

*"Know what's weird?
Day by day, nothing
seems to change,
but pretty soon...
everything's different."*

— Calvin from "Calvin
and Hobbes"

MARK O. HATFIELD

CLINICAL RESEARCH CENTER UPDATE

September 2003



We Are On The Move!

Just one year ago this is what the Mark O. Hatfield Clinical Research Center looked like:



Just one year later, the building has risen impressively to look like this:



Are we ready to move in? Not quite. There is still a year's worth of work to be done on the interior, but we are getting closer.

Sampling a cross-section of Clinical Center staff, we asked what they would most like to know about the upcoming move. The questions that topped the list are: "When are we moving?" "Who moves into the new hospital?" and "How is the move going to affect us?"

In past CC News issues, we have told you about activation plans and structure, floor plans, elevators, landscaping, and furniture. This Clinical Research Center Update aims to inform you on where we are today and hope to be next year, to tell you what departments are moving into the CRC, to tell you a little about the work groups who are involved

in making the move happen and to give you a few interesting facts about the new hospital.

If all goes as planned, in about 365 days all inpatient units and 20 departments will be moving into the new hospital. A move of any kind is exciting but stressful. Imagine the magnitude of this move with patients who will

occupy 242 beds and 83 day hospital beds, the staffs of 20 departments, 7,500 pieces of furniture, over 1,400 computers, at least 1,000 telephones, and over 2 million feet of cable, not to mention medical equipment. The size of the new building alone is daunting. At over 1 million square feet, it could accommodate 15 football fields. Comparatively, the Warren Grant Magnuson Clinical Center still reigns in size with nearly 3 million square feet—it could hold 52 football fields. "The greatest challenge is the magnitude of the building. At nearly 1 million square feet, there is great complexity due to the size of the project and the tight construction timeline," says Lisa Lacasse (Telecommunications Chair).

We Are On The Move!

Who is moving?

All patient care units and the following departments and services will be moving to the Mark O. Hatfield Clinical Research Center:

- Admissions, Travel Voucher and Cashier
- Alcohol Clinic/Testing
- Central Hospital Supply Satellite (new facility to serve the CRC)
- Children's Playroom
- CC Consult Services (Internal Medicine, Pain & Palliative Care)
- CC Director's Offices
- Hospitality
- IC Clinical Directors' Offices
- Medical Board Room
- Nutrition
- Patient Representative
- Pediatric Clinic
- Pharmacy
- Radiation Oncology
- Rehabilitation & Recreational Therapy
- Respiratory Therapy
- Social Work
- Spiritual Ministry & Chapel

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Although detailed and ongoing information about the exact locations will be provided throughout the year, if you would like to have a sneak preview of the floor plans you may want to look at the Clinical Center's website at: <http://www.cc.nih.gov/cc/crc/visuals.shtml>.



Throwing dirt to break ground for the new hospital in November 1997 are (from left): breast cancer survivor Jane Reese-Coulbourn; Senator Arlen Specter (R-Pa.); NIH Clinical Center Director Dr. John Gallin; Senator Mark Hatfield (R-Ore.); NIH Director Harold Varmus; Vice-President Al Gore; Health and Human Services Secretary Donna Shalala; Representative John Porter (R-Ill.); and cystic fibrosis patient Charles Tolchin.

Who will remain in Building 10/ACRF?

The following departments will be staying in the Clinical Center:

- Anesthesia and Surgical Services
- All outpatient clinics will stay in the ACRF (except the pediatric and alcohol clinic)
- Clinical Bioethics
- Department of Laboratory Medicine
- Critical Care Medicine Department
- Diagnostic Radiology, Nuclear Medicine and the MRI Imaging facility
- Department of Transfusion Medicine
- Equal Employment Opportunity
- Facilities Management
- Housekeeping
- Medical Records

Who Are the Movers and Shakers Dealing with the Daunting Task of Planning the Move?

In the NIH tradition, the task of planning this monumental move relies on teamwork. A number of work groups, guided by the Hospital Activation Management team, have been formed and are hard at work. The chart below shows you who and what is involved for the completion and transition into the new center.

