research and other commitments?

• Does reorganization enable streamlining of programming by reducing redundant course offerings?

• Does reorganization enhance patient care in the health professions (due to centralization of clinics)?

• Does reorganization increase flow of communication between faculty and central administration by reducing cumbersome administrative layers?

• Does reorganization broaden use of available resources across larger units?

• Does reorganization facilitate long-term strategic growth?

As the redesign scheme unfolded, the Redesign Task Force developed subcommittees to work on various aspects of the redesign. The Task Force also organized a subcommittee to find ways to determine whether all our goals were accomplished. The reports from several of these subcommittees are attached to this overall report. However, the work of the subcommittees remains ongoing. Below is the list of the subcommittees and their charges.

1. **Transition Subcommittee**
   The charge of the committee will be to: 1. Identify and describe issues associated with the unification of the two colleges; 2. Recommend at what level of the organization each issue should be addressed. The scope of the committee includes issues at a college, university and community level. Membership of this committee includes: Pharmacy members--Alok Bhushan, Paul Cady, Andrew Gauss, Barbara Mason, Vaughn Culbertson; KCHP members-- Nancy Devine, Aaron Eakman, Tara Johnson, David Kleist, Willis McAleese. A copy of their preliminary report is attached to this report. This report addresses, in general, the majority of the transition issues identified early in the redesign process.
2. **Curriculum Subcommittee**
   The charge of this committee will be to recommend a PROCESS to look at curricular synergies and attempt to decrease curricular overlap in the new Division. This subcommittee will be initially staffed by current department chairs. This subcommittee has met once to date. During their initial meeting, they were charged with determining a process for decreasing curricular overlap across programs and they began to explore inter-professional curriculum models within their respective professions.

3. **Clinic Subcommittee**
   The charge of this subcommittee will be to make recommendations on how we can strengthen and expand our clinics. The charge will include recommendations regarding Faculty Practice plans. This committee includes: Mary Whitaker (Audiology); James Ralphe (Physical Therapy); Ted Peterson (Occupational Therapy); Lisa Salazar (Wellness Center); Sarah Knudson (Speech Language Pathology); Thana Singarajah (Counseling); Tony Cellucci (Psychology); Andrea Grimm (Dietetics). This committee has met once. During their first meeting, they planned a follow-up meeting with Dr. Derek Wright, who may serve as a medical director. They also plan to meet with a Medicaid technical adviser.

4. **Translational Research Subcommittee**
   The charge of this committee will be to make recommendations concerning practical efforts that will increase opportunities for Translational Research projects on ISU campuses. This committee has not yet been formed.

5. **Outcomes Subcommittee**
   The charge of this committee was to determine measurable indicators whereby we could determine whether we had accomplished our goals over the next several years. Membership includes: Neill Piland (Institute of Rural Health), Tracy Farnsworth (Health Care Administration), and Galen Louis (Public Health). A copy of a report from this committee is contained in Appendix A.

Once the Task Force moved from designing a new organizational scheme, they continued to a discussion of how the new organization would be administered. Meetings occurred with each of the proposed subdivisions to discuss the overall organization and whether the individual programs were agreeable to their placement on the organizational chart. Based upon feedback from individual programs, some programs were moved from one subdivision to another. The program directors in each of the 19 programs were asked to respond to the following questions:

1. What are the absolute necessary administrative tasks that **must** be done at the PROGRAM level?

2. What should we call the administrator of your PROGRAM?

3. What length of contract is absolutely necessary to run your program?
Options:

- 12 month
- 10 month + 8 administrative days during the summer
- 9 month
- 9 month + 12 administrative days during the summer

Unfortunately, not all program directors responded to these questions. Hence, detailed
determination of the contract length for administration of the various programs and the
associated budgeting requirements remains to be determined as the redesign unfolds over
the next several months.

COMMITTEE RECOMMENDATIONS:

Recommendation 1.
The Task Force recommends that the two current academic units be united into the
ISU Division of Health Sciences. While the Task Force had considered unifying the
current College of Pharmacy and Kasiska College of Health Professions into one
single college, (The College of Pharmacy and Health Sciences), the decision to
recommend a division was based primarily on our primary goal, which was to raise
the visibility of the health sciences mission at Idaho State, both on campus as well as
to our external constituents. We feel a division places us in a more prominent
position vis a vis other schools and colleges on campus, as well as with our sister
schools in the state. Initially, the division would be led by an administrator called an
Executive Dean and Director. However, it is our hope, when resources become
available, that this office be held by a Vice President-level administrator.

