



Jack E. Garon, MD, FCAP

**Mission Driven, Hands On**

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The Sinai Health System is a major anchor and economic engine situated in the center of an economically challenged community of 750,000 on Chicago's west side. Mount Sinai Hospital, a community teaching hospital with 325 staffed beds, four sponsored residency programs, a Level I trauma center, and a Level III neonatal intensive care unit, is the heart of the Sinai system.

Jack E. Garon, MD, FCAP, is chief medical officer (CMO) for the Sinai Health System as well as a professor at Chicago Medical School and chief of the department of pathology at Mount Sinai Hospital. In the latter role, he oversees the Israel Davidsohn Laboratory, which serves two hospitals within the health system plus 50 outpatient clinics. Last year, 94 full-time employees (FTEs) in the hospital's main laboratory performed 1.78 million billable unit tests.

He could not hope to meet the responsibilities of both CMO and department chair if the pathologists and staff in the laboratory required close supervision. "I am blessed in having people who are proactive," Dr. Garon says. "They are independent, they are smart, and they are self motivated; I like to think that I can help them find direction and things to do, but they are very often ahead of me."

Mount Sinai has a 90-year legacy of care for the poor; waves of immigrants have settled and resettled the community, creating a diverse patient population. Mount Sinai is known as a "safety net" hospital; 13 % of its patients have no health insurance and the reimbursement that they do receive for care is 60% Medicaid, 20% Medicare, and only 7 % private insurance.

Dr. Garon characterizes the physicians on the medical staff as "mission driven," as if they have "self selected" for leadership and service. The staff shares a collective vision of Mount Sinai, to "become the national model for the delivery of urban health care," Dr. Garon says. Despite limited resources, there is a genuine institutional commitment to quality as a top priority. As CMO, Dr. Garon is responsible for quality management in all clinical divisions, and it is clear that he likes the job.

"I think that quality management is a good role for a pathologist," Dr. Garon says. "For many physicians, the language of quality is foreign, but for us it is a good fit; pathologists understand the underpinnings." And he has the numbers to prove it: Last month Mount Sinai scored in the top 10% of hospitals on 92% of core measures employed by the Centers for Medicare and Medicaid Services to evaluate clinical outcomes in 2,200 hospitals nationwide.

Other roles of the CMO, Dr. Garon says, are more of a stretch. For example, he makes a point of rounding regularly. "Saturday, I did rounds in the hospital, which means I came in and walked the floors as the

chief medical officer,” he says, “and it turns out that I am a doctor. I do forget that—I think it is pretty easy to forget. But I am a doctor, and walking the floors is part of owning the institution, of taking responsibility.”

When he goes up to the floors, Dr. Garon says, “I’m not sure what I’m looking for and have no idea what I’m going to find. Sometimes I stop and talk to a doctor or a nurse; sometimes I can facilitate something, sometimes I can help somebody. Last Saturday, there was an abusive patient on one of the floors, and the nurse didn’t want to go into the patient room alone, so I went in with her. I wasn’t trained for that,” he concludes, “but it was the thing to do at the time.”

Jack Garon understands that effective leaders build relationships, something he learned, in part, in stints as president of his medical staff and president of the Illinois Society of Pathologists. At the suggestion of an administrative co-worker, he started a Future Leaders Group at Mount Sinai for physicians under age 40. “We got them all together and did a brainstorming session,” he says, to come up with a theme for its first quarterly meeting. He was pleasantly surprised, he says, when the group voted for seminars on governmental affairs and the tools of hands-on advocacy.

Given the context, maybe it’s not so surprising. In a mission-driven culture, an appetite for practical advocacy tools is probably to be expected. In this instance, when there is so much need and so much ability, stepping up is simply the thing to do.