

January 2002

News

Clinical Center

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Responding to the call of freedom

Laboratory Medicine recognized by Naval Medical Center

The CC Department of Laboratory Medicine's Microbiology Service has received special recognition for its response to the anthrax crisis in October when Washington, D.C. postal workers and Capitol Hill staff were victimized by a bioterrorism assault. The Microbiology Service team analyzed nearly 700 nasal swab specimens that came from workers on Capitol Hill, and another 3,200 from staff at the Brentwood Post Office and other buildings.

A letter of appreciation signed and delivered to the CC by Rear Adm. Kathleen Martin, commander, National Naval Medical Center (NNMC) praised Laboratory Medicine's assistance during the occurrence.

The letter, addressed to CC Director Dr. John Gallin, praises the laboratory staff's "impeccable technical ability" and willingness to take on "a disproportionate amount of samples" for analysis. "Since 11 September 2001, our Nation has responded to the call of freedom many times, on many fronts," Martin noted in the letter. "Among those were the bioterrorism attacks on Capitol Hill. Within hours of notification of the attack, the federal treatment facilities within the National Capitol Area became involved in one of the largest clinical efforts ever undertaken to process bioterrorism

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Pictured (l to r) Dr. Thomas Fleisher, chief, Laboratory of Medicine, Dr. Steven Fischer, Dr. Frank G. Witebsky, Rear Adm. Kathleen Martin and CC Director Dr. John Gallin.

JCAHO score for CC goes higher

The CC has received an adjusted overall score of 96, out of 100 points, based on the Joint Commission on the Accreditation of Healthcare Organization's (JCAHO) most recent survey visit in October 2001. That score places only 10 percent of healthcare facilities in the United States above the CC and reflects the continuing provision of outstanding patient care and services by a high quality staff. JCAHO's positive assessment of the CC is even more impressive considering it comes during a time when the accrediting body's scrutiny of healthcare organizations has been much

stricter than in past years.

A thorough response to JCAHO addressing one Type I recommendation allowed for the final CC score of 94 to be adjusted upward to 96. Type I recommendations indicate that the organization can make improvement in a specific assessment area.

JCAHO visits healthcare facilities every three years to survey the organizations and ensure that safe and quality care is provided to the public. Facilities are rated on patient functions, organizational functions, and structure. The CC's next accreditation survey site visit will be conducted in the fall of 2003.

Coping with the holiday bill-paying blues

Many individuals face financial crises at this time of year due to holiday overspending. Employee work life can be adversely impacted by worries about financial troubles and indebtedness. The coping tips below may help ease this burden:

Develop a budget

Realistically assess how much money comes in, and how much is spent. List all expenses and decide which ones can be eliminated.

Contacting creditors

Call creditors immediately. Explain the situation, and work to develop a plan. Don't wait until the account has been turned over to a debt collector.

Debt collectors

Debt collectors are not permitted to harass, make false statements, or use unfair practices to collect a debt. They must honor any written request to discontinue any contact with an individual. Refer to the Fair Debt Collection Practices Act website at <http://www.ftc.gov/os/statutes/fdc-pajump.htm>.

Credit Counseling

Credit counseling services are available to help people create and stick to a workable budget, or assist in working out a repayment plan with creditors. Creditors may be willing to accept reduced payments from individuals participating in a debt repayment plan with a reputable organization.

Debt Consolidation

You may be able to lower the cost of credit by consolidating debt through

a second mortgage or a home equity line of credit. These loans can be expensive, but may also provide certain tax advantages.

Bankruptcy

Personal bankruptcy is a last-resort option, which is far-reaching and long lasting. It stays on a person's credit report for 10 years, making it difficult to acquire credit. However, if the rules are followed, a court order may possibly be obtained to release one from repaying certain debts.

Abstracted from The Federal Trade Commission publication, "Knee-Deep in Debt." Copies of this may be obtained from the FTC website at <http://www.ftc.gov/bcp/online/pubs/credit/kneedeep.htm>

The CC QWI/Diversity Council does not endorse any groups or individuals who provide services pertaining to these topics.

Additional Resources

- Consumer Credit Counselors of America:
<http://www.cccamerica.org>
- American Consumer Credit Counseling, Inc.
1-800-769-3571
- Federal Trade Commission
1-877-FTC-HELP
<http://www.ftc.gov>
- Free Credit Reports – EQUINOX
<http://moneycentral.msn.com/investor/creditreport/main.asp>

Free Valet Patient Parking Service Available

The Office of Research Services and the Clinical Center implemented a pilot valet parking service program January 7. It will provide valet parking service for both patients and patient visitors. The service will be available Monday through Friday, 7 a.m. to 10:00 p.m., excluding federal holidays.

