



Inside this issue: Rare Disease Day | Vaccine Clinic | Revolving Doors | 50 Years of CC News

### Clinical Center prepares for joint commission survey

*Hospital assessed every three years*

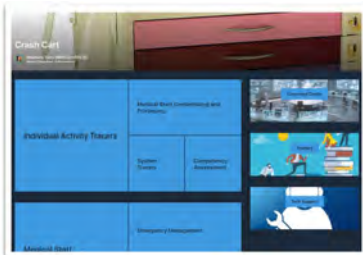
Tests can cause high anxiety for students. But how about when a whole organization is being examined? The NIH Clinical Center will be facing a test of its own in the next few months.

Every three years, the Joint Commission visits the Clinical Center as a part of its voluntary accreditation. The Joint Commission accredits and certifies more than 22,000 programs and establishments in the United States, including hospitals and other health care organizations.

As a federal institution, the Clinical Center does not need to be accredited, but it does so as a part of its commitment to provide the best care for its patients. This is a chance for the hospital to demonstrate its safe, high-quality care to an unbiased outside body and receive feedback on potential improvements.

The Joint Commission survey is usually in-person over a number of days or weeks, but due to the pandemic, this assessment will be a hybrid of in-person and virtual. That means hospital staff need to be ready to communicate while socially distanced.

Microsoft Teams is the preferred method for virtual communication during the survey. To help with this adjustment, the Clinical Center's Department of Clinical Research Informatics (DCRI) has been working with all departments in the hospital to get ready for the review. By providing Microsoft Teams training, giving one-on-one support and sharing best practices for virtual meetings, DCRI has helped to inspire confidence and readiness for the visit.



*The virtual "Joint Commission Crash Cart" to be used in this year's survey.*

One example of the preparations underway is the transformation of Office of Patient Safety and Clinical Quality's (OPSCQ) "Joint Commission Crash Cart." A crash cart is a clinical term to describe a locked container with drawers that hold life-saving supplies and equipment to be used during a medical emergency. OPSCQ borrowed that term to describe their physical location for storing important documents that are needed for a Joint Commission visit. With things moving to a virtual environment, the workflow and design of the physical crash cart evolved into a digital version in Microsoft Teams and SharePoint online.

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### Emerging from the pandemic: leadership charts a path forward

*1 million COVID-19 screenings and no on-site outbreaks*

With vaccines for coronavirus becoming widely available, we can see a light at the end of the tunnel. The NIH Clinical Center has come a long way from the start of the pandemic, when even procuring enough personal protective equipment (PPE) was a challenge in and of itself. But the Clinical Center rose to the challenge – adapting to make clinical rounds virtually and operate with the trifecta of COVID-19 prevention: masking, physical distancing and hand hygiene.

The Clinical Center recently surpassed the milestone of completing one million COVID-19 screenings at the building's entrances. This milestone could not have been achieved without the vision and planning of a team of hospital staff who developed systems to protect the health and safety of patients and employees during the ongoing COVID-19 pandemic.

### Keeping the Hospital Open During a Pandemic

In early January 2020, the Clinical Center established a COVID-19 Crisis Taskforce to help prepare the hospital for the potential intake of people with the virus.

Because ensuring the safety of staff and patients begins with securing the entry to the hospital, the team assessed all 165 entry points of the Clinical Center and consolidated them into four entrances. In a matter of days, the hospital implemented screening stations equipped with personal protective equipment, medical supplies and signage. A team of nursing staff and Public Health Service officers were assembled and trained to operate the entry points 24 hours a day, every day of the week.



*NIH Clinical Center Staff Screeners*

The hospital also developed a sustainability plan to ensure that there was an ongoing process for staffing the screening areas to continue to keep patients, visitors and staff virus-free inside the Clinical Center. This screening and masking process allowed the Clinical Center's leadership to increase the number of staff permitted to return work.

