

NIH CLINICAL CENTER

The NIH Clinical Center: Where are we now and where do we want to be

NICHD Council Meeting
October 14, 2026

Advancing Discovery. Delivering Excellence. Developing the Future.



NIH CLINICAL CENTER

The House of Hope

Hope for patients. Hope for researchers.



Advancing Discovery. Delivering Excellence. Developing the Future.

NIH CLINICAL CENTER

A Unique National Clinical Research Resource

Built to connect specialized patient care with pioneering science.

200-bed

research hospital

Every patient

is our partner in research

Specialized capabilities

for complex clinical research

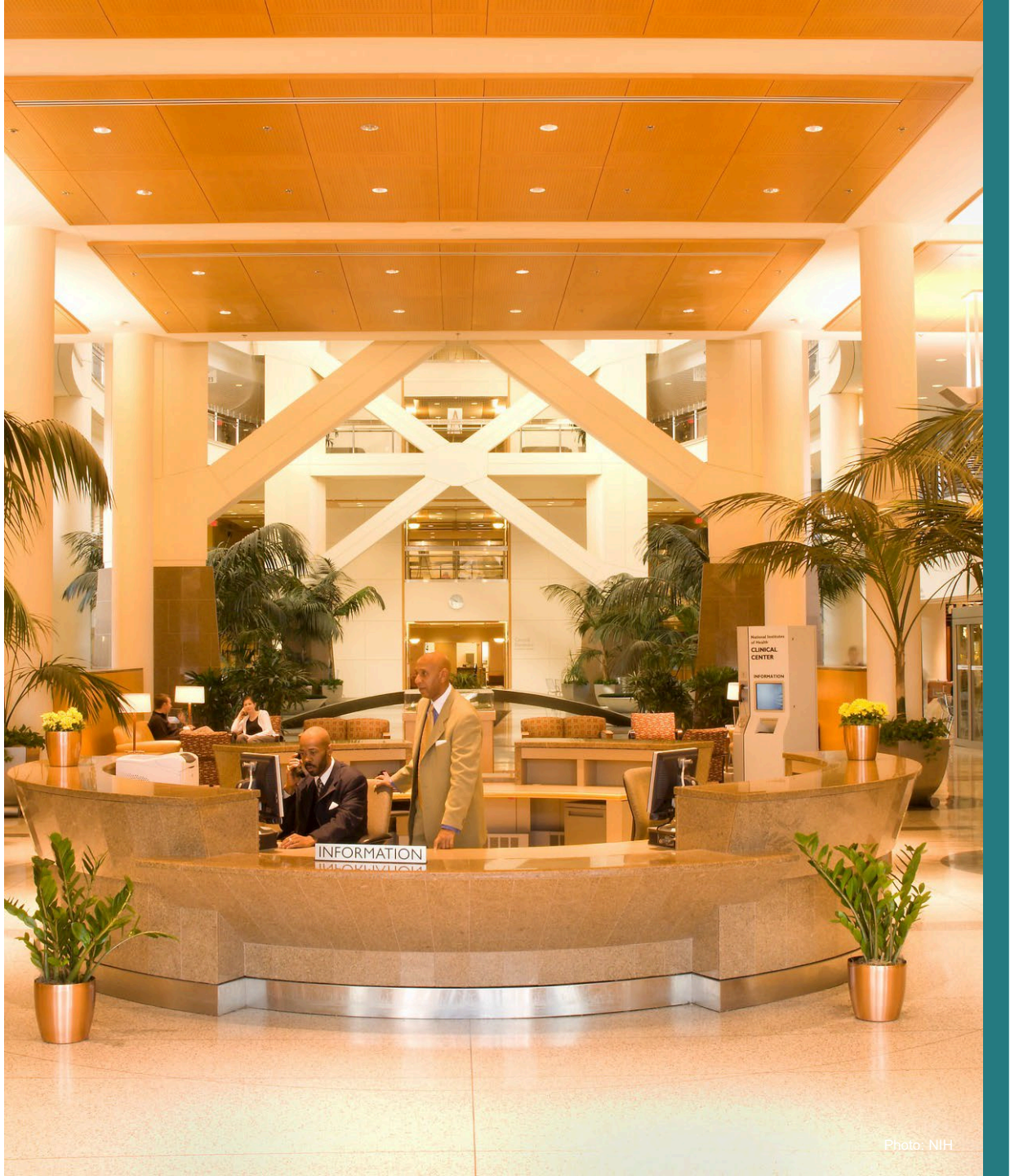


Photo: NIH

What the Clinical Center Makes Possible

Specialized care + advanced platforms + operational support.

1

Complex clinical research

- Inpatient and outpatient research
- Rare, serious, complex conditions
- Novel and intensive interventions

2

Advanced research platforms

- Imaging and image-guided procedures
- Laboratory medicine and diagnostics
