February 2013

Clinical Center news

NIH...Turning Discovery Into Health®

CC Chief Nursing Officer Dr. Clare Hastings (right) recently announced a nursing leadership reorganization and named Ann Marie Matlock (left) as service chief of medical surgical specialties. Debbie Kolakowski (middle) is critical care and oncology service chief. Barbara Jordan, who joins the NIH on Feb. 10, will be neuroscience, behavioral health and pediatrics service chief.

Nursing leadership reorganizes to improve care management and coordinated support

With an eye towards providing patients with improved care management and the institutes with more coordinated research support, the Clinical Center Nursing Department has implemented a new organizational design.

Previously the department was organized into two divisions – the inpatient and day hospital units in the Hatfield Building, and the outpatient services in the Ambulatory Care Research Facility. That approach served the department well during the CC's 2005 transition into the Hatfield Building and supported the focus over the past five years on defining the specialty of clinical research nursing. The new structure organizes nursing into three clinical services, each headed by a nursing service chief, that include the entire continuum of care from outpatient clinics to inpatient acute care. This will allow renewed focus on clinical specialization and consistency within institute programs.

Medical Surgical Specialties

Ann Marie Matlock will lead the medical surgical specialties service. Matlock has served the CC in different capacities since January 2000: as senior clinical research nurse and unit coordinator in the Intensive Care Unit (ICU), and then as clinical manager in medical/telemetry/surgical services. She has been nurse manager for 5SE since August 2006, and has managed the Special Clinical Studies Unit beginning with activation planning in June 2009.

In 2007 Matlock was commissioned as an officer in the U.S. Public Health Service (USPHS) and is currently serving at the rank of commander.

Before her NIH career, Matlock spent six years as a critical care and emergency room nurse in area hospitals and eight years in the surgical ICU at Washington Hospital Center. She earned a bachelor's degree in nursing from Salisbury State University, a Business of Nursing Certificate from Johns Hopkins University, and a master's degree in nursing administration from the University of Maryland. Matlock graduates from George Washington University with a Doctorate of Nursing Practice in May 2013.

continued on page 3

Emergency room use high among disabled adults

Working-age adults with disabilities account for a disproportionately high number of annual emergency department (ED) visitors, reports a comparison study from Clinical Center researchers. As ED care may not be the best to address non-urgent concerns and is higher in cost, finding a way to decrease these visits is of interest to many stakeholders.

One of the first detailed looks at this population's heightened use of urgent care, the NIH study published in *Health Services Research* analyzed pooled data from the Medical Expenditure Panel Survey. Researchers found access to regular medical care, health profile complexity and disability status contributed to people with disabilities' use of the ED. To address this disparity, the authors recommend enhanced communication between ED and primary care physicians, and tailored prevention and primary care programs.

"We want to understand what takes people to the emergency department to learn if their care could be better managed in other ways," said Dr. Elizabeth Rasch, chief of the Epidemiology and Biostatistics Section in the CC's Rehabilitation Medicine Department. "While many of those visits may be necessary, it is likely that some could be avoided through better information sharing among all of the health care providers who see a particular individual."

The study found that despite representing 17 percent of the working age U.S. population, adults with disabilities accounted for 39.2 percent of total ED visits. Those with a severely limiting disability visited an urgent care department more often than their peers and were more likely to visit the department more than four times per year.

continued on page 4

Preparing to give and receive feedback could ease conversation

During annual review season or anytime throughout the year, communication between supervisors and employees can be challenging. Different perspectives, emotions and cultures can lead to difficult conversations.

"Do what you can to create an environment of dialogue and not debate," said Linda Myers, NIH associate ombudsman, at the kick-off of the Clinical Center's Leadership Development Brown Bag Series "Back to the Basics: Essentials for Employee Success."

The first session focused on "Giving and Receiving Feedback: PMAPs and Beyond." Myers and Samantha Levine-Finley, also from the NIH Office of the Ombudsman's Center for Cooperative Resolution, encouraged supervisors in attendance to tailor feedback to the employee at hand: explain what you've observed, the impact of his or her actions, and what you'd like to see in the future.

"Including the impact on the organizational mission can depersonalize constructive feedback," Myers said.

Levine-Finley told supervisors to engage their employees by asking them to share their own evaluation of their performance and acknowledge employees' strengths to balance constructive feedback.

Employees can take time to digest feedback before discussing their reactions and strategies with a supervisor at a later time. Additionally, ongoing communication between supervisors and employees can build resiliency so reviews may go smoother, said Levine-Finley.

The next Leadership Development Brown Bag Series session, presented by the CC Office of Workforce Management and Development, on Feb. 13 is "Enhancing Motivation for Employees and Supervisors."

"This series is not just for formal leadership. We believe you lead where you stand," said CDR Antoinette Jones, OWMD deputy chief.

The series is open to all CC employees, and no registration is required.
For more information, visit http://intranet.cc.nih.gov/owmd/index.html.