SAVINGS: ~ $200,000 Savings will be accrued from one administrative position in
College of Pharmacy remaining unfilled. Some duplicated positions can be
eliminated. Support staff may be reassigned; however, it is unlikely that they will be
eliminated as the physical plant arrangements of the health professional programs
in 10 separate locations on the Pocatello campus require some staff coverage to be
maintained at all locations. No NEW positions are currently needed to execute the
recommended redesign.

TIMELINE: The Task Force recommends that this recommendation be implemented
with the new contract year, July 1, 2010.

Recommendation 2.
We recommend that the Division of Health Sciences at ISU be composed of five (5)
subdivisions. These subdivisions are not currently parallel organizations. The lack of
symmetry is based upon the individual characteristics of the programs housed
within these subdivisions and, in some cases, accreditation requirements dictated
by individual professions. The five subdivisions were based upon similarity of the
mission of the educational programs, size of faculty within individual programs and
potential research funding opportunities through organizations such as the National
Institutes of Health (NIH). Some programs within the five subdivisions also share common curricula which may create efficiencies gained through joint teaching assignments. The programs within each subdivision are allowed the autonomy and flexibility to operate within the standards of their own disciplines to maintain program integrity. With these overall parameters in mind, the following five subdivisions are recommended including titles. It is the hope of the Task Force that as these academics units grow and mature, they will all achieve College status and will be headed by deans. The Task Force preserved the “Kasiska” name by assigning it to one of the subdivisions. The remaining four subdivisions are prime candidates for future naming opportunities.

1. College of Pharmacy
   The Task Force recommends that the College of Pharmacy title remain intact. A poll of the Deans Advisory Council, made up of prominent alums, indicated their preference for maintaining the term college. This was based, in part, on the fact that the College has been known as such for its 90+ year history. The college must be an autonomous unit and be administered by a dean, who is a pharmacist and qualified to provide leadership in pharmacy professional education, based upon requirements by the pharmacy accreditation organization, the Accreditation Council for Pharmacy Education (ACPE). The current two divisions in pharmacy will remain intact and will be administered by two department chairs, as this is the organization type recognized by the American Association of Colleges of Pharmacy. The Clinical Laboratory Science program will be moved from the College of Pharmacy to the Kasiska School of Health Professions.

2. School of Nursing
   The School of Nursing will become one of five separate entities within the Division of Health Sciences. Over the past several years, the School of Nursing has significantly increased student enrollment, the number of faculty and staff, the number of graduate program options and a significant expansion of facilities in Pocatello, Meridian and Idaho Falls. In addition, work is currently underway to develop the first PhD and DNP doctoral programs in Idaho. The School’s development is consistent with the advancing science and evidence base for the nursing discipline and is a precursor for a College of Nursing in the near future. The School of Nursing will be administered by an Associate Dean; contract length (12) months.

3. Kasiska School of Health Professions
   This school will incorporate the following programs: Clinical Laboratory Science (CLS), Counseling, Dietetics, Health Care Administration, Health Education, Public Health, and Radiographic Science. All of these programs, except for Clinical Laboratory Science were formerly housed within the Kasiska College of Health Professions and have a long history of collaboration. The Task Force recommends that CLS join this group of
programs based upon the CLS’s professional program format. The School of Health Professions will be administered by an Associate Dean; contract length (12) months. Initially, the Associate Dean will also serve as a Program Director for his/her respective program.

4. Office of Medicine & Oral Health Sciences
This office will incorporate the current departments of Dental Hygiene, Physician Assistant Studies, Family Medicine and Dental Sciences. Each entity in this unit is of sufficient size and scope to warrant department designation. Additionally, the unit administers on-campus, revenue-generating clinical facilities for delivery of health care through its medical and dental residencies and dental hygiene programs. The PA program has potential to develop in this area in the future, particularly in Meridian. The oral health care programs have plans for expansion geographically and in program offerings. The Dental Hygiene department plans to offer the first PhD program in the discipline in the nation. There are opportunities for interprofessional education and research between medicine and oral health, and the missions of health care education for residents and/or students have some overlap. The Idaho Oral Health Institute (IOHI) will serve to enhance the role of this subdivision by emphasizing the link between medicine and oral health in health care promotion, prevention and treatment. The IOHI focuses on both research and education for health care professionals and students. The administration and organization of these three programs will remain the same as they currently are.

5. School of Rehabilitation & Communication Sciences
The School of Rehabilitation & Communication Sciences combines the programs of Physical and Occupational Therapy and Communication Sciences (Speech-Language Pathology, Audiology, and Educational Interpreting). This aggregate reflects the rehabilitation departmental structure often seen in medical settings, as well as the rehabilitative functions of the professions serving developmental needs. The School name embodies both rehabilitative and communicative elements of the incorporated professions; the term “Sciences” was selected as including both basic and clinical elements of the professions.

