



Washington University in St. Louis

SCHOOL OF MEDICINE

DEPARTMENT / DIVISIONAL RESPONSIBILITIES

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Gary A. Silverman, M.D., Ph.D.



Overview

1. Department of Pediatrics has 4 core missions
 - Clinical excellence for all patients we serve
 - Research excellence which advances the field of pediatrics
 - Educational excellence for trainees at all levels and ourselves
 - Community support and engagement/advocacy
2. Department of Pediatrics has multiple constituencies
 - Patients/families/community at large (society)
 - Faculty/staff
 - Research subject
 - Trainees

3. Department of Pediatrics has multiple organizational interfaces
 - SLCH/BJC hospitals/BJC
 - COPE offices/community pediatric practices
 - Referral Sites
 - School of Medicine/Departments/FPP/WU
 - NIH/granting organizations
 - ACGME/RRC
 - State of MO / IL /City of St. Louis
4. Department of Pediatrics has human resource relationships
 - School of Medicine/WU: (federal) policies/procedures/benefits/APGAR/tenure/compliance/safety
5. Department of Pediatrics has space obligations (maintenance/use and financial support)
6. Department of Pediatrics has financial obligations
 - Budget/School of Medicine transfers/WU transfers/contracts (e.g. SLCH)
7. Department of Pediatrics has a matrix organizational model

	Department of Pediatrics	Division
<u>Mission</u>		
Clinical	√	√
Research	√	√
Education	√	√
Community	√	√
<u>Constituencies</u>		
Patients/Families	√	√
Research Subjects	√	√
Trainees	√	√
Faculty	√	√
Staff	√	√
Society	√	√

“We’ve got to have a
fortress balance sheet.”

Jamie Dimon, CEO
JP Morgan Chase

On Managing Risk:

“Maintain large reserves, for every five years or so something bad will happen.”

Jamie Dimon, CEO
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Charge to Division Chief – lead a Division with excellence in clinical care, research & education, optimizing the talent of faculty and staff and in a fiscally sound manner

<u>Area</u>		<u>Div</u>	<u>Dept</u>
Faculty	● Development/Mentorship	√√√	√
	● Retention	√√√	√√
	● Recruitment	√√√	√√
Trainee	● Recruitment	√√√	√
	● Education/Development	√√√	√
	● Mentorship/Oversight	√√√	√
Staff	● Development	√√√	√
	● Retention/Recruitment	√√√	√√
Division Programs	● Development/Enhancement	√√√	√
IntraDepartment/Interdisciplinary Programs Planning/Prioritization/Balance		√√√	√√
InterDepartment/Interdisciplinary Programs Planning/Prioritization/Balance		√√	√√√
Division Finances		√√√√	√√√√
Department Finances		√	√√√√

Strategy, Tactics, Priorities and the End Game

- The End Game – A truly distinguished Department of Pediatrics
- Achieve the End Game by accelerating advances in Pediatrics by pushing the boundaries of clinical care, research and education
- Strategies – Optimizing the human talent, institutional culture and institutions
- Tactics – Recruit/retain the best, maximize synergies, minimize silos, take well-reasoned risks, be financially responsible/accountable
- Balance Institutional Goals/Initiatives
- Set Priorities – develop metrics, be continuously accountable

SWOT ANALYSIS

STRENGTHS

Clinical

-
-
-

Research

-
-
-

Education

-
-
-

WEAKNESSES

Clinical

-
-
-

Research

-
-
-

Education

-
-
-

OPPORTUNITIES

Clinical

-
-
-

Research

-
-
-

Education

-
-
-

THREATS

Clinical

-
-
-

Research

-
-
-

Education

-
-
-

SWOT ANALYSIS

STRENGTHS

- Strong culture of collaboration between Department of Pediatrics and SLCH with alignment of strategic growth
- Addition of 24/7 in-house attending coverage in NICU, PICU, and CICU
- Ambulatory visit volumes (new and return visits) increased 8% (~4,000 visits) between FY16 and FY17 exceeding budget at both SLCH and CSCC
- Vice Chair for Ambulatory Services and Strategic Planning actively involved in outreach initiatives.
- Strong relationship with Department of Obstetrics
- Vice Chair for Education aligning goals from medical school through fellowship training program
- Office of Faculty Development within Department of Pediatrics
- Vice Chair from Quality and Safety in place and currently recruiting for patient safety specialist
- NIH (RO1) grants increased from 13 to 26.
- Outstanding group of physician-scientists at the assistant professor level.
- Administration and faculty committed to increased diversity
- Established new Transgender Clinic

WEAKNESSES

OPPORTUNITIES

THREATS

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WEAKNESSES

- Clinical productivity in the outpatient program improving but still lags behind other academic pediatric programs
- Average faculty salaries below 50 percentile
- Lack of clinical administrative management skills (financial, inpatient, ambulatory) among Division Chiefs
- SLCH staffing challenges
- ED volumes flat
- Long wait times for new and follow-up visits in some Divisions
- Inconsistent communication with referring physicians among Divisions
- Loss of market share in primary service area
- EMR is archaic and inefficient
- Lack of several IL Managed Medicaid contracts including Meridian, Illinicare, and BCBSIL
- Lack of WUCA physicians in IL
- Lack of General Academic Pediatrics Division

OPPORTUNITIES

THREATS

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OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> • Recruitment of new Chiefs for Genetics, Hematology/Oncology, and Endocrine • Growth in Women and Infants' program • Expand ambulatory clinical operations at CSCC2, Belleville Memorial East Shiloh, Cox Health (CF and Hem/Onc), and Mercy. • Expand Newborn Medicine and Emergency Medicine services to Belleville Memorial West and East • Expand WUCA practices • Pediatric precision medicine initiative • Development of child to adult transition programs (especially Adult Congenital Heart and Diabetes Programs) • Development of a General Academic Pediatrics Division coupled with recruitment of physician-scientist to continue PAARC research program • PEDSnet and SCILHS • Re-define CDI and better integration with WUSM research institutes and cores • Align QI work with residents and fellows training requirements • Excellent clinical and research reputation of medical center for recruitment • Increase recruitment of URM medical students and trainees from the medical center to the faculty • Implementation of a faculty incentive plan based on increased clinic productivity • Improve access, reduce wait times, and increase ambulatory patient volumes. Streamline patient flow through PI work in Clinics. 	

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