Bedside-to-Bench Program calls for proposals

The 2013 Bedside-to-Bench Award Program call for proposals has been posted. Letters of intent must be submitted electronically no later than March 27.

Originally established in 1999 to integrate the work of basic and clinical scientists on the NIH campus, the Bedside-to-Bench Program expanded in 2006 to encourage partnerships between intramural and extramural investigators.

To date, about 700 principal and associate investigators have collaborated on 209 funded projects with approximately $48 million distributed in total bedside-to-bench funding. Each award provides a team up to $135,000 a year for two years.

For the first step in the application process, the NIH intramural investigator must submit a letter of intent (LOI) electronically via proposalCentral. LOIs are reviewed by the scientific director for each intramural investigator on a project and allow an opportunity to advise principal investigators regarding the proposal prior to formal submission.

For more information, visit http://clinicalcenter.nih.gov/ccc/btb/.

NIH-Duke Program in Clinical Research taking applications

The NIH-Duke Training Program in Clinical Research is accepting applications for the 2013-2014 year. Begun in 1998, the program is designed primarily for physicians and dentists who desire formal training in the quantitative and methodological principles of clinical research.

Courses are offered at the Clinical Center via videoconference technology, and academic credit earned by participating in this program may be applied toward a Master of Health Sciences in Clinical Research from Duke University School of Medicine. The degree requires 24 credits of graded course work, plus a 21-credit research project. The program is designed for part-time study, allowing the student to integrate the academic training with his or her clinical training.

Applications are available on the course website at http://tpcr.mc.duke.edu, along with additional information regarding coursework and tuition costs. Those interested may also contact tpcr@mc.duke.edu or Benita Bazemore in the CC Office of Clinical Research Training and Medical Education at bbazemore@cc.nih.gov.

Enrollment in this program is limited. Interested individuals should contact their NIH institute or center regarding funding if they are accepted and wish to enroll in this program.

The deadline for applying is April 15. Successful applicants will be notified by July 1.

***Clinical Center News* online:**

www.cc.nih.gov/about/news/newsletter.html

news

Maggie McGuire, editor

Clinical Center News
National Institutes of Health
Department of Health and Human Services
Building 10, 10 Center Drive, Room 12C440
Bethesda, MD 20892-1504

Tel: 301-594-5789 Fax: 301-480-2984

Published monthly for Clinical Center employees by the Office of Communications and Media Relations.

News, article ideas, calendar events, letters, and photos are welcome.

Submissions may be edited.

Letter from the Hospital Epidemiology Service: *Protect patients and community with pertussis vaccination*

As the Clinical Center's deputy hospital epidemiologist and the mother of three young children, one could say I'm rigorous about vaccinations. That's why it has been disconcerting for me to read about the rising incidence of pertussis, or whooping cough, and the low levels of adult vaccination against this bacterial respiratory disease.

Pertussis causes fever and prolonged cough in adults, but has very serious consequences for infants. Nearly 70 percent of children younger than six months who get pertussis require hospitalization, and 1 percent of infected babies, mostly under two months of age, die from the infection. Although most pertussis-related deaths occur in infants, adolescents and adults play a significant role in transmission at home, in schools, and in health care and day care settings. This winter our local health departments are seeing a sharp rise in pertussis cases in this region.

While you probably had the DTP vaccine series as a child, protecting against diphtheria, tetanus and pertussis, adults need a booster to enhance immunity to pertussis. The adult Tdap vaccine protects against the same diseases and, unlike the old version, does not contain bacteria. Pregnant women should wait until after delivery to be immunized with Tdap, but the vaccine is safe for everyone else.

The U.S. Centers for Disease Control and Prevention recommend that all health care personnel be immunized with the Tdap vaccine, and so does the Clinical Center. Health care workers can get pertussis from and spread it to the community, and they also are at risk of contracting pertussis in the hospital and unwittingly transmitting the disease to patients, colleagues, visitors and their family members.

We strongly encourage our staff to visit the Tdap vaccine clinic sponsored by the NIH Occupational Medical Service to protect themselves, their patients and their loved ones. Keep yourself and the vulnerable infants in your community healthy by getting the Tdap booster.

Tara Palmore, M.D.
Deputy Epidemiologist
NIH Clinical Center

Dr. Tara Palmore

Nursing Dept. names new leadership

continued from page 1

Neuroscience, Behavioral Health and Pediatrics

Barbara Jordan joins the CC as service chief for neuroscience, behavioral health and pediatrics. Jordan has most recently served as vice president of patient care services and chief nursing officer for the University of Pittsburgh Medical Center (UPMC) Northwest. She is also an appraiser for the American Nurses Credentialing Center's Pathways to Excellence Program and taught nursing courses at Waynesburg University.

