

FREDERICK J. WILSON, MD, MBA, FAAP

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CHIEF MEDICAL OFFICER – CHIEF EXECUTIVE OFFICER

Resourceful, Strategic, & Compassionate Hospital Executive
Delivering Stakeholder Value Through Cost-Effective, Quality Innovations in Healthcare



Business-Focused Visionary Experienced in Administrative & Research-Based Practices
#1 MBA Graduate With Exceptional-Quality Training at Top-Notch Medical Organizations

Well-regarded medical executive and proponent of advances in medicine, leveraging perspective on patient-family logistics, cost control, and revenue opportunities to grow hospital operations while improving quality of care. Expertise includes staff physician role at 10th largest pediatric hospital nationwide, plus fellowship, residency, and undergraduate work at Vanderbilt, Stanford, and Dartmouth-Hitchcock. *Able to relocate.*

Examples of Executive Competency, Medical Acumen, & Innovation in Patient Care

- ▶ Strategic Vision
- ▶ Financial Administration
- ▶ ICU Standards
- ▶ Physician Relations
- ▶ Strategic Initiatives
- ▶ Provider Networks
- ▶ Evidence-Based Practices
- ▶ Quality Controls
- ▶ Board Relations
- ▶ Patient Care Quality
- ▶ Telemedicine
- ▶ Clinical Decision Support

Actionable steps to drive vision initiated by President, helming Level III Neonatal ICU accreditation via California Children's Services (requiring adherence to stringent state and reimbursement policies).

Collaboration with hospital President and CFO to introduce new technologies and practice areas — adding revenue sources and promoting hospital services among peer facilities.

Crucial service introductions including ROP telemedicine, neonatal transport, and CPQCC policies.

Cutting-edge NICU Developmental Care Task Force initiated by leveraging Harvard Medical Review and other literature on developmental delays to champion potential for mid-cap certification.

CLINICAL & EXECUTIVE CAREER HISTORY

Medical Director & Neonatologist
Staff Neonatologist
Staff Neonatologist
Staff Neonatologist; Senior Resident
Staff Neonatologist & Lecturer
Resident

Arlington Vista Medical Center, 2007 – Present
Perinatal Medical Group, 2006 – 2007
Laramie Valley Regional Medical Center, 2000 – 2005
Methodist Hospital of Des Moines, 1995 – 1999
Western Carolinas Neonatology & Walker General Hospital, 1994 – 1995
Corinthia Medical Center, 1992 – 1994

LEADERSHIP PERFORMANCE

Arlington Vista Medical Center (Castle Pediatric Group), Arlington, TX, 2007—Present

MEDICAL DIRECTOR, NICU / NEONATOLOGY ATTENDING PHYSICIAN (LEVEL IIB/IIIA)

Handpicked to run all medical management for NICU as direct report to CMO for Level IIB / IIA, 24-bed NICU within private-practice, multispecialty pediatric hospital group. Led groundbreaking care and administrative improvements.

Expanded practice as sole Medical Director (since 2008) serving 500,000-resident community in 9th-largest area statewide, developing NICU policies and best-practices targeting large agricultural patient base. Serve as Neonatology representative to OB, Pediatrics, Cardiology, Radiology, Pharmacy, Laboratory Services, Respiratory Therapy, Nutrition, Lactation Services, and Infection Control departments.

MEDICAL DIRECTOR / NEONATOLOGY ATTENDING PHYSICIAN, Continued...

Strategic Leadership

Built relations among executive staff and community critical to long-range planning...

- ▶ Influenced plans and consensus for 30-bed Level III NICU designed to meet community needs; cultivated relations with Children's Hospital of Central California/Community Regional Medical Center as neonatology liaison.
- ▶ **Facilitated multimillion-dollar revenue** within unit, allowing financial support to adjacent operations including Well-Baby nursery, Pediatric ward, Labor & Delivery unit, and Postpartum units.
- ▶ Supervised Neonatology staff and Pediatric Hospitalists, with extended training and orientation for new Neonatologists, in addition to development of allied medical staff (nurses, nursing managers, and occupational, speech, physical, and respiratory therapists).
 - Addressed physician turnover with coverage coordination; took on extra hours to ensure quality.

Care & Revenue Initiatives

Instituted cutting-edge programs designed to position hospitals as competitive, high-quality care providers...

- ▶ Added first-time policies and practices **reflecting advances in medicine and potential revenue sources**:
 - ROP telemedicine program allowing RetCam technology usage by trained staff—eliminating need for transport (100% projected ROI after first 5 patients) and creating revenue opportunity.
 - *Built ophthalmologist relationship crucial to leveraging new technology within other medical centers.*
 - *Led C-suite negotiations for potential contract with Children's Hospital in central California.*
 - Standout Hyperalimentation program designed to optimize nutrition, discharge rates, and outcomes; exceeded community standards for neonatal care by focusing on factors in later development.
 - *Outpaced state and national standards for developmental, nutritional, and health results.*
 - Medical policies and protocols for California Perinatal Quality Care Collaborative (**CPQCC**) standards with newborn care metrics review/assessment against Vermont Oxford Network (**VON**) database.
 - Neonatal transport system plans to facilitate regional service to other units and provide community benefit with patient proximity to families as potential new revenue opportunity.
 - Central Line Insertion Practices (CLIP) monitoring.
- ▶ **Drove high-profile projects** including Neonatal Follow-Up Clinic, and served as executive sponsor bringing in High Frequency Oscillatory Ventilation (HFOV) practices.

