About UAMS

The University of Arkansas for Medical Sciences (UAMS) is part of the University of Arkansas System. UAMS has about 2200 students in six academic units: the Colleges of Medicine, Pharmacy, Nursing, Health Related Professions, and Public Health and the Graduate School. UAMS also has more than 660 resident physicians completing their training at UAMS or at one of the seven Area Health Education Centers around the state.

UAMS combines the patient care resources of a state-of-the-art hospital and outpatient center with the Arkansas Cancer Research Center, Harvey and Bernice Jones Eye Institute, Donald W. Reynolds Institute on Aging, Myeloma Institute for Research and Therapy, and Jackson T. Stephens Spine and Neurosciences Institute. Arkansas Children’s Hospital and the Central Arkansas Veterans Healthcare System are affiliates of UAMS.

The outreach efforts of UAMS include seven Area Health Education Centers (AHECs) in Fayetteville, Pine Bluff, El Dorado, Texarkana, Fort Smith, Jonesboro, and Helena, Ark.; networks of senior health centers and centers for young children with special health care needs; and interactive video education and medical consultation services to community hospitals around the state. UAMS is the state’s largest basic and applied research institution, with more than $107 million in annual research funding, grants and contracts and internationally renowned programs in multiple myeloma, aging, and other areas.

One of the largest public employers in the state with almost 9,000 employees, UAMS and its affiliates, Arkansas Children’s Hospital and the Central Arkansas Veterans Healthcare System have a total economic impact in Arkansas of about $4.1 billion per year. UAMS receives less than 11% of its funding from the state. Its operation is funded by payments for clinical services (64%), grants and contracts (18%), philanthropy and other (5%), and tuition and fees (2%).

The main campus is located at 4301 W. Markham Street, Little Rock, Arkansas, 72205. For more information call (501) 686-7000.

A Brief History of UAMS  Mission Statement

University of Arkansas for Medical Sciences
4301 W. Markham St., Little Rock, AR 72205

To Make an Appointment Call the Appointments Center at: 1-501-686-8000 or 1-800-942-8267
For Patient Information/Rooms, Call 1-501-686-6416
To Direct Dial a Patient Room, call 1-501-614-2 and the Room Number
For General Information and for Numbers Not Listed, Call 1-501-686-7000
For International Patient Appointments, Call 1-501-686-8071

For Information on Mailing or E-mailing UAMS Patients

Contact us with questions about the UAMS website.

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http://www.uams.edu/general_information/about.asp  11/1/2005
UAMS Vision/ Mission Statement

Institutional Vision Statement

UAMS will be a world class medical sciences center where excellence is the defining characteristic.

Institutional Mission Statement

To Teach

- The University of Arkansas for Medical Sciences prepares excellent health care professionals and scientists who are committed to high ethical and professional standards, life-long learning, and skill advancement in health care for Arkansas, the nation, and the world

To Heal

The University of Arkansas for Medical Sciences provides comprehensive, nationally and internationally recognized, health care in many specialties and disciplines for Arkansas, the nation, and the world

To Search

The University of Arkansas for Medical Sciences conducts pioneering research that leads to new knowledge with application and integration into the health care disciplines, systems of care public policy, and economic progress for all people

To Serve

The University of Arkansas for Medical Sciences provides leadership and service in the health care disciplines and in public health policy for the benefit of the citizens and communities of Arkansas

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UAMS Historical Timeline

1879
In 1879, eight physicians each invested $625 to secure the charter from Arkansas Industrial University (which later became the University of Arkansas). Together, they purchased the first physical facilities, the Sperindio Restaurant and Hotel located at 113 West Second Street, for $5,000. The school opened on October 7, 1879 with 22 students. In 1880, Dr. Tom Pinson became the first graduate of the Medical Department program.

1890
In 1890, enrollment increased to eighty new students a year. A new three-story building with a lecture room and classrooms was designed, with plans to build it on Sherman Street at its northeastern intersection with East Second Street. In 1892, a bequest from Isaac Folsom of Lonoke, Ark. established the Isaac Folsom Clinic, a free clinic for indigent patients. The clinic included exam rooms, a tuberculosis clinic, a pharmacy and an operating and recovery room, as well as clinical laboratories, an amphitheater and offices for the dean and registrar. In 1899, the clinic's name changed to the University of Arkansas Medical Department.

1900
Dr. Anna A. Shoppach became the first female UA Medical Department graduate in 1901. In 1909, the UA School of Medicine's football team, the Medics, won the state championship.

1910
In 1910, the Carnegie Foundation report called for improvements in the nation's medical schools and the American Medical Association's Council on Education adopted accreditation requirements. The University of Arkansas officially assumed direction of the medical department on July 5, 1911. Also in 1911, the medical department and College of Physicians and Surgeons merged into one school. The year 1912 saw the completion of a new State Capitol, and the old State Capitol Building on Markham and Center streets was assigned to the medical school by the state legislature. From 1913 to 1915, the legislature acknowledged financial responsibility and appropriated $35,000 to fund the biennium.

In 1917, Mollie King became the first full-time female faculty member. In that same year, the Isaac Folsom Clinic relocated next to the School of Medicine to help provide patients for the School of Medicine students. Half of the funding for the new building was supplied by the Isaac Folsom bequest. The United States entered
World War I, which depleted faculty numbers and drastically reduced enrollment, putting the medical school's survival at stake.

1920
The new City Hospital was completed in 1921, and the medical school regained its accreditation. In the same year, the Old State Capitol was renamed the Arkansas State War Memorial by the state legislature. Courses in medical technology are offered by faculty of the School of Medicine in 1924. In 1929, the Wall Street Crash and the Great Depression changed the economy of the entire nation.

1930
In 1931, the state legislature appropriated $275,000 for a new medical school building. The architect and site were selected; however, bonds that would provide funding for the project never sold. President Franklin Roosevelt's Public Works Administration began in 1933, and U.S. Senator Joseph T. Robinson encouraged building plans. In 1934, a gift of $500,000 reactivated plans for a new medical facility, which united the School of Medicine and the Isaac Folsom Clinic at a single site. Also in 1934, construction began on the building facing McAlmont Street between the City Hospital and the Carle Bentley home. In 1935, the new medical facility was complete. It accommodated 300 students on six floors and was linked with City Hospital. The Arkansas legislature assessed a new tax on beer and liquor in 1939 to fund appropriations for the School of Medicine.

1940
In 1940, a two story connection was established between the medical school facility and City Hospital. It included a waiting room for outpatients and hospital admissions, two emergency rooms, a clinical laboratory, a blood bank, an instrumentation room and a pediatrics department. Dr. W.C. Langston initiated the concept of a medical center, which began to take shape.