Barbara Jordan

Jordan's long career in nursing administration includes her roles as nurse manager of ICUs at The University of North Carolina Hospitals, Chapel Hill; clinical operations director of the ICU and Coronary Care Unit at Durham Regional Hospital; and clinical director of infections control and regulatory compliance at UPMC St. Margaret.

She received her Doctorate of Nursing Practice from Waynesburg University in 2012, preceded by a master's degree in nursing from the University of North Carolina at Chapel Hill and a bachelor's degree in nursing from Duquesne University.

Critical Care and Oncology

As new critical care and oncology service chief, Debbie Kolakowski is transitioning from her position as the nursing program director for advanced practice and outcomes management.

Prior to that role, Kolakowski served the CC as nurse manager of the ICU, providing leadership for the move into the Hatfield Building and the creation of a new combined medical-surgical ICU. Before joining the NIH in 2000, she held a number of leadership positions at George Washington University Hospital. She served as the director of critical care services, interim chief nurse executive and assistant administrator of patient care services, among other roles.

Kolakowski will graduate in May 2013 with a Doctorate of Nursing Practice from the University of Maryland. She earned a master's degree in nursing from Marymount University and a bachelor's degree in nursing from the University of South Carolina.

Tdap vaccine clinic for health care personnel

Clinical Center health care personnel should visit the NIH Occupational Medical Service Tdap vaccine clinic to protect their patients, their loved ones and themselves from contracting or transmitting pertussis, tetanus and diphtheria.

Bring your NIH photo ID.

March 4-8
7:30 am - 4:00 pm
7th floor atrium

March 9
6:00 am - 8:30 am &
6:00 pm - 8:30 pm
7th floor atrium

Visit http://intranet.cc.nih.gov/hospital-epidemiology or call the Hospital Epidemiology Service at 301-496-2209 for more information.

Local students make cards for patient peers

Following the success of last year's visit, the Carderock Springs Elementary School student government association returned in December to donate dozens of handmade cards to Clinical Center pediatric patients. Prior to posting the cards outside the 1NW pediatric unit, CC Director Dr. John I. Gallin (in lab coat) welcomed the class representatives, their advisor Matthew Ghaman and the students' parents. Gallin thanked them for providing support to CC patients and presented briefly on the innovative science conducted at the CC.

Rare Disease Day at NIH raises awareness of challenges and importance of research

The Clinical Center sees more rare disease patients than any institution in the world. Rare Disease Day at NIH will celebrate and recognize the strength of this community and the contributions of rare disease researchers at a two-day symposium on Feb. 28 and March 1 in the Natcher Auditorium (Building 45).

Rare Disease Day was established to communicate about rare diseases, the challenges encountered by those affected, and the importance of research to develop diagnostics and treatments. There are about 7,000 rare diseases identified in the United States. About 80 percent of rare diseases are genetic in origin, and it is estimated that about half of all rare diseases affect children.

The NIH event – sponsored by the Office of Rare Diseases Research in the National Center for Advancing Translational Sciences and by the CC – will take place 8:30 a.m. – 5:00 p.m. on Feb. 28 and 8:30 a.m. – 4:00 p.m. on March 1. Attendance is free and open to the public.

Rare Disease Day®

In association with the Global Genes Project, which uses "jeans and genes" to raise awareness, attendees should wear their favorite pair of jeans.

While attendance is free, please register for planning purposes. If you would like to display a poster or exhibit, please include that information on your registration form. Visit http://rarediseases.info.nih.gov/RareDiseaseDay.aspx to register and for more information.

Research looks at disabled adults' emergency dept use

continued from page 1

Emergency visits were also associated with poor access to primary medical care, which was more prevalent among adults with disabilities.

Rasch and her coauthors identified three nationally representative comparison groups – those without any self-reported mental or physical limitations, those with a limitation but who did not need daily living assistance, and those who did need assistance with daily living. Researchers evaluated access to medical care through self-reported survey answers to questions about attainment and delay of primary care services and prescription medications. The number of ED visits was also self-reported.

The authors – from the CC and Brandeis University – made recommendations for provider and policymaker actions to offset some of the need for emergency care by individuals with disabilities. Prevention and chronic condition management programs tailored for the functional limitations and service needs of people with disabilities may help avoid a crisis situation that would call for an urgent care visit, the report noted. The authors also endorsed wider adoption of coordinated care systems for the disabled that provide case management, integration of psychosocial care and 24/7 access to medical assistance, among other services.

When a patient is admitted to the ED, sharing detailed medical information between emergency room and primary care staff could prevent repeat visits. Such coordination is particularly important for disabled patients as they may have limitations that interfere with medical self-advocacy and complex conditions that demand care from various providers.

"When a person has an emergency department visit, their primary care providers often don't know or don't get the results of that visit, and vice versa. The emergency department often doesn't know about the complex medical history people bring with them," Rasch said. "That's where things tend to break down."

Hear from Rasch on this research and her findings at http://youtube.com/watch?v=ydb10shy06Y.