- Cell therapy, pharmacy, and manufacturing

3

Research support

- Protocol implementation and research nursing
- Participant recruitment and support
- Multidisciplinary clinical and scientific expertise



If the scientific question requires patients, specialized care, technology, and research expertise in one environment, the Clinical Center was built to support it.

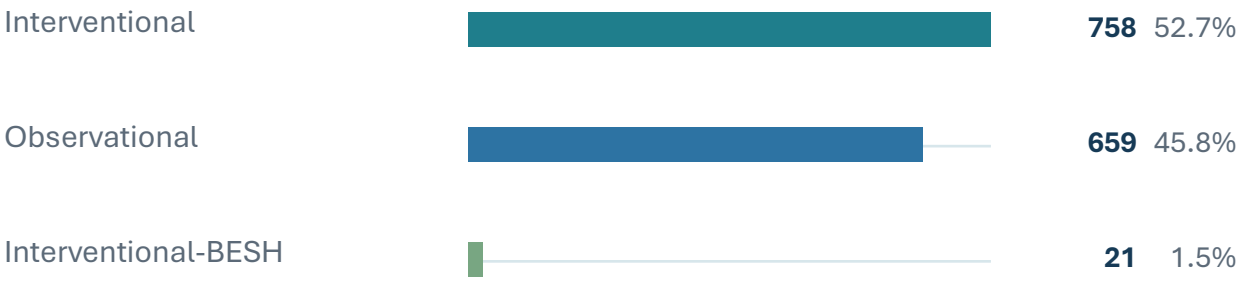
Clinical Research at the Clinical Center

FY2026 active NIH Clinical Center protocol portfolio; reporting period October 1, 2025 to September 30, 2026.

1,438	829	13,696	473
active NIHCC protocols	recruiting protocols	new protocol enrollments	unique PIs

Study type mix

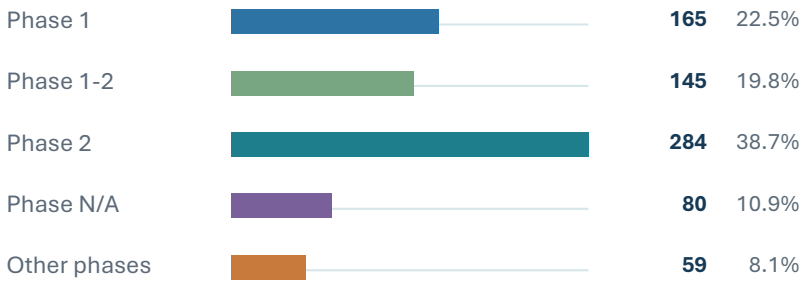
Share of active NIHCC protocols



BESH = Basic Experimental Studies with Humans; classified as interventional studies but not NIH clinical trials.

Clinical trial phases

Among 733 clinical trials



Regulated products and devices

Protocols may be associated with more than one category.

