

## Vice President for Human Resources and Equal Opportunity Officer

### Department of Human Resources

For the Department of Human Resources (HR), FY2005 was one of stabilizing its programs and services following three years of budget and staffing reductions. Following are the highlights of the department's activities.

The HR/Payroll Project is on target to go live in January 2006. Key milestones this year include the following:

- Created and managed the transition from the voucher payroll to the outsourced arrangement with Veritude, including business process redesign and gaining internal community support.
- Negotiated union agreements that included their forfeit of advance vacation pay and their acceptance of mandatory direct deposit.
- Worked vigorously with the departments, labs, and centers (DLCs) to achieve their compliance with vacation tracking for administration staff. Revised and reissued policy.
- Worked with the Controller's Accounting Office (CAO) to redesign transaction processing between HR and Payroll; relocated the Service Center to NE49.

It was a successful year for labor relations and contract negotiation. Highlights include:

- Service Employees International Union (SEIU) Campus contract concluded after 10 months of negotiations.
- SEIU Lincoln Laboratory (LL) contract: quick negotiation of three-year agreement.
- Research, Development and Technical Employees Union (RDTEU), campus and LL: concluded three-year agreement.
- Security Officers Independent Union (SOIU) at Lincoln Lab— contract concluded with resolution of difficult issues.
- Mediation regarding Broad staff unionization is going favorably.

The Rewards and Recognition Program is thriving:

- In FY2005, 172 Infinite Mile awards were presented to 602 employees on the Main Campus, including admin, support, service, sponsored research, faculty, and other academic staff; 79% to individuals and 21% to teams. At Lincoln Lab, 5 team awards were presented, recognizing 450 employees.
- Over 90 nominations were received for the Excellence Awards, presented for the first time in Kresge with 325 in attendance.
- The financial processing and record keeping have been improved through development of a database and redesign of the forms.

HR Partners (Institute-wide group of HR practitioners in the DLCs and central HR) engaged in the following activities:

- Sponsored HR Partners Forum on “Flexible Work Arrangements” with Professor Tom Kochan.
- Updated PDF version of “The Human Resources Department at MIT: Who We Are and What We Do”.
- Brought Northeastern University instructors to MIT campus to teach 10-week course designed by the Society for Human Resources Management for HR practitioners across campus. Many participants have since taken and passed the tests for nationally recognized certification in the field.
- Sponsored an HR Partners Forum on “Using Negotiations to Manage Conflict,” with Professor Bob McKersie and Ms. Nancy Pearce.
- Conducted a follow-up survey on the use of flexible work arrangements.
- Designed and provided a customized training program on “Active Listening in Conflict Management.”

Professional Development Programs highlights:

- Through Organization and Employee Development, offered 80 courses related to professional development with a total of 1,080 enrollments.
- Alternative web-based courses on leadership and management were offered through an agreement with Element K, a leader in online learning.
- The Training Alignment Team, cochaired by Margaret Ann Gray and Greg Anderson, is succeeding in aligning and coordinating training initiatives from across the Institute.
- Created a TEM (training and events management) user group that shares best practices, solves problems, and keeps up to date about TEM functionality.

Other training provided by Human Resources:

- Designed and delivered a sexual harassment course in conjunction with Mark DiVincenzo and Mary Rowe.
- Course on Managing in a Union Environment.
- Designed a 3-part training for Environmental Health and Safety (EHS).
- Performance review training for Sloan School of Management.
- Seminar series on diversity offered by Center for Work, Family & Personal Life.

Child care programs:

- Stata Center completion and launch, including contracting with Bright Horizons for management; one-year anniversary celebrated.
- Active child care advisory committee, exploring grad students needs and planning a “visiting committee” review next year.
- Administered and revised the Child Care Scholarship program.
- Studied and will make recommendation regarding Back-up Childcare program.

Leader to Leader Program:

- Moved to schedule of a new class every other year; will select fourth class this fall.
- Numerous alumni activities continue.
- Program being emulated by other universities.
- Will be presented at annual National Association of College and University Business Officers conference.

Fair Labor Standards Act (FLSA) compliance:

- New federal regulation regarding exempt status requiring enormous time commitment of Compensation staff; will need additional resources in coming year to achieve compliance.
- Working with advisory committee made up of DLC representatives to roll out the initiative.

Other Compensation activity:

- Administered nine separate salary reviews and merit allocation pools, using Systems, Applications, and Products in Data Processing (SAP) for first time. Developed and presented community-wide SAP Annual Salary Review training.
- Participated in 18 external salary reviews and numerous ad hoc surveys.
- Conducted analyses of turnover, gender and minority equity, and internal salary relationships and tracked data to assist in the budget forecasting process.

Benefits activities:

—Disability Services

- Final implementation of Family Medical Leave Act (FMLA) administrative system, providing access to HR and community. Training provided to administrators in DLCs.
- System upgraded to include long-term disability (LTD); early identification of cases through FMLA system resulted in greater cooperation and reduction in resources expended for compliance.
- Review of extended sick leave policies and procedures and recommendation to increase coverage from 60 to 75 percent.
- Workers compensation has improved service to employees and claims management through change in carrier.
- Changing LTD third-party administrator resulted in savings in excess of \$70,000.
- Working on large number of mental health claims and formal return to work program.
- Student disability program in place to track students and accommodation requests.
- Exploring ways to increase access to technology for students and staff.

—Retirement Programs

- Negotiated renewal contract with Fidelity, resulting in decrease in cost of management fees to participants in our largest funds (Diversified Stock Fund and Bond Oriented Balanced Fund).
- Working with MIT schools and departments, provided data on contribution rates by age and years of service, resulting in invitations from DLCs to provide presentations to encourage participation.
- Staff met with over 1,200 participants during the year.
- Eliminated the 403(b) program, consolidating deferrals into the 401(k) program.

—Health and Welfare

- Completed review of health plans through the Strategic Review of Benefits Committee, resulting in a recommendation on pricing strategy and the introduction of tiers and salary bands, to be phased in over a three-year period.
- Negotiated a self-insured contract with Delta Dental and increased coverage for Class II services from 70 to 75%; 2006 renewal has the potential of increasing Class II to 80% with a minimal increase in rates (1 to 2%).
- Selected a carrier to audit health care claims for Blue Cross and Tufts, including claims for MIT Medical Department for employees and students.
- Implemented the step therapy approach for several classes of drugs.
- Working with the pharmacy benefit manager, continued to encourage use of generic “tried and true” drugs as well as the home delivery option. Worked to increase use of the Specialty Drug delivery system. Lowered co-pay for generics.
- Continued to monitor disease management programs and their utilization by the community.
- Working with schools and departments, provided data on contribution to flexible spending accounts by age and years of service, resulting in greater understanding of the benefit of such programs.

Diversity initiatives:

- Participated in National Society of Black Engineers convention with Lincoln Lab, School of Engineering, and Sloan School of Management.
- Created and lead Council on Staff Diversity, looking at serious search process.
- Helped lead Boston Consortium minority recruiting event with 400 attendees.
- Convened minority leadership forum for multiple minority professional organizations in Boston.

Staffing activities:

- Processed and supported the recruitment for 905 posted positions in FY2005, compared to 637 for FY2004.
- A total of 1,085 new hires were invited to New Employee Orientation, with an approximate 80% show rate, including new faculty.

**HR Staffing**

The HR staff as of June 1, 2005, consists of 52 administrative staff; 45 are female and 7 are male. Of these there are 5 African American females, 2 African American males, 1 Hispanic male, and 2 Asian American females. The remainder are 38 white females and 4 white males.

Of 18 support staff, 14 are female and 4 are male. Of these, there are 2 African American female, 1 African American male, 1 Hispanic American female, and 1 Asian American female. The remainder are 10 white females and 3 white males.

Following are comparisons with the prior year:

	2004	2005
Administrative females	82% (42)	87% (45)
Administrative minorities	22% (10)	19% (10)
Support staff females	80% (16)	78% (14)
Support staff minorities	25% (5)	28% (5)

**Laura Avakian**

**Vice President for Human Resources and Equal Opportunity Officer**

*More information about Human Resources can be found online at <http://web.mit.edu/hr/>.*

**Benefits Services**

The Benefits Office remains committed to provide the MIT community with comprehensive health and welfare programs by enhancing our plans and introducing a simplified open enrollment process.

This past year we reduced the cost of generic drugs, both retail and mail order, thus encouraging their use where appropriate, as well as the home delivery option. This should result in savings both to MIT and to the plan members.

MIT self-insured the dental benefit, which allowed us to increase the benefit for basic restorative coverage from 70 to 75 percent. In addition, we were pleased to announce that the age limit for eligible dependent children for the dental plan has changed to provide coverage until the end of the month the child turns age 25, regardless of their student status.

We continued to promote participation in our Health Care Reimbursement Account (FSA) plan during the past year by emphasizing the over-the-counter drug provision and increasing the employee contribution limit to \$8,000.

One of the most significant process enhancement and cost-saving measures was through the restructuring of the Benefits open enrollment process. Using the tools available to us through both SAP and Employee Self-Service, the office was able to conduct the 2005 open enrollment entirely online, using MIT email, web, and Employee Self-Service. The streamlined process allowed the Benefit Office to use SAP's email tracking system and generate a single email to eligible employees who had an address in SAP. This enhancement was well received by participants and resulted in a cost savings for MIT.

The email included access to the Open Enrollment Guide online, allowing participants to review their current benefits and the 2005 benefits offerings in a secure environment. It provided members immediate access to the online Employee Self-Service tool, where employees could make their elections. In addition, the process built on last year's successful confirmation email to employees that followed their elections.

**Shawn Foley**  
Manager

### **Disabilities Services Office**

During FY2005, the office continued to implement programs and procedures aimed at improving the management of employee medical leaves. Final implementation of the FMLA administration system was completed in December 2004. Full access to the program was provided to HR staff, all remaining campus departments were brought online in January 2005, and campus training for leave administrators was conducted in March 2005. The system is presently being upgraded to include long-term disability processing features and to augment the record-keeping features. The modification of office procedures for processing Americans with Disabilities Act (ADA) cases that was implemented in conjunction with the installation of the FMLA administration system has improved processing and management of ADA accommodation cases. The early identification of the cases through the FMLA system has resulted in greater cooperation between the office and departments and a corresponding reduction in resources expended for compliance efforts.

A review of Institute leave policies and procedures was conducted, which included an assessment of the Leave Committee's findings, a cost comparison analysis of 60–75 percent payments for extended sick leave beneficiaries, and an analysis of subsections of the *Personnel Policy Manual* subject to inconsistent interpretation by departments. A preliminary report concerning the leave policies was presented to the HR staff for review in the spring of 2005, and a final report with recommendations will be presented to the vice president of Human Resources in the summer of 2005.

A review of cases processed during the first year of the contract between the Institute and Cannon Cochran Management Services, Inc. (CCMSI) for the administration of the workers compensation program reflects that the transition from Liberty Mutual has been successful. The most significant changes have been greater accountability regarding financial decisions, improvement of services provided employees, and more cooperation

from CCMSI adjusters with respect to managing claims. The interim payroll process was successfully implemented in November 2004 and the final payroll reporting conversion to SAP is slated for January 2006. The Workers' Compensation website was updated to incorporate program changes.

A review of the cost associated with managing long-term disability claims between the previous third-party administrator (Liberty Mutual) and the present administrator (Broadspire) reflects a net reduction in costs of \$71,256.34. The program needs to address issues related to the large number of mental health claims received and the development of a formal return-to-work program.

The office finalized the contract between the Institute and the Bulova Fund concerning the \$250,000 assistance grant for students with disabilities. The first recipient of an award has been selected and the announcement will be made in the summer of 2005. The office implemented a new data entry system to track students and their accommodation requests. The office continues to explore ways to increase access to technology for students and staff and will be meeting with the executive director of the OpenCourseWare project in the fall to address accessibility concerns and develop an action plan to respond to the accommodation and access needs of the MIT community.

**Barbara Roberts**  
Manager

### **Retirement Programs Office**

The Retirement Office is responsible for retirement counseling, ongoing support to participants in the MIT retirement plans, administration of all retirement plans, and providing investment education to the MIT community. During the past year, the staff of the Retirement Office met with approximately 1,200 employees and retirees to help them plan for retirement.

To meet the ongoing need for retirement planning and investment education and to encourage participation in the 401(k) plan, the Retirement Office conducted presentations and workshops at individual departments, labs, and centers. In addition, workshops were offered on campus and at Lincoln Laboratory each calendar quarter and during the Independent Activities Period (IAP). Topics included "Understanding the MIT Retirement Plans"; "Basics of Investing"; "Strategies for Estate Planning"; "Saving for Retirement: What Every Woman Needs to Know"; and "An In-Depth Look at the Economy and the Markets."

Based on the positive response to the Retirement Days held in prior years, our office hosted two Retirement Days this year, with presentations for employees over age 55. The presentations included "Making Sense of Social Security"; "The MIT Retirement Plans"; "MIT Health and Welfare Benefits"; and "Investment Strategies for Retirement."

After a comprehensive review of the 403(b)/Tax-Deferred Annuity Program, it was determined that participation in the program had decreased significantly and that the 401(k) plan had more advantages: a 5 percent MIT matching contribution; several hundred investment fund options; and low expenses and fees. As a result, it was decided that effective January 1, 2005, the program would no longer be offered to employees for future contributions.

In the 2004 fiscal year, the Retirement Office continued to work with the Office of Career Planning on two programs presented on campus and at Lincoln Laboratory: *Shifting Gears: Transitions for Mid-Life and Beyond* (an interactive planning series for employees age 50 or older) and *Managing Across Generations* (an interactive session for employees managing multiple generations).

**Ellen Weiss**  
**Manager**

*More information about Benefits Services can be found online at <http://web.mit.edu/hr/benefits/>.*

## **Center for Work, Family & Personal Life**

The Center for Work, Family & Personal Life works to enrich the creativity and productivity of the MIT community by supporting the broad diversity of family structures and life experiences represented by its faculty, staff, and students. The center seeks to accomplish its mission through a combination of direct and indirect services that have the highest standards and incorporate cutting-edge knowledge of the field. It works actively to contribute to MIT's reputation as an employer of choice and to serve as model for other organizations locally, nationally, and internationally.