The collective programs within the School have undergone rapid development over the past 10 years, including adding new constituencies (e.g., Deaf Interpreting) and advanced degree programs (e.g., the AuD and the DPT). Rapid acceleration of instructional venues within all programs has resulted in marked increases in student enrollments in Pocatello, Meridian, and online. Each program in the School will be administrated by a program director. The School of Rehabilitation Sciences will be administered by an Associate Dean; contract length (12) months. Initially, the Associate Dean will also serve as a Program Director for his/her respective program.
Service efficiencies that result from this new scheme include, but are not necessarily limited to, the following.

1. Division-level committee representation will require only one representative from each of the five subdivisions.

2. Faculty senate representation should not be impacted as the number of faculty within a division is typically the basis on which numbers of faculty senators are determined.

3. University-level committees will require only one division representative. This consolidation decreases the amount of service required by individual faculty members within the division.

Administrative efficiencies that result from this proposed organizational scheme include the elimination of two very small departments (Health Care Administration and Radiographic Science) and the merger of programs into larger units that transcend professional boundaries. These larger units provide opportunities for increased curricular, research, grantsmanship, and clinical synergies.

SAVINGS: ~$25,000 accrued from chair contract realignments.

TIMELINE: The Task Force recommends that this recommendation be implemented with the new contract year, July 1, 2010.

**Recommendation 3.**
The Committee recommends that the new administrative structure incorporate the following types of administrators with accompanying roles and responsibilities:

**Program Directors/Chairs**
Program Directors/Chairs oversee program management and serve as internal and external representatives for the programs.

Among their duties:
- Direct admission of students; monitor progression and retention of students
- Assure accreditation standards are met
- Curriculum management
- Participation in budget decision making
- Input into program faculty annual evaluations and promotion and tenure (See Appendix A)
- Where accreditation requires – facilities management
- Recommendations for workloads, course assignments and class scheduling
- Provide leadership, communication, consultation and coordination for program including program specific marketing
- Participate in recruitment and retention of high-quality faculty for program
• Encourage the growth of funded research, research collaborations and support grant writing
• (Where applicable) Coordinate lab research, lead in the development and writing of shared equipment grants, and monitor and approve all research spending

**Dean/Associate Deans**
The Dean/Associate Deans provide leadership, communication and consultation to internal and external constituents for the school/college.

Among their duties:
• Leadership, communication, consultation and coordination for school/college
• Budget development and oversight
• Balancing faculty/staff workload assignments
• Outcomes assessment
• Facilities management
• Complete annual evaluations
• Complete class scheduling
• Handle student petitions
• Maintain data
• Management of student and faculty conflicts and grievances

**Executive Dean**
The Executive Dean provides leadership and external representation to internal and external communities of interest. In addition, the Executive Dean duties and responsibilities include the following:
• Fundraising
• Budgetary accountability
• Strategic planning
• Promotion and tenure; merit pay recommendations
• Hiring and firing

**Division Executive Council**
The Division Executive Council serves in an advisory capacity to the Executive Dean on all matters associated with Executive Dean's responsibilities including:
• Fundraising
• Budgetary accountability
• Strategic planning
• Promotion and tenure; merit pay recommendations
• Hiring and firing
• Make-up
  o School directors/dean
  o Five (5) elected faculty (one from each “school”)
  o Faculty receive release time for appointment; directors do not
As noted above, grave concern has been expressed by faculty and staff concerning the recommended transition from a department structure to a more centralized organization. Of greatest concern is the administrative burden of the program directors. The annual evaluation process was a particular area of concern as the ISU current process is burdensome and requires significant administrative time. Appendix A attempts to address faculty concerns about this issue.

SAVINGS: N.A. Same as above.

TIMELINE: The Task Force recommends that this recommendation be implemented with the new contract year, July 1, 2010.

**Recommendation 4.**
In the process of discussing the unification, several new administrative offices were recommended to make sure the Division accomplishes its overall mission in as efficient a manner as possible. These offices include: University Clinics, Translational Research Office, Office of Clinical Affairs and Office of Inter-professional Education. It is important to note that while these administrative offices are newly added, they would have to be staffed by existing FTE as described below. The purpose of these offices is to centralize and consolidate expertise, to encourage interdisciplinary collaboration, increase research grant funding and streamline duplicative administrative functions. These offices are inspirational at this point in time. They will be implemented incrementally as resources and opportunities arise.