In 1941, Pearl Harbor was attacked, and the University of Arkansas School of Medicine blood bank was established. During 1942 and 1943, over one-third of the part-time faculty at the School of Medicine were on active duty with the military. The Division of the University of Arkansas Graduate School was established on the McAlmont campus at this time, and the first graduate program, which offered a master's degree in biochemistry, was established in Little Rock. The Blood Bank expanded to serve the entire state in 1943.

In 1944, City Hospital was renamed University Hospital. The Medical Illustration Department was created in the Department of Anatomy in 1947. The first African American student, Edith Irby, was admitted to the School of Medicine in 1948. During that same year, the first issue of the R.O.T.C.-sponsored student newspaper, The Medico, was published.

1950
In 1950, a forty-acre tract of land on West Markham Street was formally deeded to the university by the State Hospital. That tract of land would see a great degree of development over the next fifty years. Commencement was held in Little Rock for the first time that year, instead of in Fayetteville.

In 1951, Governor Sid McMath and Senator Ellis Fagan convinced the legislature to appropriate $7.4 million for the university, using a newly passed 2-cent cigarette tax. Ground was broken for the new University Hospital in West Little Rock, the School of Pharmacy was established, and the first outpatient chemotherapy in the state was administered. The first School of Pharmacy graduation was held in 1952, and the School of Nursing was established in 1953.

In 1954, funds for a new educational building became available. Building plans included accommodations for the School of Nursing, the Departments of Pathology, Microbiology, Physiology/Pharmacology, Biochemistry and Anatomy; animal housing; a library and an auditorium. Distance learning gained a foothold in Arkansas when a black and white closed circuit TV was used for teaching in obstetrics/gynecology.

In 1955, the first class of the new School of Nursing arrived - all eight of them. The first class graduated in 1957.

UAMC moved to the West Markham campus in 1956. Unfortunately, patient rooms were not air conditioned until 1966.

In 1957, federal loan funds were secured and construction began on a new student residence building and student union. Dr. Jeff Banks died that year, and the student union building was named in his honor. The Education Building I was completed, the first open heart surgery in Arkansas was performed by Dr. Masuki Hara at UAMC, and the Central High Crisis occurred.

In 1958, the School of Pharmacy moved to the Education Building I, an inpatient unit for adult psychiatric patients opened, and the School of Nursing became the first in Arkansas to be fully accredited by the NLN.

1960

In 1960, the Jeff Banks Student Union and Residence Building opened, Dr. Masuki Hara performed the first heart bypass operation, and the Arkansas Legislature authorized University Hospital to admit "full pay," or non-charity, patients.

In 1961, Colonel T.H. Barton, the Lutterloh Trust and the Buchanan Foundation donated funding, along with federal matching dollars, to construct the T.H. Barton Research Building. Finished that same year, the Barton Research Building became the first building on campus devoted solely to research. UAMSC acquired its first artificial kidney in 1961.

Bob Donaldson was hired in 1963 by Dr. Winston Shorey to develop "media" on the UAMSC campus. Between 1963 and 1980, approximately 500 motion pictures were created at UAMSC.
In 1964, the first kidney transplant in Arkansas was performed at UAMC by Drs. Masuki Hara and William Flanagin.

In 1965, the Arkansas legislature began funding "full pay" beds for University Hospital, which removed the hospital from the "charity" classification. The Education I building was renamed the Shorey Building, and an experimental program using closed circuit TV was initiated by the Departments of Hematology, Pathology and Pharmacology. The first Marines arrived at Da Nang, Vietnam; U.S. troops reached 200,000.

Distance learning advanced in 1966, when UAMSC began to use video tape in teaching, and in 1967, the School of Medicine was selected to participate in the Network for Continuing Medical Education, which duplicated programs produced on videotape by medical centers and distributed them to medical schools and hospitals nationwide.

In 1968, the Arkansas legislature authorized the School of Medicine's clinical faculty to accept fee-for-service patients, and to use that income to supplement individual faculty salaries. The million-dollar Child Study Center was created in 1969 and supported by legislature appropriations, contingency funds guaranteed by Governor Winthrop Rockefeller, monies transferred from the Arkansas State Hospital and matching federal funds from the Community Mental Health Centers Act.

1970

In 1970, the School of Health Related Professions was approved by the Board of Trustees, a new audio-visual library opened at UAMC, and color closed-circuit TV was first used at the university. In 1972, an atomic-powered pacemaker was implanted in the heart of a 22-year-old patient by Doyne Williams, M.D., the third surgeon in the United States licensed by the AEC to handle the investigative device.

In 1973, the Area Health Education Center (AHEC) program was established to provide health care and education throughout the state, and the UAMC clinical laboratories introduced a new computer system.

In 1974, construction began on the Education Building II, funded by over $20 million from the legislature and approved by Governor Dale Bumpers. The building included two large amphitheaters, classrooms, a three-level library and multi-media/audio-visual support units. The Arkansas Poison Control Center (the state's only poison control center) and the Drug Information Center were established in the School of Pharmacy in 1974.

Several historic name changes were made in 1975: the name of the campus changed to University of Arkansas Medical Sciences Campus, the executive officer's title changed to chancellor and all four schools became colleges. In addition, first years students were no longer required to live in the University Medical Center Dormitory.

In 1976, the Department of Pathology acquired the first Siemens Transmission Electron Microscope, which provided the first scanning, scanning transmission, and x-ray microanalysis capability in the country.

The Education Building II was completed in 1977, and a microwave disk was installed to provide two-way visual and audio communications between UAMSC and ACH.

In 1979, Harry P. Ward, M.D. was appointed as the second chancellor of UAMS. The UAMS Department of Pediatrics moved to Arkansas Children's Hospital, and many ACH physicians thus became a part of the UAMS faculty.

1980

In 1980, the Ambulatory Care Center was completed, and the name of the campus changed to University of Arkansas for Medical Sciences. The first annual fund raising campaign for UAMS began.

In 1981, the Ambulatory Care Center was officially designated as the Isaac Folsom Clinic but later became the Outpatient Clinic. In that same year, the Education Building I was renamed the Winston K. Shorey Building.

http://www.uams.edu/growing/history/timeline.asp
expansion of the Jones Eye Institute, and construction was completed on a building that houses the new PET (Positron Emission Tomography) scanner and cyclotron. In 2005, a campus-wide expansion project was announced, and plans were set in motion to change the landscape of the UAMS campus over the next few years.
In 1983, the first honorary degrees were awarded for the first time in nearly 100 years. Storm Whaley, William Cobb, and Isadore Meschan were the first honorees.

In 1984, the UAMS Foundation Fund Board formed the Chancellor's Circle.

In 1985, University Hospital and ACH initiated University Careflight, which transported patients to University Hospital by ambulance after they were flown by helicopter to Rick's Armory. The Student Learning Center on the JBSU mezzanine, which included five IBM PC's and two Apple Ile computers, was open 24 hours a day.

In 1986, the Family Medical Center was completed, and the Women's Health Center opened at Freeway Medical Center.