Our key areas of growth this year have continued to result from the development and implementation of new projects, as outlined below. In order to keep pace with continued growth, however, we have also evaluated and streamlined the processes we use both to manage projects and to serve client needs.

### **Child Care**

Having assumed responsibility last year for oversight of all four of MIT's child care centers, consolidated under one umbrella by a contract with Bright Horizons, the center continued the development and integration of the new child care system.

Following its opening in June 2004, the new Stata Child Care Center quickly reached full capacity in all age groups. The state-of-the-art facility has been the object of much interest and excitement, with many visitors and groups, including members of the MIT community, representatives from other universities (including several university presidents), architects and design students, and members of the media.

With the addition of Stata, campus child care capacity has reached approximately 130 slots, and for the first time it includes infant care. This year, roughly 150 children were enrolled in a combination of full-time and part-time slots. Significant waiting lists remain for all age-groups, particularly infants and toddlers. MIT's child care center in

Lexington, the Lincoln Laboratory Children's Center (LINCC), opened a new classroom and now provides care for an additional 128 children.

Working with members of the Graduate Student Council and Child Care Advisory Committee, the center coordinated an effort to redesign the small 15-child program at Westgate as a pilot parent cooperative for the 2005–2006 academic year. The cooperative program is being designed to address the needs of graduate students and others interested in serving as volunteers in exchange for reduced cost, and it will also be managed by Bright Horizons. A brief child care survey was conducted among graduate students and documented significant interest in a cooperative model.

Child care scholarships were awarded to 44 student, postdoc, faculty, and staff families using the Technology Children's Centers and LINCC. Eligibility requirements were revised to include a work/study requirement for spouses and partners.

### **Elder Care**

In collaboration with the Staff Quality of Life Committee and in response to its recommendations, the center developed a project to expand and highlight MIT's elder care resources by increasing the center's seminar and library offerings, fostering coordination among MIT offices providing elder care services, and, in particular, developing an elder care website, located at [http://hrweb.mit.edu/worklife/elders\\_o.html](http://hrweb.mit.edu/worklife/elders_o.html).

### **Council on Family and Work**

The Council on Family and Work, which is staffed by the center's administrator of child care services, developed an innovative new website, including a chart showing the relationships among and functions of the many committees addressing quality-of-life issues on campus, with links to each and a "research briefing" section that highlights recent research publications in the work/family field. The project was funded by a mini-grant from the College and University Work Family Association.

### **Other Projects**

Working with the HR Information Technology Team, the center renovated its website, offering substantially more information for clients in a more user-friendly format. As part of the web redesign, web resources on child care, summer camps, and schools were reorganized and expanded.

Center staff conducted a number of interviews with national media, such as the *Globe*, National Public Radio, *USA Today*, the *Washington Post*, the *Chronicle of Higher Education*, and others, on issues in which the center has special expertise, such as university child care, parenting of adolescents, and faculty work/life issues.

The center's *Raising Teens* report was published in Spanish by the Pan American Health Organization, a branch of the World Health Organization.

The center also expanded its emphasis in seminars and library materials on topics to address the needs of the rich diversity of people at MIT, including diversity of race, ethnicity, family structure, stage in the life cycle, and socioeconomic status. Seminar attendance increased significantly.

As part of a major initiative on student mental health spearheaded by the Medical Department, the center gathered and analyzed research on young adult development—including brain development and the role of parents in young adulthood—working with a small team to develop a model initiative for communicating with parents and others about the developmental needs of college students.

In order to keep pace with increased client demand, the center developed a comprehensive new database, integrating and streamlining the processing of information on the scholarship program, resource and referral, and other services.

### **Staff Changes**

Isla Pageau joined the staff as the new administrator of child care initiatives in August 2004, replacing Mary McNally. Gabrielle McCauley joined the staff as the new administrative assistant the same month, following the departure of Erika Simmons. The center took a number of steps not only to train but also to build a team approach in the new staff of four and to strengthen the coordination and integration of center programs and systems.

**Rae Simpson, Comanager**

**Kathy Simons, Comanager**

*More information about the Center for Work, Family & Personal Life can be found online at <http://web.mit.edu/hr/worklife/>.*

### **Compensation**

Throughout FY2005, Compensation continued to provide support and consultative services to managers, directors, and senior leadership. In anticipation of the HR-Payroll System “go-live” in January 2006, Compensation coordinated the Institute-wide effort to transition several hundred “voucher” employees off MIT’s payroll and on to the payroll of a vendor partner (Veritude). This entailed an analysis of Business Process Redesign Team feedback, the development of criteria for nonacademic appointments, the negotiation of a business approach with Veritude, the management of this transition through multiple one-on-one meetings with departments, labs, and centers, and the resolution of “controversial” issues such as the need to administer background checks. Working with Procurement, online tools were developed and, in order to minimize the number of transition-related issues, frequent updates at brown-bag lunches were delivered and development of materials appearing on the Compensation website provided the rationale for the change, a timeline, and criteria for consistent decision making.

In August 2004, the Department of Labor introduced updated regulations regarding exemption from the overtime requirements of the Fair Labor Standards Act (FLSA). For purposes of compliance, and in conjunction with staff from Employee Relations, Compensation identified certain job classifications for review and met with department

managers and assistant deans to discuss the regulatory changes and their potential impact on jobs and positions. An advisory committee comprised of representatives from the community was convened to support Human Resources with the successful rollout of this initiative, and a questionnaire was developed to assist managers in updating position descriptions. While this is a multiyear initiative, much of the groundwork has now been laid and it is anticipated that completion of an analysis in several departments will take place over the next year.

Nine separate salary reviews and merit allocation pools covering approximately 7,300 campus employees and faculty and 2,400 Lincoln Laboratory employees were administered. Using SAP for the first time, and in conjunction with members of Information Services & Technology's (IS&T) SAP Team, Compensation coordinated and presented community-wide SAP Annual Salary Review (ASR) training, identified and implemented SAP enhancements, transitioned to using the SAP ASR module for all salary reviews, tested and redesigned most compensation-specific Brio Query reports, coordinated and presented community-wide training for access to a new job description database, and documented many of the new processes.

Compensation staff were involved in discussions with DLCs that resulted in 65 administrative position classification or reclassification recommendations, 107 administrative and support promotions, and market adjustments for multiple job groups across the Institute. They reviewed job content, recommended title and grade alternatives, and continued to create generic titles to enhance benchmarking opportunities. They also provided consultative services that enhanced the community's knowledge of compensation practices and guidelines.

The Compensation Office participated in 18 external salary surveys and several informal ad hoc surveys conducted by universities, professional associations, and consulting groups from across the country. These survey results, as well as insights provided through year-round conversations with managers and administrative officers Institute-wide, provided a basis for assisting departments with salary offers, resolving internal salary equity issues, preparing review allocation proposals for the MIT Corporation's Executive Committee, and analyzing and compiling data for the Institute's key officials in order to comply with US Treasury Department regulations.

Additionally, graphs and charts were prepared to analyze gender and minority equity, internal salary relationships, external market competitiveness, and merit distributions within departments and schools and across the Institute. Turnover within job categories was analyzed, nonmerit-related increases were tracked, and outreach was provided to departments in central administration to assist in the budget forecasting process. Analyses for full-time equivalents provided reports on the budget impact of staff reductions and attrition and a "percent base pay difference" comparison for a static population between September 1, 2003, and September 1, 2004.

**Barbara Jablon**  
**Director**

*More information about Compensation can be found online at <http://web.mit.edu/hr/compensation/>.*

## **Human Resources Information Systems**

This fiscal year has brought new work for the Human Resources Information Systems (HRIS). The group has been responsible for supporting the business of Human Resources by taking advantage of the functionality of the SAP Human Resources module implemented in 2003. HRIS has worked with the HR-Payroll Project Team to implement improvements that meet compliance requirements and support HR business goals. Members of the group have also been very involved in the preparation for the SAP Payroll Go-Live. In addition, the group has continued its work providing desktop and technical support for the entire HR staff, including providing servers and database applications for the department.

This year HRIS was the Business Owner for the delivery of new Employee Self-Service (ESS) capabilities including; adding Nickname/Directory name, position titles, gender and converting data to mixed case. In the first quarter of 2005 there was an average of 2,300 ESS transactions per month. Employees use the web application to view their benefits and update their personal and their contact information. HRIS also led the Forms Committee which delivered “releases” or groups of improvements to both the academic and non-academic employment transaction forms. These improvements are made at the request of members of the department, labs, and centers (DLCs) and have resulted in improved data collection and increased usability. Process improvements were implemented including standard letters for the EVP areas, I-9 and name changes. HRIS continues to be responsible for developing and maintaining HR reports from the Data Warehouse, including mandatory reports to fulfill governmental requirements.

The HRIS group has been an active participant in the work being done to deliver Payroll using SAP. They have worked to keep all areas of HR informed about the impact the changes will have on reports and feeds. They have also been responsible for the implementation of vacation tracking and for data comparisons and clean-up.

The HR-Payroll Service Center is responsible for the daily processing of employment transactions. This includes working with the DLCs to ensure that information is entered into SAP correctly and in a timely manner. They provide customer service and perform data integrity functions and have played an important role in the work to implement SAP payroll. The manager of the Service Center has led communication, training, and organizational change efforts for this implementation.

System moves and upgrades included the HR-Payroll Service Center desktops and their move to NE49, the upgrade of two servers from Windows NT to Windows 2003, and the installation of a new server to store and maintain the HR website. On the HR website, a complete revision was done on the Center for Work, Family & Personal Life site, and development work was done in support of the FMLA, MITemps, and Vacation Tracking sites. The A/V equipment in the HR Training Center in E19-429 was also upgraded. Software was upgraded to the latest version of FileMaker. Database support included the Child Care Scholarship database, the Student Disability database, and the Rewards and Recognition database. Development of these databases supports the work of the Center for Work, Family & Personal Life, the Disability Services Office, and the Compensation Office.

**Claire Paulding**  
**Senior Manager**

## MIT Rewards and Recognition

MIT's Rewards and Recognition Program has completed its fifth fiscal year. This year, new efforts were made to promote recognition of employees and streamline business processes.

Promotional activities included the launch of a new website called Awards@MIT (<http://web.mit.edu/mitawards/>), which went live in spring 2005. This site was conceived and designed by Human Resources in collaboration with graduate students and provides information on all awards programs Institute-wide for students, staff, faculty, and alumni. It demonstrates the importance and prevalence of recognition at MIT and was launched in conjunction with a special end-of-year awards issue in *Tech Talk*. Additional program promotion this year included the distribution of custom-designed posters with original illustrations and catchy phrases such as "Raise the Praise" and "Cheers for Your Peers." These were displayed across Main Campus and Lincoln Lab throughout the year to announce nomination deadlines, promote recognition events and spot award programs, and to generally encourage the acknowledgment of employee contributions to the Institute.

On average in FY2005, groups on the Main Campus used 42 percent of the money allocated on Infinite Mile Awards (cash awards), with the remaining money spent on awards ceremonies, group events, and Appreciation Awards. At Lincoln Lab, 100 percent of the money was spent on Appreciation Awards and group and team-based celebrations.

The program continues to consist of the following three equally important components:

1. *Infinite Mile Awards* (typically cash awards; biannual or annual recognition for teams and individuals, customized around a department's particular culture, values, and goals and administered at the local/departmental level). A sample of Infinite Mile Award categories in FY2005 includes process improvement, project management, team achievement, innovation and creativity, and several awards for leadership. A total of 172 awards were presented to 602 employees on Main Campus, including members of the administrative, support, service, sponsored research, faculty, and other academic staffs. Seventy-nine percent of these awards were given to individuals and 21 percent to teams. At Lincoln Lab, five Lincoln Team Awards were presented, recognizing over 450 employees.
2. *Appreciation Awards* (frequent, on-the-spot "thank yous" among managers and colleagues within and outside one's own department and administered at the local/department level). Most areas recognized staff by presenting small gifts to individuals and providing group luncheons or other events. Individual "thank yous" and group events were often publicly acknowledged through department newsletters, websites, and announcements at staff meetings. Also common in FY2005 were department-wide gifts such as t-shirts, tote bags, and hats. It is estimated that over 1,500 staff from Main Campus and Lincoln Lab received some form of informal recognition via the Appreciation Awards during the last fiscal year.

3. *MIT Excellence Awards* (cash awards; annual recognition at an Institute-wide public celebration for exceptional contributions that align with MIT's mission, goals, and values). The 2004/2005 Excellence Awards ceremony was celebrated on March 2, 2005, at Kresge Auditorium, with approximately 325 staff in attendance. This year for the first time, the Excellence Awards collaborated with the working group committee, Artists Behind the Desk, to include musical entertainment and a visual art exhibit in the celebration. Over 90 nominations were received for the awards, and 14 individuals and six teams were recognized for exceptional achievements in the following areas: leadership, work/life balance, community service, serving the client, and collaboration/innovation. Award recipients represented administrative, support, and sponsored research staff and a wide variety of departments, labs, and centers across Main Campus and at Lincoln Lab.

The program administrator position has made it possible to provide ongoing assistance in the design and revision of customized Infinite Mile and Appreciation Awards programs. Program redesigns were facilitated in 3 of the 22 Rewards and Recognition groups this year, and 2 of these groups celebrated their first department-wide Infinite Mile Awards ceremonies. Several Rewards and Recognition groups adopted the MIT Excellence Awards practice of offering workshops on writing nominations. These workshops were well attended and yielded higher numbers of nominations from a broader base of employees than in the past. The financial processing and record keeping for the program have been improved upon this year through the development of a database and a redesign of financial forms. These changes will streamline the business process, making it more accurate and time-efficient.

**Kande Culver**  
**Program Administrator**

*More information about MIT Rewards and Recognition Program can be found online at <http://web.mit.edu/hr/rewards/>.*

## **Labor and Employee Relations**

The Office of Labor and Employee Relations is responsible for providing high-level human resources consulting to the Institute's departments, labs, and centers for all staff—faculty, administrative, SRS, support, and service—regarding a wide variety of employee issues and personnel policies. The office also provides support for employee/faculty appointments, transfers, promotions, annual reviews, and similar changes in employment status and handles relations with the Institute's five labor unions.

