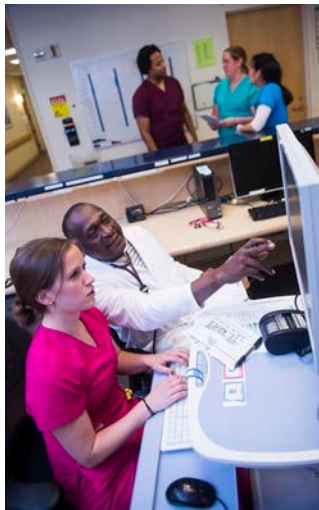


- Free flu vaccine's for staff starting Sept. 21
- Updates to worldwide medical coding system enables precise patient records
- Training held for staff in event of an active shooter

Clinical Center earns prestigious certification for electronic medical record system

The Clinical Center was recently announced as the first federal medical facility to be recognized by a leading health care organization for eliminating the use of paper charts and maintaining a superior electronic medical record system for inpatient care. Health Information and Management Systems Society (HIMSS) Analytics awarded the research hospital Stage 7 certification, the highest level attainable, within their electronic medical record adoption model.

The NIH Clinical Center joins a premiere group of 2,200 hospitals out of 32,000 in the HIMSS Analytics database that have reached Stage 7 certification for inpatient care.



Workstation on Wheels (WOWs) help patient care teams easily access electronic medical records.

While the Clinical Center has been using electronic medical records since the 1970s, it has earned Stage 7 certification for:

- removing the use of paper charts in delivering and managing inpatient care;
- using an electronic system for reporting scientific findings and analyzing patterns of clinical data to improve quality of inpatient care, patient safety and care-delivery efficiency;
- sharing clinical information, including document and medical images, via standardized electronic transactions with entities

that are authorized to treat patients. The Clinical Center's Clinical Research Information System (CRIS) was evaluated by HIMSS Analytics.

AWARD page 4

New clinical trial opens for patients with relapsed acute myeloid leukemia

Scientists within the Clinical Center recently launched a new program focused on the detection, prevention and treatment of relapsed acute myeloid leukemia, a cancer in the bone marrow cells which normally make white blood cells, red blood cells or platelets.

Around 20,000 people are diagnosed with acute myeloid leukemia in America every year. Roughly only 5,000 of those diagnosed are expected to survive upwards of five years. While advances have been made for many cancers using targeted and immune therapies, the most common treatment for, and tracking of, acute myeloid leukemia has not changed in nearly 40 years.

This new program has been designed to help bring clinicians one step closer to creating more personalized treatments and monitoring for these patients and to aid in development of the next generation of immunotherapy. The program started seeing patients in August.

LEUKEMIA page 2

Access to research, resources a barrier in Africa: Barmes Global Health Lecture addresses disparities

Development for emerging countries is not only linked to money; access to research and ideas are critical factors in growth and improvement, argued Rwanda's Health Minister in remarks made at the NIH Clinical Center.

Dr. Agnes Binagwaho, Rwanda's health minister, delivered the July 29 David E. Barmes Global Health Lecture. Her presentation, "Medical Research and Capacity Building for Development: The Experience of Rwanda," was grounded in her expertise in public health in Rwanda. Binagwaho was trained in pediatrics, specialized in emergency neonatology and the treatment of HIV/AIDS and worked as a physician in public hospitals for more than 15 years.

NIH Director Dr. Francis S. Collins introduced Binagwaho, who's served as health minister since 2011.

"Since 1990, under-five mortality has decreased by two-thirds and maternal mortality by three-quarters, while life expectancy has nearly doubled," said Collins. "Today more than 90 percent of Rwandans have health insurance coverage. Many of us would love to see that happen in the United States."

Binagwaho opened her remarks by discussing the 2014 Ebola virus outbreak that made such a dire impact on West Africa. She cited many media and health care sources, including the World Health Organization, the New York Times and the Lancet, as describing the outbreak as "unpredictable." And yet, the potential for an outbreak was identified by researchers in 1982 who pinpointed Lassa, Marburg and Ebola virus antibodies in the Liberian population and urged local medical personnel



Dr. Agnes Binagwaho (left), Rwanda's Health Minister, addresses staff in Masur Auditorium. NIH Director Dr. Francis S. Collins (right) looks on.

to prepare for local outbreaks.