515	14	225
protocols with IND	protocols with IDE	protocols with NSR device

Source: ORSC/PSS NIH Clinical Center Research Portfolio, FY2026. NIHCC protocols only; excludes foreign sites, secondary research, Baltimore sites, and expanded-access single-patient protocols.

PEDIATRIC RESEARCH

Children at the NIH Clinical Center | FY26

A substantial pediatric research portfolio with meaningful clinical activity.

493

active, approved protocols involving children

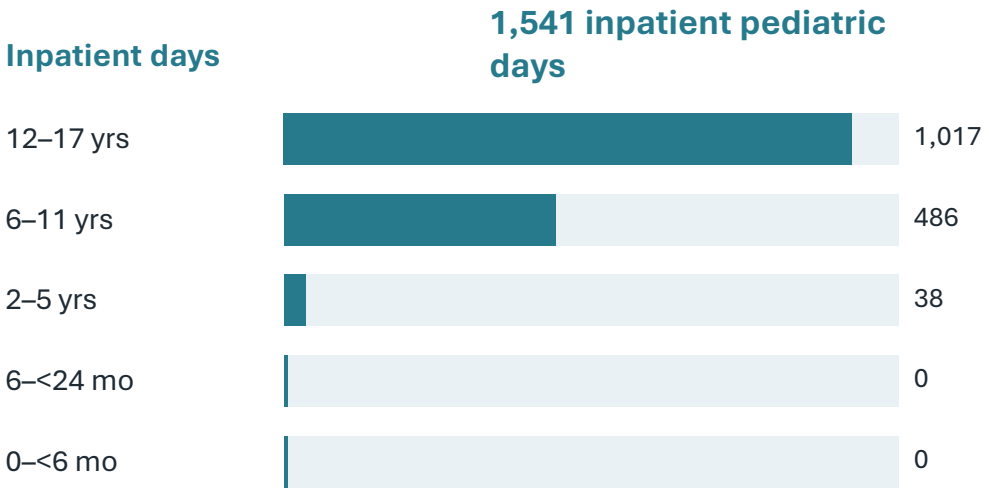
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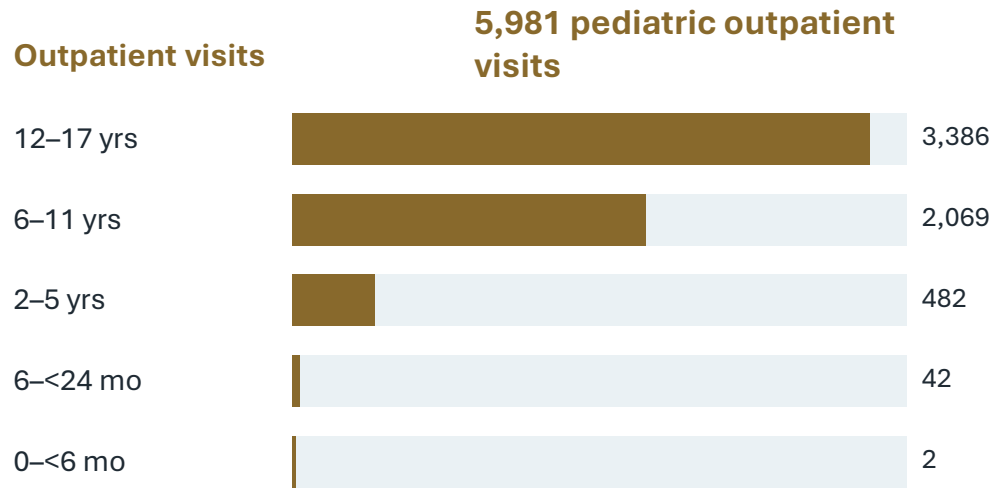
of the active CC protocol portfolio

309

recruiting / enrolling or invitation

FY26 pediatric clinical activity by age group





SCIENTIFIC COMMUNITY

The Clinical Center as a Resource for the Scientific Community

A bridge between scientific questions, research participants, and capabilities difficult to assemble elsewhere.

