Notes and Conclusions from IT Planning Taskforce Meeting

Date of meeting: February 8, 2008

Summary:
A group of twenty-two research, education, and service staff members met to discuss the IT needs for the B.U. medical campus. All (but one of the members of this taskforce) are based at BUSM.

Members Present:

Members Not Present:
Ellen Berlin; Barbara Cole; William Gasper; Daniel Kirschenbaum; Robert Witzburg, M.D.

I. Summary of Feedback and Solutions

The feedback from the attendees focused on several themes as follows:

- Lack of centralized leadership/overarching governance.
- Lack of centralized support for IT on the medical campus.
- Lack of systems/structures for collaboration between BUSM, BMC, and B.U. IT
- Lack of a centralized facility to bring together faculty development tools, instructional design ideas, etc.
- Lack of a robust online collaborative environment and enhanced communication/collaboration tools.
- Lack of a pro-active approach to technology vs. the reactive approach; an overall plan vs. the band-aid approach.

Solutions to the problems include:

- Administering a needs assessment across campus (each small group represented below – education, collaboration, HR, and research – has specific needs)
- Devising solutions and creating a strategic plan based on the needs assessment
- Appointing a short-term czar (next 18 months) who can implement these solutions discussed at this meeting, right now. The dean should appoint this person.
• Hiring a CIO/CTO for a long-term solution; a person who can operate at all levels.
• Provost should be alerted to issues of medical campus and respond to us.
• IT Steering Committee should be expanded. They may not know the needs, but they can make things happen.
• Our constituencies can report to IT Steering Committee with our recommendations

II. Small Groups Needs

1. HR Group

We need:
• Solution for the loss of skilled staff; recruitment efforts fall short.
• Process for grading/creating appropriate positions.
• Standard HR policies; they differ by BU, BUSM, medical campus
• An understanding of market value. What is fair-market value for workers in academic medicine, engineering schools, etc.?
• To bring together right stakeholders to address staffing issues (BU Works)
• Leadership people who understand the value of IT
• Knowledge base of who throughout campus has what knowledge/expertise. Resource/talent management
• Integrate HR and grant writing

2. Collaboration Group

We need:
• Process for finding out what/who is out there. Solution may be an internal web page that lists what is being done, by who, and where. Staff can input to site.
• Repository of knowledge
• Knowledge of what are the other universities doing? E.g. UMass is in the forefront of simulation. Can we learn from them?
• Hierarchy of collaboration: Dept.? School? Campus? University? Outside University?
• Collaboration between BMC and BUSM
• Procedure for accessing clinical data – accessing SCM/Logician for research at BMC
• Analyze the barrier of internal culture – BMC has stricter hierarchy. Develop a peace treaty
• Nexus for identifying groups.
• Collaboration point person
3. Research Group

We need:
- Needs assessment specific to research: Clinical research; basic science research; and computer-intensive research (genetics, imaging, bioinformatics, data mining)
- Website for research resources:
  - funded grants cores are here now
  - funded grants
  - core facilities
  - research software & personnel resources that could be shared
- Coordination among BUMC vs CRC vs BMC IT resources
- Sponsored-program support (to avoid duplication of efforts): pre-award processing (e.g., COI forms, grants.gov), post-award processing, and purchasing

4. Education Group

- Needs assessment for instructional technology
- Compartmentalization – depts. must be able to use resources across departments