**University Clinics**
This office would be initially staffed by one of the directors of the KCHP clinics. The purpose of this office is to provide administrative oversight to the “smaller” clinics that fall under the newly approved University Clinics infrastructure. These clinics include physical therapy, occupational therapy, speech-language pathology, audiology, dizziness and balance, dietetics, psychology and the Wellness Center. The Family Medicine Outpatient Clinic, as well as the Dental Clinic and Dental Hygiene Clinic are not included in the University Clinics umbrella at this point in time. The Psychology Clinic, while housed in Arts and Sciences, is interested in coming under the University Clinics administrative purview and, therefore, they have been incorporated into this office. The purpose of the administrative oversight will be to look for efficiencies in billing, electronic records and staff training, as well as interprofessional educational opportunities for students.

**Office of Research**
Again, this office would be staffed by one of the existing directors of institutes and research operations currently existing in the KCHP and Pharmacy. The purpose of the office would be to promote research activities and collaborative research in “bench to bedside” efforts across the university. (See Appendix B)
Office of Practitioner Affairs
This office would be staffed by a clerical person whose primary responsibilities would be to oversee the clinical affiliations and clinical affiliate faculty forms and administrative procedures. There are literally hundreds of these agreements struck annually between Pharmacy and KCHP programs. This office would hopefully increase the efficiency of this process and decrease administrative workload on individual programs.

Office of Inter-professional Education
This office would be staffed by faculty given release time. The purpose of this office would be to provide some administrative oversight to ensure that the newly formed divisions increase the amount of interprofessional opportunities across academic programs.

SAVINGS: These offices do not accrue immediate cost savings. They proved the structure for increased revenue (Clinic and Research funding), and faculty workload efficiencies through shared curricula.

TIMELINE: The Task Force recommends that this recommendation be implemented incrementally over the next three academic years.

Recommendation 5.
The Task Force recommends that a careful analysis of support staff and support staff functions occur over the next fiscal year in order to identify areas in which such functions can be consolidated.

SAVINGS: To be determined

TIMELINE: The Task Force recommends that this recommendation be implemented over the next academic year.

A summary of Task Force goals addressed by the first five recommendations is attached to this report.

Recommendation 6.
The Task Force recognizes that in order for the redesign to be effectively implemented, several university-wide changes should be strongly considered. The following is a list of issues that the Task Force recommends for campus-wide consideration:

1. Simplify annual evaluation, periodic performance review, and promotion and tenure forms and processes. The current processes, with weighty paper forms, are laborious and should be both streamlined and automated.
2. A standardized student course evaluation process should be developed and automated.
3. The curriculum approval process needs to be streamlined, making shorter timelines possible.

4. Programs that choose to cross list courses with other programs should not be penalized for loss of student credit hour production. A similar caveat should be instituted for programs to consolidate course offerings in the interest of decreasing curricular overlap.

5. Consideration should be given to folding the respective student service functions into the relevant academic program within the Division, if it can be demonstrated that such a move does not jeopardize those services or the needs of the students served.

6. In order to consolidate the advising functions for health professions, consideration should be given to moving the administration of the Pre-Health Professions Office into the Division.

SUMMARY
In summary, following three months of deliberation, the Health Sciences Redesign Task Force recommends that the ISU’s College of Pharmacy and the Kasiska College of Health Professions be united in a single Division of Health Sciences. The Division would be made up of five (5) subdivisions. These subdivisions reconfigure the 18 professional programs contained in the former two colleges in a manner that maximizes program synergies and administrative efficiencies. The subdivisions eliminate former small departments. Where feasible, small departments will become programs and be administered by program directors that will have variable contract lengths depending on program requirements. Combining smaller units decreases faculty service requirements and increases time available for scholarly pursuits as does the decreases in curricular overlap. The subdivisions are not parallel organizations and, in some cases, larger departments will be maintained. Some cost savings will be accrued by the proposed structure. At least one college administrative position will not be filled, some duplicated positions will be eliminated, a few administrative contracts will be adjusted, and we are recommending, in this fiscal climate, that administrative positions be filled by current ISU employees. We are hopeful, that revenues will increase under the new structure through increased faculty time available to devote to grant work and increases in clinical revenue through collaboration across professional disciplines.

The Task Force feels that the goal of increasing the visibility of ISU’s health professions mission, both on- and off-campus, will be promoted by this reorganization. Establishing a Division of Health Sciences on the ISU campus, provides stature to the health mission and establishes the framework for future growth of ISU’s health mission.

Respectfully submitted,

Linda C. Hatzenbuehler, Chair
Health Sciences Redesign Task Force Chair
On behalf of the following Task Force members:

Carol Ashton
Galen Louis

Paul Cady
Barb Mason

Tracy Farnsworth
Catherine Oliphant

Steve Feit
Chris Owens

Kathleen Hodges
Neill Piland

Tim Hunt
Tony Seikle
Appendix A

Annual Evaluation and Promotion and Tenure Process Under the New Administrative Structure

In the “strong program” model, the annual evaluation process has a significant origination at the level of the program. The notion is that the Program Director (PD) has the greatest knowledge of the day-to-day function of the faculty member, including limitations and opportunities that have arisen over the course of the year.

