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Modular new laboratory

The new state-of-the-art laboratories featuring open, multi-module stations are designed to foster multidisciplinary collaboration and communication.

4

Roomier nursing stations

With three nursing stations on each patient care unit, nurses will have more space for non-bedside work.

More comfortable, reconfigurable patient rooms

Patient rooms will be larger, increasing from the current 255-square-foot double-occupancy room to a 350-square-foot space in the new hospital. Even single-occupancy rooms in the new hospital will be larger than the double rooms in the current Clinical Center. With relative ease a patient room can be reconfigured from a single patient room into a double patient room, and a regular patient room into a day hospital station.

CRC Speak

Interior Interstitial Space

Exterior Interstitial Space

Interstitial what? The word is derived from "interstice," which means "between spaces." In architectural terms, the "interstitial floor" refers to an entire floor or level of a building that houses electrical, plumbing and mechanical systems (phone and network cables, heating ducts and piping, for example). Usually these systems are packed tightly in the crawlspace between floors, so the beauty of an interstitial floor is its sheer expansiveness. Maintenance personnel can walk about easily, making repairs to electrical equipment, heating ducts, plumbing, telephone, and network cables. In the new hospital, floors two, four, and six are interstitial space. They will allow maintenance personnel to expedite service and make repairs on all the hospital's essential systems, keeping disturbance to patients and staff to a minimum.

Correction

*The September issue of the **Mark O. Hatfield Clinical Research Center Update** included information on which Clinical Center areas are relocating to the new CRC and which are remaining in their current place. We inadvertently left the Materials Management Department off the remaining column. Materials Management will be staying in their present location. We apologize for this omission.*

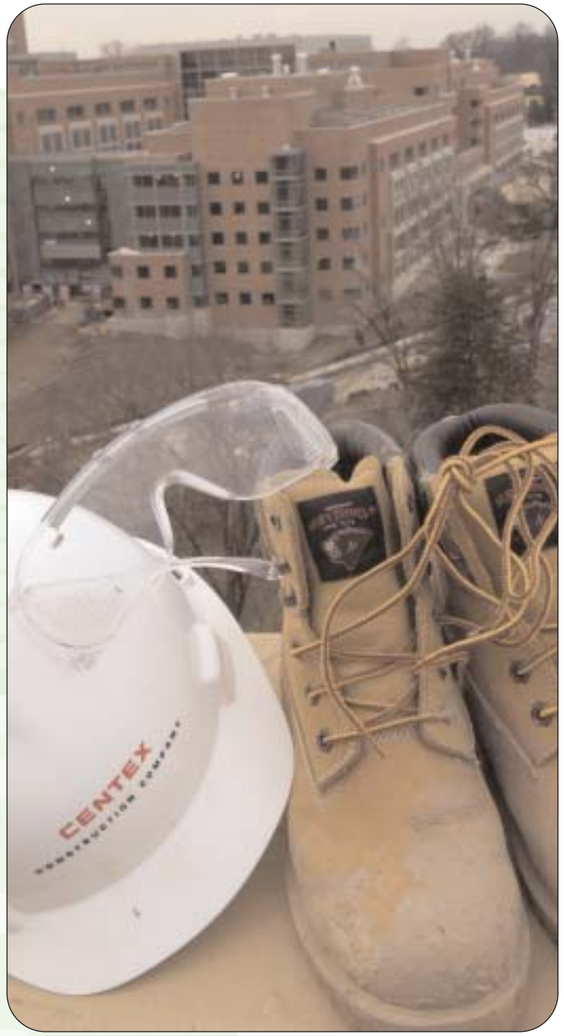
"The future belongs to those who believe in the beauty of their dreams."

—Eleanor Roosevelt

MARK O. HATFIELD
CLINICAL RESEARCH CENTER UPDATE

December 2003

Through the CRC Doors, Safely



Proper attire including hardhat, safety goggles and heavy duty boots is required before entering the CRC construction site.

Wondering about what's going on inside the CRC? Walkabouts, walkarounds, tours, everyone wants a look-see.

With mobile and tower cranes, bulldozers moving mountains of earth, and scores of equipment and construction crew throughout, the CRC is a hive of potentially dangerous activity.

"We know that folks are interested in taking tours and absolutely understand that desire," says Debby Byram, hospital activation coordinator, "but it's a very busy and active worksite. At this point we're still trying to restrict the visits to specific groups related to the hospital activation activities. Construction can create potentially dangerous situations and we want to keep everyone free of danger, risk and injury."