In 1987, the UAMS Helipad officially opened. It was located at the north end of Education II, where the College of Public Health is now located.


In 1989, the Arkansas Cancer Research Center opened, starting a tradition of excellence in helping patients with cancer and their families for years to come. That same year, the kidney transplant program celebrated its 25th anniversary.

1990
In 1990, Outpatient Surgery opened, the UAMS Continuing Medical Education Outreach program began and the M.A.S.H Program went statewide at all six AHECs.

In 1991, the Rural Hospital Program was established, and the Internet was installed at UAMS. The Arkansas Heart Transplant Program was formed as a consortium between UAMS Medical Center, Arkansas Children's Hospital, and Baptist Medical Center. UAMS has Arkansas' only Level 1 Trauma Center. The State Health Department and UAMS purchased Freeway Medical Building, and the first Mini-Medical School was sponsored by the UAMS College of Medicine.

Arkansas' first frozen embryo pregnancy was announced by the IVF program at UAMS Medical Center in 1992. Arkansas CARES was formed, and a new distance learning program was established, creating the Arkansas Nurses Education Network.

The Community Women's Clinic, a joint project of UAMS Medical Center, the Arkansas Department of Health and Pulaski County, officially opened in 1993 in the Pulaski County Health Unit. The Arkansas Genetics Program celebrated its tenth anniversary.

The campus saw an explosion of growth and development in 1994: the Harvey and Bernice Jones Eye Institute opened; ACRC expanded to eleven floors, the walkway between UAMS and the VA opened and the University Women's Health Center opened on the fourth floor of the Freeway Medical Building. In addition, the Rural Hospital Program was added to AHEC, which brought telemedicine to Arkansas through grants from the Arkansas Energy Office and the Federal Rural Electrification Administration.

In 1995, the UAMS Graduate School was granted independent status from the Graduate School at the University of Arkansas-Fayetteville, and the Education III Building was completed.

"Here's to Your Health," the radio information show sponsored by UAMS, went on the air on KUAR-FM, and the Arkansas Heart Transplant Program team performed its 100th heart transplant.

In 1996, the Phase II expansion of the ACRC building
was completed, CHRP celebrated its 25th anniversary and the Outpatient Center expanded. UAMS Medical Center became the first Arkansas hospital to be named to the U.S. News & World Report list of "America's Best Hospitals."

In 1997, the Donald W. Reynolds Center on Aging opened, and the Harry P. Ward Tower was dedicated. The Biomedical Biotechnology Center established Arkansas BioVentures program, Arkansas' first biotechnology start-up company. On-line, Web-based distance learning began in the College of Nursing, and M. Gazi Yasargil, M.D., was named Neurosurgeon of the Century by the Congress of Neurological Surgeons.

In 1998, UAMS assumed responsibility for the Pulaski County Head Start Program, and the AHEC Program celebrated its 25th anniversary. The Society of the Double Helix was established to honor major donors and UAMS' Clinical Skills Center opened.

In 1999, Arkansas' only Gamma Knife Center opened at UAMS; ACRC celebrated its tenth anniversary; "Aging Successfully with Dr. David," starring Dr. David Lipschitz, began on AETN; and the Arkansas AHEC program was named the best in the nation by the National AHEC Organization. Dr. Milton Waner also held the first UAMS International Telemedicine consultation with a five-year-old patient and her doctors in Israel that year.

2000

The year 2000 ushered in a new century, a new millennium and new growth and change for UAMS. In 2000, I. Dodd Wilson, M.D., was appointed the third chancellor of UAMS. The Central Arkansas Radiation Therapy Institute (CARTI) and the Donald W. Reynolds Center on Aging were completed, and a state-of-the-art Endoscopy Center and the General Clinical Research Center opened. University Hospital was named one of the 100 Most Wired hospitals and health systems by Hospitals and Health Networks, and Arkansas' first laparoscopic gastric bypass surgery was performed at UAMS.

In 2001, the establishment of the world's first Myeloma Institute for Research and Therapy was announced, and the College of Public Health was formed. The Alzheimer's Disease Center was founded in the Department of Geriatrics - one of only 29 such centers in the United States at the time.

The Russian-American Family Medicine Clinic opened in 2001 in Volgograd, Russia as a result of educational exchange between AHEC and the Volgograd Medical Academy. The Jones Eye Institute celebrated its tenth anniversary, and the College of Pharmacy celebrated its fiftieth anniversary in the same year.

Harry P. Ward, M.D., retired as chancellor at UAMS in 2001 and was succeeded by I. Dodd Wilson, M.D.

In 2003, the Jackson T. Stephens Spine and Neurosciences Institute, the new College of Public Health, the BioVentures building and the Biomedical Research Center II all opened. UAMS initiated collaborations to found The Clinton School of Public Service. Suzanne McCarthy became the first graduate of the College of Public Health.

In 2004, the College of Medicine celebrated its 125th anniversary. As part of the UAMS Get Healthy program, a new fitness center opened in the College of Public Health and began its first week with over 1000 members. As a part of the UAMS "Get Healthy" program, UAMS became one of the first medical centers in the country to adopt a campus-wide non-smoking policy. Later that year, the state's first liver transplant program began and plans were unveiled to build a major expansion of University Hospital.

Almost halfway through the first decade of the 2000s, construction began on an
Office of the Chancellor

Chancellor, University of Arkansas for Medical Sciences

Dr. Wilson is the Chancellor of the University of Arkansas for Medical Sciences in Little Rock. As the leader of this campus of the statewide University of Arkansas System, he directs the educational programs for professional degrees in many of the life sciences. The university is comprised of six major teaching units: the Colleges of Medicine, Pharmacy, Nursing, Health Related Professions, and Public Health; plus the Graduate School. The university is also known for the clinical programs within UAMS Medical Center, its $103-plus million dollar program of research and other grants, and its community service outreach projects throughout Arkansas.

He became the Chancellor in October 2000. He offered an ambitious eight-point program to guide the university into the 21st century, stabilized and then improved the university’s financial base, and adapted the administrative team to the program of work ahead for the state’s only comprehensive academic medical center. The university employs nearly 8,500 people and operates with a current annual budget of about $700 million – which is the largest campus budget in the University of Arkansas System.

Dr. Wilson previously served the university as Dean of the College of Medicine and UAMS Executive Vice Chancellor. During his tenure, the college enjoyed rapid growth in both the research and clinical enterprises. In 1995, Dean Wilson organized the first endowment for the college, the Founders Society, which now totals over $25 million with 300 contributing members. The National Institutes of Health ranks the college 68th in research funding to medical schools, up from a ranking of 100th in 1985. The success of the many new ventures of the college, including, for example, the Biomedical Biotechnology Center and the Arkansas Center for Health Improvement, reflect his commitment to excellence.

Dr. Wilson is past chair of the Council of Deans, Association of American Medical Colleges (AAMC) and served on its Executive Committee. He presently serves on the Board of Directors of the Association of Academic Health Centers.

