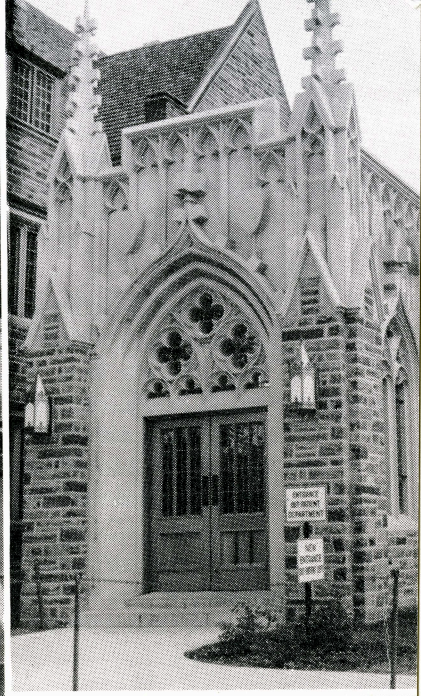


Duke University Medical Center



New Hospital Addition
December 11, 1957

"I have selected hospitals as another of the principal objects of this trust because I recognize that they have become indispensable institutions, not only by way of ministering to the comfort of the sick but in increasing the efficiency of mankind and prolonging human life." James B. Duke.

The new addition to Duke Hospital represents a major stride in the continuing realization of James B. Duke's vision of a great medical center. Making Duke Hospital the second largest private general hospital in the South, the seven-story addition was planned and constructed with one goal in mind; to provide the best possible facilities for ministering to the sick and injured.

The spacious new clinic areas, the ultramodern operating rooms, wards and laboratories are impressive in their own right, but they are merely means to an end. Dedicated with gratitude and used with intelligence and compassion, these facilities will become an increasingly vital part of the University's mission of service to all mankind.

HISTORICAL

Plans for the second addition to the hospital (the first addition was completed in 1940) were drawn in 1947 but were discarded when rising costs exceeded available funds. As the need for more space became greater another attempt was made to plan a new addition. A preliminary survey was conducted in 1952 to help integrate immediate plans into a long term expansion program. Then a group of interested staff members visited several outstanding teaching centers to gain ideas and experience before proceeding. A building committee was appointed in February 1953 and given instructions as to the size and the location of the addition.

When the plans were approved by the Board of Trustees and the North Carolina Medical Care Commission, construction started in January 1955 and proceeded without undue interference with the operation of the hospital. The building was accepted from the contractors in October 1957.

STRUCTURE:

The seven-story addition is constructed of native North Carolina stone quarried near Hillsboro, N. C. Its modified Gothic architecture conforms to that of the older portions of the hospital. It is completely airconditioned.

Designed by Mr. William O. Frank, architect, of Philadelphia and William M. Wallace, II, Consulting Engineer, of Durham and built by

F. N. Thompson, Inc. general contractor, of Charlotte, the addition provides 150,000 square feet of floor space.

The addition was planned to provide easy access from one area to another and to utilize the services of the hospital staff as effectively as possible.

OBJECTIVES:

During the planning phase a number of objectives were constantly in mind. The addition had to meet the trend toward more medical care on an ambulatory basis and to relieve overcrowded conditions in the Out-Patient Clinic. It was necessary to provide modern diagnostic and treatment facilities that were easily accessible to patients and efficient in operation. Additional beds for private patients were needed by an increasing population, a greater demand for hospital care, the need to support additional staff physicians required for increased teaching functions, and the need for increased revenue to finance rising operating costs.

The need for bringing the staff doctor closer to ambulatory patients in both the Private Diagnostic Clinics and the Out-Patient Department for greater ease of consultation was recognized.

The addition had to be integrated into the existing structure in terms of placing the hospital functions in the best possible relationship to each other and to make the building as efficient in operation as possible with labor saving devices and communication facilities.

Another prime objective was to improve the service of food to the patient.

FINANCES

The total cost of construction including equipment.....\$4,500,000.00

Sources of Funds:

The Duke Endowment.....	1,000,000.00
North Carolina Medical Care Commission.....	480,000.00
Building Fund—Private Diagnostic Clinics.....	3,020,000.00

IN-PATIENT FACILITIES:

Patient Rooms: 109 new beds have been added to provide a total of 660 beds plus 30 bassinets. Hanes Ward and Reed Ward have 40 beds each. Each nursing unit has 20 private and 20 semi-private beds.

