

# **CEO Presentation to the CCRHB**

**19 July 2019**

**James K. Gilman, MD  
NIH CC CEO**

# It's Halftime – What's the Score?

- ‘Another “heads up” – we have always appointed Institute and Center Directors (and equivalents) on indefinite T42 appointments. The passage of the 21<sup>st</sup> Century Cures Act ..... now make it necessary for us to appoint ICDs on 5-year, renewable, term appointments... ...You will be the first new appointment under this new system, and HR will be sending you a note to that effect.’

Larry (4 January 2017)

# Indications that We are Better

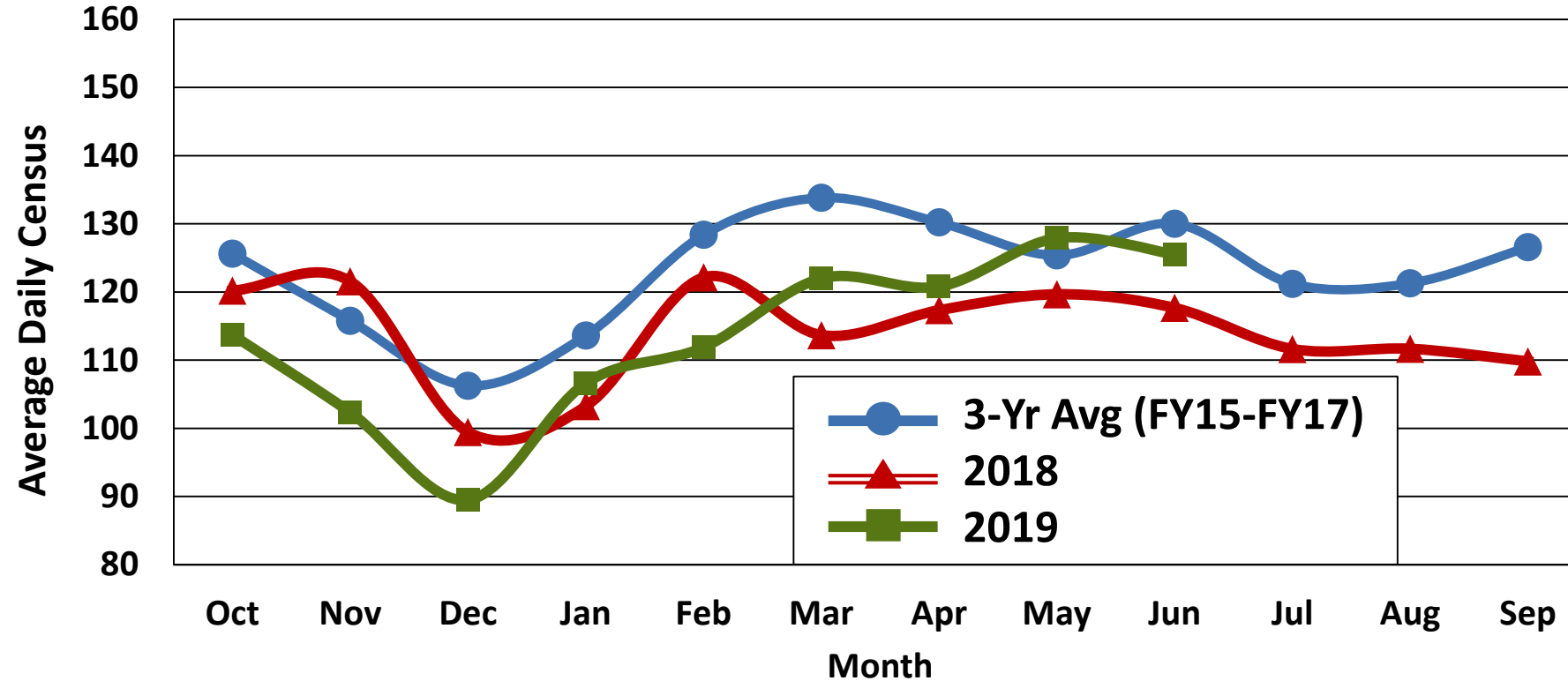
- 7 x 24 (great work by the CCND Administrative Coordinators)
- *Significantly less use of the term 'ancillary' to refer to a staff member or group*
- Elevated the importance of Staff Clinicians, Mid-Level Providers, and Nurses
- *We are getting really good at doing FMEA's*
- Risk-based decision making – we have said no and been supported
- *We don't look the other way*
- Budget for equipment and facility modification much improved

# Still Need Improvement

- Although rare, still see instances when interest in patient wanes after the interests of science have been satisfied
- *Professionalism and civility in communication*
- Facilities and infrastructure
- *Still finding our way in the intersection of cGMP and a grievously ill patient with few options*