Speakers and Columns
State of the Campus 2004 (article and sound files)
SEPT. 27, 2004
State of the Campus 2003 ( full MP3 audio file 10.8 mb)
OCT. 1, 2003
State of the Campus 2002
SEPT. 19, 2002
State of the Campus 2001
SEPT. 24, 2001
UAMS Update
On Providing Hope and Healing
OCT. 2001

Chancellor’s Notes
UAMS: Eleven Goals for 2011
JUNE 22, 2005
The Sky’s the Limit!
JAN. 11, 2001

Special Reports
UAMS Strategic Plan 2004 - 2005
July 15, 2004
The University of Arkansas for Medical Sciences: A Powerful Economic Engine for Arkansas
MAY 17, 2002

Special Events
UAMS Invests First Chancellor’s Chair Endowed at an Arkansas University

Dr. Wilson came to UAMS in 1986 from the University of Minnesota Medical School where he was Vice Chairman of the Department of Medicine. He graduated from Dartmouth
College and received his M.D. degree from Harvard Medical School.

He and his wife, Ginger, have three children: Matt, Kit, and Dan and four grandchildren.

**Contact**

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The University of Arkansas for Medical Sciences: A Powerful Economic Engine for Arkansas

MAY 17, 2002 | Of the five major campuses in the University of Arkansas System, the University of Arkansas for Medical Sciences (UAMS), along with its affiliates, generates the largest economic impact – more than $1 billion in direct impact and more than $3 billion in indirect impact.

These figures are based on an economic impact analysis by the Institute for Economic Advancement at the University of Arkansas at Little Rock. UAMS, Arkansas’s only academic health center, trains physicians, nurses, pharmacists, scientists, and other health care professionals; provides inpatient and outpatient clinical care in a network of facilities; conducts scientific research; and delivers a wide variety of services around the state. (See more about statewide services.) UAMS is comprised of five colleges (health related professions, medicine, nursing, pharmacy, and public health), a graduate school that confers doctoral degrees in the basic sciences, a teaching hospital and clinics, including several world-renowned clinical programs, and a network of Area Health Education Centers (AHECs) around the state that provide health care and learning sites for young physicians receiving specialized training in family and community medicine. Most of the physicians at Arkansas Children’s Hospital and the Central Arkansas Veterans Healthcare System are actually faculty of the UAMS College of Medicine; those hospitals are affiliates of UAMS.

Although UAMS is a part of the state’s flagship university system, only 14 percent of its revenue comes from the state. The balance is income from health care services, external research, and federal and private grants.

As Arkansas’s only comprehensive academic health center, UAMS has a proud history of service to Arkansas.

AHECs provide medical and health training in cooperation with community hospitals, clinics, and group practices. This statewide outreach program was funded at more than $38.8 million in FY 2001.

Arkansas Children’s Hospital is the sixth largest hospital of its kind in the nation. It is an independent hospital but closely tied to UAMS through an affiliation agreement.

http://www.uams.edu/today/2002/051702/ecoimpact.htm

11/1/2005
funding, and payments for contracted services and programs. Contrary to popular belief, tuition is a very small portion of the university’s revenue: only about 2 percent.

As well as being essential health care providers in their communities, employees and graduates of UAMS are important as consumers, investors, and taxpayers. The institution’s payroll was more than $287 million in fiscal year 2001; employees paid more than $13.8 million in income taxes to the state and $80.8 million in income taxes to the federal government.

UAMS is the sole provider in the state of physicians, advanced practice nurses, nurse educators, and pharmacists. It is also a major provider of allied health professionals in 13 disciplines and research scientists in 12 fields. Because most health-care salaries are above the average, these stable, well-paying jobs boost local economies.

Current construction of needed additional space for patient care, teaching, and research is pumping another $93 million into the state’s economy, with some of the funds coming from the state’s share of the nationwide tobacco settlement and some from private philanthropy. (See more about current construction on the UAMS campus.)

UAMS’s research program has grown from $5.5 million in annual external funding in 1984 to more than $76 million this year. (See more about current research.) University researchers have obtained 70 patents for inventions or applications, with about 100 others pending. Researchers also have 28 license agreements, with some or all likely to generate additional economic activity in Arkansas, and to earn income for UAMS, in the future.

Services to the state are an important part of the UAMS mission. The university’s regional programs, including the Rural Hospital Program and the network of AHECs and satellite centers on aging, foster better health and health care across the state. Funding from the state’s share of the nationwide tobacco settlement has been critical in several of these areas, including establishment of the new College of Public Health, creation of a seventh AHEC in Helena to serve east

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Arkansas, and support for the network of satellites of the Donald W. Reynolds Center on Aging.

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Strategic Plan · FY 2004-05

Office of the Chancellor · I. Dodd Wilson, M.D. · July 1, 2004
Introduction – Environmental Statement

The University of Arkansas for Medical Sciences (UAMS), Arkansas’s only academic health sciences center, educates most of the state’s health care professionals, including physicians, pharmacists, nurses and allied health professionals. UAMS provides high-level tertiary and quaternary patient care in the inpatient and outpatient facilities of University Medical Center; is committed to scientific discovery through research; and provides many outreach services and programs that directly benefit thousands of Arkansans each year.

Among the University’s many strengths are four outstanding patient care centers of excellence: the Arkansas Cancer Research Center that includes the Myeloma Institute for Research and Therapy, the Harvey and Bernice Jones Eye Institute, the Donald W. Reynolds Center on Aging, and the Jackson T. Stephens Spine and Neurosciences Institute. With world class clinical services, UAMS and its programs are in great demand. UAMS regional Area Health Education Centers (AHECs) combine with central resources to form one of the two best programs of its kind in the nation.

As part of a public university system, UAMS has always faced financial challenges because it operates with a greater underlying commitment to public service than its private sector counterparts. While the university does receive state assistance, historically the proportion is low compared to other state institutions. The current level of state financial support makes it difficult for the University to absorb major categories of expense, such as unreimbursed health care to indigent patients and academic programs for which costs far outweigh tuition. Creation of a new College of Public Health, new degree programs in response to state workforce needs, and the addition of another AHEC location (Helena), are examples of the University’s commitment to meeting the evolving needs of the state. These new programs and services also represent, however, additions to the lengthy list of financial and programmatic commitments shouldered by the University.

In planning to secure the long-term financial position of the University, its leaders are studying the feasibility of clinical expansion, since clinical revenue is by far the University’s greatest funding source. Current demand suggests that the Medical Center could increase revenue by increasing its capacity to treat both inpatients and outpatients. Despite completion of the Harry P. Ward Tower in 1999, the hospital’s core inpatient facilities are outmoded and not suited to renovation. Outpatient facilities are also no longer capable of meeting the demand for services, thus constraining patient volume and income.

