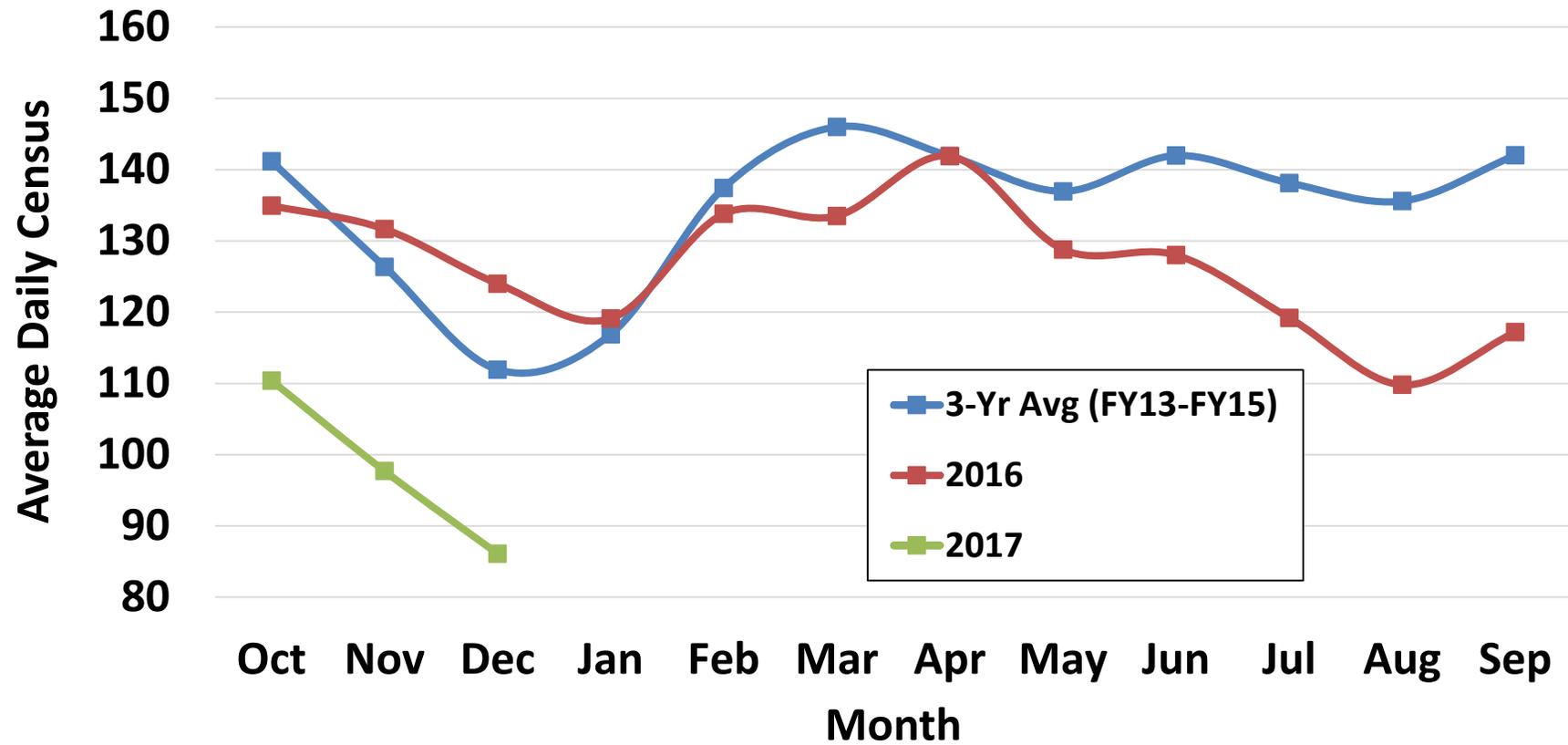


**Report from  
Clinical Center Governing Board  
Working Group on Clinical Center Utilization**

CC Hospital Board Meeting  
Stephen I. Katz  
January 13, 2017

# Average Daily Census (ADC)



**ADC Stats**

- 3-Year Average (FY 2013-2015) = 134.7
- Year End FY 2016: 126.8
- Year-to-Date FY 2017 (as of January 2): 97.2