"All of that information was available on the internet. All of that information was available through [journal] subscriptions," said Binagwaho. The problem was a lack of access to the research.

Binagwaho asserted that the research conducted in 1982 was not co-written by local scientists.

HEALTH LECTURE page 3



Near the Outpatient 7 Clinic, staff gather for the start of the new relapsed acute myeloid leukemia program.

The program will include clinical trials of immunotherapy for acute myeloid leukemia relapse prevention and treatment – attempting to increase the body's natural defenses against cancer.

The program also includes an inpatient trial (Study #15-H-0176) that opened in August. The study is focused on providing a personalized early assessment of retreatment response for patients who've relapsed after chemotherapy.

"Precision medicine for acute myeloid leukemia implies not only picking the right drug, or correctly characterizing the cancer,

but picking the right drug, for the right patient, at the right times. We hope to move beyond 'one size fits all' treatment and monitoring approaches and bring novel options such as high sensitivity disease tracking and immunotherapy to the care of people suffering from this terrible disease," said Dr. Christopher Hourigan, the head of the Myeloid Malignancies Section at the Hematology Branch of the National Heart, Lung, and Blood Institute.

To refer a patient, email aml@nih.gov or contact Elena Cho (240-476-3702) or Katie Lai (301-275-4594).

Atrium TVs, bulletin boards available to share published research, events, news

While enjoying a cup of coffee in the north atrium, staff, patients and visitors can stay up to date on news, events and initiatives in the Clinical Center by viewing new features on the mounted TV screens.

The left TV display has a slide-based presentation highlighting upcoming lectures and events, recent stories of innovation and collaboration, studies looking to enroll participants and other initiatives. This TV also offers a news feed along the bottom of the screen to promote additional items; facts about the Clinical Center; and live Twitter posts. View the guidelines to submit an idea: <http://go.usa.gov/36myR> or email cindy.fisher@nih.gov.

Ever wonder what recent advances have been made in the research hos-

pital? The right TV highlights scientific abstracts of published research conducted by Clinical Center researchers. To submit an abstract for consideration, email rachel.wolf@nih.gov.

The CC also offers a bulletin board posting service to provide information about upcoming studies, lectures or events. There are over 50 locations in the building and a website to highlight externally. View submission guidelines: <http://go.usa.gov/36mVT> and the electronic bulletin board: <http://go.usa.gov/3Mm8F>.

The upgrades to TVs and bulletin board postings better leverages technology and resources to cost effectively share information with the Clinical Center's large and diverse array of internal stakeholders.

Pain and Palliative Care Consult Service remains focused on quality of life

The NIH Clinical Center's Pain and Palliative Care Consult Service marked its 15th anniversary in August. The service provides patient care focused on quality of life, staff support, bereavement counseling and training courses – all while also conducting their own research.

"We're involved in everything," said Dr. Ann Berger, who has been chief of the Pain and Palliative Care Consult Service since its launch in 2000 (<http://go.usa.gov/36bjW>). "We truly improve the quality of life for patients, family members and staff."

Palliative care provides relief from suffering and support for the best possible quality of life for patients and their families facing advanced chronic illness. This care focuses on the physical, psychosocial (emotional, mental health, etc.) and spiritual aspects of care. Both pharmacologic, the use of medicine, and nonpharmacologic, using techniques other than drugs such as acupuncture, pet and art therapy and message, are used.

Berger's team sees inpatients daily and two outpatient clinics are held weekly. The staff attends to patients involved in many different NIH institutes trials. Her team helps to diagnose and treat various symptoms and quality-of-life concerns. The consult service also started a pain and palliative care program with Mobile Med, a nonprofit organization that works in partnership with NIH to provide quality health care to low-income residents of Montgomery County, Maryland, in conjunction with Suburban Hospital.

Training opportunities include the one-year Hospice and Palliative Care Program Fellowship (<http://go.usa.gov/36bbG>), which involves rotations at the Clinical Center and Suburban Hospital along with clinical experiences in home hospice, inpatient hospice, and long-term-care hospice rotations at affiliate training sites. The consult service also supports a clinical elective program for medical students who wish to take an advanced course on pain and palliative care (<http://go.usa.gov/36bjC>).

In addition, the consult service has a bereavement program (<http://go.usa.gov/3MVuV>) to help staff and patient families. The program tailors the support to the needs of the individual or group requesting assistance.

