

- Dr. Sameer Kadri summarizes his award-winning research
- NIH celebrates two local men for their 400th platelet donation

## COVID-19 precautions prompt big changes to hospital operations

At the end of May, the NIH Clinical Center began to phase-in several hundred employees back to work physically within the hospital since the coronavirus disease 2019 (COVID-19) pandemic swept across the nation mid-March. The hospital also began to slowly increase the patient census from roughly 50 to around 100 inpatients and outpatient clinic visits from roughly 50 a day to 150 a day.

“We are being asked to lead the reopening of the NIH campus and it’s a responsibility that I think we should be proud of but it’s a responsibility that means we have to be really cautious and careful how we do that,” said Dr. Jim Gilman, CEO of the Clinical Center, during a Town Hall May 6 (NIH Staff Only <https://go.usa.gov/xvuyw>).

“This is not a return to business as usual. There is nothing like our usual,” Gilman said. “Since March 11, Clinical Center efforts were limited to the most urgent patients. I think we are mature enough in our infection control measures and our understanding of what it takes to work in this pandemic to begin to increase our patient census.”

Anyone entering Building 10 – including patients, visitors, construction workers, researchers and staff – are screened at the North Lobby, Ambulance Entrance or P1 Parking Entrance Lobby by the U.S. Public Health Service Commissioned Corps Nursing Officers and are instructed to wear surgical masks. On May 20, the hospital hit a milestone of screening its 100,000th person entering Building 10.

“The safety of our patients and staff cannot be jeopardized,” Gilman added during the Town Hall. “We can never forget we’re doing this in the middle of a pandemic.”

Existing infection control measures also include restriction of visitors, staff working in segregated teams, social distancing (including in clinics and departmental waiting rooms), no large group meetings and keeping Building 10 cafeterias closed. The atrium coffee shop remains open with expanded offerings.

Current inpatients, and any who may be

enrolling in a trial over the coming weeks, can only have visitors who agree to room-in, be tested for COVID, and stay with the patient. Outpatients who require visual or am-

bulatory assistance will be allowed to have a family member or escort. When a patient is admitted to hospital, they will undergo syndromic screening upon admissions.

care began May 21. While voluntary, employees are strongly encouraged to schedule themselves to participate in the Clinical Center’s weekly surveillance testing. While the initial phase-in of staff physically present in Building 10 began – the vast majority of NIH campus, all those who are telework-eligible employees, still remain offsite. On May 15, Julie Berko, the director of the NIH Office of Human Resources, presented a framework for NIH employees for return to physical workspaces (<https://go.usa.gov/xvudT>). She announced that NIH is shifting to a maximum telework “until further notice” – an extension from the original timetable of “through May 31” announced by Dr. Francis Collins, Director of NIH, on April 24.

*“The safety of our patients and staff cannot be jeopardized.”*  
— Dr. Jim Gilman, CEO Clinical Center

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As the patient census increased, prospective surveillance testing of all NIH employees in the building with direct patient

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Staff and visitors are screened at Building 10 north entrance by the U.S. Public Health Service Commissioned Corps Nursing Officers. But for many, telework has been mandated “until further notice.”

**Hospital Epidemiology Service resources, including details about testing patients and staff:** <https://go.usa.gov/xvuVE>

**NIH Guidance for Staff on Coronavirus:** <https://go.usa.gov/xvud4>

**NIH Town Hall May 21:** <https://nci.rev.vbrick.com/#/event-registration/ac35c22b-bc07-41f0-b5cd-9241b17a3b17>

**Sailing Close to the Breeze: Hospital Epidemiology in the COVID-19 Pandemic: May 20 lecture by Dr. Tara Palmore, CC Hospital Epidemiologist:** <https://go.usa.gov/xvuVv>

**COVID-19 Diagnostics: The Challenge of Rapid, High-Volume Detection of SARS-CoV-2: April 28 lecture by Dr. Karen Frank, CC Chief of the Department of Laboratory Medicine:** <https://go.usa.gov/xvupq>

**A special thank you to the unsung heroes who are working at the NIH Clinical Center in a shifting and uncertain environment. This especially includes the staff of Materials Management and Environmental Services Department who are tasked with ensuring personal protective equipment (PPE) is available at a time of national shortages, especially since that flooding last summer wiped out stocks of equipment the hospital had on hand and they had to build this inventory from scratch.**

## NIH celebrates two local men for their 400th platelet donations to patients

They say lightning doesn't strike the same place twice. However, at the NIH Donor Center at Fishers Lane it did! On March 6, NIH celebrated its second donor in a month making a 400th platelet donation.