**"Job 1A has been protecting the patients and job 1B has been protecting each other," said Dr. James K. Gilman, CEO of the Clinical Center, during his April Town Hall presentation. "The Clinical Center has been one of the safest places to work during the pandemic."**

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### Employee survey held during pandemic identifies positives and improvements for the Clinical Center

*1,000 of your colleagues in the Clinical Center spoke out: what were the take-aways?*

The Federal Employee Viewpoint Survey (FEVS) is an annual event but this year's survey was far from routine. It was administered during a pandemic, when much of the Clinical Center's workforce was teleworking.

The annual employee survey is administered by the Office of Personnel Management, and measures federal employees' perceptions about work experiences, organizations and leadership. The survey was open for six weeks in the Fall of 2020 and was emailed to all full and part-time permanent, non-seasonal employees, including Title 42 and Commissioned Corps staff, who started working on or before October 26, 2019.

Surveys were sent individually and responses were collected anonymously to ensure honest feedback. Clinical Center departments with sections that had ten or more respondents received data for their sections. Results were also assessed on global satisfaction and employee engagement scores.

The survey results provide valuable insight for Clinical Center leaders on how their staff feel they are managing challenges in the workplace.

Dr. Gilman emphasized in his April Town Hall meeting that he takes the FEVS results very seriously. He works closely with each of the hospital's Department Heads to ensure they are working on action plans to address their specific results. Gilman noted "The survey is an important tool that Clinical Center leaders examine closely and can have a major impact on how the hospital operates."

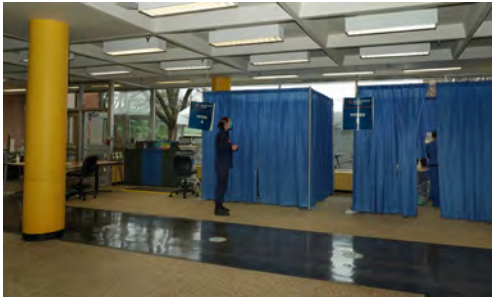
Due to the pandemic, the 2020 survey was customized, focusing less on traditional queries and adding some COVID-19 related questions. Even though staff participation in the survey was slightly lower than in 2019, many metrics improved. These included **Employee Engagement**, which measures the effectiveness of leaders and the intrinsic work experience; **Belief in Action**, which measures confidence that the results of the survey are used to improve the workplace; and **Global Satisfaction**, which measures pay, organizational satisfaction and recommendations.

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## Vaccine clinic for NIH staff operating in Bldg. 10 - B1 cafeteria

31,218 doses administered as of May 31st

From December to June, the B-1 Cafeteria looked nothing like a cafeteria - it was transformed into the NIH COVID-19 Vaccine Clinic.



Lt. Kathryn McNamara, Safety Officer

The Office of Research Services along with the Clinical Center, managed the clinic, following the vaccination plan for NIH staff. It was open six days a week, supported by a team of volunteers from NIH's Institutes and Centers, along with Commissioned Corps Officers of the U.S. Public Health Service.

Capt. Derek Newcomer, the Officer-in-Charge of the mission, coordinated the NIH effort, reporting "Pfizer and Moderna vaccines have been administered to the NIH community." NIH lists the total number of immunized staff as 31,218 (as of May 24, 2021). This number may not capture staff who were vaccinated outside of NIH who did not report to Occupational Medical Service (OMS).



Cmdr. Ich Ho Kim vaccinates staff member Monroe Thompson

All NIH staff have been contacted to schedule a vaccination appointment. Outreach included details on safety information about the vaccines, contact information for questions and a link to schedule appointments.

Staff who received a vaccine in their local community were asked to notify OMS via webform (<https://www.ors.od.nih.gov/Pages/report-vaccination-received.aspx>) so doses can be freed up for other staff.

The vaccination efforts shifted from the dedicated space in the B1 cafeteria on May 31, with vaccinations moving to the OMS offices on the sixth floor of the hospital.

