Comprehensive Cancer Center Expansion Q & A

1. **Did the project come in under budget and ahead of schedule?**
   The building is opening ahead of schedule – the original date was early 2014 – and is under budget by about $7 million.

2. **When did the original cancer center open? How much did it cost to build?**
   The original building was a 247,800 square foot outpatient facility completed and opened to patients in 2004 and the budget was $74,702,000.

3. **How is it better for patients?**
   The expansion provides all cancer related services under one roof whereas before, inpatient cancer care was spread among other towers which meant patients and families had to walk further to see doctors and go to appointments. Also, many aspects of the facility were created with the patient and their families in mind – the natural lighting, the courtyard, the Serenity rooms, the large family waiting areas with computer stations, televisions, kitchens and laundry facilities – all to provide more comfort and care.

4. **Were doctors, nurses and staff consulted about the project design? If so, in what way?**
   Yes, small groups of doctors, nurses and staff who work in the Cancer Center were engaged throughout the entire design process to address patient room layouts, nursing unit sizes, support services locations, room finish materials, equipment selection, and furniture and art selection, for example.

5. **Have any new services or technology been added?**
   As a Comprehensive Cancer Center, we are already providing the most up-to-date and available services, technology, equipment and treatments. This project puts all cancer-related services for adults under one roof for easier access for patients, families and employees.

6. **How many new people have been hired as a result, both clinical and non-clinical?**
   To accommodate expected growth, 25 additional adult intensivists and advanced practice providers such as nurse practitioners and physician assistants, will join a team of more than 150 clinicians and scientists representing all aspects of cancer care and research.
7. Can you expand on the role of an intensivist?
   An intensivist -- also known as a critical care physician -- is a medical doctor with special training and experience who specializes in the care of critically ill patients and will be assigned to the new oncology intensive care unit.

8. Will the expansion handle expected growth for the long term?
   Yes. The project accommodates current and projected cancer-related inpatient volumes.

9. What does expanding a facility like this say about cancer in general? Is cancer on the rise?
   The National Cancer Institute (NCI) reports that in the United States there are almost 12 million men and women who have a history of cancer, and that 41 percent of men and women born today will be diagnosed with cancer at some point during their lifetime. The North Carolina State Center for Health Statistics most recent reporting indicates there are 227,397 cases of cancer across the state each year.
   This project aligns with Wake Forest Baptist’s commitment to developing an integrated health care delivery system, and provides the infrastructure required to grow advanced clinical programs – driven largely by our cutting-edge research and compassionate care.

10. If oncology related inpatient services have been moved into the new facility, what is planned for those vacated spaces in the other patient towers?
    Those areas are being evaluated but we don’t have anything specific to share at this time.

11. How could the Medical Center afford to spend $125 million for this project during the economic recession and amid job layoffs?
    Funds for capital projects are different than operating funds. This expansion is part of the overall capital capacity model and strategic facilities plan for the institution and the money was designated as planned.

12. Are there any more large construction projects on the horizon?
    Medical Center leadership has several other large projects in discussion, but nothing concrete as far as timing and funding.