

NIH Clinical Center Data Report

2018







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.

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 NIH Clinical Center, Building 10 on the NIH campus, is composed of the Mark O. Hatfield Clinical Research Center, which opened in 2005, and the Warren G. Magnuson Clinical Center, which

opened in 1953. The hospital has 200 inpatient beds, 11 operating rooms, 82 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.

Patients at the Clinical Center who participate in research studies, also called protocols, are not charged for their care. There are about 1,600 clinical research studies underway at the Clinical Center and admission is selective. Only patients who have specific medical conditions and meet specific inclusion criteria can enroll in the studies. These studies focus on cancer, heart and lung diseases, blood disorders, alcoholism and drug abuse and other medical conditions.

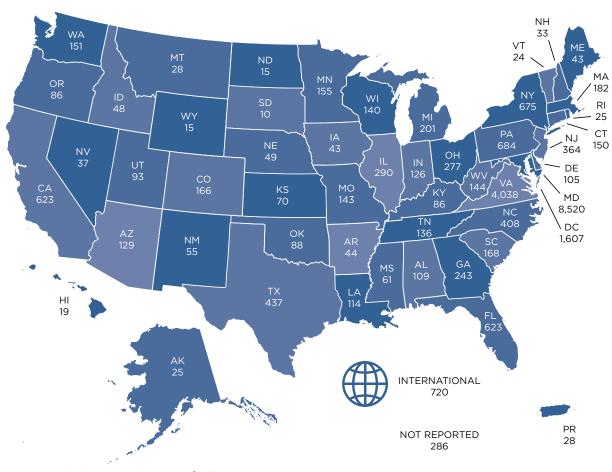
Over half a million patients from all 50 states, and countries around the world, have participated in clinical research at the Clinical Center.



Dr. Francis Collins (left), director of the National Institutes of Health, swore in the NIH Clinical Center's first chief executive officer, Dr. James K. Gilman, on January 9, 2017.

NIH Clinical Center Patient Data

Home States of All Active Clinical Center Patients - 2017

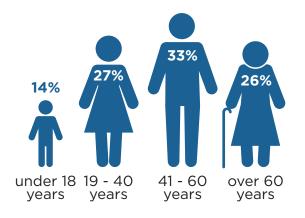


Patient Demographics

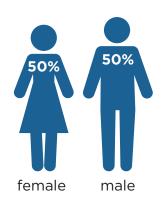
Distribution of Clinical Center Patients by Self-Identified Race

Race	Percent
White	64%
Black/African American	18%
Asian	7%
Not Reported	7%
Multiple	3%
American Indian/ Alaskan	<1%
Hawaiian/Pacific Islander	<1%

Age Distribution of Clinical Center Patients



Gender Breakdown of Clinical Center Patients



Demographic information is based on 23,139 patients seen in the Clinical Center in the 2017 fiscal year.

Key Facts and Figures

2017 Workforce Distribution

The Clinical Center has a workforce of 1,900 permanent federal employees.

42%

Nursing and patient care/support services - 790



41%

Clinical and imaging sciences departments - 779



11%

Operations - 219



6% Administration - 112



All workforce figures from October 1, 2017.





2017 Budget by Major Category

Clinical Center Budgets by Major Category for Fiscal Year 2017 (\$455.32 Million)

Category	Percent	FY16 Budget
Salaries & Benefits	54.4%	247,760,001
Contracts (Non Labor)	10.1%	46,132,980
Medications	10.1%	45,823,511
Contracts (Labor)	7.1%	32,531,261
Assessments	6.6%	30,216,473
Supplies	6%	27,289,024
Equipment	4.1%	18,878,708
All Other	1.5%	6,688,051
TOTAL		455,320,009

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, 2017.

Patient Activity 2015-2017

	2015	2016	2017
Admissions	5,448	5,275	4,563
New patients	10,781	10,498	9,791
Inpatient days	47,757	46,388	40,707
Average length of stay (days)	8.9	8.7	8.8
Outpatient visits	100,508	100,148	92,329

Clinical Research Activity 2013-2017

	2013	2014	2015	2016	2017
Active Onsite Protocols	1,570	1,611	1,633	1,636	1,631
New Onsite Protocols	162	168	171	136	141
Principal Investigators	499	499	495	495	506

2017 Active Onsite Protocols (by type)	Percent	
Interventional/Clinical Trials	48%	791
Natural History	46%	750
Screening	4%	64
Training	2%	26
TOTAL		1,631



Clinical Trials by Research Type

791 Onsite Intramural Protocols



Total Active Onsite Clinical Trials	Percent	
Phase 1 (toxicity)	34%	262
Phase 2 (activity)	60%	479
Phase 3 (efficacy)	5%	38
Phase 4 (safety)	1%	12
TOTAL		791

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.

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)

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

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This report is produced by the NIH Clinical Center Office of Communications and Media Relations and features highlights of the operations of the hospital.



For full details about the NIH Clinical Center's operations, please visit <u>clinicalcenter.nih.gov</u>