Scientific questions → **Research participants** → **Clinical Center capabilities** → **Research that may not be possible elsewhere**

The goal is not simply more activity. It is stronger scientific partnerships that create meaningful opportunities for patients and research participants while leveraging NIH's unique capabilities to advance discovery.

Potential areas for partnership: awareness, referral pathways, scientific collaboration, protocol development, and access to specialized capabilities.

THE STRATEGY MAP

Our Strategic Priorities

PRIORITY 1

Deliver High-Quality, Safe Clinical Care in a Complex Research Environment

PRIORITY 2

Build, Improve and Sustain Research Resources and Infrastructure



PRIORITY 3

Optimize the Clinical Centers Utilization and Mission Impact

PRIORITY 4

Develop and Sustain a World-Class, Highly Skilled Workforce

Together, these priorities will be our North Star, guiding our decisions, resources, partnerships and actions

NIH-WIDE ALIGNMENT

Alignment with the NIH Strategic Plan

The CC strategy translates NIH-wide direction into the clinical research hospital environment.

CLINICAL CENTER PRIORITIES	NIH STRATEGIC PLAN ALIGNMENT
1 Deliver high-quality, safe clinical care	Strengthen clinical research and trial stewardship; translate research into health
2 Build, improve, and sustain research resources and infrastructure	Build and sustain infrastructure needed for emerging scientific opportunities
3 Optimize utilization and mission impact	Advance stewardship, data-driven decisions, partnerships, and public-resource impact
4 Develop and sustain a world-class workforce	Develop and sustain an interdisciplinary research workforce

STRATEGIC PRIORITY 1

Deliver High-Quality, Safe Clinical Care in a Complex Research Environment

Exceptional clinical research depends on exceptional clinical care.



Trust is foundational to everything we do at the Clinical Center.

STRATEGIC PRIORITY 2

Build, Improve and Sustain Research Resources and Infrastructure

We advance high-impact science through both Clinical Center-led research and the research we enable across the NIH Intramural Research Program.



STRATEGIC PRIORITY 3

Optimize the Clinical Centers Utilization and Mission Impact

Our goal is mission-aligned utilization—using the Clinical Center's unique capabilities where they can have the greatest scientific and clinical impact.



STRATEGIC PRIORITY 4

Develop and Sustain a World-Class, Highly Skilled Workforce

We will build on NIH's strong training foundation to develop the people who will lead, conduct, and support the clinical research of the future.



STRATEGIC PRIORITY 3

Optimizing Utilization Means More Than Being Busy

CAPACITY UTILIZATION

Are we using what we have?

Equipment • space • people • time

MISSION-ALIGNED UTILIZATION

Are we using it for the right work?