Joe Fennel has been a steadfast platelet and granulocyte donor since the 1970s and has helped numerous Clinical Center patients through his donations. A retired D.C. fire fighter, Fennel rode his bike to the Bethesda campus all the way from Alexandria, VA, until the donation center got moved to Fishers Lane in 2015.

"I donate blood because to me it is a very rewarding thing to do. I derive satisfaction from it, and encourage others to do it. It's a very simple act that benefits patients at the Clinical Center," Fennel said.

Additionally, as part of his 400 plus apheresis donations, Fennel has made 37 granulocyte donations which are white blood cells that help fight infections. Unlike platelet donations, which are viable for five days, granulocytes are only viable for 24 hours and are general-

ly used for patients with life-threatening infections.

Bill Cervenka is another member of the NIH Blood Bank's most dedicated platelet and granulocyte donors. On March 2, Cervenka celebrated his 400th platelet donation with NIH Donor Center staff.

The volume of a bag of platelets is approximately 400 ml; a donor with 400 platelet donations has donated about 160 liters or 42 gallons by volume.

However, the more accurate way to look at a platelet donation is the number of therapeutic doses each platelet donation provides to patients. The average unit of platelets can provide two therapeutic doses of platelets.

Fennel and Cervenka's donations have contributed to the welfare of approximately 1,600 patients.

"We like to express our gratitude to Joe, Bill and so many other donors that come and support our patients," said Hal Wilkins, recruitment supervisor at the NIH Blood Bank.

Learn more at <https://go.usa.gov/xvmDw> or call (301) 496-4321.

- Submitted by the NIH Blood Bank

## Resource for surgical services at the Clinical Center now available online

The NIH surgery webpages now available for staff on the Clinical Center's intranet are a "one-stop shop" with easy access to key material about surgical services at the hospital (<http://intranet.cc.nih.gov/NIHsurgery>). The Clinical Center's 12 main operating rooms, one of which is equipped with intra-op MRI, are an important resource for the care of patients.

"This new website is an information hub for frequently asked questions, commonly used resources and general knowledge about our surgical services," said the hospital's Surgeon-

in-Chief Dr. Jeremy Davis, a surgical oncologist with the National Cancer Institute.

These webpages provide contacts for surgical experts and consults available at the hospital, frequently asked questions about the use of the operating rooms, patient safety and perioperative guidelines, policy guidance, Surgical Administrative Committee activities and more.

Staff, if you have suggestions or additions to the website please email [npointer@cc.nih.gov](mailto:npointer@cc.nih.gov).

- Cindy Fisher

## NIH staff awarded for surgical cloth sewing initiative to "Spread the Warmth"

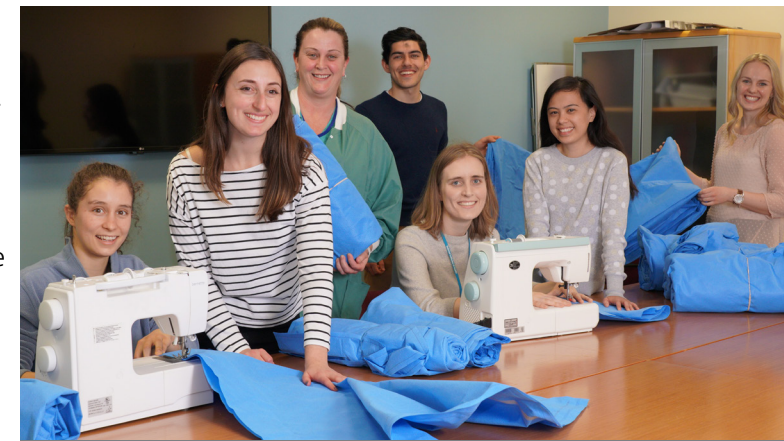
A project to transform surgical cloth into blankets for the homeless has been recognized for its contributions to the community. Founded by Clinical Center Operating Room staff, the "Spread the Warmth" initiative repurposes surgical cloth into blankets. The blue fabric, which wraps sterilized instruments and is hygienic, would usually end up as medical waste.