During FY2005, the office filled two vacancies: a new Human Resources officer replaced one who left the Institute, and a new administrative assistant replaced one who was promoted within the Human Resources Department.

## **Labor Relations**

The Office of Labor Relations is responsible for negotiating and administering the collective bargaining agreements covering approximately 1,250 MIT employees in five bargaining units. Labor Relations also oversees MIT's representation in grievance arbitrations. In addition, the office provides advice and support to departments, laboratories, and centers on issues that involve union relations, collective bargaining, litigation, and employment policy affecting the unionized staff.

As of June 30, 2005, contracts were in place with the Service Employees International Union (SEIU) on campus (running until June 2007) and with the SEIU at Lincoln Laboratory (running until June 2008). A three-year agreement with the Campus Police Union is in place until June 2006, although the wage increase for the third year of that agreement, for FY2006, was still being negotiated. A three-year contract with the Research, Development and Technical Employees' Union (RDTEU) was agreed upon in late June 2005, and was ratified in July 2005. Contract negotiations for a three-year agreement with the Security Officers Independent Union (SOIU) at Lincoln Laboratory were also ongoing in June 2005, and an agreement has since been reached and ratified.

During FY2005, a seven-month-long effort by the Independent Workers of New England to decertify the SEIU Campus union ended with the SEIU retaining representation of the unit. The victory for the SEIU occurred after two elections and a hearing before the National Labor Relations Board (NLRB). The three-year contract with the SEIU on campus mentioned above was reached in December, shortly after the NLRB made its determination that the SEIU had indeed won the election.

One other matter of note during FY2005 concerned union issues presented by the transition of the Whitehead Institute employees to MIT's Broad Institute. Prior to a scheduled arbitration hearing in February 2005, MIT and RDTEU agreed to engage in a mediation process. Two subsequent mediation sessions occurred in FY2005, and the mediation process is continuing.

During FY2005, the Office of Labor Relations heard 26 Step Three grievances. In this same period, 12 arbitration hearings were scheduled. One of these cases was submitted for mediation; three were settled and withdrawn prior to arbitration; and two were withdrawn by the union prior to arbitration. Of the six arbitration hearings that were held, four led to an award in favor of MIT, one led to a split decision, and the remaining case is still ongoing. Eight other grievance cases currently have arbitration dates scheduled. In addition, one NLRB case was filed this year.

**Marianna Pierce**  
**Director**

## Organization and Employee Development

Organization and Employee Development (OED) works to advance the organizational effectiveness of MIT and its offices, departments, labs, and centers. OED also promotes the professional development of those who work at the Institute and provides three major client-focused services: organization development consulting, career planning, and professional development programs.

### Organization Development Services

In FY2005, the organization development (OD) consultants in OED provided a variety of internal consulting services for MIT, its offices, and its DLCs. These projects ranged from multiyear change efforts to one-time retreats. The role of the OD consultants is to collaborate with their clients to provide services in managing change, developing teams and leaders, planning and facilitating meetings and retreats, and implementing change-related HR solutions. Examples of consulting projects during the past year follow:

- Sloan School of Management: In collaboration with the HR officer, designed and facilitated training on performance management.
- HR-Payroll Project (SAP): Consulted and facilitated with the HR-Payroll Project Change Management team leader to coordinate organizational change within various constituencies impacted by the payroll implementation phase.
- Working Group on Support Staff Issues: Provided ongoing consultation with the co-conveners; designed and facilitated a daylong, end-of-year meeting; provided training on communication skills.
- Media Lab: Consulted with the Marketing and Development leadership team to facilitate team building.
- Environmental Health and Safety Office (EHS): In collaboration with the HR officer, designed and implemented a customized series of professional development programs.
- Public Service Libraries: Designed and facilitated planning retreat.
- OpenCourseWare (OCW): Consulted for OCW staff, including design and facilitation of two professional development workshops.
- Broad Institute: Designed and facilitated a meeting to plan and develop HR processes with Broad Institute in collaboration with the Provost's Office and Human Resources.
- Graduate Student Initiative on Academic Advising: Provided consultation on agenda development and facilitation training to graduate students.
- Mechanical Engineering/Ocean Engineering: Designed and facilitated an administrative support staff meeting to develop ideas for a smooth transition.
- Audit Division: Designed and facilitated a strategic planning management retreat to discuss and determine Audit Division goals development.
- Executive Vice President' Office: Designed and facilitated multiday retreat for senior leadership team in Executive Vice President's Office.
- Controller's Office: Consulted with manager of newly formed Institute and Sponsored Accounting and Reporting unit about change management and team development.
- Health Sciences and Technology, Academic Office: Developed process flow maps to review and upgrade graduate student applicant tracking process.

- Libraries: Designed and facilitated team-building workshops with E-journals team.
- Alumni Association: With the HR officer, designed and facilitated annual staff retreat for Alumni Association staff.

Within the Human Resources Department, organizational development consultants provided the following services:

- Assisted in the coordination and facilitation of department-wide weekly update meetings (huddles).
- Facilitated the initial meeting between MIT Staffing Services representatives, the Boston Consortium, and minority professionals within Greater Boston.
- Represented Human Resources on the Council of Family and Work.
- Provided consultation to the Coordinated Conflict Management System project.
- Coordinated network building and learning activities for Leader to Leader (L2L) alumni.
- Prepared for the upcoming L2L 2006 program, including creating an “MIT-ized” multirater feedback tool through the Center for Creative Leadership and developing a cadre of coaches from among the L2L alumni.
- Provided facilitation for discussion and exploration of communications skills specifically relevant to the unique nature of the Center for Work, Family & Personal Life’s work.
- Facilitated HR Team managing implementation of changes in Fair Labor Standards Act.
- Co-led a team working on recommendations from the development section of the Staff Quality of Life report.

OED also led a cross-functional team within HR to help build capacity in MIT’s offices and DLCs through HR Partners. HR Partners is an Institute-wide professional group consisting of individuals who have major human resources responsibilities in MIT’s departments, laboratories, centers, and offices, as well as HR practitioners in MIT’s Human Resources Department. HR Partners activities, events, and communications are intended to

- Keep participants current on HR-related laws, initiatives, practices, and policies.
- Create a shared understanding of HR-related Institute guidelines.
- Provide the community with professional development opportunities in the HR field.
- Identify improvement opportunities through a sharing of ideas.
- Establish more effective communication and working relationships between HR and the DLCs to better meet the needs of the MIT community.

To these ends, during the past year HR has completed the following HR Partners activities:

- Sponsored an HR Partners Forum on “Flexible Work Arrangements” with Professor Tom Kochan.

- Created an updated PDF version of “The Human Resources Department at MIT: Who We Are and What We Do.”
- Brought Northeastern University instructors to the MIT campus to offer a 10-week course designed by the Society for Human Resources Management for human resources practitioners across campus; many course participants have since taken and passed the tests for nationally recognized certification in the HR field.
- Sponsored an HR Partners Forum on “Using Negotiations to Manage Conflict” with Professor Bob McKersie and Ms. Nancy Peace.
- Conducted a follow-up survey on the use of flexible work arrangements.
- Designed and provided a customized training program on the use of Active Listening in Conflict Management.

### **Center for Career Planning at MIT**

Career Planning at MIT’s fourth year of operation was one dedicated to two major themes: (1) employees’ desire to grow and develop and (2) the impact on MIT of trends toward retirement and transition.

In an effort to support MIT’s commitment to help employees assume responsibility for their own successful development as well as linking that development to the strategic direction of the organization, Career Planning and Retirement Benefits further solidified their partnership by delivering two courses: Shifting Gears: Planning for Mid-life and Beyond and Managing Across Generations. Both courses, designed to meet the demands placed on the organization relevant to baby boomer retirement issues and multiple generations within the workforce, continue to be sought by employees across the campus and at Lincoln Laboratory.

This year also saw an increase in requests for services that were met through combinations of individual and group venues. Career Planning at MIT delivered services to employees through a number of programs. These include

- Individual coaching relevant to the development of phased retirement planning and proposals.
- Individual career coaching/consulting to members of the MIT support staff, administrative staff, sponsored research staff, and faculty.
- Career workshops and courses.
- Customized career programs for specific departmental groups.
- Career assessment tools including Myers-Briggs, Holland’s Self-Directed Search, and Campbell Interest and Skill Inventory.
- Extensive resource lending library.
- Targeted promotion of tuition assistance benefits.

The study of workforce trends continues and has clearly raised issues about the impact that aging will have on succession planning as the baby boomer population seeks to reshape outdated concepts of retirement. As this cohort group prepares for work/life balance in their next life phase, they are exploring options that include phased retirement, part-time employment, and transitioning to new careers.

Barbara Peacock-Coady, manager of Career Planning at MIT and long-term MIT employee, recently announced her retirement, which will take place early in FY2006. She will model the transitioning aspects of retirement by continuing to consult with MIT on these issues. A search team has begun the process of finding her replacement. MIT remains committed to the original vision of Career Planning at MIT.

### **Professional Development Programs**

During the past year, OED continued to offer a variety of open enrollment professional development courses to members of the MIT community in the areas of career management, communication and leadership at work, and financial management and reporting. During this time, OED sponsored nearly 80 offerings of courses in these topics, and a total of 1,080 enrollments were processed. In addition to enrolling staff from across the Institute, OED continued to enroll course participants from employees of member institutions of the Boston Consortium, students, alumni, retirees, and spouses and partners.

In an effort to provide alternative training opportunities, OED offered 10 web-based training courses on leadership and management through an agreement with Element K, a leader in the online learning industry, to the MIT community. OED's website offered additional resources through downloadable tools and articles on the topics of communication, designing and facilitating meetings, leading and managing others, managing change, and working on teams.

Work-related training at MIT is generally offered by content owners; however, HR is MIT's business process owner and main sponsor for training. Therefore, a major effort that the OED Team undertook during the past year involved facilitating a collaborative process to align and coordinate training initiatives that currently take place at the Institute. This group, the Training Alignment Team (TAT), is an ongoing working group of staff from Audit, CAO, EHS, HR, IS&T, and the Office of Sponsored Programs, all departments that offer Institute-wide, work-related training. TAT's purpose is to align and enable Institute-wide training initiatives for world-class work. The coleaders are from OED/HR and IS&T.

During the past year, TAT chartered subgroups to focus on particular areas of need related to training. One subgroup is currently investigating training delivery methods and developing a guide to help trainers at MIT make decisions about how to most effectively deliver training. A second subgroup is involved in identifying training curriculum needs that are correlated with job functions and Institute priorities. A third subgroup has worked collaboratively to consolidate two previously separate databases for web-based training into one unified database, which will ultimately provide end-users with a cohesive, single point of entry to web-based training opportunities at MIT.

To further MIT's capacity to develop and deliver effective training programs, TAT sponsored a workshop in March 2005 for staff at MIT who offer Institute-wide training. This two-day workshop, offered through the American Society for Training and Development, focused on transforming training from passive learning into activities that result in long-term retention and improved performance. Thirty-eight people

from six departments, all of whom are involved in offering training at MIT, completed the workshop. TAT plans to sponsor follow-up activities to support these trainers in applying their lessons from this workshop to their ongoing training sessions.

Members of the OED Team contributed to ongoing enhancements to the functionality of the Training and Events Management (TEM) module of SAP. To support training registrars around the Institute who use TEM for training registration purposes, members of OED, in collaboration with IS&T, initiated the TEM User Group, which meets bimonthly to share best practices, solve problems, and keep up to date about specific functions in TEM. At their request, the members of the TEM Users Group will begin meeting monthly in FY2006.

**Margaret Ann Gray**  
**Director**

*More information about Organization and Employee Development can be found online at <http://web.mit.edu/hr/oed/>.*

### **Staff Diversity, Affirmative Action, and Equal Employment Opportunity Management Team**

In its second year of operation, the Staff Diversity, Affirmative Action, and Equal Employment Opportunity Management Team (the team) focused its efforts on identifying opportunities for collaboration with individual members of the MIT community and on strengthening its relationships with departments, labs, and centers.

To increase the diversity of job candidate pools, the Team worked to deepen its relationships with minority professional organizations and governmental agencies. By these efforts the team sought to enhance the Institute's visibility as an employer and to reach previously untapped sources of diverse candidates. Numerous members of the faculty, student body, and staff from the School of Engineering, the Sloan School of Management, the Office of the Executive Vice President, IS&T, and HR's Disability Services group worked with the team on these efforts, which included the following:

- Hosting a leadership retreat of the local chapter of the National Society of Hispanic MBAs.
- Continuing to take a leading role in the Boston Consortium for Higher Education's shared, minority outreach and recruiting effort.
- Participating on the Massachusetts Rehabilitation Commission's (MRC) employer advisory board and coordinating a campus visit and informational interviews for an MRC client.
- Partnering with numerous departments across the Institute to present a coordinated presence at the National Society of Black Engineers' national convention in Boston.
- Hosting the first joint meeting of Boston-area minority professional groups to review the possibility of creating a consortium of these organizations.

- Working with the local chapter of the National Association of Black MBAs to hold its annual career fair at MIT.

The team initiated pilot programs with the Sloan School of Management and the Office of the Executive Vice President to introduce minority professionals encountered in outreach efforts to MIT and its operations. Various leaders within each of these areas have agreed to be available for informational interviews and networking with these minority professionals who, we hope, will populate our candidate pools as opportunities arise.

The Council on Staff Diversity struggled to define the major areas on which to concentrate its initial efforts. By the end of the year, the council members decided to concentrate on three areas of inquiry and action: reviewing the Serious Search process; educating itself on fundamental issues in workplace diversity; and identifying ways to collaborate with faculty and student diversity efforts. More information will be available as the council works on these efforts.