-Debbie Accame

## Clinical Center north lobby receives new door, decorative panels display staff

The original door worked past its lifespan

Millions of people have entered through the doors of the NIH Clinical Center's North Entrance. From patients and their loved-ones to dedicated staff (including Lasker and Nobel winners), world leaders and world-famous icons and athletes – the hospital has welcomed a wide assortment of visitors. Originally installed when the new wing of the hospital opened in 2004, the north lobby revolving door has undergone an upgrade.



The temporary panel displayed Dr. Anthony Fauci throwing the first pitch at MLB's opening game at the Washington Nationals stadium in 2020.

The new door has a "slow down" mode to prevent injuries to people with mobility issues and a series of sensors that prevent the door from bumping into occupants.

The hospital's Office of Communications and Media Relations teamed with Facilities to put up temporary panels to cover the construction work. Largest among the panels was an image of Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, throwing out the first pitch at Major League Baseball's opening day in 2020.

### FEVS from page 1 Top Ratings

Positive ratings from CC staff increased from 2019 on all survey questions – 32 of 37 by 5% or more.

The department that had the highest increase in participation in the 2020 FEVS was the Critical Care Medicine Department – up 14%.

One highlight from the survey is that almost 90% of CC staff believe senior leaders demonstrated commitment to employee health and safety during the COVID-19 pandemic.

For the 2020 survey, 28 items improved from 2019 results. The highest improvements were in employee recognition, work-life programs and innovation.

The Employee Engagement Index (EEI) is a key metric that can be compared year to year, and is drawn from a composite of responses to several questions which measure the intrinsic work experience. Overall, EEI increased by 6% at the Clinical Center. Of note, no CC group experienced an EEI drop.

Departments that showed double-digit increases in EEI were: Social Work; Materials Management and Environmental Services; Nursing - Nursing Operations; Nursing - Oncology and Critical Care; Office of the Chief Medical Officer; Office of Communications and Media Relations (includes Patient Recruitment); and Positron Emission Tomography.

## Top Three Positives & Opportunities for Improvement

This year's results captured people's satisfaction with their role in the organization and alignment with the Clinical Center's and NIH's mission.

The highest percent positive responses:

- I know how my work relates to the agency's goals. (92.2% selected agree or strongly agree for this response)
- I know what is expected of me on the job. (89.2%)
- My agency is successful at accomplishing its mission (89.2%)

Pay and performance were two of the three top areas staff felt could be improved:

- In my work unit, steps are taken to deal with a poor performer who cannot or will not improve. (24.1% selected disagree or strongly disagree this response)
- Considering everything, how satisfied are you with your pay? (22.8%)
- In my work unit, differences in performance are recognized in a meaningful way. (18.4%)

### Using FEVS Results

Kathy Baxley, chief of the Clinical Center Social Work Department, found the FEVS data incredibly valuable in improving the department's work environment. She says the survey provides metrics that show a department's weakness and strengths.

A couple years ago, Baxley decided to really focus on improving her team's indices. Staff held a retreat and based on feedback, made multiple changes in the way the department



operated, on-boarded new staff and provided ongoing support for each other.

For the 2020 survey, the Social Work Department's Employee Engagement Index increased by 48 percent. Baxley noted that it is possible to have an engaged department, but it must be intentional. It takes support from the top and a willingness for the team to put in the effort to improve.

"It takes the whole team to make the work environment great," added Baxley.

The FEVS is an important way for leaders to receive feedback and for departments to improve. But everyone's participation is key. The FEVS survey for 2021 is tentatively planned for the fall of 2021.

To see the full 2020 results for the Clinical Center: [http://intranet.cc.nih.gov/owmd/pdf/2020\\_FEVS\\_IC\\_Report.pdf](http://intranet.cc.nih.gov/owmd/pdf/2020_FEVS_IC_Report.pdf) (NIH only)

-Debbie Accame

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## Clinical Center News

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## 50 years of Clinical Center News

First issue hit the stands in June 1971

The NIH Clinical Center celebrated the 50th anniversary of Clinical Center News, first published in June 1971 as Closeup. Closeup was described by Dr. Thomas Chalmers, director of the Clinical Center from 1970 to 1973, as a "newsletter for and about the hospital - its people, its programs, its policies, its heritage and its hopes for the future, its contributions to the progress of medical research."

