

# **NIH Clinical Center Department Heads' Perspective on Organizational Changes Since the First Board Meeting 7/15/16**

**6-Month Follow-Up of Red Team Report 4/21/16**

**Henry Masur, M.D.  
Chief, Critical Care Medicine Department**

**Thomas Fleisher, M.D.  
Chief, Department of Laboratory Medicine**

**Tara Palmore, M.D.  
Chief, Hospital Epidemiology Service**

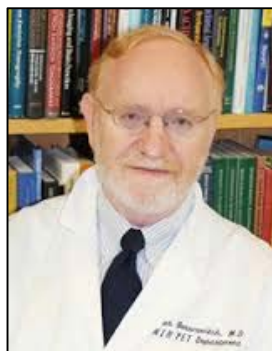
# Great Clinical Science Requires Great Clinical Infrastructure



- Governance
- Personnel
- Infrastructure
- Equipment

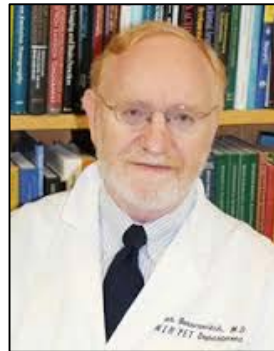
# Clinical Center Department Heads

We Remain Eager to Participate in The Change Process



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# What Can This Board Do?

Follow Up on Action Items Recommended  
in Department Heads' Presentation July 15

## 1. Fix Governance

- Clinical Center CEO needs authority over all intramural clinical staff
- Unclear how announced governance changes align responsibility and authority for this fragmented enterprise
- How will CEO, CMO, CSO and Chief Regulatory Officer interact?
- How does this new model provide necessary oversight and authority to optimize patient safety?

# What Can This Board Do?

## 2. Fix Budget Process

- A rational process is needed to match resources with clinical expectations
- How can NIH provide funding that facilitates optimal quality of care, high impact research, and training of future academic leaders expected of this unique clinical research facility?

# What Can This Board Do?

## 2. Fix Budget Process

- NIH budgeting for the Clinical Center has not adequately supported:
  - Optimized workforce compensation consistent with Federal guidelines
  - Acquisition of required capital equipment replacement
  - Facility upgrades
- NIH budgeting process does not recognize the special needs of a clinical enterprise required to assure patient safety and operate effectively in a competitive academic environment

# What Can This Board Do?

## 3. Fix Authority Over Hospital Facility

- Facility problems such as water supply purity, water leaks, electrical/plumbing/air handling defects, and adequacy of space need to be addressed promptly and effectively
- Accountability and authority for facility maintenance needs to be placed under Clinical Center management
- Real accountability is central to patient safety



# What Can This Board Do?

## 4. Help develop strategies to improve the current hospital staff morale

- Engage Clinical Center staff in the process of organizational change
  - Engagement to date only via Focus Groups
- NIH leadership needs to communicate to the public its confidence in the quality and safety of care at the Clinical Center in order to help improve patient recruitment and restore hospital census to institutional targets

# What Can This Board Do?

## **5. Initiate management reform based on in-depth analysis of this complex organization and lessons learned from other academic centers**

- The structure proposed at the first board meeting was presented as a “straw man” but appears to be the operational plan
- Department Heads would welcome governance lessons from other academic centers that the Board can provide to strengthen Clinical Center management

# Summary

- The Focus Groups have been helpful in soliciting observations and recommendations from intramural staff-Department Heads look forward to reading the written report
- Clinical Center Department Heads and employees are eager to be active partners in this historic opportunity to enhance even further the clinical care, research, and training that occur in Clinical Center
- Thank you for including Clinical Center Department Heads