

Introduction



*Clinical Center
NIH Design Policy and Guidelines*

The NIH Clinical Center Design Policy and Guidelines describes in general and specific terms the minimum requirements for the planning and design for renovations within the existing Clinical Center.

A.1 Facility

The Warren Grant Magnuson Clinical Center Complex (CCC) of the National Institutes of Health (NIH) is a hospital and laboratory facility shared by the NIH Institutes that conduct combined laboratory and clinical study programs.

The CCC is made up of the original Building 10, completed in 1952, and a series of additions that have more than doubled the size of the original facility. The most notable addition was the Ambulatory Care Research Facility (ACRF), which added outpatient clinics, diagnostic radiology, surgery, clinical pathology, administration, research, and parking to the complex. Other additions to the original Building 10 include the library expansion, cafeteria, Magnetic Resonance Imaging (MRI), radiation oncology, Acquired Immune Deficiency Syndrome (AIDS) research wing, Building 10A (originally a surgery addition and since renovated into a vivarium facility), and the transfusion medicine/surgery addition.



A.2 Patients

The CCC accepts patients on a limited basis for study and therapy. Patients are admitted only on referral by a physician or dentist and must meet the requirements for a particular study. Once a patient has been admitted for study and/or treatment, the referring physicians and dentists are welcome to visit their patients at any time during their treatment and continue to monitor their patient's progress. When these patients are discharged, the referring physician will receive a full report on the results. Follow-up observation of the patient's progress, with the cooperation of physicians, dentists, and patients, is encouraged.

The initial step in patient referral involves physicians making preliminary inquiries to determine if the patient's diagnosis may be of interest to scientific investigators. If a patient's disease is under active investigation, the referring physician may be asked to submit the diagnosis and medical history to the principal investigator. Patient's must then qualify for admission to the CCC as part of an active research program. Should their diagnosis or state of illness match with an ongoing research program, they will be invited to come in for consultations. Before patients take part in a study, they are given a protocol explaining what will be involved if they decide to participate.

There are approximately 5,000 patients admitted each year to the CCC. Outpatient treatment is provided at the ACRF, which logs more than 140,000 visits annually. The beds and outpatient facilities are open to anyone in the country, but most patients are from the Washington, D.C., area to minimize travel and to maximize family support.



A.3 Organization

The research needs of the CCC require that its size and complexity differ from those at other hospitals. While many patient care departments of the CCC are comparable to a general hospital's (with the exception that there are no emergency room or obstetric facilities), there are special provisions for the comfort and welfare of patients with chronic diseases and special staff to support research-related patient care functions.

The hospital portion of the CCC organization is made up of approximately 60 clinical/hospital departments classified into six major components:

A.3.1 Inpatient Services

Inpatient beds (up to 26 beds per unit) are typically located on the south side of Building 10 and support research in adjacent laboratories. Some units, typically Intensive Care or other specialty units, are located in other wings of Building 10. Day hospital rooms are dispersed in patient care units (PCUs). The Patient Activities Center is located on the top floor of Building 10.

A.3.2 Outpatient Services

These services are located primarily in the ACRF upper floors and support the clinical research of each Institute.

A.3.3 Diagnostic and Treatment Services (D & T)

Hospital D & T Services contains two major categories: those operated by the CCC as services to all Institutes, and those operated by Institutes which serve primary needs within individual institute programs but which are also used on a consultation basis by patients from other Institutes. Most of the space occupied by D & T Departments is on the lower levels of the ACRF.

A.3.4 Ancillary/Support Services

This component includes the departments of Housekeeping, Materials Management, Clinical Nutrition, and Pharmacy. These departments are presently located in the lower portions of the Building 10 complex and support all clinical activities.



A.3.5 Administration Services

The hospital administration and support departments include the Director's Office, Management Support, Medical Records, Information Systems, and similar functions.

A.3.6 Other

The remaining functions include space for functions, such as the auditorium. These functions are primarily located on the lower portions of the Building 10 complex.

