

## Kick-Off Meeting Minutes June 8, 2007

### In Attendance:

Bonnie Ramsey  
Cate Pihoker  
Danielle Zerr  
Eileen Klein  
Jackie Starr  
Jeff Ojemann  
Julie Park  
Karen Murray  
Kelly Schloredt

Margaret Rosenfeld  
Mark Lewin  
Patrick Healey  
Sam Moskowitz  
Heather Lindemann  
Delila Katzka  
  
By Phone -  
Ben Wilfond  
Pam Joy

### Introduction:

Bonnie emphasized that the committee is empowered to set their own destiny and determine where they would like to focus. She went on to say that during this strategic planning phase we will start at high level developing a vision and priorities and later go onto the operational level. She stressed the need to get a message out concerning who we are, in particular as compared to the other centers, and where we are going.

The committee was formed primarily by appointments by the division chief's. Bonnie then worked to ensure broad representation and underscored that the committee should be very open and inclusive.

### Process:

Heather Lindemann explained why we need to put together a strategic plan. The vision and priorities will assist in communication with internal and external stakeholders and help to solidify an understanding of our purpose to potential donors. It will also be used by the center director and advisory committee in planning over the next 5 years. We are moving quickly to complete this task before the start of our next fiscal year, so that we can develop action plans to begin work on our top priorities in the coming year.

To keep the discussion focused, Heather mentioned that the following was out of scope for our strategic planning:

- a. Center membership determinations.
- b. Center governance and operational set-up.
- c. Space planning or moves.

All centers will use the hospital's mission which was developed to encompass the entire institution. Because the audience is quite broad, we should strive to hit a balance between scientific and lay language. The vision to provide framework for five years and beyond and the priorities will drive action plans for the next several years as well.

At the end of this meeting we hope to have a draft vision that can be circulated afterward for comment and refinement. The second meeting will focus on developing priorities and the final meeting will focus on refining any remaining points.

Alternatives for collaboration between meetings were discussed including using a Yahoo group or simply sending e-mail to Delila for compilation and periodic distribution. The team preferred to use e-mail.

### **Introductory presentation:**

As a starting point, Bonnie gave a presentation which included a look at the clinical steering committee report from the strategic plan developed in 2005. She also gave some information about the center. (See attached PowerPoint presentation for details.)

There was a brief discussion about the other centers and how the relationships will work, some of which is not yet defined. The team looked at the program ideas developed during the 2005 strategic planning process for clinical research provided in the handout and identified which areas are 1) still relevant for the current center structure, 2) now fall under another center and 3) overlap with other centers but still relevant to this center. This revised list will be used in developing potential focus areas (underlined items below) at the next meeting.

### **Program Ideas:**

1. Therapeutic Trials
2. Bacterial Pathogenesis
3. Viral Diseases
4. Developmental Psychopathology
5. Transplantation Biology/Immunology
6. Clinical Outcomes Measures
7. Neurocognitive Behavioral Development
8. Treatment and Management of Children with Chronic Conditions
9. Autoimmune Disorders and Immune Dysregulation
10. Developmental Pharmacology
11. Therapeutics/Pharmacology/Pharmacokinetics
12. Genetics
13. Biomarkers and Diagnostic Tools
14. Translational Research

Further discussion regarding the presentation ensued. Members felt that the SWOT analysis in the Powerpoint presentation was quite comprehensive and aptly described the situation. Additional considerations might be physical location of the researchers (at Met Park) and more clinical research moving to outreach clinics or other offsite locations

### **Vision discussion:**

The team set about crafting their vision statement from portions of previously drafted materials.

Several key ideas were brought out:

1. Bridge between basic science and health outcomes
2. Lab to patient to lab
3. Collaborate nationally and internationally
4. Partner with investigators worldwide
5. Take scientific discovery and use to prevent, diagnose, treat and cure
6. From individual application to global research – clinical investigation looks at bigger scope
7. Across the spectrum of all pediatric diseases
8. Organizational and facility resources are required to conduct successful clinical research
9. CRC facility
10. Ethics must be key underpinning of clinical and translational research (CTR)
11. Develop leaders of tomorrow
12. Advance science of CTR
  - a. Methodologies
  - b. new outcomes
  - c. ethical implications
13. Common theme across many speciality areas
14. Unique niche infrastructure
15. Stepping stone to facilitate development of new therapies and diagnostics
16. Transition from inquiry to big picture
17. Collaborate with other centers
18. Positioned between sciences
19. Resources to conduct CTR
20. Multi-center and international trials
21. Specialized expertise and resources
22. We are the ones that will cure disease

The following draft will be refined before the next meeting via electronic discussion.

**DRAFT VISION:**

**Research Center for Translational and Clinical Science**

Our research is the critical bridge to translate new scientific discoveries into the prevention and cure of childhood disease. We will achieve this vision through partnerships with all Children's Research Institute centers to safely and successfully develop new diagnostic and therapeutic approaches. We will advance the science of clinical research by focusing on research methods, ethics, and the mentoring of tomorrow's leaders. We have the specialized expertise and resources to conduct large national and international clinical studies while maintaining focus on the unique needs of each child.

**Next steps:**

Next time we will look at strategic priorities which could potentially include collaborations, funding sources, recruitment, retention, organizational structure, focus programs, emerging programs, functional strategies (see last pages of presentation). Think about some other things that are important and ways to further refine these areas.

**Action:** Review, comment and refine vision. **(Committee members)**

**Action:** Review priorities pages from presentation and begin to formulate ideas for the next session. **(Committee members)**

Our next meeting will be Wednesday, June 20, 2007 from 1:00 to 3:00 p.m. in the hospital conference room SDR1.

Submitted by:

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