MISSION STATEMENT

We provide hope through pioneering clinical research to improve human health.

GUIDING PRINCIPLES

• Individual and collective passion for high reliability in the safe delivery of patient-centric care in a clinical research environment.

• Excellence in clinical scientific discovery and application
  • Compassion for our patients, their families and one another

• Diversity and inclusion for both people and ideas

• Innovation in both preventing and solving problems
  • Accountability for optimal use of all resources

• Commitment to professional growth and development
About the NIH Clinical Center

The Clinical Center is the research hospital at the National Institutes of Health (NIH) campus in Bethesda, Md. Since the hospital’s opening in 1953, NIH scientists have worked with volunteer patients to create medical innovations.

Some of the Clinical Center’s successes include pioneering the cure of cancerous solid tumors with chemotherapy; the use of nitroglycerin to treat heart attacks; identifying a genetic component in schizophrenia; conducting the first successful replacement of a mitral valve to treat heart disease; and the creation of blood tests to identify both Acquired Immune Deficiency Syndrome (AIDS) and hepatitis.

These and other research concepts forged by the Clinical Center have been adopted as standard practice in medical treatment throughout the world. The rapid translation of scientific observations and laboratory discoveries into new approaches for diagnosing, treating and preventing disease have improved and saved countless lives.

Patients at the Clinical Center consent to participate in research studies, also called protocols, and are treated without charge. Admission is selective: only those patients who have a medical condition being studied by NIH Institutes or Centers and who meet the specific inclusion criteria can enroll in the studies. About 1,600 clinical research studies are underway at the Clinical Center, including those focused on cancer, infectious diseases, blood disorders, heart disease, lung disease, alcoholism and drug abuse.

The Clinical Center has been a leader in the “bench-to-bedside” concept. Its specialized hospital design places patient care units in close proximity to research laboratories. This model facilitates interaction and collaboration among clinical researchers. The Clinical Center also offers world-class training in clinical research for physicians, dentists, nurses, medical students and other members of the medical research team. This environment, offering access to the most advanced techniques, equipment and ideas, attracts a global network of scientists.

The hospital has 200 inpatient beds, 11 operating rooms, 93 day hospital stations, critical care services and research labs, an ambulatory care research facility and a complex array of imaging services. The Clinical Center’s infrastructure allows for isolation capabilities for infection control while patients participate in clinical research studies.

Over half a million patients from all 50 states, and countries around the world, have participated in clinical research at the Clinical Center.

“Our job is to focus on achieving the highest standards for patient safety and clinical quality. The stakes are too high to do anything but the best for our patients.”

– Clinical Center CEO
Dr. James K. Gilman
Home States of All Active Clinical Center Patients – 2016

Demographic information is based on 23,913 patients seen in the Clinical Center in the 2016 fiscal year.
2016 Workforce Distribution

The Clinical Center has a workforce of 1,877 permanent federal employees.

41.8%  
Nursing and patient care/support services – 785

41.3%  
Clinical and imaging sciences departments – 775

11.1%  
Operations – 208

5.8%  
Administration – 109

All workforce figures from October 1, 2016.

2016 Budget by Major Category

Clinical Center Budgets by Major Category for Fiscal Year 2016 ($424.2 Million)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percent</th>
<th>FY16 Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries &amp; Benefits</td>
<td>55.6%</td>
<td>235,883,825</td>
</tr>
<tr>
<td>Contracts (Non Labor)</td>
<td>10.6%</td>
<td>44,837,247</td>
</tr>
<tr>
<td>Medications</td>
<td>8.9%</td>
<td>37,834,150</td>
</tr>
<tr>
<td>Contracts (Labor)</td>
<td>7.4%</td>
<td>31,478,743</td>
</tr>
<tr>
<td>Assessments</td>
<td>7.0%</td>
<td>29,793,222</td>
</tr>
<tr>
<td>Supplies</td>
<td>6.4%</td>
<td>26,961,202</td>
</tr>
<tr>
<td>Equipment</td>
<td>2.4%</td>
<td>10,186,322</td>
</tr>
<tr>
<td>All Other</td>
<td>1.7%</td>
<td>7,273,541</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td><strong>424,248,251</strong></td>
</tr>
</tbody>
</table>

Note: Non labor contracts include travel, maintenance agreements, training and other similar expenses. The all other category includes travel, maintenance agreements and training.

All budget figures from October 1, 2016.