# Average Daily Census

*as of July 1, 2019*



## ADC Stats

- 3-Year Average (FY 2015-2017) = 126.6
- Year End FY 2018: 113.9
- Year-to-Date FY 2019 (as of 07/01/2019): 113.0

# Dr. David Henderson Stepping Down



- 40 Years at the NIH
- First Hospital Epidemiologist at the CC
- 25 Years as Deputy Director for Clinical Care
- Incoming President of Society for Healthcare Epidemiology of America (SHEA)
- 2019 Recipient of Alvan R. Feinstein Award in Clinical Epidemiology from the American College of Physicians
- 2019 Recognition as Distinguished Alumnus of University of Chicago School of Medicine

*Effective Date – 31 December 2019*  
*Search Committee Already Named*  
*Title Change – Chief Medical Officer*



# People Places Capabilities

The NIH Clinical Center at

# 65

# **Evolution of the Document**

- **First started – summer of 2017**
- **Re-start – summer of 2018 – one full budget cycle, 18 mos of CCGB meetings, 2 institute planning cycles, 3 dozen IC meetings (or more), 3 dozen or more MEC meetings, at least a few Hill encounters**
- **7 x 2 hour meetings at the Cloisters involving 30 attendees from the CC**
- **Drafted Jan / Feb / March of this year – text reviewed several times in the CC**
- **Submitted to Division of Program Coordination, Planning, and Strategic Initiatives for review – passed back with a number of recommendations**



# Context

- **High level strategic plan, not a detailed implementation plan**
- **Must serve external stakeholders, such as elected and appointed officials but also inform members of the IRP as well**
- **Without dwelling on the recent past too much, acknowledge the reality the need for change in the CC after the Red Team**

# **Aim #1**

- **Continuing to lead the world in conducting first-in-human clinical research while maintaining our focus on rare and refractory diseases**
- **This is the wheelhouse of the “House of Hope”**
- **Implementation – CCE, new Blood & Inherited Diseases Cellular Therapy Program , etc.**

# **Aim #2**

- **Increasing the use of the CC by the NIH IRP while simultaneously accelerating the CC's status as a national resource for the extramural community**
- **Space management / allocation / attempts to find room for new programs**
- **Acknowledging the contributions of the legacy UO1 program and encouraging newer models, if the CC is to be relevant outside the Bethesda campus, virtual connections need to be expanded – including the use of telehealth and telemedicine**

# **AIM #3**

- **Demonstrating profound respect for our patients, whom we recognize as our full partners in the clinical research enterprise**
- **New members on the Patient Advisory Group (PAG)**
- **Providing resources for suggestions that come out of the PAG**
- **CSO evaluating how to incorporate patients, family members, advocates into clinical research efforts**

# **Aim #4**

- **Partnering with the ICs to recruit, develop, and retain the next generation of great NIH clinical researchers and the CC staff that will support their efforts**
- **Key IC representatives on every key search**
- **Increased support to MRSP and management fellowships**
- **Talent management council**

**Friday, July 19, 2019**  
**OPEN SESSION**

<b>9:00 AM – 9:45AM</b>	<b>Board Members’ Tour: National Institutes of Health (NIH) Clinical Center Building 10</b>
<b>10:00 AM</b>	<b>Welcome &amp; Board Chair’s Overview</b> ➤ Laura Forese, MD, NewYork-Presbyterian, and Hospital Board Chair
<b>10:05AM</b>	<b>NIH Director’s Remarks</b> ➤ Francis Collins, MD, PhD, Director, NIH
<b>10:20 AM</b>	<b>Clinical Center Facilities Update</b> ➤ Mr. Dan Wheeland, Director, NIH Office of Research Facilities
<b>11:00 AM</b>	<b>NIH CC CEO Update</b> ➤ James Gilman, MD, Chief Executive Officer, NIH Clinical Center
<b>12:00 PM</b>	<b>Discussion</b>
<b>12:20 PM</b>	<b>Lunch</b>
<b>1:20 PM</b>	<b>NIH IRBs</b> ➤ Jonathan M Green, MD MBA, Director, Office of Human Subjects Research Protections
<b>2:20 PM</b>	<b>Patient Safety &amp; Clinical Quality Update</b> ➤ Laura Lee, MS, RN, Director, Clinical Center Office of Patient Safety & Clinical Quality
<b>3:00 PM</b>	<b>Adjournment</b>

*"Thank you to all who make our vital mission possible: dedicated staff and trainees, the public, and most importantly our patients. Patients are the heart of everything we do. As seen in the 2017 Discovery documentary: First in Human, the medicine of tomorrow starts today. It starts at the NIH Clinical Center. It starts with you."*

**Dr. Freeman and her patient re-enacting Discovery photo last month!**