In tandem with the need to expand (and incur added expenses), are plans to increase productivity, profitability and management of current resources. Responsibility-centered management (RCM) is being implemented to improve cost-responsive decision-making throughout the organization. Unit funding will be tied to total, actual costs, with executives and managers operating in a transparent fiscal framework. Federal dollars have been increased substantially over the biennium, with new sources of program support and grant funding providing key revenue enhancements. Additional sources of federal support have been identified and are expected to increase further over the next two years. A Comprehensive Campaign is also being planned to increase philanthropic and private support for UAMS’ primary missions over the coming decade. Strategic planning efforts include initiatives to increase federal research dollars, clinical trial income, and indirect cost recovery rates on federal grants.

The national and state economies are performing better, providing renewed optimism regarding the University’s financial outlook. Above-projected state revenues mean that there is little threat that the state funds UAMS does receive will be cut during this biennium. The improved national
The economy suggests that support for existing programs can be obtained. However, the ever-rising cost of health care – which puts the cost of health insurance out of the reach of more and more Arkansans and Americans – remains the most critical issue for the foreseeable future.

UAMS continues to grow as a dynamic and respected institution. With a growing and more impressive work force across the state, the University is not only a major employer in Arkansas but also one with a positive and very substantial economic impact on the state’s economy. Drawing upon past growth and successes, the University begins the fiscal year with confidence that the challenges of the new year will be met with innovation, hard work and directed leadership.

**Institutional Vision and Mission Statement**

**Vision Statement**

UAMS will be a world class medical sciences center where excellence is the defining characteristic

**Mission Statement**

*To Teach*

The University of Arkansas for Medical Sciences prepares excellent health care professionals and scientists who are committed to high ethical and professional standards, life-long learning, and skill advancement in health care for Arkansas, the nation, and the world

*To Heal*

The University of Arkansas for Medical Sciences provides comprehensive, nationally and internationally recognized health care in many specialties and disciplines for Arkansas, the nation, and the world

*To Search*

The University of Arkansas for Medical Sciences conducts pioneering research that leads to new knowledge with application and integration into the health care disciplines, systems of care, public policy, and economic progress for all people

*To Serve*

The University of Arkansas for Medical Sciences provides leadership and service in the health care disciplines and in public health policy for the benefit of the citizens and communities of Arkansas
GOAL 1: EDUCATION

GOAL 1. TO EDUCATE EXCELLENT LEADERS, HEALTH CARE PROFESSIONALS, AND SCIENTISTS TO IMPROVE THE HEALTH OF THE CITIZENS OF ARKANSAS, THE NATION, AND THE WORLD

Objective 1. Strengthen the educational mission of UAMS, recognizing the interdependence of education with research and clinical care.

Strategies:
1. Convene conference(s) on strategic planning for education
2. Form a Deans Council to provide coordinated leadership for UAMS’ educational mission
3. Each college will maintain a system for recording and reporting academic information (student, courses/curriculum, and faculty), that is consistent and compatible with institutional reporting needs, including reports to federal and state governments and accreditation agencies

Objective 2. Identify and respond to Arkansas’ health workforce needs

Strategies:
1. Each college will develop an objective methodology (standards, sources, and plan of analysis) for determining demand for its graduates of both its current and proposed educational programs. Methodologies will include an explanation of known data issues, e.g., biased or skewed estimates, and may include existing resources such as AHEC’s biennial publication on the state’s Health Work Force needs
2. Colleges will conduct analyses of program and enrollment performance relative to established methodologies
3. Colleges will adapt programs, adjust enrollment levels in existing programs, and create new programs as indicated by the combined results of workforce and cost-benefit analyses

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1 Either one campus-wide conference, or a series of college-based conferences.
2 The Deans voted to maintain the Dean’s Council membership as only the Deans and the Vice Chancellor for Academic Affairs/Research Administration, with special invitation to the Associate Deans and other guests as needed.
Objective 3. Recruit and retain productive faculty and staff for educational programs

Strategies:
1. Identify educational areas for expansion and development
2. Ensure that salaries of productive faculty and university leaders are competitive for the purpose of recruitment and retention
3. Identify and prioritize infrastructure needs (e.g., equipment, IT-related systems, space), necessary for the support of the educational mission

Objective 4. Increase enrollment and graduation rates of underrepresented and underprivileged students

Strategies:
1. Strengthen supportive pre-college and pre-admission programs that will serve as a source of underrepresented students
2. Consolidate pre-college student development programs to achieve greater synergy among the existing programs sponsored by various units
3. Improve promotion of creative programs both on campus and throughout the state that will foster interest in health care careers
4. Expose gifted and talented students who represent underrepresented demographic segments to experiences that will encourage them to choose a career in academic health sciences

Objective 5. Develop and utilize educational methodologies that are appropriate and cost-effective

Strategies:
1. The Office of Educational Development will coordinate a cross-college assessment of the feasibility of various educational methodologies and technologies employed at UAMS, as well as the infrastructure for implementing and maintaining those methodologies
2. Based on these evaluations, education leaders will formulate models to establish ideal education programs and support systems
3. Education leaders will prepare an action plan to implement the model’s provisions; program planning will take into account cost-effectiveness as well as cost-benefit margins
Objective 6. Ensure that appropriate recognition, support and career development is given to faculty for their educational activities

Strategies:
1. Ensure that faculty members are appropriately recognized for their teaching activities
2. Offer ongoing education workshops to all UAMS teaching faculty
3. Improve effectiveness of college-level teaching awards to faculty by coordinating recognition events, communication, and publicity for award winners: for example, each year all teaching award winners could be featured in a joint advertisement in the state newspaper
4. The Deans Council and VCAC will address how to create and fund a campus-wide intramural grant program to provide seed money for studies in education

Objective 7. Increase financial support for education [Related to Goal 5]

Strategies:
1. Create a strategic plan to increase the financial support for the educational mission of each college, including strategies for the Development Office, Legislative Affairs Office, etc.
2. Create a capital funding initiative for construction, maintenance and operation of facilities to support education throughout the state
3. Increase private gifts and endowments that will support UAMS' academic programs, personnel and support services, including the Library
4. Assuming approval, participate in the Campus Comprehensive Campaign, including all phases of study, planning and operations of such a campaign designed to raise funds for educational facilities, endowments and programs

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3 The Chancellor will share support for this activity.
GOAL 2: CLINICAL PROGRAMS

GOAL 2. PROVIDE OUTSTANDING, PATIENT-CENTERED HEALTH CARE

Objective 1. Improve access to clinical care

Strategies:
1. Re-engineer outpatient programs to increase capacity to meet the needs of patients for access to patient care services.
2. Increase efficiencies within outpatient operations to achieve greater cost-effectiveness.
3. Implement mechanisms to ensure accountabilities, i.e., that the goals for outpatient productivity and cost effectiveness are attained.
4. Re-engineer admission/discharge processes to ensure adequate inpatient bed capacity. (Improve capacity management).