"The new service is being implemented to provide easier parking and building access for CC patients and patient visitors," said Maureen Gormley, CC Chief Operating Officer. "Using valet service, patients and their visitors are able to drive directly to the CC's South Main entrance, and a valet parking attendant will give them a claim ticket." The vehicles are then parked in designated valet spaces in Parking Lot 10H. To use the service, patients and patient visitors must have their claim tickets validated by the CC parking validation desk.

Some NIH employee parking spaces in Lot 10 H to be used for the valet parking will be relocated to the main CC parking garage. Additional temporary parking spaces have been added in Lot 41 at the south end of the campus. Regular campus shuttle bus service is available to and from Lot 41.

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Clinical Center News online: www.cc.nih.gov/cc/ccnews/current



Employee survey

Preparations are in the works to conduct a survey of all CC employees. Survey questions will focus on employee perceptions and attitudes regarding various aspects of their day-to-day work, interaction with coworkers, supervisors, patients, and overall CC operations. Information gathered in the survey will be utilized to review and assess CC practices and procedures as part of an ongoing effort to provide opportunities for employees to offer feedback about their work and work environment. Employee participation in the survey is vitally important. More details will be available soon.

Financial planning class

The NIH Work and Family Life Center is sponsoring a class, "Financial Planning 101: A Guide to Getting Started," on February 20, 2002. For more information, visit their website at <http://wflc.od.nih.gov/faces.html#february>.

NIH/PITT training

Applications for training in clinical research from the University of Pittsburgh are available in Bldg. 10, Room B1L403. The program requires students to spend 8 weeks in residence at the University of Pittsburgh, beginning July 2002. The eight-week summer program is then supplemented by additional courses offered at the CC via videoconferencing. Tuition for the 2002-2003 academic year is \$480 per credit, with partial tuition waivers for some courses. The room charge for the eight week summer session is \$800. Prospective participants should consult with their institute or center regarding the official nomination procedure. For information send an e-mail to crtp@imap.pitt.edu or call 412-692-2686. Application deadline is March 1, 2002.

DLM lauded for exceptional work during a crisis

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material."

On November 7, Senate Majority Leader Tom Daschle visited the National Naval Medical Center to thank Martin and staff members from the institutions that participated in specimen processing and analysis for their assistance during the anthrax attack. "Laboratories like these are the front lines in the battle against bioterrorism," he said. He later presented Martin with the U.S. flag that was displayed over the Capitol on the day of the attack. The same flag was raised at the main entrance of the NNMC across the street from the NIH campus.

"When we talk about our laboratory services," Martin said at the CC ceremony, "you are the people who are always behind the scenes. And when we talk about bioterrorism, you really are on the front lines. You're the experts—the ones who make the calls. And I'd like to thank you for being on the front lines with us."

Responding to Martin, Dr. Gallin thanked his team for its responsiveness. "It's nice to see these folks stepping forward and showing their dedication," he said.

Accepting the letter on behalf of the Microbiology Service was Dr. Steven Fischer, a medical officer and one of the senior staff. "Anthrax has been a major concern for the health-care community for years," he said, "but it's all been theoretical. We all knew we should be thinking of ways to respond, but until you have an incident, it's very difficult to say how it would be coordinated."

Dr. Frank G. Witebsky, acting chief of the service at the time, agrees, noting that the computer system isn't designed to take many specimens from outside NIH. He credits Jeanne C. Preuss, the supervisor in the Virology Section as responsible for solving the computer

problem.

After receiving the initial call from the Naval Medical Center, senior management quickly determined to support the effort. Service staff established a matching station at which specimens were matched with a hand-written log, a labeling station and a processing station. After the initial set of specimens was received, Chief Technologist Laura Ediger developed a list of volunteers who could work if needed at off hours. All technologists who were not handling the samples being screened for anthrax covered the regular work that ordinarily would have been dealt with by those working on the anthrax samples. Dr. Vee J. Gill, along with supervisor Caroline Dorworth Fukuda and technologist Alexandra Wong, screened all the cultures for suspicious organisms.

Of a total 3,929 swabs that were analyzed, only six raised suspicions. They were then sent to the Armed Forces Institute of Pathology for further evaluation, one of only a few labs in the country that conducts more definitive testing.

"It was incredible to watch the technologists," Witebsky said. "Each was pulled from something else he or she was working on and the teamwork was amazing."

Complicating matters was the suddenly high level of operational security adopted throughout the federal government.