Each room is equipped with a toilet, shower and lavatory; piped in oxygen and suction; telephone; television; and radio, including one station for the continuous music that is available throughout the hospital



PRIVATE ROOM

addition. Electrically operated variable height beds permit the patient to stay at normal bed level except when doctors or nurses are treating him.

A promenade deck is at one end of Hanes Ward for patients to lounge in the sun.

Intensive Nursing Unit: This 29 bed unit provides more hours of nursing care for patients requiring extra nursing services following surgery or who are otherwise seriously ill.

Central Food Service: All private patient trays will be set up as they move along a conveyor belt past the several food stations. After inspection for accuracy and attractiveness, the trays will be carried to patient rooms. Less than ten minutes will be required for preparation and delivery of a tray.



SEMI-PRIVATE ROOM



NURSES STATION

Ambulatory Dining Room: In these days of early ambulation many patients like to move around the hospital as soon as they are able to be out of bed. A dining room has been provided to enable such patients to dine together in attractive surroundings. Each patient will have a menu prescribed by his doctor to present to the dietitian at the cafeteria line. It is anticipated that this will be a popular service.

Central Sterile Supply Room: The use of sterile supplies is continually increasing in hospitals today. Expansion of this department meets a great need for working space.

OUT-PATIENT DEPARTMENT

In keeping with the trend toward earlier diagnosis and treatment on an ambulatory basis, the Out-Patient Department was allocated the largest amount of space in the new addition. The congestion in the "old" clinic was a major factor in the decision to provide a new building.

Many administrative changes have been made in order to improve the efficiency of the department and thereby facilitate diagnosis and treatment.

New Central Laboratory: Here all of the routine tests will be done before the patient goes to the clinic to which he has been referred. Additional tests will be made as required by the physician. Each clinic has a small laboratory to perform tests peculiar to that clinic. Centralization of the laboratory function permits a more orderly flow of patients through the clinic and saves time for the patient, the doctor, and the technicians.

Pharmacy: The new location of the pharmacy and its enlarged quarters are easily available to the Out-Patient Department, Private Diagnostic Clinics and hospitalized patients.

X-ray facilities: A newly planned out-patient X-Ray department, both as to location and equipment is part of the new addition.

The services of the routine chest x-ray machine will soon be available to all ambulatory patients. In the 10 years that it has been in operation in the out-patient department many unsuspected disease conditions have been found in their early stages when treatment is most effective.

Hospital Auxiliary: The Duke Hospital Women's Auxiliary has responded to the expansion of facilities by the organization of a variety of new services designed for the comfort, convenience and assistance to patients throughout the hospital. Their helpful attention to the needs of the hundreds of patients making daily use of our facilities continue to personalize and make more effective other services and facilities.