Objective 2. Develop and optimize clinical services

Strategies:
1. Establish components of a development plan for improving and expanding clinical programs
2. Define personal and unit-level accountability to ensure achievement of clinical program development goals.

Objective 3. Continuously improve the quality and safety of patient care.

Strategies:
1. Integrate and improve existing hospital and departmental quality-monitoring programs
2. Participate in appropriate external quality monitoring programs and implement plans to correct areas needing improved performance.
3. Maintain a Patient Safety Program that integrates all activities which contribute to the improvement and maintenance of patient safety, such as performance improvement, environmental safety and risk management. The goal is to reduce health care errors and proactively identify and correct potential risks that contribute to unexpected adverse patient outcomes.
4. Implement information systems that enhance the provision of high quality, safe patient care.
5. Plan and implement information systems that support the creation of an integrated computer-based medical record system
6. Strengthen the patient complaint process by linking follow-up directly to clinical programs management and decision-making, ensuring accountability for response and corrective action.
Objective 4.  Improve the satisfaction of patients/families and referring health care providers

Strategies:
1. Develop a patient satisfaction plan that involves all caregivers of UAMS Medical Center and focuses on improvement areas identified by the surveys.
2. Conduct patient satisfaction surveys on the following schedule: inpatients (quarterly), outpatients (quarterly); Emergency Department patients (quarterly). The results will be used to set priorities for training and other corrective actions. The goal is to be above the Press Gainey mean score for other university hospitals.
3. Make regular visits to the offices of physicians and other health professionals who refer patients. Utilize feedback (surveys and office visits) from referring health providers to improve their relationship with UAMS Medical Center.

Objective 5.  Improve the financial performance of UAMS Medical Center to support the Strategic Financial Plan

Strategies:
1. Establish and monitor achievement of performance goals and benchmarks, including clinical growth targets by service line and cost efficiency targets for labor and supplies. These were set by the Kaufman Hall engagement to develop a strategic financial plan.
2. Target and execute key initiatives for cost improvement for clinical efficiency, labor costs and supply costs.
3. Design and implement Responsibility Centered Accounting and Reporting for UAMS Medical Center to ensure adequate budgeting for operations and capital identified in the Strategic Financial Plan.
4. Organize fund raising efforts to support capital needs.

Objective 6.  Implement the clinical facilities replacement/expansion plan

Strategies:
1. Explore opportunities for creating additional functional capacity within existing buildings (i.e., ALOS reductions, changes to hours of operation, etc.)
2. Complete planning to determine scope of clinical facilities development.
3. Complete Pre-Design for Inpatient facility including concept definition, operational programming, space programming and facility planning.
4. Complete architectural plans and construct inpatient facility.
5. Implement outpatient facilities plan as determined by the outpatient consultation engagement.
Objective 7. Recruit and retain the workforce necessary to accomplish the clinical goal and objectives in this plan

**Strategies:**
1. Maintain salaries at a competitive level
2. Develop a formal comprehensive compensation plan that provides financial incentives for performance
3. Develop and implement a rewards/incentive program for employees that focuses on the clinical objectives
4. Develop a more routine review of specific vacancy and turnover rates; implement actions to improve areas that are higher than the goals of the organization
5. Complete an employee survey every two years and use the findings to develop discrete work unit and organization work plans to improve areas identified as “High Importance and Low Performance”. The work plans will require quarterly follow-up progress reports.

Objective 8. Redefine the relationship between UAMS Medical Center and Arkansas Blue Cross and Blue Shield

**Strategies:**
1. Achieve access for UAMS Medical Center to the patient volumes represented by BCBS members
2. Re-negotiate the BCBS reimbursement structure
GOAL 3: RESEARCH

GOAL 3. MAKE EXCELLENCE IN RESEARCH A DEFINING CHARACTERISTIC OF UAMS

Objective 1. Double federal funding for research within five years

Strategies:
1. Increase aggregate funding of the present faculty by 25 percent
2. Recruit new funded and fundable faculty
3. Utilize research space to maximize productivity
4. Provide pilot study and bridging support that lead to extramural funding
5. Retain highly productive faculty by ensuring that their salaries match national benchmarks
6. Develop a business plan to evaluate the impact of increased research funding
7. Enhance the institutional research infrastructure (e.g. biometry, grants management, animal facilities, and the grant writing group) to support the planned expansion of research, including implementation of an information system that would allow accurate identification, tracking and analysis of issues related to research faculty
8. Plan coordinated improvements in research core facilities necessary to support research expansion
9. Collaborate with other Arkansas institutions on efforts to strengthen and promote research activities; e.g., National Center for Toxicological Research, other institutions of higher education, and appropriate state agencies such as ASTA

Objective 2. Develop all shelled space designated for research and expand research facilities

Strategies:
1. Successfully apply to the National Center for Research Resources for a matching grant for an animal management facility
2. Use campus and college reserves to complete shelled space as needed for new faculty recruitment for programmatic expansion
3. Obtain non-NIH federal support for programmatic expansion
4. Obtain philanthropic support for research programs

Chuck Winter and Al Reece have completed a business plan for the COM; and agree that it should be shared with the Research Council.

Must develop a system for evaluating need and scientific merit for shared resources. ACRC has developed a plan based on systems at other cancer centers. Need system for anticipating translational and clinical research needs. Core regulatory area is drastically understaffed.
Objective 3.  Achieve research objectives of selected colleges, centers and institutes within five years

Strategies:
1. Prepare at least one successful NIH Center grant by the end of FY 06
2. Continue development of the four areas of research emphasis identified by the College of Nursing
3. Encourage the preparation of two large collaborative research grants among colleges by FY 06
4. Increase funded clinical trials by at least 50 percent
5. Develop nationally or internationally recognized collaborative research areas in at least 50 percent of the departments of the College of Medicine
6. Obtain more training grants

Objective 4.  Use appropriated tobacco settlement funds as one of the sources to double external funding for tobacco-related research

Strategies:
1. Emphasize tobacco-related research (e.g., cancer, public health, cardiovascular and pediatric disease research)
2. Support successful current investigators with transitional funding to develop new areas of research that will lead to new grant support in tobacco related research
3. Recruit new faculty to augment tobacco-related research

Objective 5.  Double the number of patent applications presented for review by the Screening Committee, and increase the number of BioVentures Companies to 25

Strategies:
1. Complete the Arkansas Bioventures building and raise operational funds for subsidizing the early development of these companies
2. Strengthen the efforts of the Biomedical Biotechnology Center to facilitate disclosure of inventions, patent applications and retention, licensing, and company development