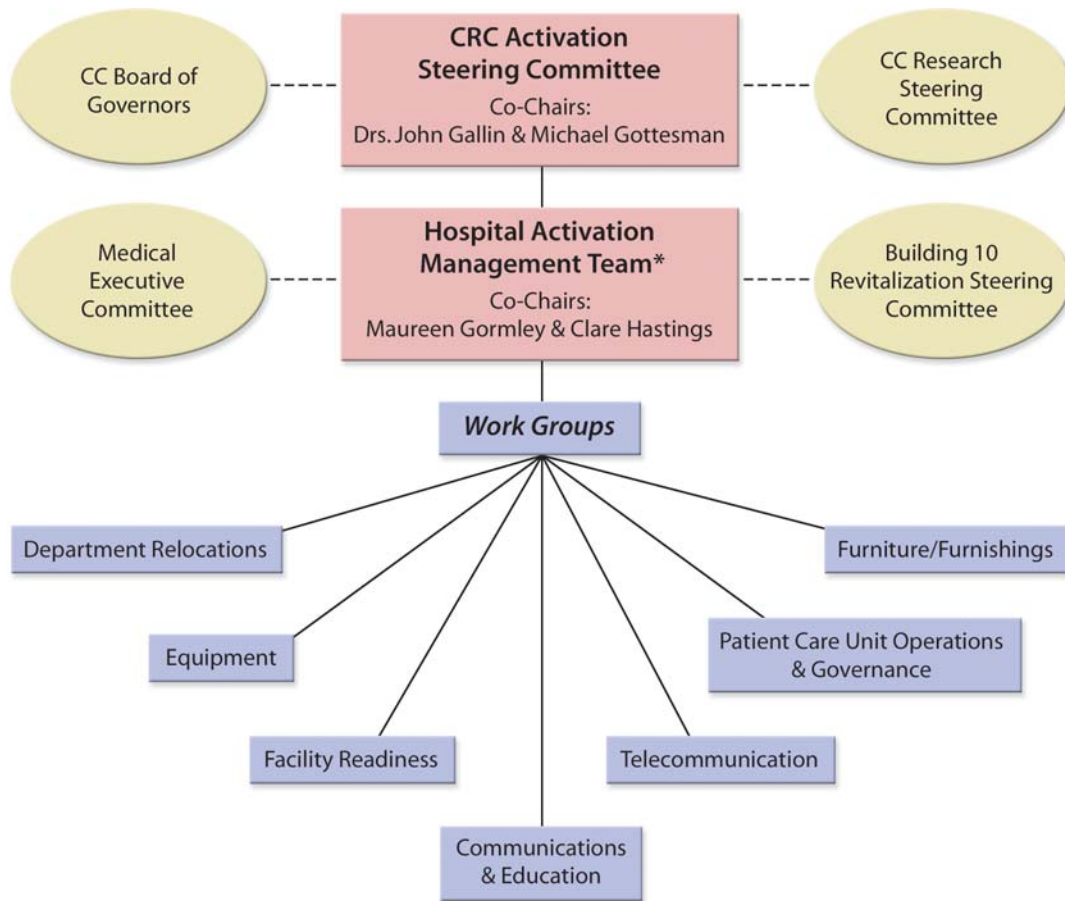
"Every member of the Hospital Activation Management Team and the work groups has worked diligently to make this transition as smooth as possible," said Maureen Gormley, Chief Operating Officer. "Their dedication to the success of this effort demonstrates the strong commitment of our staff."

We wanted to tell you a little bit about what some of the Hospital Activation work teams are doing.

The Equipment team ("Who moved my cheese?") identifies the necessary equipment and proposes appropriate sources for purchasing, using existing resources such as the Clinical Center Standardization Committee and departmental representatives. The group coordinates and identifies all necessary medical and non-medical related equipment that will either be purchased or relocated. The group, co-chaired by Larry Eldridge and Debra Byram, has met multiple times with users in all areas of the CRC to find out what equipment is needed.

The Facility Readiness team ("X marks the spot.") ensures that the new space is approved for use, equipped, furnished, stocked, cleaned, and secure. The team has subgroups that look at such issues as elevator use, delivery systems (e.g., pneumatic tube and Mosler cart system),

Mark O. Hatfield Clinical Research Center Activation Structure



*A similar group will be formed to oversee CRC laboratory activation and report to the same CRC Activation Steering Committee.