The Closeup issues had many transformations (including the name) in the last 50 years: from black and white to a full color version and from illustrations to film and then digital (colored) photos that still are printed and distributed in Building 10 and online.

Stories covered by the CC News ranged from the importance of hand hygiene and infection control to lectures by Nobel laureates and other prominent researchers to the construction of new buildings, parking issues, as well as special staff updates, celebrations and VIP visits.

But the highlights of the issues have always been the stories about the people: the patients, staff and visitors whose presence has made the Clinical Center a special place. The front pages for the past 50 years highlighted the important role our patients and healthy volunteers have played in research and the critical role our staff, researchers and trainees have in caring for them while making discoveries and searching for cures.

CC News contacted Dr. John I. Gallin, chief scientific officer and scientific director of the NIH Clinical Center and NIH's Associate Director for Clinical Research, Rich McManus who recently retired from a long career as NIH Record editor and Carla Garnett, his longtime deputy who is now acting editor, for their reflections.

**During your time as CC Director you were supportive and a champion of the CC News. Can you take a moment to share your thoughts on the role the CC News played back then and its importance?**



Dr. John I. Gallin

Dr. John I. Gallin: The CC News is something I have looked forward to reading each month. It has always informed the community about the goings on around town. Patients have always heard about the research and researchers have always heard

about the patients. Everyone hears about the social activities ranging from special talks, to awards, to events such as the annual gingerbread contest. The CC News has always reminded everyone about the humanistic side of our mission while also highlighting the extraordinary clinical research breakthroughs that have occurred in the facility to improve the quality of health care in the U.S. and the world. When the CC received the Lasker-Bloomberg Award (2011), the CC News produced a special issue dedicated to the award.

**Are there any highlights you remember?**

Gallin: The CC News coverage of the Lasker-Bloomberg Award was special for it captured the spirit of this high honor recognizing the contributions of the many people responsible for the incredible accomplishments at the CC since its opening in 1953. The CC is a hallowed ground where patients, often in their scariest period of their lives, made these advances happen. The CC News Lasker Award issue captured all this, telling the story of the roles of the patients, clinician scientists and care providers.

Be a part of making history at the CC! Submit a story idea, photo or full article to [donovan.kuehn@nih.gov](mailto:donovan.kuehn@nih.gov)



An assortment of CC News covers, from the inaugural launch of the publication to 2020.

Over the years CC News captured all the major events of the CC. Special editions that captured my affection included all the stories about the ground breaking,



design, build and activation of the Mark O. Hatfield Clinical Center and patient Susan Butler coining the phrase the "House of Hope" during ribbon cutting of the Hatfield Center Director accepting the Lasker-Bloomberg Award. I also loved the recent edition saluting Harvey Alter for winning the Noble Prize. The CC News is part of the fabric that makes this institution so special.

**When you came to NIH as editor of Closeup in late 1983, what editorial changes did you make and what stories did you tell?**

Rich McManus: I had the support of the Clinical Center's Director Dr. John Decker and his deputy, Dr. Saul Rosen. One big change was getting Medical Arts, under Linda Brown's direction, to redesign Closeup. They did a great job, and I ended up writing one of my most enjoyable stories about her and her team of artists. Other memorable stories included a feature on the Nuclear Medicine Department and its new cyclotrons which allowed researchers to study Alzheimer's disease and schizophrenia. I remember going to the hospital's rooftop to take photos of the cyclotrons being lowered into their underground basement enclosures.

**What was the newsletter production technology like back in 1983 as compared to today's technology?**

McManus: It was like night and day. It was primitive back then. We got galley sheets (proofs used for layout and proofreading backed with wax from the printer), and cut out the stories with razors and glued them by hand on a template grid. It was time-consuming and tedious. Electronic desktop publishing was the single greatest technological advance of my career. We adopted PageMaker (now known as InDesign) at the NIH Record around 1990 or so and never looked back.