The Centex Construction Group, controlling project contractor, leads the CRC safety program. Charles Johnson is the CRC Safety Manager for Centex. Until construction is complete and turned over to NIH, points out Johnson, individuals entering the structure must follow safety guidelines that include being escorted at all times by an approved project representative. Wearing a protective helmet or hardhat is required, along with safety goggles, heavy duty shoes or boots, and warm sturdy clothing.

"We appreciate everyone's indulgence with us. We don't want anyone hurt. We just want people to do their best and safest work," he says.

Taking care of our workers: More than 'toolbox talk'

Centex also requires that each firm involved in the CRC construction effort have its own safety program and that each firm's superintendent take, at a minimum, a 10-hour Occupational Safety and Health Administration (OSHA) course. OSHA is the Federal voice on what minimum safety standards must be met. Representatives from the organization have made nine formal visits to the CRC site in the six years since construction began.

The scope of economic and labor inputs committed to the building of the new hospital make this a large construction project. On any given day as many as 700 people representing some 50 subcontractors are on the CRC job. Centex sponsors an annual safety education outreach program. Approximately 30 CRC subcontractor superintendents attended the 2003 one in mid-November. They heard much more than 'toolbox talk.' OSHA rules and regulations were reviewed, training examples were given and, perhaps most importantly, attitudes and competencies were explored. Johnson, CRC Safety Manager for Centex, told them, "If you are a competent person and are not taking care of your workers then you're not doing your job. In construction we do a lot of different things. Superintendents are responsible and should be in command."

He noted that the CRC job is "safely off the ground," and, "we want to keep it that way without having to be reminded by it taking someone to die or costing a whole lot of money in fines." He also reflected on the pride they will have in, "building a research center of the next century for the United States of America."

What safety really means!

Centex's diligence in safety has paid off.

Accidents and the lost-time injury statistics for the CRC project are impressive when compared to U.S. Department of Labor national standards. The national average for accidents associated with this type of construction work is 9.9. At the beginning of the CRC job, the goal was not to excede 7.5. The current rate is 4.3. The national average for lost time injury rates for this kind of work is 3.7. When the CRC construction began the initial injury rate goal was 3.0. The current rate is 1.3.

The statistics are remarkable, especially considering at least 100 subcontracting firms have worked onsite since the start of construction, expending more than 5 million work hours. On any given day, as many as 700 people, representing some 50 subcontractors, are on the CRC job. "It has taken a lot of effort by a lot of dedicated workers to achieve these results," says Johnson.

The safety program has also received its share of accolades, being honored with the Aegis Award for Outstanding Safety Management from the Washington, D.C. Subcontractors' Association. To receive the award, a safety program must be peer-nominated by a given construction project's subcontractors. Centex has been nominated four of its six years on the CRC job, won one time and is among the top four nominees for 2003.

Centex credits Boston Properties, Inc., the CRC development management firm, and the NIH CRC project staff with the safety program success. "They stand behind us and back our program 150 percent. Without their total support, we couldn't do it," says Johnson.

A robust safety program is important. Signs posted in the onsite CRC construction trailers say it best: "Asking me to overlook a simple safety violation would be asking me to compromise my entire attitude toward the value of your life."

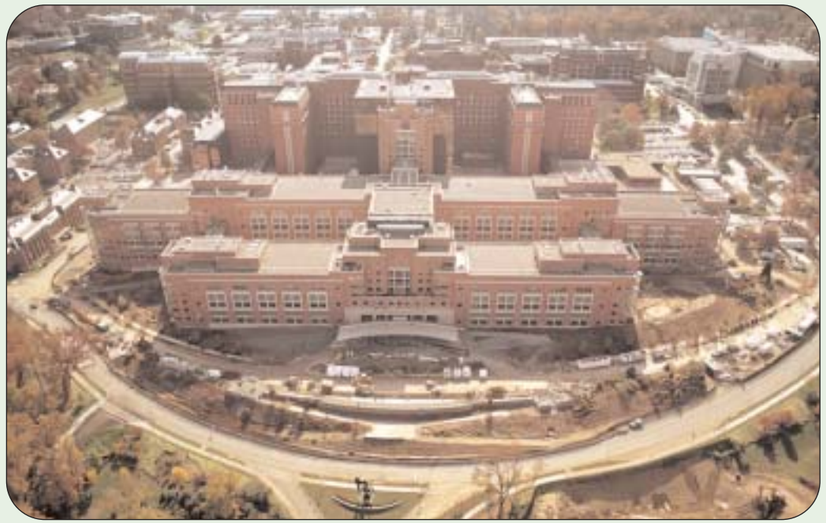
Change is coming: A closer look into the future

The opening of the new Mark O. Hatfield Clinical Center is an imposing milestone for 2004. How do Clinical Center staff feel about the upcoming move?