Read more online! Scan the barcode or visit www.cc.nih.gov/about/news/newsletter.html



- Additional Events: NIH Library open house; Equality, diversity & inclusion training
- Officials from Guinea Ministry of Health visit CC, learn about clinical research education
- Summer volunteers contribute to research

Use a downloaded app on a smartphone or tablet to scan the Quick Response (QR) barcode. You will be directed to the CC News online.

Clinical Center News

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News, article ideas, calendar events and photos are welcome. Submissions may be edited.

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HEALTH LECTURE *from page 1*

And while the findings were available online, internet access in West Africa only reaches 2 percent of the population. If researchers were fortunate enough to have internet access, downloading the papers would cost \$45, according to an op-ed in the New York Times (<http://tinyurl.com/ntsksw>). That sum is the equivalent of half a week's salary for local physicians in West Africa.

The Centers for Disease Control and Prevention estimates the immediate impact of the 2014 Ebola outbreak resulted in at least 11,000 deaths (<http://go.usa.gov/36Tfm>). However, Binagwaho looked at two other impacts of the outbreak: maternal and child health and Gross Domestic Product (GDP) in the affected nations.

As a result of the epidemic, vaccination rates in West Africa declined from around 70 percent to 30 percent, while deliveries of children at health facilities declined from around 50 percent to 20 percent. Both of these indicators can have a negative impact on life expectancy. While local authorities strive to improve these outcomes, the effects of the disruption will continue to affect women and children in the region.

Another long-term impact has been on the economies of Liberia, Sierra Leone and Guinea with GDP growth rate declines ranging from 62 percent to 88 percent. A slower-growing economy leaves more people in poverty and provides fewer resources to governments trying to address medical and social challenges in their nations.

In an effort to promote a strong research culture and to maximize the impact of scarce resources, the Rwandan government has adopted a collaborative research policy. This policy applies three principles to research conducted in the nation:

1. All research in Rwanda must be conducted with Rwandan principle investigators.
2. Research conducted in Rwanda must be published with Rwandan authors.
3. All research in Rwanda must invest in the Masters Degrees of two Rwandans.

Binagwaho ended the lecture by outlining the principle that she felt should guide all researchers: "In global health, we need to be sure that the research will benefit the people we are studying."

The National Institute of Dental and Craniofacial Research and the Fogarty International Center presented the lecture. Watch the videocast: <http://go.usa.gov/36T7H>

Updates to worldwide medical coding system enables more precise patient documentation

On Oct. 1, the health care industry, including the Clinical Center, will face one of its largest transitions of data management. Health care providers are implementing a new coding classification of describe medical diagnoses and inpatient hospital procedures. It is called ICD-10-CM and ICD-10-PCS — the 10th revision of the International Classification of Diseases (ICD) Clinical Modification (CM) and Procedural Coding System (PCS).

The coding classification, which is endorsed by the World Health Organization as a worldwide standard, is used daily by health care providers in pursuit of accurate and efficient health care management and patient care. For example, health care providers would place the code 'E08.36X' in a patient's medical record if they have 'diabetes mellitus Type 2 with a cataract' or 'Z.82.5' for a 'family history of asthma.' Because of the universal classification, health care providers using the ICD guide around the world will be able to understand the coded diagnosis.

The new classification system replaces the 30-year-old ICD-9, which was limited in its ability to describe modern diagnoses and procedures. With changing technology and discoveries of new diseases, the limitations of the old code set make data collection and research statistics unreliable. Unspecified codes result in generally described diagnoses and procedures, instead of the precise documentation generated by larger code sets supported by ICD-10.

The latest ICD-10 code set greatly expands the number of codes currently supported by ICD-9, thus improving the quality of health care management by providing additional information about a patient's

condition or the procedure performed as part of patient care. More than 56,000 new codes will be added with the update to support detailed clinical documentation. The majority of the codes are being added to the musculoskeletal section and to the poisonings and drug categories.