The initiative received two U.S. Department of Health and Human Services (HHS) "Green Champion" Awards in April 2020. The awards honor outstanding sustainability projects throughout HHS. The Spread the Warmth Initiative received a "Good Neighbor" award and a Green Hero Video Outreach award. Last year, the project also won a 2019 NIH CC CEO Award for reducing the operating room's footprint, supporting the

community and giving to those in need through innovation.

Staff volunteer their time during off-hours to sew the cloth into blankets and donate them to those experiencing homelessness in Montgomery County, Md. Ninety-six blankets have been delivered since the project began.

"The blue wraps are water resistant, durable and warm," said Carrie Wellen, the surgical technologist who began the project. Her hope is this project continues to grow and



Charlotte Langner, Elizabeth Aliberti, Carrie Wellen, Arman Niknafs, Rosalie Nolen, Celeste Cravalhon and Kathryn Johnston work on sewing blankets.

that other hospitals will embrace this effort.

Watch the video: <https://youtu.be/p52VRQW8BVk> More details: <https://go.usa.gov/xvUKj>

- Mickey Hanlon, Debbie Accame

## Research Spotlight: Dr. Sameer Kadri discusses critical care medicine, big data

Dr. Sameer S. Kadri, associate research physician and head of the Clinical Epidemiology Section in the Clinical Center's Critical Care Medicine Department, has leveraged big data generated from routine care at hundreds of hospitals to better understand and improve the management of the severely ill as well as inform healthcare policy.

Kadri founded and leads the NIH Antimicrobial Resistance Outcomes Research Initiative (NIH-ARORI), a collaborative between the NIH Clinical Center, intramural National Institute of Allergy and Infectious Diseases scientists, the Centers for Disease Control and Prevention (CDC) and Harvard Medical School. Through this initiative he developed and tested a simple but clinically relevant classifier of antimicrobial resistance called "Difficult-to-treat Resistance" or "DTR" that helps bedside clinicians quickly determine if they have a safe and effective antibiotic option for patients infected with resistant pathogens.

"I am humbled by the lethality of infection that I witness each day as a critical care provider, which fuels my drive to search for ways to enhance survivability. Although electronic health record data are expansive and granular, they tend to be messy. My team and I are applying recent advances in data analytics and methodology to curate, standardize and model several terabytes of

data to understand survival signals that may inform treatment strategies."

Kadri is also currently working with the CDC to estimate the United States burden of Difficult-to-treat Resistance and study the impact of antibiotic stewardship in culture negative sepsis. He is also working with the FDA to scrutinize the need for novel antibiotics.

Below, Kadri talks about his research and innovation in using large databases to answer important clinical questions with scientific rigor that cannot be addressed by randomized clinical trials:

### How can large databases substitute or provide answers that a conventional clinical trial cannot?

Thanks to mandated electronic health record use and technological advances in informatics and analytics, large granular healthcare datasets today can offer a window into contemporary real-world healthcare practices and enable observational research in areas of critical care medicine where conventional clinical trials have not been feasible. They contain data from inpatient and outpatient care of millions of patients. They are an excellent resource to study rare conditions and rare treatments. However, they can be relatively heterogenous and need to be painstakingly cleaned and standardized in



NIH Clinical Center CEO Dr. James Gilman congratulates Dr. Samir Kadri on his 2018 Clinical Center Science Award.

order to be ready for analysis.

### What would be the next step in this use of databases in critical care medicine?

I don't think that databases will ever replace clinical trials. They are complementary and occupy unique roles in healthcare outcomes research. What will increase with time is the breadth, granularity and hopefully cleanliness of available data. As the world is coming to realize the benefits of large database research, a need for guidelines and policy to standardize curation and analysis of data has been recognized, as has the need to integrate genomic and clinical data as we enter the phase of personalized medicine.

View more of Kadri's Q&A's online: <https://go.usa.gov/xvUKA>

- Robert Burleson

**VIEW MORE ARTICLES ONLINE:** [www.cc.nih.gov/about/news/newsletter.html](http://www.cc.nih.gov/about/news/newsletter.html)



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### Clinical Center News

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# Longest serving volunteer, dog therapy bring hope to patients

Volunteers play a critical role at the NIH Clinical Center with approximately 185 volunteers performing over 9,800 hours of service in 2019 – the equivalent to almost five full time staff. Volunteers, who range in age from 16 to 83, perform a wide variety of tasks in the hospital, from clinical support, greeting patients and families with coffee, serving as patient ambassadors to assisting as language interpreters.

