

Kick-Off Meeting Minutes June 1, 2007

In Attendance:

Skip Smith
Daisy Dai
Gordon Cohen
Jared Roach
Melissa Ralston
Michael Portman

Natalie Ottenweller
Peter Richardson
Rhona Jack
Willie Austin
Aaron Olson
Bob Boucek

Introduction:

Skip began the meeting with introductions and an invitation to committee members to speak out at any time during the meeting. He outlined what had been accomplished thus far and indicated that the team should be able to complete the process quickly.

Heather Lindemann then gave some background on the process and outlined the steps involved in order to provide a basis for further discussion. She described the reasons for developing a strategic vision and priorities. Some of those include providing a common focus for the center to help improve recognition and funding possibilities. The most value comes from a strategy that is constantly used.

Heather went on to explain that the hospital's mission will be the mission for each center. In this phase, we will develop a vision and priorities for the center. The outcome will be used over the next five years with top priorities as a starting point for action plans. These steps are necessary in order to move into action plans where more tangible outcomes will be realized.

The audience for the final document will be both internal and external including staff, faculty, administration, the Board of Trustees, foundation, investigators and donors. Because of this, the wording of the document should strike a balance between scientific and common language.

The following items are outside of the scope of our committee and will be addressed in a different forum.

- a. Center membership determinations. This will occur in another process.
- b. Center governance and operational set-up. Setting the details should be done after this process.
- c. Space planning or moves.

Process:

Heather complimented the group indicating that this center has made a wonderful start in drafting a vision statement and is much farther along than others were at this point. Developing strategic priorities and potentially focus programs will be the next step. This meeting is the first of possibly three (3) meetings. The final meeting may be done by e-mail, if the group chooses.

After the center's vision and priorities are complete, a public forum will be held at the Wright Auditorium in August. You will have the opportunity to present as a group to faculty, staff and researchers. Everyone will have an opportunity to come and provide feedback. The Forum for this center is scheduled for Monday, August 20 from 1:00 to 3:00 p.m.

Collaboration process:

Natalie will be coordinating collaboration. She is setting up access to the server for the group to collaborate. Any internal members may contact Natalie for information on mapping to the network drive. She is still working on access for external members.

Collaboration is encouraged. Everyone should understand and help guide how we go about making decisions. If we want to grow in a general direction we should design a method for doing that as part of our internal plans. For this process, we need to draft something with a focus on the foundation needs, a way to attract potential donors and with an eye toward what we want our voice to say externally. We want a way of attracting people to come and work with us – something that is motivating and encouraging.

Vision Discussion:

Skip pointed out a statement by Columbus Hospital as an example of a powerful vision -- "For every child, for every reason." He indicated that he was drawn to the first line in the 3rd statement from the ideas handout. "We are dedicated to discovery, so that we can give happier, healthier lives to our children."

This statement would distinguish us from other entities because it is short, and therefore stands out. When looking over other vision statements in the binder they all seem the same, include too many words. It seems like just a bunch of words that you glaze over. We also need to stay away from buzzwords like state of the art and cutting edge.

Skip also expressed that these other hospital centers are not our competition. Disease is our competition. "We are going to be better or bigger" statements lose site of that fact.

The merits of the Columbus statement were discussed. It has a poetic element. Poetry can be very powerful. We should find a way to instill poetry in our statement so that it is memorable. Keeping it short is important, the more you try to define it the more you dilute it.

Using the term "we" is good. It is inclusive and a way to wrap our arms around the donor.

After some further discussion the following was proposed, voting by a show of hands and accepted:

VISION STATEMENT:

"Dedicated to discovery, we will improve our children's lives."

Developing Priorities:

A discussion took place around things to consider when developing priorities. Some of those thoughts were:

1. What do we say to people on the street in terms of priorities? What is the sound bite? Everyone should have a sound bite in answer to what do you do that engages the public. For instance "we work in these areas....". It is important to put that down.

2. Think in terms of disease?
3. People don't have full appreciation for devices and drugs. The public is shocked when they find out that there are virtually no drugs approved for children. We don't know the effects of drugs on children. Eighty percent of all drugs prescribed for use in children have not been licensed for use in children.
4. Nutrition is a way to shift the curve of the health trajectory much more quickly than with many other approaches. We should search for ways to take advantage of collaborations, such as with UW workers or those elsewhere, to develop research themes.
5. Tell me why, what you need, what are you going to do. Need to say what you need so that donors have some information.
6. Develop core facilities and shared equipment. Don't view any piece of core equipment as restricted to a center, should be available to anyone in the institute.

The following potential priority items were listed:

1. Pharmagenomics
2. cath lab
3. Animal ICU (pigs, rabbits?)
4. Access to cardiopulmonary exercise lab – state funded?
5. Statistical sophistication
6. Proteomics core
7. Imaging
8. Recruit a Genetic epidemiologist or establish collaborations is another option
9. Working together, sharing resources -- breaking out of circle the wagons mentality is important. People are working in this center is to serve the needs of the institute.
7. Imaging
8. Organize to enhance collaboration
9. IRB needs to improve responsiveness.

Add to this list anything you want to add. Real work will come to optimize the shopping list. Then we will need to prioritize.

Action: So that we can forecast what we need in addition, look at the list of core equipment from 307 Westlake that is on the shared drive. Then add to the list of potential priorities.

(Committee members)

Action: Come up with a plan to recruit a top notch genetic epidemiologist. **(Michael Portman)**

Submitted by:

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Reviewed by cvs 070604