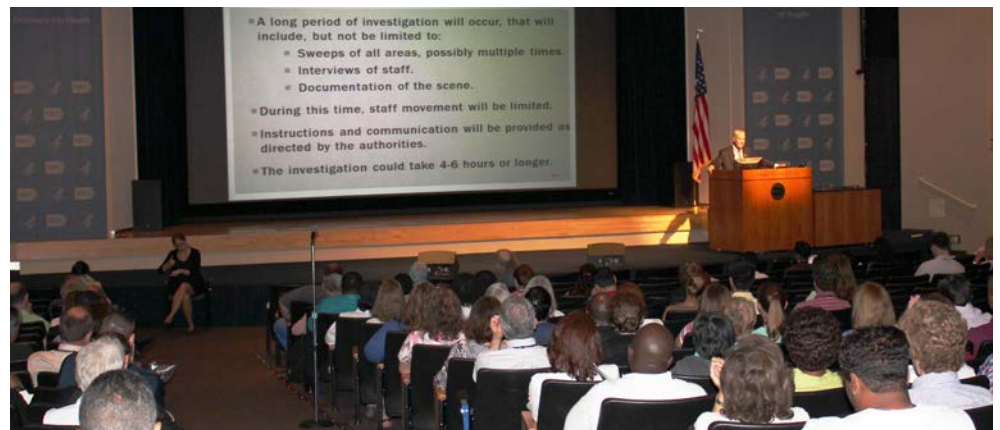
"Coders have not been able to accurately code new diseases or procedures for several years as there was no available expansion of the ICD-9-CM codes," said Christina Donahue-Taylor, section head for coding in the Clinical Center. "Now with ICD-10, we finally have the capability to capture specificity, laterality (distinguishing if something is on the left or the right side) and new technologies."

ICD-10 inherently provides greater insight and data for health care management as well as: patient safety, outcomes measurement, clinical research and health care analytics.

In the US, one of the primary functions of ICD-10 CM is to assist hospitals with obtaining payment for services. However, since patients are not charged for NIH services, the Clinical Center is focused on ensuring staff have the ability to gather the best data and statistics for research to provide accurate study outcomes.

The Clinical Center's Health Information Management Department (formerly the Medical Record Department) is spearheading the transition. Medical coders within the department will work closely with, and train, staff on documentation issues to get to the most specific code possible and assist them in understanding the coding guidelines. To learn more, visit <http://go.usa.gov/3FNBH> or email christina.donahue-taylor@nih.gov.

Staff train, prepare for active shooter in Bldg. 10



In August, NIH staff trained on the proper steps to take if a confirmed or suspected active shooter, or gunman, was in Building 10. The Clinical Center worked with the Security and Emergency Response team in the Office of Research Services to develop the training, which provided basic information needed for appropriate awareness and response. View the videocast (NIH only): <http://go.usa.gov/3F5km> and email questions to: CCEmergencyPreparedness@mail.nih.gov. Clinical Center emergency management (NIH only): <http://go.usa.gov/3F5kA>

Flu vaccine clinic begins Sept. 21

The NIH Office of Research Services and the Clinical Center will provide free flu shots to staff with a valid NIH identification badge from Sept. 21 through Nov. 5.

The best way to reduce the risk of getting the flu is to get the flu shot every year. By getting the flu shot, people can also reduce the risk of exposing patients to the virus. All staff who have patient contact, including both employees and contractors, are required to get the flu vaccine each year. For all other NIH staff, immunizations are available but not required.

Opening early in the morning, the flu clinic will be located on the east side of the 7th floor of the Clinical Research Center. Employees

intending to receive a flu shot must wear clothing that does not restrict access to the upper arm. Changing areas will not be available.

Starting Oct. 5, there will also be off-campus sites providing free flu shots. Shady Grove, Bayview, Poolesville, Neuroscience Center, Fishers Lane and Rockledge locations are included on the schedule.

The NIH ordered both high-dose and the regular quadrivalent vaccines for all flu shot sites. Staff age 65 and older can receive a higher-dose vaccine. Learn about the higher-dose flu shot: <http://go.usa.gov/PAUY>. Learn more about availability and locations: www.foiltheflu.nih.gov or call (301) 496-2209.