In this model, the Program Director requests that the faculty member complete the relevant data for the evaluation, including courses taught and relevant summary information, service functions, and scholarly activity. This information is entered by the faculty member directly onto the electronic copy of the evaluation form, either in bulleted or paragraph form, and serves as the basis for the Program Director’s assessment.

The PD also collects course evaluation data from the clerical staff responsible for archiving that information, and uses that to assess the faculty member’s teaching. The PD may also consult with other faculty concerning the teaching, service, or scholarly activity of a person being evaluated. The PD is responsible for the initial draft of the annual evaluation, which, although in rough form, contains all the critical evaluation information that the School Associate Dean will need to complete the evaluation.

If the School has an Executive Committee (EC), the PD forwards the evaluation to the other members of the EC, and the evaluation becomes an agenda item (obviously confidential). At the EC meeting the Program Coordinators review the evaluation, discuss questions or details that are of concern, and provide input to the PD about issues that arise through review. The PD then makes changes accordingly and forwards the final draft to the School Associate Dean, who is charged with the final version of the evaluation. By this time the Associate Dean is quite aware of issues that have arisen in the evaluation process, as well as extenuating circumstances that should be addressed in the final version. The Associate Dean is responsible for the final product, and is the signatory. The evaluations are then submitted to the Division Executive Council for review and recommendation to the Executive Dean.
Appendix B

Reorganization, Research Productivity and Funding Success
A major goal of this reorganization is the creation of an environment conducive to significantly increasing research and research funding in a relatively short period of time. The combined research funding for the Colleges of Pharmacy and Health Professions was $2,398,745 for Fiscal Year 2008 and $3,011,911 for the first three (3) quarters of FY 2009. These funds accounted for about 12.1% of total extramural funding for Idaho State University in FY 2008 and 16.7% for the first three quarters of FY 2009. A substantial degree of collaboration between the KCHP’s Family Medicine Clinical Research Center and the College of Pharmacy already exists. By combining the two colleges improved communication and understanding of the relative research capabilities are projected to significantly increase collaboration among the professionals in the two schools. The increased scientific activity will be fostered by formal measures developed in the strategic planning process; and by informal networks developed through closer communication among faculty and research professionals in Pharmacy and the KCHP. This collaborative model is projected to increase interdisciplinary translational research opportunities, collaboration, proposal submissions and awards. Research on the determinants of success in federal funding of research projects by NIH, DOD, DOA and NSF consistently show the following variables to be crucial in successful acquisition of research funding: Research Team Size; Existence of a research consortium; number of proposal submitted; quality (education) of the research team and reduced teaching load. It is expected that efficiencies generated through the combination of the two schools can help to provide the environment and resources required to increase extramural research funding in the health professions in the new Division of Health Sciences.
Outcome Subcommittee Report

December 18, 2009

Vision / Purpose Statement
In view of ISU’s commitment to boldly advance its health mission while simultaneously responding to acute budgetary pressures created by the Nation’s continuing economic recession, a reorganization of the University’s health-related colleges, schools, departments, and programs is in order. A model of this work is reflected in Appendix A (separately attached). Accordingly, a number of goals with supporting strategies, tactics, and outcomes measures are outlined below. Special issues and challenges surrounding the measurement of results related to organizational restructuring are discussed in Appendix B below.

Reorganizing the Health Sciences Programs at Idaho State University

Goals / Strategies / Outcome Measures

Goal 1 – Strengthen ISU’s Health Mission

Strategies / Tactics:

H. Increase the visibility of ISU's health mission on and off campus

Outcomes measures:
- Achieve divisional status for combined colleges of Pharmacy & Health Professions (implemented organizational chart)
- Develop a new Divisional mission statement (Executive Council)
- Increased statewide recognition from media (Source: News clipping services)
- Increased national and international recognition (Source: Website Hits & online flash questionnaires)
- Analyze changes in demand for professional education through applications, admissions and graduations
- Analyze community penetration through community surveys of recognition and knowledge of programs and services. Barriers should be identified as well as determinants of demand for education and continuing education.

I. Increase opportunities for continuing professional and community education through a college-wide clearing house

Outcomes measures:
- Monitor and analyze access to Continuing education and CE/CME offerings and utilization in both traditional and distance learning modalities
- Use Community Based Participatory Research models and methods to involve the communities in research and measure the outcomes of community based research on community health.