Finally, the team began working with the Provost's Office to refine the data sources used to determine the availability of women and minorities in relevant local and national labor pools. The team also continued working with Peopleclick, Inc., a leading firm in affirmative action consulting, compliance, and data analysis to enhance the work done last year to streamline and enhance the accuracy, relevance, and usefulness of the Institute's annual affirmative action report.

### **Philip Lima**

#### **Coordinator of Staff Diversity Initiatives**

*More information about the Staff Diversity, Affirmative Action, and Equal Employment Opportunity Management Team can be found online at <http://web.mit.edu/hr/aa/>.*

## **Staffing Services**

As MIT's financial constraints eased, Staffing Services received significantly more requests to post positions than we received during the previous fiscal year. We received 909 requests during FY2005 compared to only 570 in FY2004.

Over the past year, we reached out to 1,085 new employees by sending them a welcome letter and a new employee information packet with the appropriate benefits information. Depending on their payroll status and benefits eligibility, approximately 85 percent (925) were invited to the New Employee Orientation. For the first time we reached out to new faculty, inviting them to attend orientation as well. During the last quarter of FY2005, our total attendance rate was at 80 percent.

While our volume has increased, our staffing levels have remained stable. Kristen Morreale continues as our part-time recruiter. Robert Martinez is responsible for

recruiting and outreach. Julienne Dean and Martha Kudzma have managed the new employee orientation process. Over the past year, Julienne has also assumed more recruiting responsibilities as her SAP and position management responsibilities have been restructured. Jane Hamilton continues as the primary contact with hiring managers for all postings and advertising coordination; she also processes all unemployment claims requiring her to work closely with payroll and the departments.

During FY2005, we filled 726 positions. To fill these positions, Staffing Services worked directly with many of MIT's DLCs. Some of these included Academic Media Production Services, the Office of the President, the MIT Museum, the Media Lab, the Center for International Studies, the Division of Comparative Medicine, Facilities, OpenCourseWare, the Computer Science and Artificial Intelligence Laboratory, the Sloan School of Management, the Schools of Engineering and Biology, Information Services & Technology, and Public Relations Services. In working with these DLCs, we provided assistance to hiring managers directly by screening and referring qualified candidates and/or working collaboratively to set up electronic screening questions or by assisting informally with candidate referrals and outreach. We have also provided advice and guidance to some hiring managers around the interview and selection process.

Robert Martinez continued his outreach efforts over the past year to ensure that we have a diverse applicant pool. Working with members of the Boston Consortium employment group, he co-led the efforts of the group to sponsor a highly successful diversity job fair in October. Robert is also very involved in the Northeast Human Resources Association's diversity committee.

Over the past year, the unemployment rate in the Boston area has dropped from 5.2 percent in May 2004 to 4.7 percent in April 2005; employment in the professional, scientific, and business service sectors is up by 9,000 (*Boston Globe*, July 16, 2005). This suggests that there is—and likely will continue to be—competition for the most qualified applicants in the regional labor pools.

In 2004, the percentage of applicants who identified our corporate website as their primary source for finding out about MIT jobs was 31%. In 2003, it was 56%. Over the past year, applicants seem to be finding their way to our jobs more through job boards (BostonWorks, Monster, etc.) than by coming directly to our site (27% in 2004 identified their primary source as one of several job boards; this is up from 15% in FY 2003). Many applicants who are interested in working at MIT may go to a job board first and easily become sidetracked by postings at other organizations. For job seekers, the electronic posting boards have made the job search much easier and postings much more accessible. For employers, this furthers the competition for the best applicants at the earliest stages of a candidate's search.

In order to manage the high volume, we are continually focusing how we can do our work more efficiently. We have used some of the electronic screening features on WebHire to help us identify well-qualified candidates for certain technical jobs with well-defined skill requirements.

We are also working on ways to streamline some of our more labor-intensive work, including the mailing of new employee information packets, and we are also exploring ways of using different delivery methods to share this important information with new hires. We are considering how we might use our online resources more effectively, for example.

We are working with Procurement on an RFP for an advertising agency that would coordinate and manage our advertising efforts. We are especially interested in working with an agency that has an expertise in employment advertising and is research focused. It is important that this agency also help us stay current with labor market and employment trends and have a deep understanding of the way recruitment technology is evolving and how it impacts the candidate experience.

**Wendy Williams**  
**Director**

## MIT Medical Department

Providing care for the MIT community is the role of the Medical Department. Increasingly, meeting the health care needs of community requires not only the care of individuals, but the department is playing an increasing role in community health programs that support the health and well-being of the entire community. High-quality, easily available, individual care and community services are provided by the department to meet the ever-changing needs of our community and its members. Key points follow.

- Implementation of TouchWorks—our electronic medical record (EMR)—continues to move ahead with increased uses and users. Electronic processing of prescriptions and test ordering increases efficiency (and legibility) and reduces errors.
- The ambulance service continues to provide outstanding service to the community and the Medical Department.
- The Center for Health Promotion and Wellness continues to expand its health promoting activities on campus with new programming.
- Financial operations are undergoing restructuring to improve reporting and revenue collection from third-party sources.
- Performance improvement activities have expanded and are focused at continually improving the quality and availability of care.

## Clinical Services

### Visits

Nearly 126,000 visits to the MIT Medical Department were recorded during FY2005. About 6,000 of these visits were at the health care facility at Lincoln Laboratory, where adult medicine and pediatric services are available. The following table gives a breakdown of the groups served.

<u>Group served</u>	<u>Number of visits</u>
Students	45,182
Faculty and staff	42,854
Retirees and family	37,796

### **After Hours Service—David Shein, MD, Chief**

The After Hours Service provides care to the MIT community during nights, weekends, and MIT holidays. Services are provided primarily in the Urgent Care area, with the After Hours Service also providing in-house physician coverage for MIT Medical's Inpatient Unit. Clinical staffing is organized to be both care-effective and cost-effective. Physician staffing is provided by MIT Medical staff physicians and 15 contract physicians, most of whom are also employed as fellows or junior faculty at area teaching hospitals. After Hours physicians are trained in internal medicine, family practice or internal medicine plus pediatrics. Working together with the Nursing Department and the urgent care coordinator, we have been able to consistently staff weekend and

holiday Urgent Care daytime hours with a physician and/or advanced practice clinician (nurse practitioner or physician assistant) trained in the care of adults and of infants and children.

The After Hours Service maintains an important link to campus resources, including the MIT Student Ambulance, the dean on call, and MIT Mental Health. After Hours clinicians are also aware of the mechanics of student health insurance coverage. The goal is to maximize the availability of the services we can provide on campus and to help address students' financial concerns for those instances when care is needed outside of MIT Medical.

During FY2005, the After Hours Service recorded a total of 6,007 visits, divided as follows: 4,683 physician visits and 1,324 advanced practice clinician visits.

### ***Dental Service—Grace M. Collura, DMD, Acting Chief***

Despite significant changes in FY2005, including the departure of its chief and another full-time dentist, the Dental Service provided approximately 11,000 visits. This number of visits is only 1,000 less than last year, which is remarkable considering the service was without two full-time dentists for a six-month period. Further, minimizing the deficit in FY2005 (\$25,000) is a testimony to the character and work ethic of the dental staff.

Changes in personnel gave the clinic the opportunity to identify and implement improvements as follows:

- Adding Dr. Catherine Wang to our staff (in December). Dr. Wang is fluent in Mandarin, providing some of our Asian patients communication opportunities.
- Improving the availability in scheduling emergency patients with the restructuring of the dentists' schedules.
- Expediting new patient appointments and simultaneously decreasing openings in the hygienists' schedules by appointing new patients with hygienists rather than dentists.
- The hiring of Ekaterina Antonellou (in June), a crown and bridge specialist, to increase crown, bridges, implants, and denture services.

FY2005 has been a time of transition and a true test of the resiliency of the Dental Service. The real impact of the changes made in this fiscal year will be realized in FY2006 with an improvement in services, visits, customer service, and financial health.

### ***Eye Service—Robert Gross, OD, Chief***

The Eye Service continues to provide comprehensive optometric and ophthalmologic services to the MIT community. Visits numbered approximately 9,500 in FY2005. Provider schedules have been rearranged to maximize availability, leading to shorter wait times for routine care. Clinical encounters are now included in the electronic medical record, resulting in fewer paper record retrievals and increased efficiency.

The ongoing Performance Improvement initiative encouraging diabetic patients to have their recommended annual eye screening continues to pay dividends. The current compliance rate of 79 percent is well above the national average.

Our contact lens service remains extremely successful. We continue to dispense more contact lenses each year, even with increased competition from many other sources. Many new products were made available to our patients, keeping pace with the fast-growing ophthalmic products industry.

The MIT Optical Shop enjoyed its most successful year ever. Greater visibility, careful fiscal management, and expert staff were all contributing factors.

Eye Service personnel continue to serve as an important resource for the MIT community. During FY2005, various members gave IAP lectures, provided instruction to Health Sciences and Technology (HST) students, participated in health fairs, and acted as preprofessional advisors for undergraduate students.

### ***Inpatient Unit Service—William Ruth, MD, Chief***

The Inpatient Unit provides care for clinical problems that do not require the intensive care of a major hospital. This facility is a Joint Commission of the Accreditation of Healthcare Organizations (JCAHO)–accredited facility located on the MIT campus. It provides care for students, MIT Health Plan members, and retirees. In addition to general medical services, the unit provides postoperative care following orthopedic, gynecological, and general surgical procedures as well as end-of-life services for MIT patients.

During FY2005 there were 421 admissions, and 1,384 inpatient days were provided. In addition, there were 317 transient visits. These brief stays of up to several hours help to decrease the backup in the urgent care area, and treatments such as intravenous infusions of medications and fluids are efficiently provided.

The nursing staff has taken on additional duties of case management and patient advocacy. In addition, the nursing staff has backed up the urgent care area with additional services such as IV insertion when needed, as well as medical record review, assistance in influenza clinics, and in special projects such as colonoscopy review and problem list completion.

### ***Medical Service—David V. Diamond, MD, Chief***

Over 30,000 clinical visits were made to clinicians in the Internal Medicine Service during FY2005. Internists, adolescent medicine physicians, physician assistants, nurse clinicians, and registered nurses work as a team to provide a wide range of care services. Coordinating care through appropriate allocation of staff resources and use of our electronic medical record system has been a major focus of our service this year. Some examples include the influenza vaccine program, the Anticoagulation Clinic, the increasing use of triage nurses, and the further adoption of the electronic medical record.

The annual campaign to administer influenza vaccine to those at risk was especially challenging in FY2005 due to the last-minute shortages in supply, which left us initially with only 20 percent of our ordered supply. Through careful review of our databases, we were able to identify those patients most likely to benefit from the vaccine on hand and to schedule special administration clinics. Eventually we were able to obtain and administer vaccine to all those who needed or requested shots. Overall, the program was a success under difficult circumstances.

Another example of coordinated care has been the development of our Anticoagulation Clinic, through which we closely monitor the 120 patients taking blood thinners on a chronic basis. We have achieved nearly 85 percent “in range” results, well above the community standard of 70 percent, with excellent patient reviews, and have had no complications in the management of this potentially dangerous medication.

We continue to expand our triage RN functions both in Urgent Care and in adult medicine care clusters, and we have approval to add two more positions in this vital role. These nurses improve patient communication by taking calls from patients requesting advice or care, processing in a timely manner routine requests for test results and prescription refills, and working with support staff to schedule appointments appropriately.

Our migration into a “paperless” medical record and the resulting electronic work flows have progressed, with new functionalities including the transition to an updated version of our EMR, TouchWorks. Clinicians are now using their computers to write most prescriptions and order most tests. In addition, the opening of the encrypted web portal Patient Online has allowed more direct communication in a secure environment between clinicians and patients. Our challenge over this next year will be to integrate these new work flows into our routines and to account for these new modes of practice by adjusting schedules to permit such “virtual visits.”

In addition to these clinical programmatic changes, clinicians have gone through systematic retraining on Medicare billing and coding in an effort to improve compliance and accounts receivables, and we anticipate a new billing form to further support improvement in this area.

Members of the Internal Medicine and Adolescent Group continue to play important roles in the activities of the department (After Hours, Inpatient Unit, and Clinical Research Center). In addition, several members of the service serve on various Institute committees such as the Committee on the Use of Humans as Experimental Subjects, the Committee on Biosafety, the Animal Care Committee, and the Ergonomics Committee. Some notable examples of our internist accomplishments this year include the following: Dr. Howard Heller’s weekly case discussion published in the *New England Journal of Medicine* and his participation in a Harvard Medical School–sponsored AIDS teaching mission in Vietnam; Dr. Michael Kane’s presentation of the paper, “Comparison of Head Mounted and Flat Screen Displays in a Virtual Reality–Enhanced Range of Motion System for Treating Adhesive Capsulitis,” at the American College of Rheumatology Annual Meeting, October 2004; Dr. Diamond’s presentation on computer ergonomics an

the New England Occupational and Environmental Association's winter meeting; and Dr. William Kettyle's continued active teaching in the HST Program.

An important staffing change affecting the Internal Medicine Service was the departure in May of Dr. Mark Goldstein, one of our adolescent physicians and former chief of student health. As a result of his departure and the previous departure of another part-time adolescent clinician, the Pediatric and Internal Medicine Services are currently reviewing the optimal staffing and organization for adolescent medicine. Other physician staff changes occurred in the following specialty areas: the departure of Dr. Feldweg in allergy, Dr. Kenneth Omlin in dermatology, and Dr. Wasserman in neurology; and the arrival of Dr. Debbie Lin in allergy, Dr. Katherine Wang in neurology, and Dr. Felix Kuo and Dr. Pamela Strumpf in dermatology. All staffing changes have been due to personal choices on the part of the clinicians and not due to job performance issues.

### ***Mental Health Service—Alan E. Siegel, EdD, Chief***

In FY2005, the Mental Health Service has seen more patients, expanded its range of services, its outreach to the community, and its promulgation of new initiatives. Visits and the number of persons seen have increased over the past year. The largest growth continues to be in the number of students seen on-site, especially those with significant mental health problems. Within the student group, the greatest increase in volume of patients and number of visits has been by graduate students (11 percent in number of students, 21 percent in number of visits). Walk-in services remain well utilized, especially by undergraduate students and employees. Refinement of assessment protocols continue, with a major effort in developing new risk-assessment protocols.