Date	Day	Morning	Afternoon/Evening
9/21/15	Monday	8:00 – Noon	Noon – 3:30
9/22/15	Tuesday	8:00 – Noon	Noon – 3:30
9/23/15	Wednesday	8:00 – Noon	Noon – 3:30
9/24/15	Thursday	6:00 – Noon	Noon – 7:00
9/25/15	Friday	8:00 – Noon	Noon – 3:30
9/28/15	Monday	8:00 – 11:30	12:30 – 3:30
9/29/15	Tuesday	8:00 – 11:30	12:30 – 3:30
9/30/15	Wednesday	8:00 – 11:30	12:30 – 3:30
10/01/15	Thursday	8:00 – 11:30	12:30 – 3:30
10/02/15	Friday	8:00 – 11:30	12:30 – 3:30
10/19/15	Monday	8:00 – 11:30	12:30 – 3:30
10/20/15	Tuesday	8:00 – 11:30	12:30 – 3:30
10/21/15	Wednesday	8:00 – 11:30	12:30 – 3:30
10/22/15	Thursday	8:00 – 11:30	12:30 – 3:30
10/23/15	Friday	8:00 – 11:30	12:30 – 3:30
10/24/15	Saturday	6:30 – 8:00	6:30 – 8:00
10/26/15	Monday	8:00 – 11:30	12:30 – 3:30
10/27/15	Tuesday	8:00 – 11:30	12:30 – 3:30
10/28/15	Wednesday	6:00 – 11:30	12:30 – 7:00
10/29/15	Thursday	8:00 – 11:30	12:30 – 3:30
10/30/15	Friday	8:00 – 11:30	12:30 – 3:30

Upcoming Events

National Symphony Orchestra

Sept. 22, 2015, 1:30pm

Hatfield Building, North Atrium

A special performance led by NSO Conductor, Jacomo Bairos, with soloist Leah Arsenault, flute. The performance is co-presented by FAES and the CC.

Clinical Center Grand Rounds Lecture: Lentivector Gene Therapy for X-linked Severe Combined Immune Deficiency in Older Children, Young Adults with Impaired Immunity and Recurrent Infections Despite Prior Haplo-transplant; A New Approach to Cancer Immunotherapy Targeting Unique Cancer Mutations

Sept. 30, 2015, Noon – 1:00 p.m.

Lipsett Amphitheater

Presented by Harry L. Malech, MD, NIAID and Steven A. Rosenberg, MD, NCI.

NIH Digital Summit: Optimizing Digital to Reach Patients, Scientists, Clinicians, and the Public

Oct. 19, 2015, 8:00 a.m. – 3:00 p.m.

Masur Auditorium

Explore the use of digital tools! Register: <http://tinyurl.com/nrxjc5r>. Details: <http://go.usa.gov/36Tsf>.

AWARD *from page 1*

CRIS is the primary computer information system used to support patient care, research and administrative activities in the research hospital. The system is used by over 2,750 people daily including physicians, nurses and ancillary and administrative staff. NIH experts rely on CRIS to manage patient protocol information, write medical orders, retrieve laboratory results, document progress notes and other aspects of medical care.

HIMSS Analytics, which is a wholly owned, not-for-profit subsidiary of HIMSS, delivers data and analytical expertise and provides an Electronic Medical Record Adoption Model to analyze which stage an organization has achieved. The certification level, known as Stage 7, is based on a 0 to 7 scale measuring the extent to which an organization has adopted the use of electronic medical records to care for patients and improve health outcomes.

What's the correlation between antibiotics and yeast infections; diabetes and bone health and exercise; and traumatic brain injury? NIH needs your help to find out.

National Institute of Allergy and Infectious Diseases

NIAID is seeking healthy women, 18-40, for a research study to learn more about why antibiotics increase a woman's risk of yeast infections. At least seven outpatient visits take place at the Clinical Center. Compensation is provided. (Study #13-I-0181)

National Institute of Diabetes and Digestive and Kidney Diseases

NIDDK seeks healthy adults without

diabetes to participate in a research study. Doctors want to learn how a new FDA-approved diabetes medication affects bone health in healthy volunteers. Meals are provided, and you will have outpatient visits and inpatient stays. Compensation is provided. (Study #14-DK-0195)

NIH Clinical Center

The NIH Clinical Center is seeking people who have experienced a traumatic brain injury (TBI) to participate in an outpatient research study. Researchers are testing

whether two different types of exercise programs have an effect on mental and physical function in people who have TBI. Study procedures and exercise sessions take place at the NIH Clinical Center. Study-related tests are provided at no cost. Compensation will be provided. (Study #15-CC-0164)

For more information on the studies above or others available, call the NIH Office of Patient Recruitment 1-866-444-2214, (TTY 1-866-411-1010) or visit www.clinicaltrials.gov.