**To:** Committee on Faculty Welfare

**From:** Member Dan Cooke and Analyst Kristie Tappan

**Date:** November 3, 2021

**Re:** Understanding UCSF’s Hardware, Software, and Data Management Strategies

We are interested in having UCSF IT leaders come to a meeting to answer questions about IT and faculty well-being. Here is a list of questions that D. Cooke raised. What would the committee like to add to the list? Are there questions that we should clarify or refine?

1. There are a number of automated imaging interpretation and organizational aides for the management of acute stroke (e.g. IschemiaView, VizAi). As a user of these products, I am asked to evaluate them and help in securing their funding through trial mechanisms, grants, and/or departmental/medical center resources. The product(s) are then used by many other groups (e.g. Neurology, Neurosurgery, etc.) who may or may not have had input on the vetting process. How does this work for more systemwide IT? I would assume there are multiple software options across consumer fields like video conferencing, HR, accounting, inventory, or scheduling/tracking to name a few.
2. As to platforms for which UCSF and UC advertise, are there strategies that can be shared as to how the brands are displayed (e.g. Facebook, Google, etc.)?
3. How are issues of compatibility between UCSF and UC software meted out in relation to vendors' software and hardware requirements? For example, I have experienced compatibility issues between Apple software upgrades and UCSF IT permissions.
4. How are individual and group user data shared with the private companies UCSF and UC contract with as it relates to IT services and products?
5. Does UCSF/UC have a strategy for how AI products will be vetted and introduced into the system?
6. Does UC/UCSF have an IT ethics committee or ombudsperson that helps assess the impact of technology on the health and wellbeing of its users? The COVID-19 pandemic further blurred the line between work and homelife for all of us with many UC employees working entirely from home. We are able to access the EMR, medical imaging, email, conferencing, and other work-related technologies from our phones such that separation from UC requires either a strong personal resolve to do so and/or the absence of internet connectivity itself. As such, cultural norms around job-related productivity continue to change and not surprisingly the prospect of endlessly working, whether real or perceived, may have negative effects on the community.