Three part-time staff left or retired from service, to be replaced by four staff, providing close to full-time effort. Recruitment focused on increasing the diversity of staff and hiring staff that brought new and needed skill sets to the service. New skill-building treatments/services were offered, as new staff skills were combined with extensive retraining of current staff in treatments designed to help people recognize and manage emotions and interpersonal situations. Our Group Program increased the variety and nature of groups offered, including three new short-term groups designed to assist with the development of new coping skills. In order to help link all staff with the MIT community, our on-call coverage was expanded to include all clinical staff as part of the rotation, not just psychiatrists and the chief.

Within MIT Medical, efforts focused on stronger connections with other clinical services and colleagues. The multidisciplinary Eating Disorders Team consolidated a group of clinicians from many departments and forged new links with staff from athletics, residence halls, and the Office of the Dean for Student Life. A consultation-liaison rotation was established joining MIT Pediatrics, Mental Health, and the Child/Adolescent Psychiatry Training Program from the Harvard Medical School/Cambridge Health Alliance. Mental Health is about to join the rest of Medical in using our EMR, TouchWorks. This will facilitate coordination of care. Close working ties with Health Promotion and Wellness helped in the joint participation with campus-wide prevention activities. The Student Mental Health Advisory Council linked with clinicians in Mental

Health, and together they brought forward new initiatives to connect with students on campus. Outreach to the community increased in scope and depth of involvement, including new study-break question and answer sessions in the residence halls involving students from the Student Health Advisory Council (SHAC), clinicians from the Mental Health Service, and staff from Health Promotion and Wellness. Consultation to faculty, both as individuals and groups, was expanded. New contacts with the Mathematics Department will facilitate faculty training in recognizing and responding to students in distress. Additionally, Mental Health staff consult with departments about broader policy issues affecting advising practices.

Two new prevention and outreach programs were brought to the final stages of development. These are (1) a web-based screening tool that also allows for clinical staff to begin counseling online for students identified as at high risk for depression and (2) Adapt@MIT. The latter program is an adaptation of the successful Air Force Adaptation Study, offering formal training to the whole community in recognizing early symptoms of stress, depression, and potential for dangers to oneself or others and knowing how to best access care. Adapt@MIT includes a multisite National Institute of Mental Health grant submitted with other universities.

Two recommendations of the Mental Health Task Force have been implemented: the finalization of new MIT medical withdrawal (leave) policies affecting all students and the first stage of development of a Community Crisis Response Team providing service to the whole community.

### ***Nursing Services—Kristine Ruzycki, APRN, BC, Chief***

Nursing care is provided to our MIT community by adult and family nurse practitioners (NP), certified nurse midwives (CNM), psychiatric clinical nurse specialists (PCNS), and registered nurses (RN) in both the Inpatient Unit (IPU) and the ambulatory setting.

NPs in Internal Medicine, Urgent Care, and Pediatrics provide comprehensive primary care to patients with acute and chronic illnesses/injuries, educate patients in health promotion and disease prevention, and work in collaboration with Internal Medicine, Pediatrics, and Family Medicine physicians. The Internal Medicine, Urgent Care, and Pediatric advance practice nurses provided a total of 24,558 patient visits this past year.

Pat Bartels, NP in the Pediatrics service, has been granted privileges at Mount Auburn Hospital this past year, where she rounds twice a week on all MIT Medical newborns and their mothers.

Christine Stella, NP, staff nurse in the IPU, was appointed to an Internal Medicine position on 3 West, three days per week, with Bonnie Eklund, NP, and Deb Sigman, NP from the MIT Medical–Lexington site doing an alternate rotation to 3 West on the other two days per week. This was done to increase patient access to that cluster and to assist with some level of telephone triage.

NPs, PCNSs, and CNMs provide consultation, specialty, and subspecialty assessments and care, group and individual therapy, special medical screening and surveillance,

sports medicine, and community outreach to patients in dermatology, occupational health, orthopedics, mental health and obstetrics and gynecology. The advanced practice specialty nurses provided a total of 10, 418 patient visits this past year.

Deb Brown, orthopedic NP, resigned in mid-September. Anthony Pasqualone, NP, was hired as a replacement and took the position February 1, 2005.

In obstetrics and gynecology (OB/GYN), Dolores Vidal, NP, resigned her position as nurse coordinator of the service July 2004 in order to decrease her time and concentrate on direct patient care. The OB/GYN nurse coordinator job description was rewritten and Nicole Napier, RN, was recruited and hired into the position in November 2004.

An additional PCNS, Lisa Bosley, CNS, was hired in the Mental Health (MH) Service as a therapist and prescriber. She is skilled in dialectal behavioral therapy (DBT), which was a need in the MH Service. In collaboration with one of the MH social workers, she has taken on the coordination of the MH patient support groups over the past year and facilitates a group herself.

The addition of CNMs has been very well received in the MIT community. Of the 110 deliveries this past fiscal year, 48 were attended by the CNMs. That comprises 30 percent of the total newborn births.

RNs in the IPU cared for a variety of patients, including students, health plan members, and retirees. The patients' medical conditions ranged anywhere from alcohol intoxication to postoperative care to end-of-life care. The IPU, staffed by RNs 24/7, had 421 patient admissions during the year, totaling 1,384 inpatient days. In addition, 317 transient patients were cared for in the IPU. Transient patients are ambulatory patients requiring anywhere from a few minutes to several hours in the IPU for intermittent nursing care such as intravenous hydration, antibiotic therapy, or special medication infusions. Along with caring for the IPU patients, the night nurses provided nursing triage from 11:00 PM to 7:00 AM for the After Hours Service. In this role, they do telephone and on-site assessments of patients and work with the After Hours physician in providing urgent care to patients.

These RNs participate throughout the year in department-wide clinical projects. Over this past year they worked with the Internal Medicine physicians to populate the patient problems lists. They played a major role in the administration of influenza vaccinations to the MIT community.

In FY2005, the Nursing Service tested the use of MIT's emergency medical technicians in a nursing assistant role to assist the RN on evenings and nights during times of very low census, such as Christmas holiday week. This proved to be very successful and continues to be employed on an as-needed basis.

IPU nurse manager Cathleen Dwyer, along with all her other duties, has taken on the role as one of the two patient advocates.

The Minor Procedure Room is staffed by an RN, Linda Pascuito, with backup by the IPU nurse manager. During this past year there were 655 procedures performed in the Minor Procedure Room that were scheduled and assisted by the RN.

Prescreening colonoscopy patient visits with the gastroenterologist were discontinued this past year. In lieu of this, the Minor Procedure Room RN took on the responsibility of performing the prescreening colonoscopy patient interviews and pre- and postprocedure teaching. The RN screened 220 patients since taking on the role and was able to decrease the wait time between referral and actual procedure date from 147 to 61 days.

This RN also uncovered an issue around the disinfectant used for the cystoscopes and went on to research what alternatives were available to ensure that the equipment was properly cleaned, sterilized, and available for procedures. In collaboration with the chief of nursing, she was successful in obtaining funding for a new state-of-the-art Steris cleaning and sterilization system, as well as an additional new cystoscope.

RNs provide nursing care to our patients in the ambulatory services of Internal Medicine, Medical Specialties, Urgent Care, Pediatrics, and Obstetrics and Gynecology. These RNs provide such things as telephone and on-site patient triage, immunization administration, blood pressure monitoring, diabetic teaching, wound care, ear irrigations, health promotion and disease prevention teaching, medication inhaler instruction, allergy immunotherapy injections and monitoring, suture and staple removals, phlebotomy, IV insertions, assisting providers in special procedures, monitoring providers tasks, providing test results to patients, and sometimes coordinating special programs and/or services. The ambulatory nurses provided a total of 7,286 patient visits over the last fiscal year.

In Internal Medicine, Chandra Fontair, RN, coordinates the Anticoagulation Clinic, which provides care to approximately 120 patients at any given time. Management of patients anticoagulation therapeutic ranges is consistently above the national average.

Over this past year, a new allergy immunotherapy nurse position was developed and a seasoned allergy nurse, Marilyn Donovan, RN, was hired. This RN worked with the allergists on new procedures and guidelines to ensure the safety of patients receiving allergy immunotherapy. Between the MIT Medical Cambridge and Lexington sites, there are approximately 150 distinct patients that are receiving allergy injections anywhere from three times per week to once per month.

In Urgent Care, triage RN Lynn Forgues screens the patients who present to Urgent Care, monitors the waiting room and the flow of patients through the service, initiates intravenous therapy for hydration, administers oxygen and nebulizer treatments, initiates cardiac monitoring, identifies patients needing X-rays, presents the patients to the provider, and assists the providers in procedures and emergency situations, such as basic life support, as needed. In order to decrease the wait times and ensure a safer environment, this RN worked with the Urgent Care nurse coordinator and the chief of nursing to develop a model of triage and care utilizing two RNs during high-utilization

times of the day. The additional RN position was approved and will be recruited and hired for FY2006.

As previously mentioned, a new OB/GYN nurse coordinator position was developed and Nicole Napier, RN, was hired this past year. This nurse manages the daily operations of the service, the flow of patients through the service, supervises the support staff, provides direct nursing care to patients, pregnancy testing, counseling and education, monitors the provider's tasks, and alerts patients of testing results. In collaboration with the service chief, she has developed a mechanism to use the EMR to track outside referrals, and she has reviewed, written, and/or revised all the administrative processes for the service.

The Pediatric nurse coordinator, Pat Bartels, NP, worked with the chief of nursing on a justification and a job description for a new Pediatric RN triage nurse position. This position was successfully funded and recruitment had begun as of March 2005. The purpose of this position is to free up the pediatricians and the NP from performing tasks that can be done by an RN, allowing them to concentrate on patient visits. This should have a positive effect on patient access as well as provider satisfaction.

Additional nursing activities included the following:

- Formulation of nursing committees and a reporting mechanism for those committees to the nursing service as a whole:
  - *Standards of Practice Committee.* Revised, edited, or developed the following advanced practice clinician (APC) documents and processes: APCs Standards of Practice; Prescriptive Writing Guidelines for NPs and PAs; APC Practice Review Guide and Review Form
  - *Competencies Committee.* Reviewed NP, RN, and MA competency needs; investigated an online competencies module and presented a proposal to purchase to the Operations Committee.
  - *Nurse Recognition.* In celebration of Nurse Recognition Week, held a nursing dinner and gave gifts out to the entire nursing staff the second week of May 2005. Worked with Marketing on ideas to explain the role of APCs in health care to the MIT community.
  - *Community outreach.* Investigated possible smoking cessation program for the graduate dorm population. Working on ideas of how to get more involved with the student community out on campus.
  - *Policy and procedures.* Doing a complete review, revision, and reformatting of all the nursing policies and procedures.
- Transitioned the APCs from a 15- to 30-minute patient visit schedule to a 20- to 40-minute patient schedule to ensure adequate time with the patients, appropriate documentation time, and be more in line with industry standard.
- Provided clinical coordination and vaccine administration for the Influenza Immunization Fair in fall 2004.
- APCs provided several travel clinics to the MIT community at the end of the fall and spring terms.
- The chief of nursing took on an additional role as director of student health:

- Establishing relationships with Division of Student Life; Student Support Services (formerly Counseling and Support Services); the Department of Athletics, Physical Education, and Recreation (DAPER); Housing; Disability Services; and the Graduate and Undergraduate Housemasters Groups.
- Participated in the development of the Student Medical Leave Policy.
- Collaborated with Housing to develop a process for Housing Exceptions Requests.
- Collaborated with DAPER and Disability Services to develop a process for Physical Education Waiver/Accommodations Request.
- Collaborated with DAPER Sports Medicine in developing an electronically linked Intercollegiate Athlete Medical Clearance process.
- Recruited membership and chaired the newly formed Student Health Clinical Advisory Committee.
- Worked with the head athletic trainer to develop an affiliate clinical relationship with the BMC Sports Medicine Fellowship program that will supply Sports Medicine physician services to all MIT student athletes.
- Worked with SHAC on a patient provider communication project.
- Communicated throughout the year with housemasters, students, and student's parents regarding particular needs, questions, and concerns about health care.

In this time of nursing shortages and fierce competition for RNs, with large medical centers that support much higher wages, it has been difficult to fill vacant positions. Adjustments to RN salaries, as well as their twice yearly compensation in lieu of a shift or weekend differential, has helped to stem the resignation tide but has not had any significant effect on recruitment. This is an ongoing issue that Nursing will continue to monitor and work on with Human Resources and Compensation.

### ***Obstetrics and Gynecology—Chana Wasserman, MD, Chief***

During this fiscal year we have strengthened the relationship between MIT and Mount Auburn Hospital (MAH) and have rebuilt our OB/GYN staff. We now have two full-time and one part-time obstetrician/gynecologists as well as two part-time nurse practitioners and two-three part-time nurse midwives. The biggest and most significant change has been the hiring of an excellent nurse coordinator, Nicole Napier. Creating this new full-time position in the clinic allows patients to have their concerns addressed and/or triaged in a more timely fashion. In addition, we have two excellent medical assistants and two new secretaries who have helped add stability to our provision of services.

Our practitioners continue to participate in community activities, including premed advising, working with Harvard Medical School (HMS) medical students at MAH, and supervising residents at the Brigham and Women's Gyn Clinic. Our providers also participate actively on MIT departmental committees and initiatives as well as various Mount Auburn Hospital committees.

## Obstetrics and Gynecology Service Surgery and Delivery Statistics

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### Surgeries (July 1, 2004–June 30, 2005)

Gynecologic surgeries	49
Major	16
Minor	27
Missed abortion	6
Loop electrosurgical excision procedure (in office)	8

### Deliveries (January 1, 2004–December 31, 2004)

Total deliveries	141
Normal spontaneous vaginal delivery (including vaginal birth after cesarean [VBAC])	108
Vacuum assisted	9
Low forceps vaginal delivery	1
Operative vaginal delivery rate	7.1% (10/141)
Cesarean section rate	16.3% (23/141)
Primary	11.3% (16/141)
Repeat	5.0% (7/141)
Successful VBAC rate	36% (4/11)*
Mount Auburn Midwifery Associates patients	35 (25% of 141 deliveries)

### Outpatient visits (preliminary data for February 1, 2005–May 31, 2005)

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\*Denominator: Total repeat cesarian section plus VBACs (i.e., only those who could have been in VBAC category).

