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AAMC Group on Institutional Planning (GIP) Survey on Institutional Space Policies

GIP Facilities Planning and Space Management Subcommittee

Association of
American Medical Colleges

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2019 Survey on Institutional Space Policies

Prepared for the GIP Facilities Planning and Space Management Subcommittee by the AAMC, Medical School Operations team

Background:

In 2012, the Group on Business Affairs (GBA) and Group on Institutional Planning (GIP) conducted a survey to gather information on institutional space policies. These data provided useful comparisons between institutions. The GIP Facilities Planning and Space Management Subcommittee was asked to update the data by deploying a revised set of questions. Information collected will facilitate the development of a repository of institutional space policies to be shared across institutions. New data generated will also allow AAMC staff to determine best practices related to space data collection as well as inform next steps for the creation of a more comprehensive space utilization survey.

Methods:

After input from the GIP, a questionnaire containing nine questions was created and deployed through Verint® Enterprise Feedback Management systems. *(See Appendix 1 for survey questions)* The survey was opened in July of 2019 and sent to 511 GIP members, representing all accredited medical schools. It officially closed on September 16, 2019. Participation was voluntary, and total time to completion was estimated at less than 10 minutes.

Results:

A total of 39 GIP members completed the survey, with 87% (34/39) completing the survey in its entirety. Of the 36 responses to Q1, 47% indicated $/SF was the singular quantitative metric used to evaluate space utilization, 6% indicated SF/FTE only, and 36% indicated at least both $/SF and SF/FTE were used. Approximately 11% (n=4/36) of responses indicated there was either no metric used/developed, or the question was not applicable. Overall, traditional cost metrics (i.e., DC, IDC, and MTDC) were used to evaluate space, with benchmarks ranging from $300 to $500/sf (DC+IDC), and $260/sf for MTDC. Other metrics identified were allotment of space based on research expenditures (e.g., PI allotted 85-150/sf if expenditures are less than $750k/yr), type of space (e.g., clinical vs. research vs. administrative), physical review of space and need (e.g., grant type, equipment need), productivity (e.g., publications), and inactive space as a percent of overall departmental space.

On Q2, 60% (n=29/38) of respondents affirmed the presence of a research space management policy, 44% (n=16/36) affirmed an administration policy, 36% (n=13/36) affirmed an instructional/education policy, 35% (n=13/37) affirmed a clinical space management policy, and 29% (n=9/31) indicated other types of policies.

On Q3, 56% (n=20/36) affirmed that their policy was documented and published so leadership and faculty could access it, and 46% (n=12/36) either shared or offered to share their policy. *(See Appendix 2 for list of policies collected)*. Of the 44% (n=16/36) who answered “No”, policies were either not documented, not available to share, or in the process of being developed.

Q4 asked about policies regarding the ownership of space, with 97% (n=38/39) of schools providing an explanation of their policies. The theme of “ownership” vs. “allocation ability/responsibility” was discussed in the majority of these responses. Taking this into consideration, 58% (n=22) assigned ownership to the University/Institution/President, 24% (n=9) to the Dean, 11% (n=4) to Departments,

and 8% (n=3) between the SVP/EVP of the Healthcare system and the Vice Chancellor. The response rate was 92% (36/39) for Q5, however, there was near complete alignment in both response and theme with Q4.

On Q6, 86% (n=25/29) of respondents answered that “Yes”, structures were in place to evaluate/approve space requests by the “Department Chair”, 74% (n=25/34) by “Committee”, and 72% (n=18/25) by “Other” parties. All 72% of respondents who answered “Other” provided an explanation. In general, depending on the type of space being under consideration (i.e., clinical/research/academic), respondents identified multiple committees as being responsible for the evaluation and approval of space requests, most commonly comprised of the Dean's office of administration, Vice-Deans for Scientific Affairs, and various departments, mission areas, space management teams/directors, or other school leadership committee members.

Q7 received a variety of responses regarding a qualitative process for assessing space. Of the 95% (n=37/39) of responses, 27% (n=10/37) indicated the use of an index, metric, or some form of benchmarking (e.g., Facility Condition Index, 1-5 ranking, $/SF, SF/FTE) only, 14% (n=5) mentioned observation or walkthrough only, and 32% mentioned both of the aforementioned processes. An additional 16% (n=6) of comments discussed a general review or assessment, but did not provide further detail, while 11% (n=4) of respondents were either unclear of the question, did not have qualitative processes in place, or had yet to develop them.

On Q8a, the most common software used for space data was Archibus (35% of respondents [n=12/34] identified its use with or without AutoCad), while homegrown or other proprietary products accounted for 21% (n=7/34) of responses. Other software used (either independently or as a package) included: AIM, Evolve FM, Office Space, FAMIS, FM Systems, IFIS, IBM Trirega, INSITE Net-FM, PeopleSoft, SIMS, STG, Tableau, Cognos BI, and WebSpace. Additionally, 15% (n=5/34) indicated a planned migration to new software in the near future.

On Q8b, 94% (n=32/34) of respondents could obtain information through the chart of accounts/coding of space. On Q8c, the one response cited system incompatibility as the rationale for being unable to obtain information from the COA.

On Q9a, 37% (n=13/35) of respondents used PeopleSoft for their financial data system, 14% (n=5) used Oracle, 6% (n=2) used Banner, while 11% (n=4) indicated the use of multiple systems, 14% (n=5) were unsure, and 4% indicated a planned migration within 24 months. Other software used included: Clarity, UBI, FAMIS, Kuali, McCormick & Dodge, Kaufman Hall, StrataJazz, Visionware, SAP, GEAC, and Sage.

