Before Strategic Planning Comes Strategic Thinking (Structured Brainstorming)

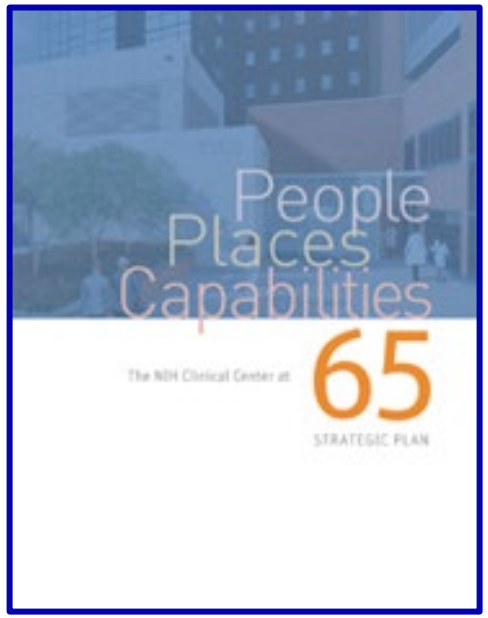
Clinical Center Research Hospital Board

16 June 2023

James K. Gilman, MD

Clinical Center CEO

Background



- Last strategic plan published in 2019
- 3-5 Year ahead horizon
- Reviewed progress on plan 1 year ago in this meeting
- Next iteration due in 2024 – time to start the planning cycle
- 2019 plan developed from whole cloth
- 2019 plan can be used as jumping off position for the 2024 plan
- Early days - today officially initiates the learning and listening process as we start working on the plan for 2024

Review

- **Mission statement:** **“We do pioneering clinical research to improve human health.”**
- **Guiding principles:**
  1. **Individual and collective passion for high reliability**
  2. **Diversity and inclusion of people and ideas***
  3. **Compassion for our patients, their families, and one another****
  4. **Innovation in both preventing and solving problems**
  5. **Accountability for optimal use of resources**
  6. **Excellence in clinical scientific discovery and application**
  7. **Commitment to professional growth and development*****

Principles

*Compassion for Our Patients, Their Families, & One Another

- **Did not include compassion for self**

** Diversity and Inclusion of People and Ideas

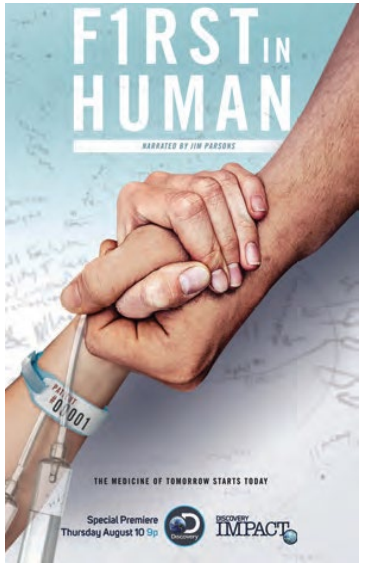
- Did not include accessibility
- Much heavier emphasis now than in 2019

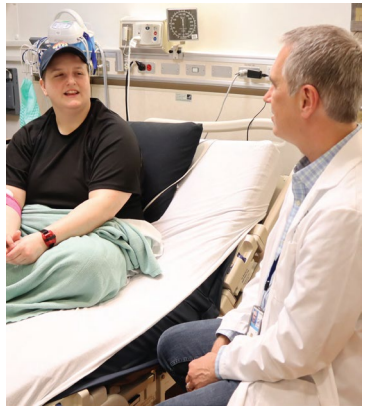
*** Commitment to Professional Growth and Development

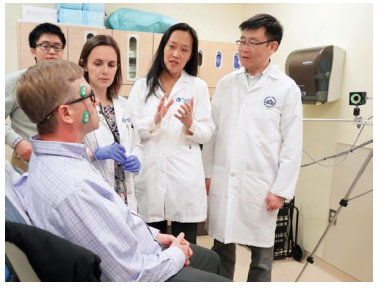
- Programs discussed in this meeting

Four Broad Aims

1) Continuing to lead the world in conducting first-in-human clinical research while maintaining our focus on rare and refractory disease.
2) Increasing the use of the CC by the NIH intramural research program while simultaneously accelerating the CC's status as a national resource for the extramural community.
3) Demonstrating profound respect for our patients, whom we recognize as our full partners in the clinical research enterprise.
4) Partnering with the IC's to recruit, develop, and retain the next generation of great NIH clinical researchers and the CC staff that will support their efforts.*