### **Pediatric Service—Jocelyn O. Joseph, MD, MPH, Chief**

With the retirement of Dr. Mark Goldstein, who provided 26 years of service to Cambridge and Lexington Pediatrics, we have been active in recruiting pediatric providers. We also anticipate hiring a registered nurse who will help us continue to provide high-quality health care to the MIT community. Moreover, we are proud that we passed a rigorous Department of Public Health survey for immunizations. Also, a parent satisfaction survey was conducted on asthma and this data was presented at the North American Nurse Research Conference in New York City in April 2005 as a poster session.

Pediatrics has begun a collaborative effort with Blue Cross Blue Shield sites to intensify identification of overweight children and assess motivation to change. We will provide in-office resources and make necessary referrals in order to effect a positive change in the rates of “at risk for overweight” and “overweight” children in our practice. We are using standardized instruments to assess eating habits and activity levels, as well as

laboratory testing when warranted by family risk factors or physical assessment of the child. In our program, we will identify and follow up on children at risk for overweight and children who are overweight.

MIT community outreach is provided through various activities. We are the health care consultants for MIT's on-campus child care centers, as well as the summer day camp. We are premedical advisors for MIT premed students. In addition, we have been precepting Boston College and U Mass Boston graduate nursing students, HMS medical students, and pediatric residents. Our group recognizes the need for diversity, and each year all faculty and staff have the opportunity to attend MIT's Dr. Martin Luther King Jr. Celebration.

### ***Surgical Service—Lawrence T. Geoghegan, MD, Chief***

#### *Orthopedics*

This service provides state-of-the-art arthroscopic and joint replacement surgery. There were over 4,200 clinic visits this year. Anthony Pasquale, NP, has joined the service and has become an integral component of the clinical service.

#### *Otolaryngology*

This service provides sinus surgery with computer image guidance, phonosurgery of the larynx, and microsurgery of the ear. Surgery is performed at the Massachusetts Eye and Ear Hospital and Mount Auburn Hospital.

#### *Urology*

There were over 1,200 visits to the urology clinic. Dr. James Ku has added two clinical sessions to his schedule, which provides more availability of urologic services. Laser prostatectomies for benign prostatic hypertrophy are now being done routinely. Laser ablation of kidney and ureteral stones is also available. The service sees a high volume of prostatic cancer and provides nerve-sparing prostatectomies. In addition, laparoscopic, hand-assisted nephrectomies have been initiated.

#### *General Surgery*

General surgery is performed at Massachusetts General Hospital (MGH) and Mount Auburn Hospital. Over 150 major surgical procedures and 200 minor procedures were done in the past year. The latest innovations in laparoscopic operations are available at MGH. There were 1,446 clinic visits this past year.

### **Administrative Activities**

Fiscal year 2005 has offered the administrative and operational areas an opportunity for rebuilding; recommitting to the support of and collaboration with the direct clinical services areas; refining, revising, and improving infrastructure systems and support; and continuing to work with the MIT controller and Budget Office to refine and sophisticate our financial monitoring and projections. With layoffs and budget reductions behind us and a year of level funding, we have once again had time for strategic and tactical planning.

***Information Systems and Medical Records—Shelagh Joyce, Director***

We continue to be at the forefront of utilization of the electronic medical record (EMR). Lab order entry and online prescribing are now highly encouraged. This has resulted in a utilization rate by clinicians of over 70 percent for both of these work flows. Recent statistics show that only 4 percent of physicians enter orders electronically throughout the country.

Another component of the Medical Department's e-health initiatives involved implementing a product called Patient Online (POL). Patients are encouraged to sign up for a POL account so they can exchange encrypted email with their providers, request appointments, get automatic appointment reminders, and submit demographic and referral change requests.

Last summer, Medical migrated to a new dictation vendor and voice recognition technology platform. The turnaround is now within hours after the provider dictates the initial note, providing important access to clinical information for all clinicians in a multispecialty practice, where a given patient may be seen by several providers within a given day or week. With this new technology, dictation costs have decreased by 60 percent, resulting in savings of over a \$100,000 a year.

We have implemented a key component of the department's business interruption plan, which improves our security: a storage area network (SAN). The SAN backup is continuous, so that at any given time there is a real-time mirrored picture of the data on the department's key servers.

During the year, clinicians, practice operators, and information systems staff participated in a root-cause analysis review (a concept borrowed from the clinical arena) with our electronic medical records vendors. The outcome of this analysis helped all parties in devising systems and procedures that should improve communication and monitoring systems to assure early alerts and quick action when systems problems occur. This is critical, as we depend more and more on the computer for our clinical activities. We will continue to monitor and update our processes and backup systems in the coming year.

Information Systems played a major role in streamlining and updating many business office work flows. Electronic remittances have been implemented for posting cash for Third-party carrier payments, which has improved the timeliness and amount of collections.

We have begun an update of the Information Systems strategic plan within the guidance of the Medical Department and MIT Information Systems strategic directions. We expect to finish this plan early in FY2006 and spend much of the year in implementation. At a tactical level, we will be transitioning the mental health service onto the electronic medical record, which will improve the coordination of care.

The many changes in our electronic medical records continue to challenge us to review work flows and workloads to assure that we continue to meet patient needs and that we are supportive and helpful to clinicians. These changes do improve the timeliness of

available patient information, offer the potential for greater coordination of care, allow for better tracking of patient follow-up and outcomes, and minimize certain types of errors.

### ***Operations—Deborah Friscino, Director***

#### *Ancillary Services*

Each of the ancillary services has been impacted by upgrades to the electronic medical record and related information systems changes. Clinicians now enter orders for lab tests directly into the patient's electronic record and the request is transmitted to the lab, eliminating the need for paper requisitions. As lab tests are completed, results are sent back to the clinical system electronically with a task indicating that results are available. This significantly decreases the turnaround time for lab results. Clinicians are able to make decisions about care in a more timely fashion. Work is under way to process X-ray requests this way also.

Similarly, over 80 percent of prescriptions written are now transmitted to the pharmacy electronically. Not only does this eliminate problems from illegible handwriting or use of inappropriate abbreviations, it allows prescribers and pharmacists to be notified of drug interactions, disease state contraindications, allergies, and incorrect dosing at both the time the prescription is written and when it is filled. A new component of Patient Online, a secure web-based computer application, will soon allow patients to view their medication lists online as well as to request refills from the pharmacy.

In addition to the increased transfer of information between systems, these enhancements enable staff members to track compliance and follow up on results. For example, reports can be generated to alert clinicians if tests ordered have not been completed. Results from outside tests or referrals can also be monitored more easily to be sure that information is received in a timely fashion.

#### *Patient Safety*

Issues of patient safety continue to be important. Both the lab and pharmacy completed a Failure Modes and Effects Analysis. This process allows areas to review systems to identify where errors or problems could occur. By doing this and through careful attention to detail by pharmacists, the error rate (less than 0.1 percent) continues to be significantly lower than is reported elsewhere.

Radiology successfully completed their annual Massachusetts Quality Standards Act inspection, which reviews compliance with both state and federal regulations. Receiving no deficiencies, we continue to be an accredited mammography facility. The lab just completed its interim College of American Pathologists (CAP) inspection, a self-evaluation done between biannual peer-reviewed inspections that documents compliance with standards for quality, clinical competency, and laboratory safety set by CAP.

#### *Improved Clinical Space*

The department received approval from the Committee for the Review of Space Planning to move forward with renovations on the third and fourth floors that will result in improved space for OB/GYN as well as an expanded area for Mental Health.

Construction, which will begin this summer, should be completed by the end of the year. We look forward to these improvements, which will allow us to have better flow for patients, including more appropriately sized waiting rooms, better privacy in waiting rooms, more exam rooms, and more group rooms for Mental Health. We will also be able to minimize locating administrative staff in clinical clusters. Long-range plans include upgrades to other areas of the building, and we hope to move forward on Phase 2 plans during the next year.

### *Security*

Work is currently under way to install card readers to a number of entrances throughout the building. When completed, there will be easy access to the building for patients on the first and second floors but restricted access from E25 on upper floors. The added security will provide for fewer access points into the building and will hopefully minimize theft and threats to staff safety, both of which unfortunately seem to be increasing.

### ***Marketing and Communications—Maryann Wattendorf, Manager***

#### *getfit@MIT*

MIT Medical Marketing and Communications worked with staff from the Center for Health Promotion and Wellness and IS&T's Web Consulting Services to develop and implement a 13-week campus-wide fitness challenge, *getfit@MIT*. Team members brought together expertise in public health, communications, and technology to launch a program designed to improve the health and fitness of the MIT community.

The program was exceptionally well received, with over 1,200 members of the MIT campus and Lincoln communities participating, including faculty, students, administration, and support staff. Participants reported they were very pleased with the program, both with the fitness component and the increased sense of community that the team-based program helped to foster. This program increased nonclinical contacts and links between MIT Medical and MIT community members.

Survey results from program participants indicate strong support from the MIT community for continuing the program next year. Some sample comments taken from the survey follow:

*"I think it was terrific that it was one competition for the entire MIT community with no divisions between students/faculty/staff. That kept us all 'on the same team' so to speak, regardless of our age or abilities."*

*"Thanks for the motivation, and I plan to continue my healthy new exercise habit. I quit smoking last year . . . and started gaining weight. Thanks to get fit, I've lost the weight, put on muscle I never had before, and the cigarettes are still history! Thanks for helping me take the many steps in the right direction (pun intended!)."*

*"Everyone on campus was talking about this all the time and it brought a lot of community together; researchers, support staff and faculty. A wonderful event for building and maintaining MIT community."*

“It really helped—and helped department morale, too. These sort of things are what makes MIT a really great place to work.”

### *Website Updates*

MIT Medical’s website, <http://web.mit.edu/medical/>, was updated with the addition of Patient Online. We also added a new section, Student Quick Links, <http://web.mit.edu/medical/student/index.html>, containing frequently asked questions and tips developed in partnership with the Student Health Advisory Council.

### *Publications and Advertising*

The MIT Medical newsletter, Health@MIT, was transitioned to a new online format at <http://web.mit.edu/medical/mithealth/summer2005/>. The new format reduces costs while enabling us to publish more in-depth articles and interactive tools.

Working with a team of students and staff from the Center for Health Promotion and Wellness, we published a health advice column, “Ask a MedLink,” twice per month in *The Tech*.

### ***Financial Services—Mary Murray, Manager***

The collaborative effort that was initiated during the last half of FY2004 with the Controller’s Office and the Office of Finance (formerly the Office of Budget and Financial Planning) continued throughout FY2005. In addition to the regular review of financial operations of the Clinical Services, this combined group evaluated costs (direct and indirect) per visit, the use of the bursar’s and SAP system for medical billing and the increased use of credit card payments at time of service, pharmacy costs and operations, an extensive review of capital needs of the medical services, and an ongoing effort to develop a capital budgeting process for the department. Members of this group have also been part of the Medical Department’s team that is instrumental in supporting the needs of the Medical Task Force, which was named by the executive vice president to review the Medical Department Clinical Services and their relationship to the MIT from operational, community, and financial perspectives.

FY2005 was a period of considerable staff rebuilding and systems and operational changes in the billing office. The effort began with revised work flows in the billing office, including provider credentialing, patient registration efforts, accuracy and completeness of data collected, and an improved throughput and follow-through on claims filing and self-pay billing, while always working to maintain compliance with regulatory standards. Next steps involved a more intense focus, department-wide, on the recording of medical visit detail and billing and collection efforts from third-party payers. Particular emphasis was directed at provider training, which was presented as dedicated sessions for review of third-party payer guidelines, encounter form completion, and record note documentation. The process has yielded improved data collection as well as improved external income collection from third parties and patients, both of which are evident in the year-end position of the Clinical Services. We anticipate that this work will continue into FY2006.

***MIT Health Plans—Eileen O’Keefe, Manager***

During FY2005, the goals of the MIT Health Plans (Traditional, Flexible, Student Extended Insurance, and Affiliate Extended Insurance Plans) were to focus on improvements in service to our members and internal customers and to continue to improve financial analytical and reporting capabilities.

A staff position was created to concentrate on student insurance enrollment and Massachusetts state regulatory requirements for registered students. The student enrollment specialist is the primary contact for students, with deans’ offices, administrative officers, and program directors providing assistance and coordinating orientations as needed. In FY2005, MIT Health Plans assisted the Department of Athletics, Physical Education, and Recreation in developing a system to comply with NCAA insurance regulations and reporting requirements for MIT student athletes.

Two new direct contracting arrangements for MRI and CT scan services were entered into during FY2005. These contracts not only provided guarantees of quick access for our members, they also limited the out-of-pocket expense for students for tests that historically have significantly higher costs associated with them. Direct contracting efforts will continue as opportunities arise. As we continue to enter into these arrangements, the Health Plans will work collaboratively with the Medical Department’s Information Systems staff to review system capabilities and needs to ensure the most efficient and cost-effective processing system possible.

As part of the Medical Department’s Information Systems strategic planning process, an in-depth review of the Health Plans’ information system needs and processes began in FY2005. With the upgrade to the MIT Student Information System (MITSIS) platform currently under way at the Institute, Health Plans decided to migrate as many MITSIS programs and functions as possible from MITSIS to IDX. The review of processes within the Health Plans has resulted in an initiative to restructure and automate the referral process.

The referral process for patients and clinicians was highly manual and paper intensive. With the migration to electronic medical records, there were suggestions from patients and clinicians that we modernize this process. With the help of a cross-functional departmental team, we have been able to implement a new referral process that will minimize the use of paper while taking advantage of system capabilities not previously utilized. We also are able to provide more timely responses to both patients and clinicians. In addition to improvements in the referral process, reporting has been reconfigured to allow more flexibility and greater access to the data by more fully developing the reporting software available to Health Plans. We will continue to monitor developments in the electronic medical record to assure that we are maintaining the full advantage of systems capabilities for the Health Plans functions.