# Charge to Working Group

Follow-up to the Leadership Forum in November 2016

- NIH Director charged a small group of internal experts to work through **bold and audacious** new approaches to **increasing the in-patient census**

# Charge to Working Group

- The group was asked to consider, but not be limited to, the following areas:
  1. a trans-NIH effort to recruit new clinical investigators whose work requires in-patient services,
  2. a “mini-Lasker” program that would bring clinical investigators with in-patient protocols to NIH for 2-3 years,

# Charge to Working Group

3. exploration of ways to encourage more Assistant Clinical Investigators (ACIs) to serve as principal investigators on in-patient protocols, and
4. outreach to academic health centers to make use of the unique resources of the in-patient services of the NIH Clinical Center.

# Working Group Members

- **Dr. Stephen Katz**, NIAMS Director (Chair)
- **Dr. Anthony Fauci**, NIAID Director
- **Dr. Gary Gibbons**, NHLBI Director
- **Dr. Walter Koroshetz**, NINDS Director
- **Dr. Joshua Gordon**, NIMH Director
- **Dr. Josie Briggs**, NCCIH Director
- **Dr. William Dahut**, NCI Scientific Director for Clinical Research
- **Dr. Steve Holland**, NIAID Scientific Director
- **Dr. Andrew Griffith**, NIDCD Scientific Director and Deputy Director for Intramural Clinical Research, OIR
- **Ms. Anita Linde**, Director, Office of Science Policy, Planning and Communications, NIAMS (Staff Support)

# Recommendations

- Consensus recommendations for most pressing issues to be addressed and most promising longer-term approaches for enhancing the in-patient census.
- Strengthen the Clinical Center's role as a local, regional, and national research resource.

# Recommendations: Immediate Steps

1. Bring all necessary resources to bear to accelerate ongoing enhancements to the Department of Transfusion Medicine, including cell processing facilities, with capacity for future growth.
2. Increase time available for use of the Operating Room, particularly by providing coverage in the afternoons/evenings to permit later procedure start times.

## Recommendations: Immediate Steps

3. Revisit decision to shift costs to Institutes and Centers for off-label drugs that are the focus of a clinical protocol. Consider other options for covering these costs (e.g., CC/IC cost sharing, school tax model).
4. Provide ACIs and ACI equivalents (all who have clinical research programs) with dedicated robust clinical support, including, but not limited to, research nurses, study coordinators, and nurse practitioners.

## Recommendations: Immediate Steps

5. Add an element to the IC Directors' annual performance plans that evaluates the efforts that are put into clinical research by those Institutes and Centers that have intramural clinical research programs.
6. Issue an RFI in the NIH Guide to identify research areas where the need for in-patient research beds exceeds availability in the extramural community.

# Recommendations: Leadership Commitment

## Near-Term Steps (3 to 6 months)

1. NIH Director to charge all Institute and Center Directors to take 2 to 3 specific actions (either alone or in partnership with others) that will bolster the census in line with scientific priorities for clinical research.
2. Follow-up on the RFI above, by enabling partnerships with extramural institutions for them to bring in-patient studies into the Clinical Center. Focus on areas of greatest unmet need in the extramural community.

# Recommendations: Leadership Commitment

## Near-Term Steps (3 to 6 months)

3. Develop a more effective corporate process to ensure that budget decisions align with scientific priorities of the Institutes and Centers in determining both capital investments and staffing priorities.

# Recommendations: Recruitment and Retention Near to Medium-Term Steps (3 to 12 months)

1. Develop a corporate personnel process to recruit individuals at all stages of their career development whose scientific goals require use of unique in-patient facilities of the Clinical Center.
  - Provide a basic “recruitment package” (supplied by the OD, with cost sharing from all ICs) that will support some individuals for a 4- to 5-year period, after which IC support would take over.
  - Centrally-placed funds are meant to incentivize ICs to aggressively recruit clinical investigators.

# Recommendations: Recruitment and Retention Near to Medium-Term Steps (3 to 12 months)

2. Highest priority would be given to address critical research questions that can be most effectively and efficiently answered by interventions or procedures requiring hospitalization.

# Partnership Development (Longer Term)

1. Accelerate the development of formal partnerships with local research centers, including CTSA's, to enable hospitalization of patients under protocols where their access to beds is limiting.