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6 Criteria for establishing a national or international area include publications, citations, recognition, etc.
7 Many believe that tobacco settlement dollars can fully support this goal. However, this cannot be the sole source.
8 Discussion: a pre-patent committee should look at the marketability of effectiveness of a potential patent. If an idea has economic future, then it should move on to the Patent Committee. Thus, just increasing the number of patents to 150 without economic potential is meaningless. There is significant cost associated with obtaining and maintaining a patent, and mechanisms to control that cost should be put in place. However, many faculty miss opportunities to obtain a viable patent because they do not recognize the opportunity for commercialization of an intellectual product.
Objective 6. Maintain research compliance at levels that meet federal requirements regarding financial grants accounting, human volunteer safety, informed consent and privacy

Strategies:
1. Meet HIPAA regulations with regard to privacy by adding necessary infrastructure and personnel
2. Assure that UAMS meets all applicable federal regulations and accrediting body standards, especially those related to the welfare of human volunteers
3. Develop funding formulae that will provide resources to key support offices that are proportionate to needs of the research community (e.g., grants accounting, IACUC, research compliance, and UAMS IRB)
4. Continue development and expansion of ARIA, the research (protocol-based) information system, to include an additional clinical trials IRB panel, and to support increased access and functionality by various areas, such as ORSP and Grants Accounting

Objective 7. Work with the CFO to maximize the indirect cost recovery rate of federal grants

Strategies:
1. Conduct an inventory of current practices and processes
2. Prepare an RFP for professional services to assist in developing a plan of corrective action
3. Evaluate strengths and weaknesses of factors related to increasing the ICR -- including information and data systems
4. Carry out a series of planned improvements necessary to support a rate increase
5. Conduct negotiations to increase the rate, and implement revised rates as appropriate
GOAL 4: OUTREACH

GOAL 4.  IMPROVE THE HEALTH OF ARKANSANS BY DELIVERING UAMS PROGRAMS AND SERVICES OFF-CAMPUS

Objective 1.  Develop a comprehensive database for reporting UAMS outreach activities/programs

Strategies:
1. Utilize the UAMS Outreach Council to design a database survey instrument by August 31, 2004
2. Utilize the IT Department to write the online data collection program
3. Support the institutional objective of establishing an Institutional Research Office that will manage the database and reporting functions
4. Initiate the development of a Website for outreach programs after the database has been tested and approved
5. Produce an annual comprehensive report of outreach programs and other reports as needed
6. Utilize the database to inform the public about outreach activities in their areas

Objective 2.  Develop community partnerships that will enhance outreach delivery

Strategies:
1. Increase collaborative relationships between UAMS and other healthcare providers
2. Increase collaborative relationships between UAMS and non-healthcare partners

Objective 3.  Offer more educational programs to students and health care professionals, as resources allow

Strategies:
1. Increase the number of courses for academic credit delivered off-campus
2. Increase the number of continuing education programs to meet the needs of health care professionals throughout the state

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9 At the January 2004 Planning Retreat, the “Outreach” was defined as UAMS programs and services delivered off-campus.
10 To include continuing education activities.
Objective 4. Increase the number of programs related to lifestyle improvement that impact the citizens of Arkansas

Strategies:
1. Develop model community programs that demonstrate effective ways to inform and engage citizens in health improvement

Objective 5. Increase the number of graduates who choose to practice in underserved areas of the state

Strategies:
1. Increase available loan and scholarship funds for students committed to practicing in underserved areas
2. Increase off-campus educational opportunities for UAMS students in underserved areas
3. Implement more non-traditional methods of delivering educational programs to students in underserved areas
4. Increase levels of participation in, and effectiveness of, programs to prepare pre-college students for admission to UAMS colleges
5. Develop long-term partnerships with public schools, colleges and universities, and other organizations within underserved areas

Objective 6. Develop communication strategies that promote partnerships among health care and non-health care providers

Strategies:
1. Develop and implement a cohesive and consistent way of offering UAMS programs to all appropriate audiences
2. Maintain a Web presence that summarizes the various outreach activities and can be accessed through the primary UAMS Internet site
3. Promote outreach programs through ongoing media placements such as the Arkansas Broadcasters’ Association, the Arkansas Municipal League Magazine, and the Electric Cooperatives Magazine
4. Request that each AHEC director appoint a communications liaison for each AHEC area, so that information can flow accurately between the Office of Communications and Marketing
5. For marketing and public relations purposes, develop periodic reports which highlight outreach activities

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11 Will require collaboration with all colleges.
GOAL 5: SECURING THE FUTURE

GOAL 5.  SECURE THE FUTURE OF UAMS BY INCREASING THE RESOURCES WE INVEST IN OUR MISSION

Objective 1.  Develop and maintain an effective development program (John Blohm)

Strategies:
1. Conduct a comprehensive campus campaign
2. Build and manage an effective development program for ongoing support of the campus (beyond the campaign).
3. Establish guidelines that feature an ethical framework on how development activities are to be conducted effectively, and include the necessary coordination among campus units
4. Establish a process for implementing those standards across campus units and personnel
Objective 2: Recruit and retain the best people (Tom Butler)

1. Implement rewards, salaries and incentives for staff and faculty that are competitive with local and regional markets [Related to Goal 1, Objective 3]
2. Conduct periodic analyses to isolate problems, uncover inequities, and identify shifts which signal needed changes in policies and/or practices (such as benefits packages)
3. Establish a campus-wide task force to recommend ways to establish a culture of excellence that will pervade the efforts of all UAMS faculty and staff
4. Address employee health and wellness issues through the UAMS Get Healthy programs and other initiatives
5. Establish mechanisms that seek input from employees across the campus on issues related to recruitment, retention and productivity
6. Strengthen support for activities that provide education and training for, and increase awareness of, multiculturalism and diversity issues

Objective 3. Expand all colleges and broaden our statewide presence, especially in Northwest Arkansas (Chancellor and Deans)

Strategies:

1. Increase enrollments of programs (where possible), including enrollment of out of state students [Related to Goal 1]
2. Explore academic program expansion opportunities with UA Fayetteville and other institutions of higher learning
3. Establish an emphasis on dispensary and patient education in the College of Pharmacy
4. Establish an emphasis on economic medicine, exploring financial partnerships with the business community, and educational collaborations with higher education institutions; e.g., UALR and UA Fayetteville Colleges of Business
5. Increase capacity for, and enrollment in, distance education-based courses for both traditional and continuing education programs

Objective 4. Improve the institution's financial decision-making capacity (Melanie Goodhand, Kari Cassel)

Strategies:

1. Understand our real operational costs in every major expense category
2. Look at opportunities to increase our margins, especially on major revenue streams
3. Implement Responsibility Centered Management/Budgeting
4. Implement and/or modify administrative and financial information systems to yield data needed by stakeholders at all levels (policy- and decision-makers, administrators, managers, analysts)

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12 Routine examination of statistics such as turnover rates by area can indicate management and/or systemic problems; examination of demographic shifts can cue needed changes in pay, benefits, and incentives. For example, in the US more than 40% of the work force is not married. Corporate HR offices are re-examining benefits and incentive packages to make them more relevant to the single (non-married) worker.