On Q9b, 76% (n=25/33) of respondents could obtain information through the chart of accounts/coding of space. For those who could not, on Q9c one cited restricted access, another cited system incompatibility, and four cited an unclear process.

Conclusions and Next Steps:

Limitations of this study include a small sample size and free text questions, which limit some of the benchmarking depth. While we cannot draw clear conclusions based on these data, they can inform other activities such as webinars or more focused benchmarking surveys. Additionally, the AAMC hopes to use these data, in addition to institutional case studies, to inform a larger project on research space productivity.

Appendix 1 – Survey Description & Questions

Description:
In 2012, there was a survey conducted by the GBA and GIP to gather responses on institutional space policies. The data that was gathered provided a good comparison of space policies between institutions. The GIP Facilities Planning and Space Management Subcommittee was asked to update the data by deploying a fresh set of questions.

After input from the GIP Facilities Planning and Space Subcommittee members, the following questions were formulated. Your responses will be shared with this subcommittee to identify best practices and develop a repository of institutional space policies. You will also find questions related to your institution's method of space data collection. These questions will allow AAMC staff to determine best practices related to systems used and determine which institutions we can speak to about a more comprehensive survey in the future.

The data is unrestricted, and participation is voluntary. At the end of the survey, you will be asked to include your name, institution, and email address, for the GIP Facilities Planning and Space Management Subcommittee or AAMC Staff to follow up directly should questions arise. The survey should take less than 10 minutes to complete. Please complete the survey by August 31, 2019. If you have questions, please contact Shawn Rosen-Holtzman at srosenholtzman@aamc.org. By continuing, you acknowledge that you have read the above and agree to participate.

Institutional Space Policy questions:

1. What are the quantitative metrics used by your institution to evaluate space utilization/needs? What are your data points? For example, $/SF, SF/FTE, or any other formula. Open field
2. Does your institution have a space management policy that determines allocation of space? – Research, Non Research, Clinic, Administration and Instruction. yes/no/NA for each option
3.
    a. Is your policy documented and published so leadership and faculty can access it? Yes/No
    b. Please provide a link to the policy in the text box below or email it to Shawn Rosen-Holtzman at srosenholtzman@aamc.org open field to copy/paste the hyperlink
4. What is the policy regarding ownership of space? open field for comments
5. Space owned by individual departments, space owned by institution (departments as tenants) or other? open field for comments
6. What structures/processes are in place to evaluate/approve requests for space assignment, renovation, reassignment, and expansion? Yes/No for each option.
    By Committee – Yes/No
    By Department Chairs – Yes/No
    Other? – Yes/No (If yes, provide more details in text box)

    a. You answered "Other" above. Please describe. Open field for comments

7. What is your process for qualitative assessment of space? Open field for comments

Appendix 1 (continued)

Directed Study Questions (AAMC Medical School Operations-MSO):
The AAMC MSO team will be working directly with approximately 20 medical schools on research space including: space productivity, best practices for space utilization and strategic planning of space, including use of leased space and building new buildings. The questions below will assist us in determining if there is a best practice as it relates to the system used as well as help us determine which institutions we can speak to about the directed study.

Questions from AAMC Medical School Operations team:

8.
   a. What data system do you use for your **space** data? Open field for comments
   b. Can information be obtained by making use of the chart of accounts/coding of space? Yes/no
   c. If you answered "no" to question 8(b), please indicate why. Open field for comments

9.
   a. What data system do you use for your **financial** data? Open field for comments
   b. Can information be obtained by making use of the chart of accounts/coding of space? Yes/no
   c. If you answered "no" to question 9(b), please indicate why. Open field for comments

Appendix 2 – Sample Space Policies

Institution	Link to Policy
Faculty of Medicine - UBC	https://mednet.med.ubc.ca/AboutUs/PoliciesAndGuidelines/Pages/Facilities.aspx
Keck School of Medicine of USC	https://keck.usc.edu/research/research-resources/space-facilities/guidelines/
LSU Health Sciences Center	https://www.medschool.lsuhsc.edu/research/docs/Space Study Policy 2018.pdf
Michigan State University-College of Human Medicine	https://opb.msu.edu/functions/facilities/policies/space-assignment-policies.html
Northwestern University Feinberg School of Medicine	https://www.feinberg.northwestern.edu/research/services/policies/lab-space-policy.html
St. Louis University	https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3Aafce1197-44ed-4927-a8ab-059a8ad6a477
Stanford School of Medicine	https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A33d626da-6e73-4c39-bf9e-2a549c8eaa50
University of Michigan	https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A642ea79d-958e-4feb-b561-b10c79bb6aab
University of Utah	https://uofuhealth.utah.edu/research/svp-office/research-space.php
University of Vermont, Larner College of Medicine	http://www.med.uvm.edu/docs/spaceallocation3_18/toptier/spaceallocation3_18.pdf?sfvrsn=2
University of Wisconsin	https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A685e41c7-4215-4d42-a537-6309a5e38d63
USF Health	https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A17e290f4-473f-450a-b784-5d48fd424021
UTMB Health	https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A260b95b4-e82c-442a-abe8-56e2927b56bb
UT Austin Dell Medical School	https://documentcloud.adobe.com/link/track?uri=urn%3Aaaid%3Ascds%3AUS%3A90f415f6-2e13-4465-b4e8-66bb87ee2a7e

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