“The art of progress is to preserve order amid change and to preserve change amid order.”
—**Alfred North Whitehead**

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patient arrival and departure, and food delivery. One example, the nutrition subgroup, is looking at how to efficiently deliver meals to patients, given the distance from the kitchen to the inpatient units. Co-chaired by Robert Mekelburg and Jim Wilson, the team’s main mission is to manage the transition from finished construction to readiness for occupancy.

The Furniture team (“Home Sweet Home.”) develops criteria for selecting furnishings for the hospital area and public spaces in the CRC. This group looks at standardization, maintenance and safety as well as ease of accessibility to patients and individuals with disabilities. Co-chaired by Larry Eldridge and Ann Ellis, the group

“Every member... has worked diligently to make this transition as smooth as possible.”

created criteria for choosing nearly 8,000 pieces of furniture that not only would look good and last long, but would also be “state-of-the art.”

The Relocation team (Two guys and a U-Haul? Not exactly!) plans for the occupancy of each department and patient care unit relocating to the CRC. Task force groups representing each Clinical Center Department were formed to review methods and schedules and to identify resource requirements necessary for the move.

A move manual, identifying critical safety and efficiency issues, is near completion. Co-chaired by Chuck Daniels and Laura Chisholm, the heart of this group’s mission is to safely and efficiently move patients and departments into the new facility.

The Telecommunications team (“You’ve got mail!”) works on the telecommunications infrastructure (e.g., telephones and telephone outlets, computers and printers) outlets to make sure that needs are identified and cost-effectively addressed. Co-chaired by Lisa Lacasse and Renita Anderson, the group’s main goal is to make the CRC the most technically advanced and efficient hospital in the area.

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The Communications and Education team

(“Let’s talk.”) develops and implements a plan to communicate relevant and timely information about the move into the new facility to patients, patient affiliates, Clinical and NIH staff and the general public. As the move gets closer, the group plans to provide training activities and directional material to familiarize the staff with the new hospital spaces, systems and equipment. The team published this first CRC Update, which will continue on a regular basis. They also update the website and currently floor plans, facts about the new building and construction photos are available at <http://www.cc.nih.gov/cc/crc/index.shtml>.

Deborah Gardner leads this work group. Cheryl Fisher and Colleen Henrichsen are co-chairs.

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Each patient bed at the CRC will have a flat-panel screen television with cable.

Who Is Mark O. Hatfield?

Who is Mark O. Hatfield and why is the new Clinical Research Center named after him? This two-fold question can be answered with one sentence. During his tenure in the United States Senate, Senator Hatfield not only fought for his constituents in Oregon, but was also a champion of clinical biomedical research for all American citizens.

Senator Hatfield was elected to the United States Senate in 1968. In 1993, he took over the previous record by becoming the longest serving Oregon Senator. During his 30-year career, Senator Hatfield played a major role in obtaining increased funding for NIH. Under his leadership as chair of the senate committee on appropriations, NIH funding increased by more than \$2.5 billion¹. He also found other ways to fund NIH—above and beyond the federal budget appropriations process. Working closely with Senator Tom Harkin of Iowa, they introduced a National Fund for Health Research to generate research funds through a one percent set-aside of health insurance premiums and a voluntary federal income tax check-off. Senator Hatfield is known for his focus on improving health, education and social services programs.

Senator Hatfield began his political career in the Oregon Legislature in 1950. At that time, he was teaching political science and serving as Dean of Students at his alma mater, Willamette University. Senator Hatfield served two terms in the Oregon House of Representatives and two years in the Oregon Senate, and then became the youngest Secretary of State in Oregon history in 1956 at the age of 34. In 1958, he was elected Governor of Oregon and served as the state’s first two-term governor in the 20th century when he was re-elected in 1962. During his political career Senator Hatfield has never lost an election. His distinguished public service career ended in January 1997 with his retirement from the U.S. Senate.

The Mark O. Hatfield Clinical Research Center is projected to open in fall 2004. The new state-of-the-art facility will meet the dynamic needs of the Intramural Research Program.

¹ <http://www.laskerfoundation.org>