Retiree Janet Logan, who worked at Fogarty International Center and other institutes during her NIH career, beat the odds to become a volunteer at the Clinical Center. Surviving breast cancer - twice - was the impetus leading her to volunteer with cancer patients at the hospital.

Logan is grateful for the breast cancer treatment she received at the NIH in 1991 and 2001. "It was time for me to give back to NIH for the wonderful care I received here."

Logan is recognized as the longest serving volunteer at the Clinical Center, and has volunteered for 24 years on the 12th floor outpatient clinic that treats patients with ovarian and other kinds of cancer.

She also enjoys traveling and is a cross-country skier who has traveled to many countries in Europe with the NIH Ski Club.

"My role is giving encouragement and hope to patients," says Logan.

Two other volunteers, Dave and Sandy Gill, were looking for activities to give back to the community in their retirement. Having heard about the healing capabilities of dogs, they decided animal-assisted therapy would be their focus. The Gills had three dogs well suited to do this type of work and had them certified through National Capital Therapy Dogs. With their interest in health and science, and the fact that Sandy was a government contractor who worked with NIH for many years, the Clinical Center was the perfect place to volunteer. The Gills' began visiting patients in 2014.

"I just knew that Toby, an active golden retriever, was put on this earth to be a therapy dog," Sandy stated. The Gill's other dogs, Cindy Bear, a black lab, and Rosko, another golden retriever, also visit the Clinical Center on Monday evenings, twice a month. Other therapy dog visits take place every other Tuesday in rotation with the Monday night visits.

Depending on the evening, the Gills and their dogs can be found visiting several units within the hospital or in a group setting in the 7th Floor Lounge. Toby is a

favorite with the pediatric patients, while Cindy Bear loves bed visits where she can snuggle up with patients. Patients and their families have the opportunity to pet and play with the dogs as they recover from surgeries or undergo treatments. Some patients just want to pet a dog; others walk around the halls with the dogs, enabling them to get a bit of exercise; while others delight in seeing or getting the dogs to do tricks. The visits give patients a chance to socialize and proudly show off cell phone pictures of their pets.

"Patients miss their dogs and the feeling they receive from petting a therapy dog brings them comfort and smiles. The visits are a welcome change to the long days spent in the hospital and help to take away pain, discomfort and homesickness. Bringing this kind of joy to patients is gratifying and fulfilling," Gill says.

"The CC volunteer corps has established a sense of dedication and enthusiasm that aligns with the mission of NIH. Our volunteers stand ready to help patients and their families so that their hospital experience is stress-free," said Marcus Means, the Volunteer Coordinator for the Clinical Center's Volunteer Program that is a part of the Office of Hospitality and Volunteer Services.

Interested in volunteering? Email [ClinicalCenterVolunteerProgram@nih.gov](mailto:ClinicalCenterVolunteerProgram@nih.gov).

- Mickey Hanlon and Deborah Accame



Logan has served the Clinical Center for 24 years as a volunteer.



Dave and Sandy Gill and their therapy dogs, Toby, Cindy Bear and Rosko (not pictured) visit patients.

# Updated protocol number format launches in June

Reminder! On or after June 1, new protocol number format will be implemented across all NIH. The new protocol number format will look like "000000-IC" with a total of 9 alpha-numeric characters. The IC is the funding institute. This new format does not include fiscal year or off-site protocols indicators. Any change to the numbers will be prospective only — already existing protocols will not change. Learn more: <https://go.usa.gov/xv7cG>

# Dr. Michael Do honored as early career investigator

Dr. Huy (Michael) Do, a post-doctoral fellow with Radiology and Imaging Sciences, was recognized in February 2020 as a promi-



nent early career investigator by the Academy for Radiology and Biomedical Imaging Research. He is one of 35 investigators in the Academy's 2020 class of the Council of Early Career Investigators in Imaging. The award is sponsored by the Society for Imaging Informatics in Medicine (SIIM) whose mission is advancing imaging informatics through education, research and innovation.

He came to NIH as an Intramural Research Training Award post-doctoral fellow in June 2018. Do's research focuses on utilizing artificial intelligence and imaging informatics to develop clinical solutions that enhance quantitative capabilities and workflow efficiency in radiology.

Do was also the 2019 recipient of the New Investigator Travel Award by SIIM for his work with mentor Dr. Les Folio, Lead Radiologist for Computed Technology, on "Simulated Artificial Intelligence Workflow Improves Report Value in Clinical Trials While Saving Radiologists Time."

- Mickey Hanlon