Patient Activity 2014–2016

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>5,615</td>
<td>5,448</td>
<td>5,275</td>
</tr>
<tr>
<td>New patients</td>
<td>10,053</td>
<td>10,781</td>
<td>10,498</td>
</tr>
<tr>
<td>Inpatient days</td>
<td>48,182</td>
<td>47,757</td>
<td>46,388</td>
</tr>
<tr>
<td>Average length of stay (days)</td>
<td>8.7</td>
<td>8.9</td>
<td>8.7</td>
</tr>
<tr>
<td>Outpatient visits</td>
<td>99,402</td>
<td>100,508</td>
<td>100,148</td>
</tr>
</tbody>
</table>

All budget figures from October 1, 2016.
Clinical Research Activity 2012–2016

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Active Onsite Protocols</td>
<td>1,530</td>
<td>1,570</td>
<td>1,611</td>
<td>1,633</td>
<td>1,636</td>
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<tr>
<td>New Onsite Protocols</td>
<td>167</td>
<td>162</td>
<td>168</td>
<td>171</td>
<td>136</td>
</tr>
<tr>
<td>Principal Investigators</td>
<td>482</td>
<td>499</td>
<td>499</td>
<td>495</td>
<td>495</td>
</tr>
</tbody>
</table>

2016 Active Onsite Protocols (by type) | Percent |
---------------------------------------|---------|
Interventional/Clinical Trials         | 48.9%   |
Natural History                        | 45.2%   |
Screening                              | 4.2%    |
Training                               | 1.7%    |

TOTAL                                  | 1,636   |

Clinical Trials by Research Type

800 Onsite Intramural Protocols

<table>
<thead>
<tr>
<th>Total Active Onsite Clinical Trials</th>
<th>Percent</th>
<th></th>
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<tbody>
<tr>
<td>Phase 1 (toxicity)</td>
<td>33.5%</td>
<td>268</td>
</tr>
<tr>
<td>Phase 2 (activity)</td>
<td>59.9%</td>
<td>479</td>
</tr>
<tr>
<td>Phase 3 (efficacy)</td>
<td>5.2%</td>
<td>42</td>
</tr>
<tr>
<td>Phase 4 (safety)</td>
<td>1.4%</td>
<td>11</td>
</tr>
</tbody>
</table>

TOTAL                                  | 800     |

Clinical Trial Phases

Phase 1: Researchers test a new drug or treatment for the first time in a small group of people (20–80) to evaluate its safety, determine a safe dosage range and identify side effects.

Phase 2: The study drug or treatment is given to a larger group of people (100–300) to see if it is effective and to further evaluate its safety.

Phase 3: The study drug or treatment is given to large groups of people (3,000 or more) to confirm its effectiveness, monitor side effects, compare it with commonly used treatments and collect information that will ensure safe usage.

Phase 4: These studies are undertaken after the drug or treatment has been marketed. Researchers continue to collect information about the effect of the drug or treatment in various populations and to determine any side effects from long-term use.
Established in 2016, the National Institutes of Health (NIH) Clinical Center Research Hospital Board provides advice and recommendations to the NIH Director on the NIH Clinical Center’s policies and procedures regarding hospital operations, safety, quality and regulatory compliance.

Using leading institutions in health care and research as benchmarks, the Board will provide advice in the following areas:

- Management, quality, safety and compliance of hospital operations
- Policies and organizational approaches that promote quality and safety
- Risk areas that need to be addressed by hospital and agency leadership
- Implementation of policies and strategic plans
- Requirements for hospital leadership
- Performance of the CEO including evaluation based on operating plans and quality metrics

The duties of the Board are solely advisory and shall extend only to the submission of advice and recommendations to the NIH Director and CEO of the NIH Clinical Center, which will be non-binding to the NIH.

More information: ccrhb.od.nih.gov/charter.html
National Institutes of Health Institutes and Centers

National Cancer Institute (NCI)
National Eye Institute (NEI)
National Heart, Lung, and Blood Institute (NHLBI)
National Human Genome Research Institute (NHGRI)
National Institute on Aging (NIA)
National Institute on Alcohol Abuse and Alcoholism (NIAAA)
National Institute of Allergy and Infectious Diseases (NIAID)
National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)
National Institute of Biomedical Imaging and Bioengineering (NIBIB)
Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)
National Institute on Deafness and Other Communication Disorders (NIDCD)
National Institute of Dental and Craniofacial Research (NIDCR)
National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
National Institute on Drug Abuse (NIDA)
National Institute of Environmental Health Sciences (NIEHS)
National Institute of General Medical Sciences (NIGMS)
National Institute of Mental Health (NIMH)
National Institute on Minority Health and Health Disparities (NIMHD)
National Institute of Neurological Disorders and Stroke (NINDS)
National Institute of Nursing Research (NINR)
National Library of Medicine (NLM)
Center for Information Technology (CIT)
Center for Scientific Review (CSR)
John E. Fogarty International Center for Advanced Study in the Health Sciences (FIC)
National Center for Complementary and Integrative Health (NCCIH)
National Center for Advancing Translational Sciences (NCATS)
NIH Clinical Center (CC)