"It is not a building; it is our mission that is important," says Dr. Jacques Bolle, R.N. D.NSC., Pain and Palliative Care Services. Dr. Bolle says he has some nostalgic feelings about the old building, but he believes that change is part of the human experience. "The old Clinical Center will not be destroyed but will remain with us." To him the connection between the new and the old clinical facilities represents a bridge joining the past and the future.

Even though the new building will be connected to the old one, a move's a move. Saying good-bye to the old building, going through some periods of disruption, and getting used to the new space and equipment will take some adjustment.

"I'm a little apprehensive about the move only because of change," says Matthew Corley, Hospitality Services. After ten years in Building 10, he knows his way around the massive structure and is a friendly and reassuring presence to those trying to navigate their way through the 14 stories and 9 miles of corridors. Learning the ins and outs of the new building is a high priority because connecting with patients is what is most important to him.



Tracy Intrater, R.N. Oncology/HIV, echoes Dr. Bolle, saying that patients are her number one concern when thinking about the move. However, she adds with a smile that she is definitely looking forward to "less elevator time." She said that after fifteen years she has some emotional attachment to the old Clinical Center because each room in her department holds memories of individual patients she cared for.

The nature of change

It's a fact that everyone reacts differently to change. Apprehension about having to shift from comfortable, predictable routines sometimes outweighs openness to new opportunities for growth.

"Think about change in our organization in terms of a marathon," suggests Deb Gardner, Chief of Planning and Organizational Development. "While we move into the final stretch of CRC planning and activation work, individuals and teams will tend to go through similar reactions to the associated changes, although at different times." Knowing what to expect and how to react, according to Gardner, will help avoid roadblocks.

Phase One: Contemplation
This is a time of anticipation and many questions. It's important for managers and leaders to provide the "big picture" to everyone involved. Communication is critical to this phase and it's one reason for the CRC Update. During contemplation, expect some resistance. The next CRC Update will examine resistance more closely.

Phase Two: Preparation
The transition to coping and planning for the change begins here. It's a time when people will ask, "how will this affect me? " and "What do I need to do to prepare for this change?" Planning teams have been identified to address the tasks that must be completed in making a successful move to the CRC. Specifics about actual change are important to share. The advantages and disadvantages of the change become clearer.

Phase Three: Decisionmaking
This is the point at which individuals and teams either reject or accept the planned change. Expect more clarification during this phase. Information either leads to greater resistance or acceptance of the change. Team meetings can be very beneficial during this time to discuss issues, voice opinions, review progress and ask for input for solutions. Often in this phase, leaders must actively frame issues from a candid perspective or productivity can decline. Rumors increase and need to be addressed.

Phase Four: Confirmation
Whew, there's a recognition of new opportunities and benefits related to the change. The change is better understood and accepted. Those affected by the change are clearer about their role during the change effort. Active planning, training programs and implementation to align with the change is the outcome of this phase.

There's a lot to look forward to as CC staff carry out their important work in a new, friendly, healing environment for patients.

CRC coming attractions

Openness, flexibility and a breath of fresh air

The first thing you'll notice when walking into the gleaming new hospital is the openness and brightness of the space. Natural light, landscaping and seating areas in the two courtyards will invite patients and staff to mingle in a beautiful environment.

The air we breathe will not be recirculated (the air comes in on one end of the building and passes through once before going out on the other end of the building).

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Construction Milestones

Looking toward the new year preparation begins in earnest as we get ready for the opening of the Mark O. Hatfield Clinical Research Center. This timeline captures a decade of construction milestones that have brought us to the 2004 countdown. (For more milestones visit http://www.cc.nih.gov/ccc/crc/milestones.html.)

1993 NIH begins maintenance and safety program to meet infrastructure needs within the Clinical Center.

1994 External Advisory Committee conducts in-depth review of NIH's Intramural Science Research Program, strongly endorses the program and recommends immediate renewal of the Clinical Center through construction of a new 250-bed hospital followed by a phased renovation of the existing Clinical Center.

1995 Worldwide competition to determine who would design new hospital; final selection of architectural firm.

1996 Congress authorizes the design of the new hospital.

1997 Groundbreaking for the new hospital on NIH campus in Bethesda, Maryland.

1999 Construction of new hospital begins.

2000 Foundation complete; concrete structure brought to first floor grade; some shear walls, elevator shafts, and stairwells extended to third and fourth levels in place.

2001 9,000 truckloads of concrete are poured; most elevators in place.

2002 Construction 75% complete; mechanical and electrical systems installation.

2003 New hospital exterior enclosure done; construction 80% complete.

2004 Construction conclusion set for summer; phased-in occupancy to begin in fall 2004.