Unique capabilities • science • impact



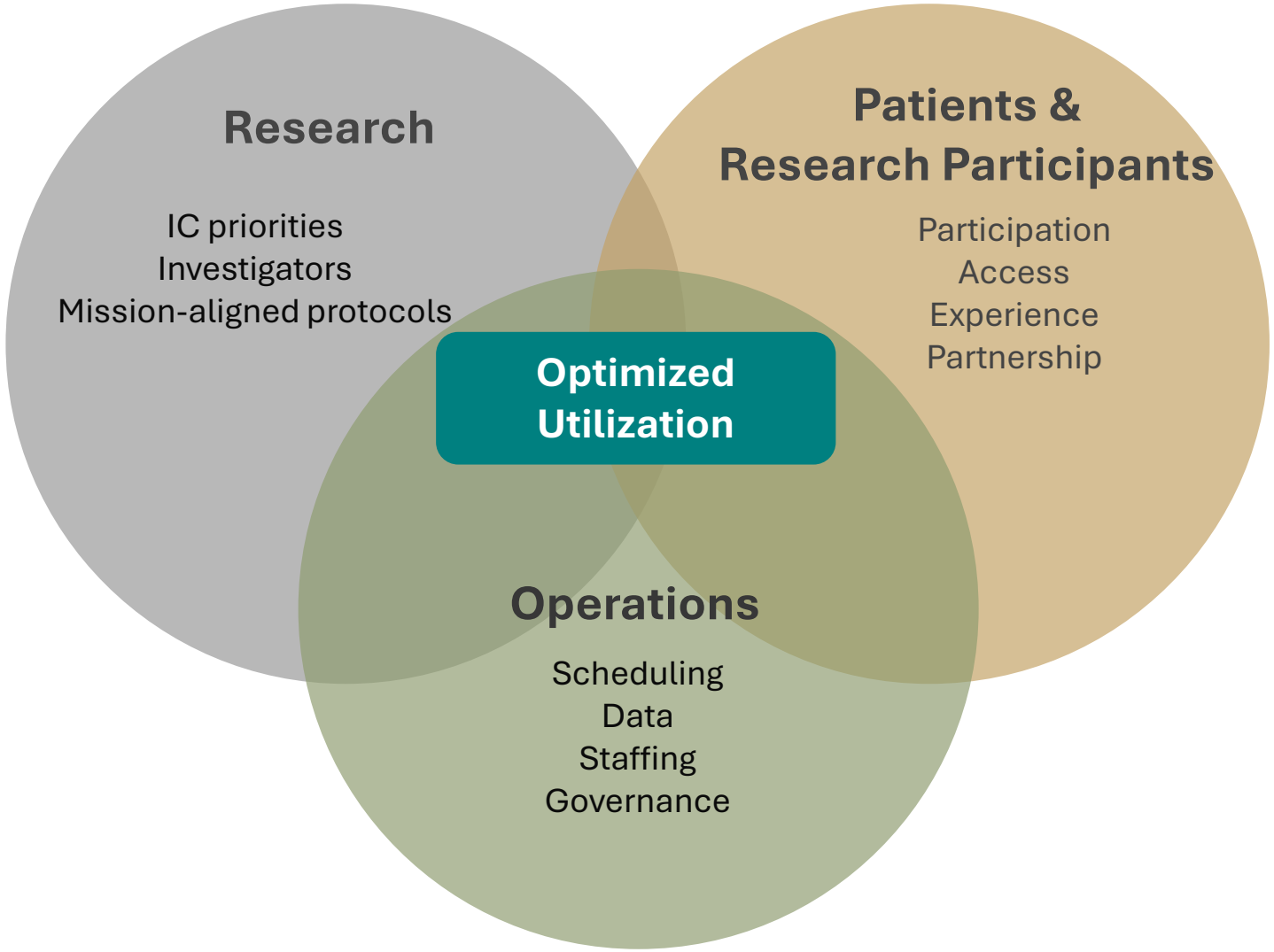
Optimization creates meaningful opportunities for patients and research participants—not just more activity.

The Strategic Target: High Use + High Mission Alignment



Priority 3 moves resources toward the upper right: fully used for the work that matters most.

Drivers of Optimized Utilization



The CC and IRP Are One Interdependent System

Utilization is not controlled by the Clinical Center alone.

INTERDEPENDENCE

- IC and IRP science drives demand.
- CC capabilities enable the work.
- Protocols succeed when planning connects both.

Optimizing utilization requires optimizing the system together.



From Strategy to Action

Emerging implementation priorities

1. **Modern clinical and digital infrastructure**
   Forward facing IT infrastructure that supports clinical care, research, forecasting and analytics

2. **Stronger clinical model**
   Establish a Clinical Center hospitalist service
   Expand ability to care for children, including establishing PICU

3. **Better investigator experience**
   Create a Research Coordination Core

4. **Shared NIH planning**
   Formal IC–CC strategic planning mechanisms

5. **Modern resource stewardship**
   Modernize business practices and resource management
   Measure capacity, demand, utilization, and mission impact