J. Increase number of clinical/professional programs offered within Division
Outcomes measures:

K. Increase number of sites for current/established programs within Division

Outcomes measures:

L. Increased number of affiliation agreements between Division and clinical/professional sites

Outcomes measures:

M. Increase the quality of internship experiences

Outcomes measures:
  • Source: Standardized Internship Site Evaluations/TBD

N. Increase domestic and international student enrollment (and graduation rates) across Division of Health Sciences.

Outcomes measures:
  • Source: Office of the Registrar

Goal 2 – Streamline administrative structure and procedures

Strategies / Tactics:

F. Create division executive council to address common administrative requirements

Outcomes measures:
  • Reduce duplicated & overlapping meetings/committees
  • Implement of Executive Council -- administrative requirements document written (Source: Administrative Requirements Manual TBD)

G. Decrease number of departments and department chair positions

Outcomes measures:
  • Reduce number of departments in new Health Sciences Division
  • Reduce number of department chairs in new Division
  • Realign department chair(s); (School/College) Re-alignment (Job Description for each “Chair” (Source: Administrative Requirements Manual TBD by Executive Council
  • Analyze the effect of reduction in department and department chairs on administrative workload and both short and long run costs.
  • Analyze productivity of department administrative personnel in terms of overall performance (student services; affiliation agreement management and monitoring) through adoption and use of electronic management and data collection; management of workload volume can be monitored on a “achievement of goals per person hour” basis.
  • Effects of administrative policy and procedure simplification will be analyzed with and compared with changes and improvement in central administration
policy and procedure changes and improvements in order to identify barriers and opportunities within the University organizational structure.

- Analyze the cost of production of these functions and measure changes in cost over time.
- Analyze changes in costs and revenues before, after and at predetermined intervals to measure cost-effectiveness of the changes.

H. Streamline student services for health science students—HIPAA, background, drug screening

**Outcomes measures:**

I. Coordinate affiliation agreements

**Outcomes measures:**
- Designate and empower single person to coordinate all affiliation agreements within Division

J. Simplify select administrative policies and procedures to ease administration

**Outcome measures:**

**Goal 3 – Maintain core faculty positions and accreditation status**

**Strategies / Tactics:**

C. Do not lose any tenured, tenure-track, or clinical faculty positions.

**Outcomes measures:**
- (Source: Institutional Research Department TBD)
- Determine optimal staffing patterns and project costs
- Determine core functions and compare staffing patterns over time.
- Determine cost of optimal versus actual staffing and measure changes in cost over time.
- Measure the ability to recruit, retain and maintain the optimal level of staffing at any point in time.

D. Do not lose accreditation in any colleges, schools, departments, or programs

**Outcomes measures:**
- (Source: Institutional Research Department TBD).

**Goal 4 – Decrease curricular overlap**

**Strategies / Tactics:**

C. Consolidate common course offerings thereby freeing faculty to do other things.

**Outcomes measures:**
- Task-force commissioned to address plans & strategies for minimizing curricular overlap.
- Curricular matrix of courses developed (Source: Chairs of current Department TBD)
- Cross listing of Appropriate Courses (Source: School/College Directors TBD)
- Course Evaluations from Students (Source: Departmental Course Evaluations)
- Determine changes in cost resulting from elimination of curricular overlap
- Survey students, faculty and administrators for opinions on content and achievement of core competency of students taking consolidated classes.
- Compare competency of students over time: before and after consolidation of classes
- Determine and compare costs of classes and levels of competency achievement before and after consolidation
- Determine faculty turnover over time.

D. Develop a faculty workload system that maximizes accountability & flexibility

**Outcomes measures:**
- Workload Distribution Policies (Source: School/College Directors TBD)

**Goal 5 – Increase research and opportunities for collaborative research and practice opportunities**

**Strategies / Tactics:**

D. Increase opportunities for basic, clinical, and translational research

**Outcomes measures:**
- Increase number of grants written/submitted (Source: OSP)
- Increase number of papers submitted & published by refereed journals (Source: Annual Faculty Activity Reports)
- Measure communication of opportunities for collaborative research among faculty and staff through on-going online surveys.
- Establish through the Office of Translational Research procedures to disseminate knowledge of research opportunities and establish a mechanism for measurement of receipt of the information.
- Determine the level of collaboration and changes in collaboration by number of proposals submitted, funded and amount of funding before and after reorganization
- Determine mix of funding sources and success of applications by source (NIH, CMS, HRSA, SAMHSA, private foundations, commercial etc.)
- Determine quality of collaborations by successful applications and amount of funding; publications, quality of publications and citations.
• Measure differential changes in total revenue from grants and contracts (as a proportion of total department revenue or budget) before, after and at predetermined intervals following the reorganization
• Use multivariate statistical analysis to develop cost models for further planning and system improvement.