### ***Performance Improvement Program—Ruth Fishbein, Director***

The Performance Improvement Program performs the following functions:

- Includes all clinical activities and administrative systems that affect patient care.
- Establishes quality of care and patient safety as high priorities.
- Evaluates performance, using indicators that measure the process and outcome of clinical activities and administrative systems to recognize and to solve problems.
- Identifies opportunities to improve performance of the clinical activities and administrative systems and especially to recognize opportunities that cross service areas that are high risk, high volume, or problem prone.
- Encourages the involvement of employees, managers, and medical staff at all levels of MIT Medical.
- Demonstrates that improved performance enhances timeliness, safety, effectiveness, efficiency, and efficacy of our patient care activities while improving availability and appropriateness of services to our patients.

### ***Collaboration, Communication, and Coordination of Care***

We are enhancing communication between specialists and primary care providers in the following ways:

- Provider use of electronic medical record “tasking” to communicate significant findings.
- OB/GYN service support staff/provider pilot project to track internal priority referrals.
- Enhanced capacity to track and follow up on external referrals using the electronic medical record order entry system.
- Eating Disorders Team: The multidisciplinary Eating Disorders (ED) Program continued to work on improving the referral and treatment system. Activities included MIT Medical clinical staff training, distribution of the ED quick reference tool, regular ED clinical rounds, development of MIT Medical website link for ED resources, and collaboration with MIT community (e.g., the Dean’s Office and the Zesiger Center for Sports and Fitness) to assure effective communication and collaboration. The team is currently evaluating the program to look at effectiveness and quality.
- Referral Process Improvement Team: This team was established in December 2004 to design and implement an improved referral process that both the patient and staff experience as smooth, predictable, efficient, and effective. As of June 2005, a “new” paperless referral process has been rolled out across MIT Medical. The effectiveness of these changes will be evaluated over the next three or four months.
- TouchWorks (TW) Root-Cause Analysis Team: In October 2004, an electronic medical record system slowdown developed that culminated in a near crisis in January 2005 when TW response time was severely compromised and end-user work flow was impeded. In an effort to understand the causes of this undesired outcome and prevent recurrence, MIT Medical staff and the TW vendor staff undertook a collaborative root-cause analysis using a methodology employed at

NASA. The team completed its work in May 2005, which resulted in important vendor and MIT Medical system changes/improvements.

- MH service migration to EMR: After addressing important confidentiality and privacy issues, migration is in progress and should be completed by 9/1/05.

### *Patient Safety*

Patient safety is being enhanced in the following ways:

- Failure Modes and Effects Analysis (FMEA): MIT Medical completed two FMEAs this year. The first focused on identifying potential risks associated with the prescription filling process in the pharmacy. Critical risk areas were identified and addressed. Data review/analysis is under way to determine the effectiveness of this initiative. The second FMEA focused on reducing potential risks in communication of critical lab values. Policy and procedures were changed to improve direct communication between the lab and providers. Training and implementation are in process.
- Medication safety: The past year focused on the transition to electronic prescribing. As of June 1, all prescribing must be electronic. Most recent data indicates ~80 percent compliance. Outlier issues are being addressed.
- “Do not use” abbreviations: There has been a steady increase in compliance with the “do not use” abbreviation policy over the last five months; current compliance based upon a sampling audit is 92 percent (up from 79 percent in February 2005).
- Annual safety training (October/November, 2004).
- Annual patient safety opinion survey (October/November 2004).
- Safety and risk management orientation for all new employees.
- Incident reporting: There have been no sentinel events this year. The program focus is on developing a blame-free, safe environment to support incident reporting.
- Patient Advocate Program: Database development enhanced reporting and trend analysis capacity.
- Collaboration with CRICO/RMF (malpractice insurance carrier): Director of Performance Improvement/Risk Management is a member of CRICO/RMF Patient Safety Action Group.
- Clinical Care Evaluation Program (CCEP): The MIT Medical CCEP was established this year to maintain and, where indicated, improve the competency of MIT Medical providers and enhance clinical quality for MIT Medical patients. The CCEP is part of MIT Medical’s Patient Care Assessment Program and uses a broad-based approach that focuses on learning, development, mentoring, and celebrating successes, not just identifying and addressing deficiencies or problems. The CCEP addresses systemic as well as provider-specific practice issues. These activities are protected as peer review activities to the full extent available under the law. CCEP activities included the following:
  - External expert case reviews
  - External expert mentors
  - Clinical education programs (e.g., prevention, early identification, and treatment of impaired providers; colorectal cancer screen algorithm)

### *Patient Satisfaction*

MIT Medical continues to use the services of Press Ganey (PG), a national patient satisfaction survey company, to monitor patient satisfaction. Aggregate survey results inform service/system development. Individual provider data is used to inform annual performance evaluations. In an effort to increase student survey response, MIT and PG worked together during the summer of 2004 to develop electronic surveying capacity for students. This program was initiated in September 2004. Electronic surveying did not result in increased patient response and was discontinued as of June 2005.

### *JCAHO Accreditation*

MIT Medical is preparing for its triennial survey expected in fall 2005. This accrediting group has made significant positive changes in their survey process. The new survey process is patient- and patient safety–focused and looks for continuous compliance. All MIT Medical staff are engaged in a variety of preparatory activities, including conducting “mock tracers” mimicking the actual survey process to assess current compliance, identify areas for improvement, and make needed changes.

### **Center for Health Promotion and Wellness**

In FY2005, the Center for Health Promotion and Wellness (CHPW) worked to more efficiently improve the health and wellness of the MIT community by expanding our role in community health program planning in coordination with other services in the medical department and other departments on campus. We engaged students, staff, faculty, retirees, health plan members, parents, and alumni in the active pursuit of healthy living. A snapshot is presented in “CHPW in Narrative and Numbers” below.

Our 20-plus types of services and programs—and this report—are grouped in several main areas: center administration, chronic disease prevention, coping/stress, sexual health and relationships, and peer education.

While CHPW is a service of the Medical Department, we appreciate the substantial support of the Dean for Student Life and the generous collaboration of all the departments in the Division of Student Life.

### ***CHPW in Narrative and Numbers: Sample Results of Program Evaluation***

- Number of *MIT Oasis* Relaxation CDs distributed: 1,600
- Number of MedLink to student interactions this academic year: 637 (up from 386 last year)
- Number of Study Break Kits distributed: 200
- Number of community members participating in our CPR or First Aid classes: 113
- Percentage who found the Nutrition Study Break useful: 82
- Percentage of additional residences with a MedLink representative: 30

- *MIT Oasis* Relaxation CD
  - “Can I just say that your CDs have gone over very well? I was wondering if I could possibly have 10 more. I do not even have my copy because I gave it to someone in need.”
- Women’s Health, Women’s Lives
  - “Talking things through made me realize that I wasn’t alone in the way I was feeling about balancing academics and my career with family life.”
- MedLinks (online interaction log submission)
  - “A student who had been on large doses of caffeine was now trying to break from caffeine and was constantly shaking as well as having trouble concentrating. I referred him to a study by John Hopkins— ‘Caffeine Withdrawal Recognized as a Disorder’ — which includes a step by step plan to reduce caffeine intake to reduce the majority of the withdrawal symptoms he was experiencing. If he had any additional questions or if his symptoms worsened, I gave him information about a resource at MIT Medical.”
  
  - “After one of my classes, a student approached me and asked if I was a MedLink. She wanted to know if pregnancy tests at MIT Medical were free and if she needed a prescription for the morning-after pill. I answered her questions and told her I could provide her with a pamphlet about these resources upon return to the dorm. I also referred her to the sexuality educator, Laura Stuart.”
  
  - “The roommate of someone on my hall came to get me stating that his friend had been out and came home intoxicated. He was sweating, agitated, yelling for help and crying. I asked the student to call 100 immediately and to notify the GRT and I went to the student to try to calm him down until help arrived. They arrived quickly and his roommate and I gathered his wallet, ID/keys and a change of comfortable clothes for him to take to the Medical Center.”

***Center Administration: Policy Development, Program Management, Evaluation, and Cross-Campus Coordination***

- Expanded advisory role in support of the development of health and wellness–related policies and cross-disciplinary programs:
  - o Eating disorders/overexercise
  - o Sexual Assault
  - o Healthy Eating
  - o Suicide Prevention
- Health Education Library very active; about 35 books, videos, DVDs checked out each month; extra copies of sensitive-topic materials distributed through health educators. Title list made available to clinicians on the electronic medical record.
- Continuation of collaboration for Residence-Based Advising program at McCormick Hall and Next House, a joint project with Student Life Programs and the Academic Resource Center.
  - o Coordinated and facilitated training for 22 undergraduate resident associate advisors in two dorms

- o Facilitated three health-related in-services for resident associate advisors (RAAs) during academic year
- o Provided guidance, support and/or facilitation for health-related residential programs planned by RAAs
- Coordination with Dean for Student Life (DSL)
  - o Sexual assault guideline development
  - o Overexercising policy with DAPER and Health Fitness Corporation
  - o Personal Care Team DSL–student-Medical Department communication
  - o Campus dining
  - o Critical incident stress management assistance

### ***Chronic Disease Prevention***

#### *CPR and First Aid Training*

CPR and First Aid courses were offered quarterly. Four departmental trainings were conducted with the Office of Corporate Relations, the Clinical Research Center, and the Department of Materials Science and Engineering. One of each of the following courses was offered to the MIT community: Basic First Aid, First Aid w/Adult CPR and Child and Infant CPR. These American Heart Association classes spend time educating participants on the most common causes of life-threatening emergencies in adult and pediatric populations. Time is spent on prevention and risk factors, as well as life-saving skills. Some 113 members of the MIT community were trained in CPR and/or First Aid. These courses help make MIT a safer community. Here are some of the comments from the participants: “Julie was lively and entertaining as well as extremely knowledgeable.” “Excellent instructor, best course I’ve had at MIT Medical so far.” “Wish this course was part of standard pre-natal classes; I feel less anxious about what can go wrong. . . . I feel prepared.”

#### *Wellness Classes/IAP*

There were 18 IAP sessions, averaging 20 participants per session, with approximately 360 participants total.

Wellness class sessions were offered in the fall, winter, and spring; each session was 10 weeks long and approximately 8 classes were offered per session, with approximately 12 participants per class.

Parenting classes continued to be offered on a weekly basis. Childbirth preparation classes were offered beginning every month, and infant care classes were offered monthly as well.

Health lectures were offered (one talk per month) on campus and at Lincoln Lab.

We provided consultation to Haystack Observatory on health promotion program planning.

### *getfit@MIT*

We worked on a team with the MIT Medical Marketing Department, DAPER, and other services to conduct wintertime fitness challenge, resulting in 1,200 people on 175 teams recording over 4 million minutes of exercise.

### **Nutrition: Eating Healthy @ MIT**

Improving the nutrition of the MIT community is a priority at the Center for Health Promotion and Wellness. Good nutrition allows for improved concentration and academic success, strengthens immune systems, maximizes athletic ability, and reduces the risk of illness and disease.

Our approach to addressing this issue is three-pronged; identifying high-risk populations, developing programming and materials to increase awareness, and environmental assessment and change.

Each subset of the student population has unique needs and barriers to optimal nutrition. We have developed workshops and materials to address these needs for the following populations:

- Athletes
- Women
- Students not living in a dorm with a mandatory meal plan
- Students living on the east side of campus with limited dining options
- Students needing guidance on how to eat healthfully with little time and money

In collaboration with Dining Services, the health educators worked to visit every dining facility considered part of the MIT community (places that accept TECH CASH) and the food trucks, evaluating each on the following criteria:

- Availability of whole grains
- No trans fats (plant oils used for cooking)
- Availability of sources of vegetarian protein
- Availability of fresh fruits and vegetables
- Nonfat or low-fat dairy used in cooking

These findings will be used in two ways: (1) to create a report that will be distributed to all MIT dining services and independent vendors. The report will allow them to see where they rank based on our criteria and provide specific recommendations for improvement. (2) The creation of *How to Eat Healthy at MIT*, a student handbook for navigating the dining choices all over MIT. This will give a brief example of the components of healthy eating and offer specific strategies and tips for approaching every dining facility, convenience store, and food truck on campus. It will include breakout sections on healthy snacking, quick breakfast ideas, coupons, and an index map of all dining locations.

Upon completion of both items, we will meet with the stakeholders and work on areas of improvement. Annual updates to both items will be made to track progress and address new issues, concerns, and/or successes.

We have done nutrition programming for dorms, independent living groups, sororities, student groups, athletic teams, graduate students, and departments/offices. Some of the workshops developed cover topics such as

- Portion control
- Eating with no money and no time
- How to prepare and repair for workouts
- Dispelling diet myths
- Finding an eating plan that works for you
- Eating for academic and athletic performance

For every program offered we have seen two or three requests for one-on-one consultations. This topic often is an entryway for identifying unhealthy or high-risk behaviors and attitudes around food. Several students with eating concerns or dysfunctional eating were identified and connected to appropriate resources based on this programming and the subsequent consultations.

## ***Coping and Stress***

### *Eating Disorders*

- MITHIS virtual resource center created online
- Making Peace with Food therapeutic group launched

### *Relaxation/Stress Management*

- Yoga
  - o Westgate: helped set up on-site yoga classes
  - o Eastgate: helped set up on-site yoga and Pilates classes
  - o 87% said yoga class helped them feel more relaxed
  - o 43% said it helped them manage stress
  - o 100% of participants said they would recommend the class to a friend
  - o Yoga program for Spouses&Partners@MIT was the most popular event of the year and the most requested for next year.
- *MITOasis* relaxation CDs: Distributed 1,600 CDs. Feedback from the community: "I picked up the CD and listened to and followed the 'introduction and restorative yoga' part. It was very relaxing. Thanks so much for creating the CD, and for leaving one for me in the main desk. I really appreciate it" (from a graduate student). "I stopped by this morning and picked up 3 copies of the CD. Thanks so much! I had a chance to listen to the CD; you did a fantastic job with it. What a great resource for the students!" (from a Mental Health Service clinician).
- Train-the-Trainers Program dissemination: Distributed 200 "Study Break ToolKits" on sleep, stress, and nutrition. Aggregate student evaluations: 78% said they found the sleep study break useful; 20% said they found it very useful; 95%

said it gave them information about how sleep affects performance; 83% said it gave them information about how to get help with stress and sleep issues. For the nutrition study break, 82% said they found it useful; 18% said they found it very useful; 100% said they learned how to get more information on how food affects mood.