13 To include all colleges and divisions of the University, and not just the Medical Center, which currently conducts scheduled surveys of its employees.
Objective 5. Engage in institutional capacity-building activities (Melanie Goodhand)

Strategies:
1. Implement eCommerce solutions as a customer payment method for major accounts, such as patient billing, student tuition and fees, and continuing education fees.\(^{14}\)
2. Incorporate management and development roles within each functional area (clinical\(^{15}\), research, educational) that are dedicated to identifying potential new services, products and sources of revenue (e.g., new services to the aging population, etc.)
3. Establish effective incentives for good financial stewardship; e.g., a rewards program for money-saving or revenue-generating ideas; and programmatic mechanisms that recognize and reward desired behaviors: to save money, reduce costs, increase revenues and margins, build savings and reserve funds, and recycle or redistribute assets

Objective 6. Implement the plan with authority and accountability behind it (Chancellor, Melanie Goodhand)

Strategies:
1. Identify specific persons/units responsible for implementing various objectives and strategies
2. Endow those persons/units with the authority necessary to stimulate action by others, and communicate this authority in a concrete way (that is clear and easily communicated)
3. Incorporate skills and performance objectives into job descriptions and job performance standards of appropriate leaders, managers, faculty and staff

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\(^{14}\) eCommerce is currently being explored by the Academic Computing Advisory Committee for continuing education purposes.

\(^{15}\) Within the clinical structure, this role has been assigned to the Clinical Enterprise Committee.
Departments and Divisions

Clinical/Academic Departments Menu

Office of the Chancellor

Academic Affairs and Research Administration
Research Administration
- Research and Sponsored Programs

Academic Affairs
- Institutional Review Board
- Office of Research Compliance
- Library
- Educational Development
- Student Activities & Housing
- Academic Services
- Academic Computing

Administration and Governmental Affairs

Human Resources
- Jobs at UAMS
- Employee Assistance Program
- Training Consortium

Campus Operations

- Bookstore
- Campus Housekeeping
- Clinical Engineering
- Construction and Contract Management
- Mail Services
- Nutrition Services
- Occupational Health & Safety
- Occupational Health and Safety Training
- Parking Operations
- Physical Plant
- Police Department
- Real Estate Management
- Rental Properties and State Leases
- Telecommunications

Arkansas Cancer Research Center

Donald W. Reynolds Center on Aging
Harvey & Bernice Jones Eye Institute
Myeloma Institute for Research and Therapy
Jackson T. Stephens Spine and Neurosciences Institute

UAMS Medical Center

- Department of Pharmacy Services
- Business Development and Managed Care
- Clinical Housekeeping
- Clinical Programs Nursing Manual
- Clinical Staff Education Online
- Department of Nursing
- University Hospital Formulary
- University Hospital Policies and Procedures
- Patient and Healthcare Services Key Telephone Numbers
Driving Directions
From Little Rock National Airport:
- Take Airport Road southwest to I- 440 West.
- Take Exit 138A to I- 30 East, towards downtown Little Rock.
- Take Exit 139B and merge onto I- 630 West.
- Take Exit 3B, keep right at the fork in the ramp, and turn right on Pine Street.
- Go north to Markham Street and turn left (west).
- Head west on Markham Street for 0.3 miles to 4301 West Markham Street.

From Memphis, Tennessee:
- Take I- 40 West.
- Take Exit 153B to I- 30 West towards downtown Little Rock.
- Take Exit 139B and merge onto I- 630 West.
- Take Exit 3B, keep right at the fork in the ramp, and turn right onto Pine Street.
- Go north to Markham Street and turn left (west).
- Head west on Markham Street for 0.3 miles to 4301 West Markham Street.

From Fort Smith, Arkansas:
- Take I-540 (US 71) to I-40 East, towards Little Rock.
- Take Exit 153B to the right, onto I-30.
- Take Exit 139B and merge onto I- 630 West.
- Take Exit 3B, keep right at the fork in the ramp, and turn right onto Pine Street.
- Go north to Markham Street and turn left (west).
- Head west on Markham Street for 0.3 miles to 4301 West Markham Street.

From Texarkana, Arkansas:
- Take I-30 East to Little Rock.
- Take Exit 129 to I-430 North.
- Take Exit 6 to I-630 East, towards downtown Little Rock.
- Take Exit 3B, keep right at the fork in the ramp, and turn right onto Pine Street.
- Go north to Markham Street and turn left (west).
- Head west on Markham Street for 0.3 miles to 4301 West Markham Street.

From West Little Rock
- Take I-630 East.
- Bear right on ramp at sign reading "Exit 4 Fair Park Blvd."
- Turn left on Fair Park Blvd and go Northeast.
- Turn right on West Markham Street and go East for 0.5 miles to 4301 West Markham Street.

University of Arkansas for Medical Sciences Campus with patient parking areas in yellow. Handicapped parking is provided at the curb near the entrance to Ward Tower on Hooper Drive and at convenient access points for most other UAMS buildings.
For your convenience, valet parking is available at the entry drive to the Arkansas Cancer Research Center, Outpatient Center, and Jones Eye Institute: ($3.00 charge)
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<thead>
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<th>Number</th>
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<tr>
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<td>Outpatient Center</td>
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<td>Arkansas Cancer Research Center</td>
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<td>MRI/Gamma Knife</td>
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<td>Emergency Room</td>
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<td>Donald W. Reynolds Center on Aging</td>
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<td>Pulaski County Health Unit &amp; Women's Clinic</td>
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<td>KARN Building (CHRP offices)</td>
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**University of Arkansas for Medical Sciences**
4301 W. Markham St., Little Rock, AR 72205

To Make an Appointment Call the Appointments Center at: **1-501-686-8000** or **1-800-942-8267**
For Patient Information/Rooms, Call **1-501-686-6416**
To Direct Dial a Patient Room, call **1-501-614-2** and the Room Number
For General Information and for Numbers Not Listed, Call **1-501-686-7000**
For International Patient Appointments, Call **1-501-686-8071**

For Information on Mailing or E-mailing UAMS Patients

Contact us with questions about the UAMS website.

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[Links to UAMS Online, Copyright Statement, Privacy Statement, Site Index]
**UAMS Frequently Asked Questions**

**Browse the FAQ** - Click on the [Browse the FAQ](http://www.uams.edu/faq/) link to view questions and answers in UAMS' dynamic, database driven question and answer system. You may search for questions and answers by keywords you enter in the search field or expand and collapse individual sections to view questions that have been answered. You may also submit a question. We will work to answer the question as quickly and completely as possible.

**Direct Links to FAQ Sections**

- About Health Care for Patients
- For Visitors: Directions to and Around UAMS
- About Academic Enrollment in UAMS Colleges
- About the UAMS Mission
- For News and Information
- About Navigating and Using the UAMS Website

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