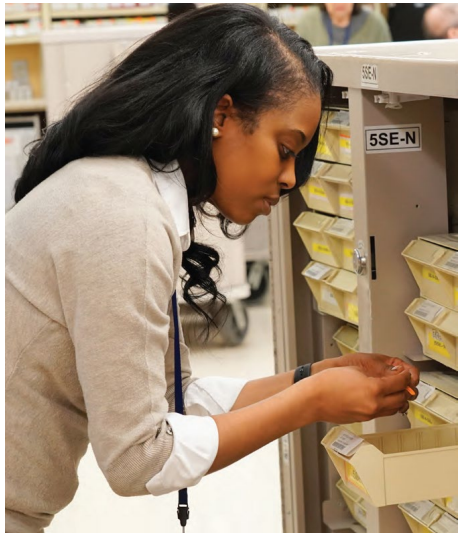


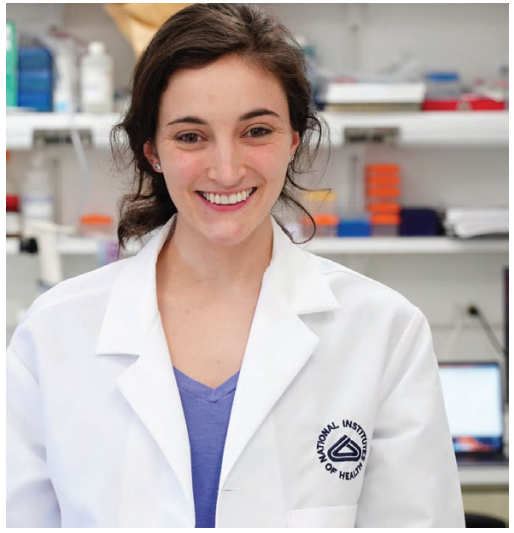




*Recruit, Develop, and Retain the Next Generation of Great NIH Clinical Researchers

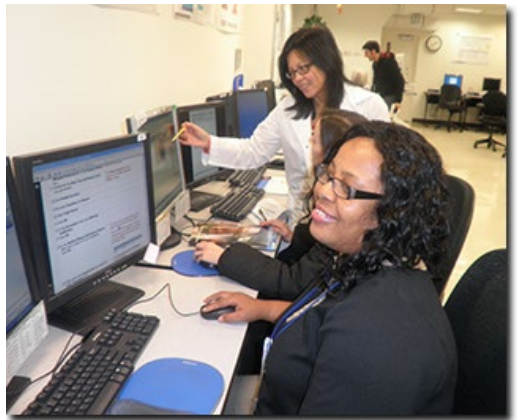
- Even more important today than in 2019
- Even harder today than in 2019
- DEIA makes task even more complex
- Does DEIA focus become part of this strategic aim or does it need to stand alone?