E. Improve the alignment of administrative units with granting agency funding divisions
   **Outcomes measures:**
   • Combined and/or rename clinical/professional departments/programs to better align with federal/state granting agencies

F. Increase credibility by merging external funding totals
   **Outcomes measures:**

**Goal 6 – Save money**

**Strategies / Tactics:**

J. Decrease number of colleges, schools, departments, programs, and associated administrative appointments
   **Outcomes measures:**
   • Projected savings: $
   • Specify target levels of cost reduction in each program area. Measure actual to planned reductions.

K. Consolidate staff positions
   **Outcomes measures:**
   • Projected savings: $

L. Develop faculty workload system that maximizes both accountability & flexibility
   **Outcomes measures:**
   • Projected savings: $

M. Save time & money via simplified administrative policies, programs, and procedures
   **Outcomes measures:**
   • Projected savings: $

N. College/School Targeted Budgets
   **Outcomes measures:**
   • Projected savings: $ (Source: Provost TBD)

O. Individualized College/School Work Plan
   **Outcomes measures:**
   • Projected savings: $ (Source: College/School and Program Directors-TBD)
P. University Financial Report (Institutional Research Department-TBD)

Outcomes measures:
- Projected savings: $

Total projected savings: $________________________

Note: It is important to understand that there are several definitions of efficiency. One definition is Technical Efficiency which is usually measured as output per person hour or output per dollar. But Economic Efficiency is determined by whether or not your product or service generated market demand. Quality, along with price, is a major determinant of demand. It is very possible to cut your production costs while destroying the demand for your product. Both education and research are “commodities” that carry that risk. Education in the health sciences is particularly vulnerable to this problem. This is why determination of Cost-Effectiveness is critical.

Measurement of Results of Reorganizing the Health Sciences Programs at Idaho State University

General Observations:
Systems to measure change and improvement resulting from the planned reorganization must be developed. To make this relevant it will be necessary to develop effectiveness measures for the entire reorganization process and for individual elements comprising the reorganization. This entails much more than setting arbitrary targets and making before and after comparisons. Statistical analysis aimed at identifying and determining the impact of individual variables will need to be employed so that predictive models can be constructed. These models will help guide further changes and improvements in the ongoing effort to adopt cost effective strategies to achieve the stated goals and establish additional goals based upon evidence.

Productivity improvement will need to be induced and supported by improvement and expansion of the IT infrastructure. This includes educational, clinical and research IT, database construction and dissemination and statistical analysis. Communication within and between departments and colleges is very poor. There will need to be a communication network established to improve this situation. It could include social networking methods. In any case communications must be greatly improved and integrated into ongoing program management.

Any gains from reorganization at this level (Kasiska College and Pharmacy) can be reduced or eliminated if changes in central administration are not commensurate. The barriers and bottlenecks in the administrative structure of the university must be reduced in order to actually realize the benefits of efficiency gained through reorganization of departments and resources. Without significant improvements in central administration policies, procedures and performance, no level of streamlining within ISU colleges and departments will be able to greatly improve the University's efficiency and productivity.
Substantial market research needs to be performed to estimate the actual market for the College’s educational and research services. This should be done as much as possible through collaboration with the University’s Institutional Research Department.

TRANSITION GROUP REPORT
The following faculty were part of the group that met to discuss issues related to transitioning from two colleges into one college:

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What follows is a list of issues generated by the committee. This list should be viewed, not as roadblocks to unification, but as issues that will need to be addressed either before the event or in the first year. Many of these issues have been discussed in the Redesign Committee and center around the roles of the Program Coordinators (PC), Associate Deans (AD), Executive Dean (EX) and the Executive Council.

1. ACCREDITATION (GENERAL): Who will be in charge of making sure it is taken care of properly, and at what level will the visits be paid for? (Probably PC and AD)

2. ALUMNI RELATIONS: These are important, especially for development issues. (all three)

3. ANNUAL EVALUATION: What’s the path, who reviews it? (PC and AD)

4. APPEALS COMMITTEE: (probably by college executive committee and/or Assistant Dean?)

5. ASSESSMENT OF CLASS NEEDS: This varies considerably so perhaps handle at the PC and AD level

6. BUDGET: Who’s in charge? Who has oversight? Clinic Revenues (Local budgets by the PC state budgets by the AD).

7. CLASS SIZE: (probably by the faculty, PC and AD)

8. COMMITTEE REPRESENTATION (Senate, Graduate Council, Curriculum, etc.): This needs University-wide resolution
9. EXECUTIVE COUNCIL: Who and how appointed? What is their job? (This will need negotiation with the faculty, PD and AD for the School and ED for the Division)