OUT-PATIENT DEPARTMENT



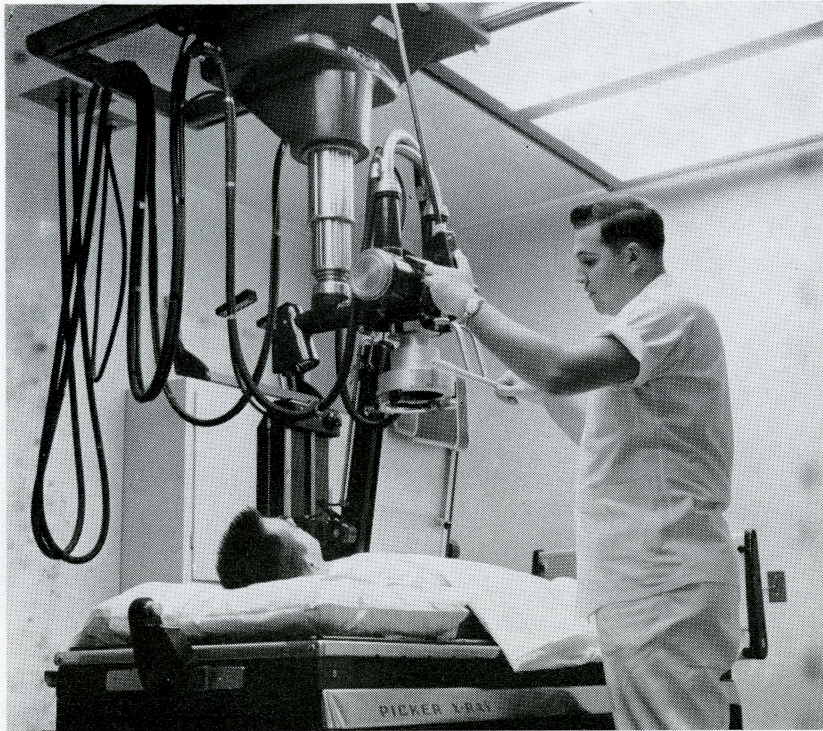
CENTRAL LABORATORY



CENTRAL FOOD SERVICE



CENTRAL STERILE SUPPLY ROOM



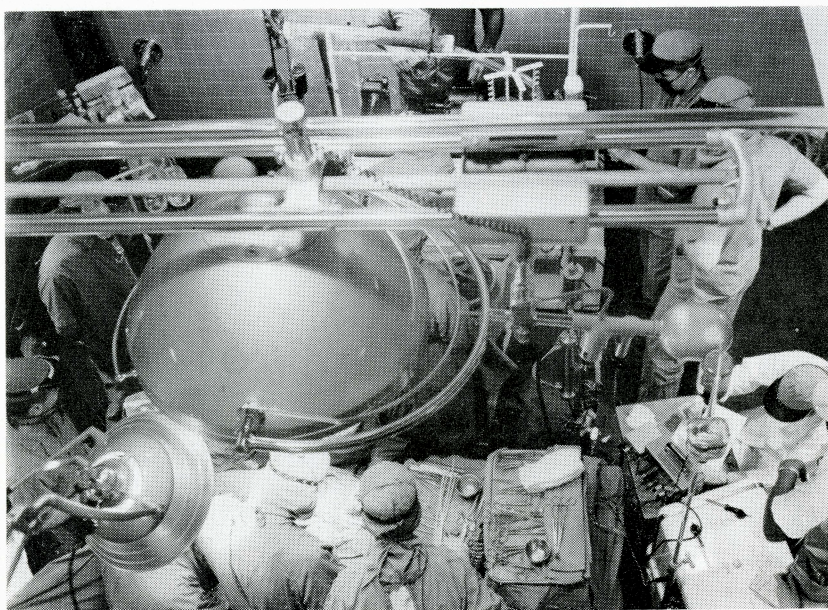
X-RAY DEPARTMENT

Private Diagnostic Clinic: The renovated and enlarged facilities enable the staff to function more effectively and provide more attractive and comfortable accommodations for the patients.

OPERATING ROOM SUITES

Ten new operating rooms and their supporting facilities are an important part of the addition. They incorporate and implement many advances which have attracted widespread attention and emulation in the field of surgery.

Among outstanding innovations in modern operating room equipment are devices to clean instruments quickly and effectively by use of sound beyond the range of the human ear; for completely sterilizing the air in all operating rooms and preparation areas; for simultaneously washing and decontaminating all materials used in infectious cases; and an artificial heart and lung machine capable of assuming the functions of these organs during necessary surgical procedures upon them.



OPERATING ROOM

Making such equipment and facilities more effective, an entirely new assembly line concept has been developed and implemented at Duke for preparing, assembling and re-processing all materials and equipment used in surgical operations.

The recovery room has been moved to its new location on the same floor as the Operating Suite making it more easily accessible. It has 16 beds with all necessary equipment readily available.

A lounge has been made available to the surgeons and nurses for use between operations. It has been designed for relaxation and study and a library of surgical reference texts will be available.

MECHANICAL ROOM

Airconditioning machinery located here provides the coolant for the air distribution rooms located at strategic points in the building. Air-conditioning ducts are also used for heating. Patient rooms and operating rooms have individual thermostats and the clinic areas are zone controlled.

Basic electrical equipment is concentrated in this area and includes a diesel powered emergency generator for electrical power. The emergency system includes the operating suite, exit and stairway lights, certain corridor lights, the patient-nurse communication system and two elevators.



WOMEN'S AUXILIARY



PRIVATE DIAGNOSTIC CLINIC