**You remained at Closeup until 1988 when you began your career at the NIH Record. What was the new technology back in the late-1980s?**



Carla Garnett

Carla Garnett: After Rich went to the NIH Record, Diane Price, the new Closeup editor renamed the newsletter to CC News with the first issue published in December 1987 as a magazine style newsletter. It was also the beginning of desktop publishing on the Mac computer and it was an exciting time to design the layout for CC News using a computer.

**Was there one particular Closeup story that stands out?**

Garnett: I remember I always enjoyed writing the "people stories" - whether it was about an investigator on a mission, or a patient in search of a cure. That's still true today.

-Mickey Hanlon and Maria Maslennikov

## EMERGING from page 1

To ensure that the Clinical Center remained a safe place to care for patients with known or suspected COVID-19, the Nursing Department collaborated with Hospital Epidemiology, Facilities, the Office of the CEO and others to set up four dedicated units in the hospital. This involved construction, placement of plastic barriers, changing air flow systems to negative pressure and procuring equipment. A system was created for in-patients to receive COVID-19 testing upon arrival and to receive rapid testing at any time with a nurse coming to the patient's room to conduct the rapid test and keeping patients in clinical isolation from employees and other patients until test results were available.

To staff these new units, nearly 100 employees were trained on proper donning and doffing procedures for PPE, trained to care for COVID-19 patients and address the demand of critical hospital systems to ensure skilled, safe patient care delivery in these isolation environments.

With patient care strategies underway, the Clinical Center developed a process for employee asymptomatic testing. After planning key components, including managing the flow, a dedicated path for safe social distancing and training staff for this new service, the testing area opened in May 2020. By the end of October 2020, the testing process grew from only Clinical Center staff to all NIH staff. The number of daily tests increased with over 35,000 employee specimens collected by the end of October 2020 and over 100,000 specimens collected by April 2021.

### Bringing More Staff Onsite

As the Clinical Center has continued to operate throughout the pandemic, many caregivers and researchers have continued to report to work onsite, taking additional precautions to keep themselves and those with whom they have contact safe.

And for the most part, staff have been able to do exactly that. There have been cases of COVID-19 among staff, but transmission of the virus within the Clinical Center has been close to non-existent.

Hospital leaders have begun discussing when and how to bring back workers who have been telecommuting, while continuing to focus on how to keep everyone safe. Subtle changes, such as the evolution of the NIH Coronavirus Response into the NIH Coronavirus Response and Recovery Team signal this change.

Despite the low transmission-rate within the Clinical Center, the hospital doesn't exist in a bubble. School, public transit and general public diligence, all play a role in keeping the Clinical Center staff and patients healthy.

Another wildcard is the patients themselves. The Clinical Center has been very cautious in administering vaccines to patients because of various logistical and safety concerns. The hospital also brought in a very restrictive visitor policy in the Spring of 2020 and hospital leaders are assessing how and when to relax that policy while keeping patients and staff safe.

***"The first policy we will change is the visitor policy. Waiting and being cautious is the right thing to do, but it is time to review this policy," stated Dr. Gilman.***

Shortly after the Town Hall meeting, the Clinical Center revised its visitors policy to allow more access to the hospital.

General concerns about safety have made leadership cautious not to have remote staff return prematurely. Each step is taken slowly and monitored carefully, with the caveat that any decision can be stopped or retracted if data suggest it is prudent.

The Clinical Center's mission is to provide high reliability and the safe delivery of patient-centric care in a clinical research environment. This includes being relentless in anticipating preventable harm, applying a systems approach to eliminate risks whenever possible, and mitigating those risks that remain. Keeping the Clinical Center free from COVID-19 outbreaks requires vigilance and personal accountability from everyone. Continuing to wear masks at all times, practice hand washing and social distancing is just as important now as before.

Surpassing the milestone of one million virus screenings at the hospital's entries and no on-site outbreaks of COVID-19 underscores the impact of the hospital's screening and testing operations to keep patients safe while receiving medical care at the Clinical Center and to keep staff safe at work while providing direct clinical care and research.