10. FOUNDATION FUNDS BY PROGRAM: Can't be used by others in the School. Endowments. (faculty and PC)

11. GRADUATE COMMITTEE ASSIGNMENTS: (Faculty, PC and AD)

12. MARKETING, PUBLIC IMAGE: (Handled by AD and ED and PD)

13. MEETING THE MULTIPLE NEEDS OF ACCREDITING BODIES: Will need all stakeholders and unit negotiation

14. PETITIONS/APPEALS: Could be handled by an Assistant Dean

15. PROGRAM DIRECTOR CUTS: From 12 to 9 months causes problems. This will have to be negotiated because of program differences and accreditation requirements.


17. RESEARCH: Indirect costs: Who gets what? This is a wider university discussion.

18. RETENTION: Who decides? Academic, Personal issues. (Will have to have program retention committee, which would be first level of appeal and then to School Executive Committee?)

19. SECRETARIAL SERVICES/PROFESSIONAL STAFF: (Primary responsibility from AD with input from PC)

20. SPACE ALLOCATION: (Input from all Stake Holders, primary responsibility from ED and University Committee)

21. STUDENT ADVISING:
   Non-majors – Majors. Who assigns? (Advising is a very important issue and there will need to be negotiation with all stake holders)

22. STUDENT ISSUES: Recruitment, Care of Students, Encouragement of Students. (Same as above, critical for retention)

23. WORK LOADS: Who negotiates the load? Program Coordinator to Director. (Would seem that this is negotiable between faculty, PC and AD given changing values of the institution)
| Recommendations | a | b | c | d | e | f | g | a | b | c | d | e | a | b | c | d | e | f | g | h | i |
| Recommendation 1: The Task Force recommends that the two current academic units be united into the ISU Division of Health Sciences. | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Recommendation 2: The Task Force recommends that the Division of Health Sciences at ISU be composed of five (5) subdivisions. | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Recommendation 3: The Task Force recommends that the administrative structure incorporate the following designated roles and responsibilities | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Recommendation 4: The Task Force recommends the creation of new administrative offices to improve efficiency, which includes University Clinics, Translational Research Office, Office of Clinical Affairs and Office of Inter-professional Education. | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Recommendation 5: The Task Force recommends that a careful analysis of support staff and support staff functions occur over the next fiscal year in order to identify areas in which such functions can be consolidated. | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Recommendation 6: The Task Force recognizes that in order for the redesign to be effectively implemented, several university-wide changes should be strongly considered | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
## Goal 1 – Strengthen ISU’s Health Mission

**Strategies / Tactics:**
- a. Increase the visibility of ISU’s health mission on and off campus
- b. Increase opportunities for continuing professional and community education through a college-wide clearing house
- c. Increase number of clinical/professional programs offered within Division
- d. Increase number of sites for current/established programs within Division
- e. Increased number of affiliation agreements between Division and clinical/professional sites
- f. Increase the quality of internship experiences
- g. Increase domestic and international student enrollment (and graduation rates) across Division of Health Sciences.

## Goal 2 – Streamline administrative structure and procedures

**Strategies / Tactics:**
- a. Create division executive council to address common administrative requirements
- b. Decrease number of departments and department chair positions
- c. Streamline student services for health science students—HIPAA, background, drug screening
- d. Coordinate affiliation agreements
- e. Simplify select administrative policies and procedures to ease administration

## Goal 3 – Maintain core faculty positions and accreditation status

**Strategies / Tactics:**
- a. Do not lose any tenured, tenure-track, or clinical faculty positions.
- b. Do not lose accreditation in any colleges, schools, departments, or programs

## Goal 4 – Decrease curricular overlap

**Strategies / Tactics:**
- a. Consolidate common course offerings thereby freeing faculty to do other things.
- b. Develop a faculty workload system that maximizes accountability & flexibility

## Goal 5 – Increase research and opportunities for collaborative research and practice opportunities

**Strategies / Tactics:**
- a. Increase opportunities for basic, clinical, and translational research
- b. Improve the alignment of administrative units with granting agency funding divisions
- c. Increase credibility by merging external funding totals

## Goal 6 – Save money/Increase revenue

**Strategies / Tactics:**
- a. Decrease number of colleges, schools, departments, programs, and associated administrative appointments
- b. Consolidate staff positions
- c. Develop faculty workload system that maximizes both accountability & flexibility
- d. Save time & money via simplified administrative policies, programs, and procedures
e. College/School Targeted Budgets
f. Individualized College/School Work Plan
g. University Financial Report (Institutional Research Department-TBD)