

<b>STRENGTHS</b>	<b>WEAKNESSES</b>
<p><b><u>Clinical</u></b></p> <ul style="list-style-type: none"> <li>• NICU relationship with other institutions (esp. BJH)</li> <li>• Strong PICU/CICU</li> <li>• Strong clinical programs in 14 subspecialties</li> <li>• Hospitalist Program with services at SLCH, MOBAP, and Progress West</li> <li>• Growing ambulatory programs at BJWCH</li> </ul> <p><b><u>Research</u></b></p> <ul style="list-style-type: none"> <li>• Strong NIH supported research program in 3 interdisciplinary units</li> <li>• Ability to develop and recruit young physician-scientists</li> <li>• Washington University Intellectual and Developmental Disabilities Research Center - Translational and clinical sciences funding (Kennedy Center)</li> <li>• Children’s Discovery Institute</li> </ul> <p><b><u>Education</u></b></p> <ul style="list-style-type: none"> <li>• Greater than 15% of WUMS students enter Pediatrics</li> <li>• Strong fellowship programs with 5 NIH training grants / Ph.D. student education</li> <li>• COPE Program</li> <li>• Office of Faculty Development</li> <li>• Faculty and Administrative Leadership Program</li> </ul>	<p><b><u>Clinical</u></b></p> <ul style="list-style-type: none"> <li>• Increasingly strong community competition for cardiac, oncology, etc. (e.g. St. Johns)</li> <li>• Increasing specialists at Cardinal Glennon (e.g. Cardiothoracic Surgeon) and St. John’s (Mercy)</li> <li>• High Medicaid (&gt;50%) with recent significant disruption caused by HCUSA contract termination</li> <li>• Poor pediatric population demographics in MSA driving increased need to develop relationships in secondary markets</li> </ul> <p><b><u>Research</u></b></p> <ul style="list-style-type: none"> <li>• Loss of top faculty due to huge dollars provided in other institutions</li> <li>• Decrease in NIH funding ( approximately 2001 levels), down another 10% because of sequestration</li> <li>• Limited philanthropic support</li> </ul> <p><b><u>Education</u></b></p> <ul style="list-style-type: none"> <li>• Un-reimbursed efforts</li> <li>• Challenges to support all (&gt;80) clinical fellows, without SLCH contribution</li> <li>• Residency duty hour restrictions</li> <li>• Faculty pipeline support</li> </ul>
<b>OPPORTUNITIES</b>	<b>THREATS</b>
<p><b><u>Clinical</u></b></p> <ul style="list-style-type: none"> <li>• Joint strategic planning with WUSM and SLCH</li> <li>• Women and Infants Program Planning and Development – significant faculty recruitment required</li> <li>• Fetal Care Center growth and development</li> <li>• Off campus growth with OPAC</li> <li>• Strategic campus facility expansion</li> <li>• Heart Center development</li> <li>• Hem/Onc Program growth and development</li> <li>• Advancing telemedicine services, initial pilots in GI and NICU</li> <li>• 1 interim Division Director</li> </ul> <p><b><u>Research</u></b></p> <ul style="list-style-type: none"> <li>• Children’s Discovery Institute growth/expansion</li> <li>• Major philanthropic initiative</li> <li>• Translational and clinical sciences funding (with Kennedy Center)</li> <li>• Clinical Translational Services Award (CTSA)</li> </ul> <p><b><u>Education</u></b></p> <ul style="list-style-type: none"> <li>• Improve match for residents</li> <li>• Improve quality of fellows</li> <li>• Addressing challenges with residency duty hours</li> <li>• Obtain additional training grants</li> <li>• Office of Faculty Development</li> </ul>	<p><b><u>Clinical</u></b></p> <ul style="list-style-type: none"> <li>• High Medicaid (&gt;50%) mix</li> <li>• Increasing number of subspecialists at local and regional competitors</li> <li>• Growing costs for residents / fellows without SLCH support</li> <li>• Future space for faculty and support staff recruitment</li> <li>• Health care reform</li> <li>• Impact from less bottom line split support</li> <li>• Increasing complexity of EMR regulations and requirements</li> </ul> <p><b><u>Research</u></b></p> <ul style="list-style-type: none"> <li>• Decrease in NIH funding ( approximately 2001 levels), down another 10% because of sequestration</li> <li>• The big 4 children’s hospitals plus &gt;10 others with significant dollars to entice recruitment</li> <li>• Trainee indebtedness and impact on career choice</li> </ul> <p><b><u>Education</u></b></p> <ul style="list-style-type: none"> <li>• Un-reimbursed efforts of faculty</li> <li>• Decreased number of students entering pediatrics</li> <li>• COPE program stability</li> <li>• Challenges of residency duty hours</li> <li>• Limited trainees in pipeline</li> </ul>

Review and discuss the SWOT analysis. Determine a goal statement – likely related to an opportunity, threat or weakness (or combination).

Develop 1-3 strategies (actions to be taken) to support the identified goal.

**VISION:** To be a top-tier academic pediatric hospital.

**GOAL:**

Supports long term vision

Defines framework for strategies

Can be monitored/measured for success

---

---

---

**STRATEGIES:**

A plan of action that will support achievement of the goal

---

---

---

---

---