NIH Clinical Center South Lobby Screening

***"I couldn't be happier or more proud of the response of the Clinical Center staff during the COVID-19 pandemic," said Dr. Gilman.***

*There are a number of resources available to get information about the Clinical Center's operating status and procedures. The Office of the Director has been posting about Covid safety conscientiously - including weekly emails from NIH Director Dr. Francis Collins that go out each Friday - town halls and a dedicated site providing guidance on the coronavirus. <https://employees.nih.gov/pages/coronavirus/> (NIH only).*

-Daniel Silber and Lester Davis

### COMMISSION from page 1

As a part of the preparations, Helen Mayberry, MSN, RN, CPPS from the Clinical Center Nursing Department has been leading preparation events to allow staff to practice effective communication and information sharing in the virtual platform. In these warmup sessions, Mayberry assumes the role of a Joint Commission surveyor directing anticipated questions to staff so they can prepare for the real thing. Mary Sparks and Aziza Mwidau, MSHS, BSN, are also assisting in this role to reach a wider audience in the hospital.

While assessments are often stressful, the Clinical Center staff are doing their best to ensure the hospital passes with flying colors.

-Cory Stephens, MSN, RN-BC, CPHIMS, SHIMSS

## Rare Disease Day 2021 gathers virtually

On March 1, 2021, Rare Disease Day (RDD) at NIH was held virtually for the first time. It featured panel discussions, patient stories, research updates, TED-style discussions and a presentation by a Nobel laureate recently recognized for her work with a gene editing tool.

NIH joined the global observance of RDD, an annual event which was created to help promote awareness about the 7,000 known rare diseases, most of which have no treatment. Although each rare disease affects fewer than 200,000 Americans, cumulatively these diseases affect an estimated 30 million people in total in the United States.

The event opened with an overview of NIH, with presentations from Dr. Christopher P. Austin, the director of the National Center for Advancing Translational Sciences and Pius Aiyelawo, COO, of the Clinical Center. The presentations featured a virtual tour of the Clinical Center and a personal story from Jacob Thompson: a rare disease advocate, patient, artist, author and speaker.

Speakers provided updates on NIH-sponsored rare diseases research, patient stories and perspectives, posters and exhibitions. Rare Disease Day also included a panel discussion about collaboration between industry and patient advocacy programs.

For the first time ever, a Nobel Prize winner presented at RDD. In a presentation called CRISPR Genome Editing — Rewriting the Future of Health, Dr. Jennifer A. Doudna, co-winner of the 2020 Nobel Prize in chemistry, shared her work that led to the CRISPR/Cas9 gene editing tool (CRISPR is an acronym for clustered regularly interspaced short palindromic repeats). This ground-breaking work has the potential to treat some rare diseases by correcting their underlying mutations.

The coronavirus pandemic motivated some researchers to study the impact of a health crisis on rare diseases. One such study included a research survey that looked into how COVID-19 affected the rare disease community. Results are expected to shed light on the needs of people with rare diseases during a pandemic and inform future research efforts.

Because rare diseases affect such a small number of people, often there is little commercial interest in studying the illness. The task of understanding health information can often fall on families and patients themselves. Therefore, advocacy has become a driving force in advancing progress in rare disease research.

With this in mind, organizers tried to present patient stories and opportunities for interaction along with relevant research and breakthroughs. According to Austin, this close partnership between patients and researchers is the major reason for the rapid pace of research in rare diseases.

Dr. Anne Pariser, director of the NCATS Office of Rare Diseases Research at the NIH and one of the event's organizers said "Even though the community could not interact in person, there were opportunities throughout the day for the rare disease community to ask questions and virtually interact with speakers via the event platform."

A highly significant development showed how researchers are beginning to focus their research on similarities between rare diseases. Scientists hope that pursuing these common attributes will allow researchers to study and treat more rare diseases in a timely manner, and facilitate drug development for low prevalence diseases. More than 3,000 people viewed the RDD, either live or on-demand after the event.

-Debbie Accame