- Screenings
  - o Depression Screening Day and awareness activities reached over 400 people this year, and student screenings increased 400% from 2003.
  - o Anxiety Screening Day was launched for the first time in 2005.
- Research
  - o Two presentations accepted at the 2004 New England College Health Association Conference: Mental Health 101 for Health Educators, and Health Promotion Administration.
  - o Mental health educator position is a model for Cornell and Princeton, and we have been consulting with them about this cutting-edge role in college health.
  - o Participant in multicollge adaptation of USAF Suicide Prevention program
- Student Health Advisory Council
  - Mental Health FAQs: Everything you wanted to know about mental health but were afraid to ask. We developed these panel discussion–style study breaks as a partnership among the residences, the doc in the dorm program, the SHAC, and our office. They were piloted at Pika, Random Hall, and East Campus and were highly praised by students. They created a collaborative model for using the SHAC FAQs to help students meet clinicians from our Mental Health Service, ask anonymous questions, and hold frank discussions about how to seek help.

### **Sexual Health, Relationships, Women's Health, and LGBT Issues**

The Freshman advising seminar “Women’s Health, Women’s Lives” enrolled six female McCormick students who planned a retreat, “Being a Woman Student at MIT,” for 20 additional students. The seminar was awarded a competitive “First Year Experience” grant of \$1,500 to continue offering the retreat in AY2006. It is a collaborative effort with the MIT Women’s Studies Department and the Academic Resource Center.

A partnership between CHPW, DAPER, the Public Service Center, and the Lifetime Empowerment and Awareness Program Self-Defense was initiated this year. Eighteen female MIT students received physical education points for completing a self-defense training course. Five of these students went on to teach self-defense classes to grade school, middle school, and high school students in Cambridge and surrounding areas, supervised by a CHPW staff person.

CHPW staff collaborated in the organization and facilitation of the second Lesbian, Bisexual, Gay, and Transgendered (LBGT) Leadership. A three-day skill-building event for 16 undergraduate and graduate student leaders was held. CHPW staff also assisted with regular staffing of the Rainbow Lounge and drop-in counseling for students there, as well as facilitating or supporting seven different events focused on LBGT issues. CHPW staff also served on the LBGT Issues Group Steering Committee.

CHPW collaborated with the student production of *The Vagina Monologues* to provide Mental Health staffing during each of three performances and a sexual health information table during the “Vagina Fair” before each performance. The cast and crew of the show honored health educator Laura Stuart as a Vagina Warrior—someone who has promoted women’s health on campus—during their final performance.

Sigma Kappa (SK) sorority selected health educator Laura Stuart as their faculty advisor during second semester. Conducted sexual decision-making workshop for all 70 Sigma Kappa sisters, wrote weekly email message to SK list answering sisters’ questions about sexual health, and coordinated end-of-year outing for SK sisters.

CHPW Began separate sexuality library, housed independently from the Health Promotion library due to mature content. Able to provide written resources on-the-spot during student consultations about sexuality issues.

Staff engaged in more than 40 individual sexuality-related or body art-related consultations via office visits, phone calls, or email; and more than 20 sexuality-related or body art-related programs for residences, academic classes, and student groups.

### **Peer Education: MedLinks**

- Program continues to be strengthened by the addition of CPR/First Aid training and over-the-counter medication
- Improved program focus and achievement: Interactions continue to almost double each year; we hope to continue to build recognition and reduce barriers to students accessing the services of MedLinks.
  - o AY2005: 637 total interactions
  - o AY2004: 386 total interactions
  - o AY2003: 152 total interactions
- We have increased our coverage of MIT residences with at least one MedLink by 30 percent; we now have MedLinks in 27 dorms and fraternities, sororities, and independent living groups (FSILGs). We will continue to reach out to the FSILGs and work to spread MedLinks out within the residences to improve access.
- This year the “Ask a MedLink” column continued addressing topics of student concern in The Tech. Students worked closely with clinical and marketing staff at MIT Medical to answer questions submitted by peers surrounding health and medical topics. This upcoming year, students will work to build readership and question submission in the following ways:
  - o Advertising/promotion: PowerPoint presentations in Infinite Corridor, posters, sponsored events, etc.
  - o The MedLinks web page will develop a searchable section of previously answered questions, to be launched in fall 2005.
- Association of Student Activites (ASA) planning process: MedLinks leadership underwent strategic planning sessions with M. Kirkbride to evaluate the program mission and objectives and clarify roles and responsibilities for moving forward with the ASA application process. Government elections, constitution creation, and ASA application submission will all occur in fall 2005.

- Campus survey: In the spring of 2003, prior to implementing the CPR, First Aid, and OTC distribution components of the program, a campus survey was conducted to measure current awareness and utilization. We also collected data on what health issues were of most concern to MIT students. This spring we conducted a follow-up survey to track our progress and monitor student health concerns. Upon analysis of the data, the following trends and areas of interest were determined:
  - o When asked if they were familiar with the MedLinks program; those that strongly agreed or agreed with that statement increased by almost 15%.
  - o There was a 30% increase in the number of students reporting they had gone to a MedLink for assistance.
  - o Students were much more likely to visit MedLinks that were acquaintances and strangers (as opposed to only going to a MedLink if they were a friend) than two years prior.
  - o The number of students who reported knowing that MedLinks can provide over-the-counter medications increased by almost 30%.
  - o 20% more students were aware of MedLinks distributing condoms within their residences.
  - o We will be able to use this data to determine utilization gaps by gender, class, residence (dorm vs. FSILG), etc.
- Campus Outreach Events:
  - o Stress LESS packets—May 14, 15, 16: Free care packages from MedLinks and the Center for Health Promotion and Wellness. Kits included healthy snacks and tips on nutrition, time management, and stress reduction for getting through finals. Approximately 400 kits were distributed by MedLinks in their individual residences.
  - o Safe Spring Break Booth—March 16 and 1—Lobby 10 and the Student Center: As students geared up for spring break, MedLinks helped to make sure people were well prepared to make the most of their fun. At the booth, MedLinks handed out 400 packets, each containing band-aids, antibacterial ointment, sun block, pain relievers, Pepto-Bismol, condoms, and info to help students have a safe spring break.
  - o MedLinks and Friends charity dating auction—March 12—Room 6-120: On a Saturday night in March, MIT Medlinks and friends held a dating and silent auction to raise money for the Boston Area Rape Crisis Center. Students and other members of the MIT community met in the lobby outside of the auctioning room to enjoy snacks, view the Clothesline Project, and participate in the silent bidding. The silent auction included such donated items as a yoga class for six, a CPR class for six, a custom-made scarf, a key-lime pie, and a first-aid kit. At 10:00 sharp, the second half of the evening began, featuring the less-traditional but immensely entertaining dating auction. This is a popular fund-raising activity at MIT and the MedLinks hoped it would prove successful—and indeed it did: This year’s auction raised \$715.
  - o MedLinks Nourish Your Mind/Nourish Your Body booth—March 3—Lobby 10: healthy eating tips, eating on a budget, eating disorder information, giveaways, raffle for free massage, and more

- o “Be Yours” V-day Booth—February 14—Lobby 10: MedLinks are handing out “self-love” baggies that include lube, a candle, chocolate, and tips on masturbation on homemade valentines. Two of these baggies will have gift certificates for the grand opening of the sexuality boutique hidden in them. Students will also have the chance to decorate their own sugar cookies at the booth.
- o World AIDS Day Booth—December 1—Lobby 10: Along with many members of the MIT community, MedLinks participated in an annual event that recognizes World Aids Day. Members staffed a booth in Lobby 10 to provide information about AIDS and hand out red ribbons, pamphlets, and condoms.
- o Breast Cancer Awareness Day Booth and Panel Wellness Fair Booth—October 26 and 28—Lobby 10 and Bush Room: MedLinks handed out pink ribbons, mints, pamphlets on self-exams, and other breast cancer information.
- o Send a Smile!—October 5 and 6—Lobby 10: To promote awareness of National Depression Screening Day on October 7, MedLinks and the Center for Health Promotion and Wellness are sponsoring a booth that allows students to send a smile to a friend. Each package, including a smiley lollipop and information pamphlets on signs of depression and how to help a friend with depression, will be delivered to the living groups by MedLinks.

**Julie Banda, MPH**

**Susanna Barry, MEd**

**Maryanne Kirkbride, MS/MBA, RN**

**Deirdre Neylon, MA**

**Elizabeth Rice, BS**

**Laura Stuart, MPH**

*Additional information about the Center for Health Promotion and Wellness can be found online at <http://web.mit.edu/medical/a-center.html>.*

## **Clinical Director for Campus Life**

### ***Center for Health Promotion and Wellness***

- Promoted two assistant health educators to health education positions.
- Assisted two staff with career development activities.
- Reconfigured a position to serve the high-priority need identified in the FSILG communities.

### ***Development***

- Submitted a grant to the Justice Department to fund sexual assault prevention activities across campus.
- Participated in grant development with the Harvard School of Public Health and Childrens Hospital for a project to use a personal health records program to deliver time-sensitive infectious disease prevention information to members of the MIT community.

### **Community Health**

- Drafted vision for community health programming at the Medical Department that was included in the strategic initiatives for FY2006.
- Researched best practices for workplaces, campuses, and civic communities with regard to public and community health promotion activities.
- Began to establish an interested constituency to further advance population-based health and wellness initiatives including DAPER, Human Resources, DSL, EHS, the Undergraduate Association, the Graduate Student Council, and MIT Police.
- With student leadership, began the development of a Heartsafe Community program for public access defibrillation.
- Continued oversight of the MIT Emergency Medical Service, which made over 600 calls and saved the department a minimum of \$50,000.
- With student leadership, supported the first full year of the Student Health Advisory Council (SHAC):
  - o Developed the Student Quick Links in partnership with our Marketing Team.
  - o Developed the Mental Health FAQs, answered by the Mental Health and CHPW staff, in response to student concern about hospitalization.
  - o Participated in the Mental Health FAQ presentations with a psychiatrist and health educator at several residences.
  - o Piloted, evaluated, and improved the Wellness Seminar residential program.
  - o Developed and ran the “Turn the tables: Examine Medical” event in the Bush room with over 300 attendees (in collaboration with many clinical and administrative staff).
  - o Developed the orientation T-shirt, with strong support from the Marketing Team.
  - o Provided student leadership and advocacy in helping other students frame and present concerns about the Medical Department.
  - o Provided ongoing expert student advice to the clinical director for campus life and other medical staff.
  - o Presented the student voice and SHAC activities to the clinical coordinators, staff lunches, the Executive Committee, and the Medical Management Board.

### **Community Relations**

- Provided leadership to an MIT Medical initiative responding to several students with an organized negative response to care.
- Attended numerous events on the department’s behalf.
- Served as a member of the Dining Board, the Committee on Work and Family, the Compton/Steward Award Committee, and others.
- Served as a bridge and liaison to various MIT communities identifying messages that needed communicating to various constituencies and methods for communicating them, working closely with our marketing department.

***Performance Improvement***

- In response to ongoing concerns and organized student concerns about communication, researched and proposed a plan for improving patient-provider communication, in collaboration with SHAC and MIT Medical leadership.

**Maryanne Kirkbride**  
**Clinical Director for Campus Life**

**FY2005 Appointments, Promotions, and Terminations*****Appointments***

Marilyn Donovan	Triage Nurse	7/1/2004
Chandra Fontair	Triage Nurse	7/1/2004
Lisa Owens	Chief X-ray Technologist	7/12/2004
Richard Arnold	Nurse Practitioner	7/19/2004
Annette Toomey	Nurse	9/1/2004
Celene Barnes	Psychologist	10/01/2005
Lisa Bosley	Clinical Nurse Specialist	10/5/2004
Maya Hanelin	Social Worker	11/1/2004
Nicole Napier	Clinical Coordinator OB/GYN	11/1/2004
Catherine Wang	Dentist	12/1/2004
Deborah Fugazzotto	Manager, Billing and Regis.	1/1/2005
Anthony Pasqualone	Nurse Practitioner	2/1/2005
Donna Yvette Westlake	Psychiatrist	6/20/2005

***Promotions***

Christine Stella	Nurse Practitioner	9/01/2004
Ruth Fishbein	Director of PI/Risk Management	9/01/2004
Winnie Dansby	Director of Human Resources	9/01/2004
Kristine Ruzycycki	Chief of Nursing Services/ Director of Student Health Services	10/1/2004
Chana Wasserman	Chief of OB/GYN	1/1/2005
Jocelyn Joseph	Chief of Pediatrics	6/1/2005

***Terminations***

Rudy Spaulding	Enrollment Administrator	9/17/2004
Jay Afrow	Chief of Dental Services	2/28/2005
Deborah Asumadu	Triage Nurse	7/23/2004
Alexandra Beckett	Psychiatrist	3/4/2005
Deborah Brown	Nurse Practitioner	9/3/2004
Marianna Castells	Allergist	12/27/2004
Melanie Duplaga	Dentist	10/1/2004
David Reisen	Psychiatrist	7/1/2004

***Layoffs***

Ellen Branfman	Audiologist	8/30/2004
John May	Manager, Enrollment and Benefits	9/09/04
Peter Kassel	Psychologist	9/30/2005
Suze Prudent	Psychologist	9/30/2005
Alex Milne	Billing Supervisor	10/21/04
Lemercier Augustin	Billing Specialist	10/28/04
John Boyd	Neurologist	1/7/2005
Lois Eichler	Psychiatrist	4/23/2005