"Security was very high, so it wouldn't do to have a cab driver show up with anthrax samples," Witebsky said. "Some NIH Security members made runs downtown to get the specimens. Meanwhile, NNMC provided us with 1,500 specimen plates. No one had dealt with a situation like this before."

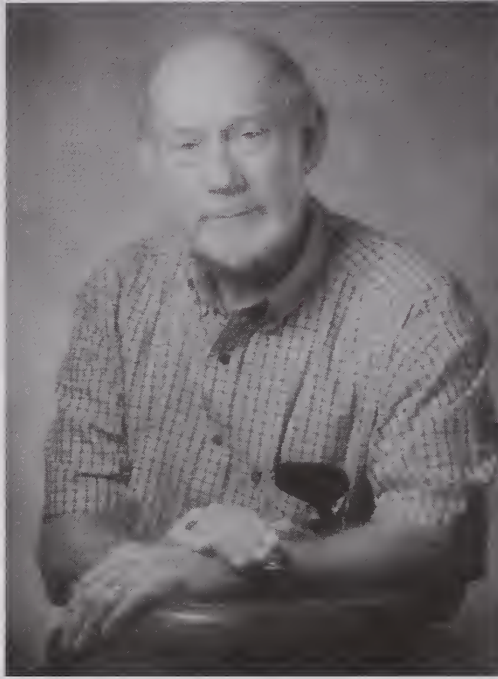
"You could see the concern on the faces of the Security personnel delivering the specimens," said Ediger. "It was very somber."

McClanahan retires with 41 years of service

Charles 'Mac' McClanahan looked forward to retirement. But the closer he got, the less appealing the idea. After 41 years of federal service, McClanahan, the CC's Property Accounting Officer, retired January 3. "I could have retired years ago," he said, "but the truth is, I love my job. I love interacting with the people here."

McClanahan said he believes quality of life is more important than quantity. That's why he opted for four years in the Navy, from 1952-1956, rather than two in another military service. "Why track through mud in the rain and eat who knows what when you can enjoy a better lifestyle, including warm meals?"

First reporting to work in 1965 as Assistant Plant Manager in the CC's laundry facility in Building 13, McClanahan has seen the NIH campus grow in all directions through the years. He saw the Ambulatory Care Research Facility added to Building 10, as well as much of the construction of the Mark O. Hatfield Clinical Research Center.



In 1971, he moved to Building 10, where his job was to secure specialized equipment for patients on a loan basis.

"One fellow needed a rocking bed to breathe," he recounted. "So we found him one that would rock and maintain the equilibrium he needed." McClanahan also secured other types of beds, mattresses and

trapeze bars – "whatever people needed." Four years ago, he became a Certified Property Administrator through the National Property Management Association.

McClanahan said he will miss his friends and associates, but not his daily commute from Silver Spring. "The truth is, if I had to commute in the type of traffic I did this morning, I would have retired long ago," he laughed.

Asked what plans he had for retirement, McClanahan strokes his beard a few times and smiles. "Oh, I've got a big list of 'honey dos', like painting and fixing things up. I'd also like to travel some – maybe to the Virgin Islands or Hawaii." Even so, he said he will miss his job.

"It really has been a pleasure working here. I wouldn't have been here so long as I was if I didn't enjoy it. I wasn't tied down all day to a desk and chair. I had contact with people all day long and visited a lot of sites both on and off campus. I liked the contact I had with people, and will miss that."

CRC construction makes steady progress

Project overseers are satisfied with progress being made on the building

Construction progress of the Mark O. Hatfield Clinical Research Center appears to have taken off. This is no surprise to those overseeing the project.

"Once a building is out of the ground, things happen very quickly," said Don Sebastian, Project Officer, Design, Construction, and Alterations Branch, Division of Engineering Services, NIH Office of Research Services (ORS). "The tough part is avoiding buried utility conduits and other obstacles. When you start digging, you never know what you're going to find."

The facility is halfway to completion with workers now installing electrical wiring, mechanical ductwork, plumbing, and fire protection. Masonry work is also progressing

rapidly on the building. Of the Flemish bond design used on the exterior brickwork Project Director Yong-Duk Chyun, Design, Construction, and Alterations Branch, Division of Engineering Services, NIH ORS said, "People complained that the plain brickwork of Building 10, was 'too pedestrian' and that we needed a more intricate elaborate design. The architect recommended Flemish bond and we decided to go with that." Flemish bond is a very old European style and can be found in many of the brick buildings in colonial Williamsburg, VA.

"Contrary to what some people believe brick isn't expensive. Purchasing and installing the insulated windows cost more," he added.



Ground was broken for the Clinical Research Center on Nov. 4, 1997. Projected completion is March 2004.