Quality Standards

Added rigorous procedures instrumental in hospital reputation and care quality...

- ▶ Prepared staff and records for **demanding CCS Level III NICU review** of newborn transports, policies and procedures, patient logs, quality, and other factors, including personal presentation to state officials.
- ▶ Served as STABLE nursing/respiratory therapy instructor; took Birth & Beyond quality improvement role.
- ▶ **Fostered communications** through Neonatology peer review and quality management process, plus weekly CCS multidisciplinary rounds; held NICU Nurse Manager/Nursing Director of Maternal & Child Health meetings and served in central role as NICU pharmaceutical, dietary, and product point of contact.
- ▶ Prepared and assessed quality items within annual Medical Review Committee Quality presentation.

Perinatal Medical Group, Fresno, California, 2006—2007

STAFF NEONATOLOGIST

Instrumental in launching HFOV, leveraging experience from Stanford to introduce program and educate peers; supplied regional Level III NICU services to Children's Hospital of Central California, Kaiser Permanente Hospital (Fresno), St. Agnes Hospital, and Community Regional Medical Center.

Laramie Valley Regional Medical Center (Intermountain Healthcare), Laramie, WY, 2000—2005

STAFF NEONATOLOGIST

Colleague and mentee to renowned physician Dr. Walter Fishmann, M.D., gaining extensive expertise in quality of care; provided Level III NICU services to Laramie Valley, Miller Community Hospital, and Central Valley Hospital.

Methodist Hospital of Des Moines, Des Moines, IA, 1995—1999

STAFF NEONATOLOGIST; SENIOR RESIDENT

Senior partner in private practice assisting to grow revenue in NICU service to Methodist Central / South Hospitals.

Western Carolinas Neonatology, Charleston, NC, 1994—1995

STAFF NEONATOLOGIST & LECTURER (Level III NICU services to Walker General Hospital)

Corinthia Medical Center (California Neonatology Associates), Los Angeles, CA, 1992—1994

RESIDENT (Level III NICU services to Corinthia Medical Center and Angels North Hospital)

Other Experience: **LOCUMS NEONATOLOGIST**, Foster Neonatal, LC, Kansas City, MO

EDUCATION

Executive MBA in Health Administration, 2012: <i>Commencement Speaker & #1 Graduate</i>	<u>University of Wyoming</u>
Neonatology Fellow (PL-5, PL-6), 1992-1995	<u>The University of Texas Health Science Center</u>
Neonatology Fellow (PL-4), 1990-1992	<u>Vanderbilt University Medical Center, TN</u>
3 rd -Year Pediatric Resident (PL-3), 1988-1989	<u>Stanford University School of Medicine, CA</u>
1 st - & 2 nd -Year Pediatric Intern & Resident (PL-1, PL-2), 1986-1988	<u>Dartmouth Hitchcock Medical Center, NH</u>
Doctor of Medicine, 1985	<u>East Texas State University</u>
Bachelor of Science in Applied Physics, 1984; <i>Highest Honors</i>	<u>Texas Institute of Technology</u>

LICENSURE, CERTIFICATIONS, & DISTINCTIONS

Licensure: **State of Wyoming (2006); State of Colorado (2001); State of New York (2000); State of Texas (1989)**

Candidate Fellow, American Academy of Wilderness Medicine (2005); **Neonatal-Perinatal Boards (1995 & 2001)**
General Pediatric Boards Certification (1992 & 1999); Fellow, American Academy of Pediatrics (FAAP, 1993)

Who's Who in Medicine and Healthcare
Who's Who in American Society and Business
Wilderness Medical Society Journal Reviewer
STABLE Instructor; NRP Regional Instructor; PALS Instructor
March of Dimes Scholarship

PROFESSIONAL AFFILIATIONS

American Telemedicine Association; Texas Association of Neonatologists
American College of Physician Executives; Undersea & Hyperbaric Medical Society, 2008
International Society of Travel Medicine; Wilderness Medical Society; American Academy of Pediatrics, 1989 – 2000

Resume Strategy:

Frederick had strategically planned his career at top medical schools, university hospitals, and healthcare organizations. As a recent MBA graduate, he was interested in becoming a hospital CEO or Chief Medical Officer – a goal that had been on his agenda for at least a decade.

His brand message was structured around the creation of cutting-edge technologies that he'd built consensus for and implemented within several major hospital systems. As a senior neonatologist, he worked consistently with heads of pediatric units across the U.S., and had access to the most advanced techniques for extending the life of premature infants. He had also served continuously (and deliberately) as the right-hand to healthcare system CEOs at each of his past several employers.

Given Frederick's stature in the medical community and his desire for a more business-focused position, I created a medical executive presentation with toned-down elements, while ensuring that the résumé highlighted skills required of most CEOs. Rather than using graphs or visuals, I relied on an achievements summary to draw out strong elements of his career, with a quick summary of his experience in major hospitals.

Although the résumé contains several sections common to a traditional C.V., it also describes the business impact of Frederick's push for medical innovation, with a distinct message of revenue growth.