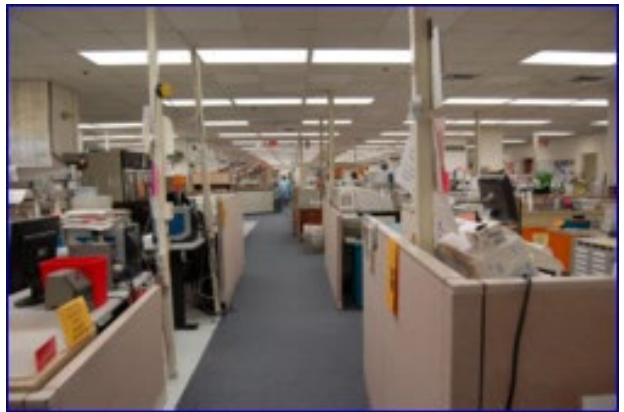




New Strategic Aim – Improved Ability to Access and Use Information of All Types

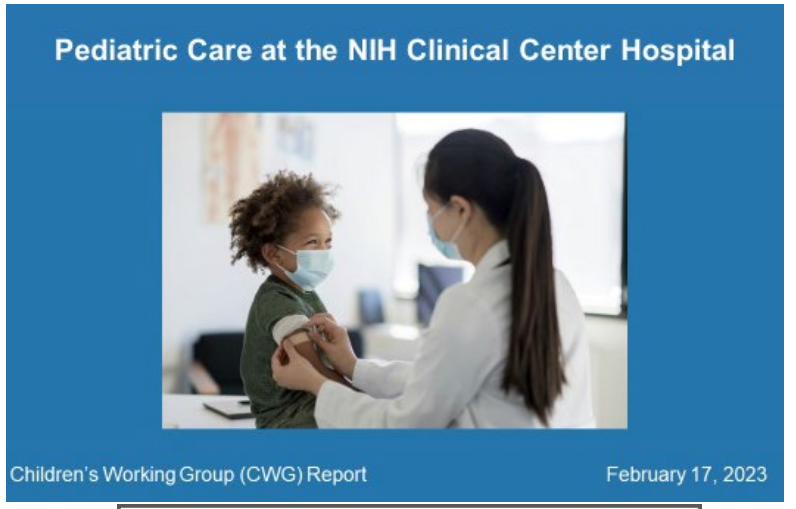
- **Admin** – Too much for anyone to remember – is it all necessary?
- **Admin** – Not always easy for anyone to find – is it organized as well as it could be?
- **Admin** – Poor search function
- **Admin** – Probable new CC website
- **Clinical** – procure new Electronic Health Record (EHR) or try to make the current EHR better





What about Pediatrics?

- **Report of extramural working group led by Dr. Devaskar heard and accepted**
  - **Dr. Devaskar:** plan proposed by intramural Pediatric Planning Group (PPG) using extramural partner is feasible but there are significant barriers to overcome
  - **Dr. Bogue:** Alternative approach – do early-in-human work at extramural academic medical centers
- **PPG (intramural) reviewed report** – not in favor of alternative approach

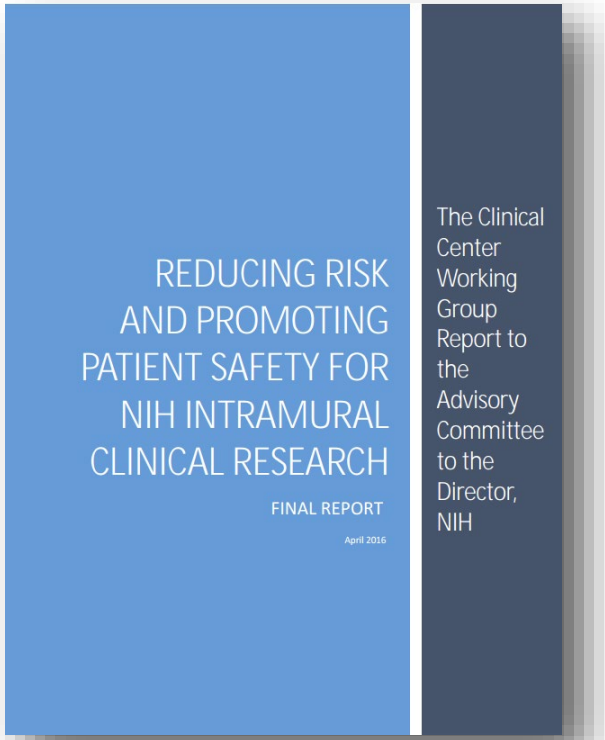


Pediatrics – Next Steps

- Further steps to organize as a Pediatrics Department
- Advance the model of care so that all pediatric patients are cared for by doctors and nurses with age specific competencies
- Carefully assessing decreasing the lower limit of age for admission to 2 years
- No request for 2024 for resources to develop PICU (driven primarily by 2024 budget concerns)
- Add Child Life Specialists

Pharmacy

- FDA inspection of Pharmacy triggered many actions in 2015 and 2016 including the Red Team assessment and report.
- Pharmaco-development Service (PDS) was source of greatest concern and had to be permanently closed.
- PDS housed a number of capabilities that investigators miss.
- Is it possible to bring back some portion of PDS capabilities?



Early Thoughts – Pharmacy

- **503a (single patient) compounding** – never stopped doing this but bandwidth is limited. Should we make the necessary efforts to do more of this?
- **503b (batch) compounding** – not currently doing any of this. Should the ability to do batch processing be developed in-house vs being out-sourced. Funding / payment model will require discussion.
  - sterile
  - nonsterile
- **Manufacturing** – not going there in any foreseeable future.
- **Safety / compliance** are foremost considerations.

What Happens Now?

- Meet with Institute and Center leaders
- Medical Executive Committee
- Deputy Director for Intramural Research
- Clinical Center Governing Board

External stakeholders

Lots of Discussion

- Department, Service, Section Chiefs
- CC Executive Leadership

More Discussion ← Hope to Be Here By End of 2023