July 2004

Clinical Center News

In this issue:

CRC Town Hall: move to be storm followed by calm

The move to the Mark O. Hatfield Clinical Research Center (CRC) will be a "perfect storm" followed by a "fabulous calm," predicted Clinical Center Director John I. Gallin on June 17, at the first of a series of town meetings to discuss what to expect during the move to the new hospital.

The Clinical Center that opened its doors in 1953 was a distinctly vertical building, rising 14 stories and dominating a tree-covered campus. The new hospital has a more horizontal, low-rise orientation, designed to keep clinical and lab functions on the same floor yet have only a modest visual impact on the campus skyline and surrounding community.

Mark your calendars for future CRC town meetings in the Lipsett Amphitheater:

July 13, 10 a.m. to 11 a.m.
Sept. 14, 11 a.m. to noon
Oct. 7, noon to 1 p.m.
Nov. 9, 10 a.m. to 11 a.m.
Dec. 14, 10 a.m. to 11 a.m.

No town meeting is scheduled for August.

A special entry from Cedar Lane will allow patients and visitors to approach the hospital's main entrance from the north. From there, they can cross Center Drive to the newly expanded Children's Inn or walk west a short distance to the new Edmund J. Safra Family Lodge. Those two guest houses, providing housing and support for families with patients undergoing treatment at the Clinical Center, will be visible from a playground outside the pediatric units on the first floor.

The CRC entrance and the landscaping are nearly complete.

The new hospital, coupled to the Clinical Center complex at the northern edge of the Ambulatory Care Research Facility, significantly increases the building's architectural footprint. The entire Clinical Center complex now covers roughly 40 acres, Gallin estimates, adding that it may be the second largest complex the U.S. government has built (second only to the Pentagon). It competes for that distinction with the Reagan Building downtown.

As a physical structure, Building 10 contains the Magnuson building, the Hatfield building, and the ACRF. As an organization, it is all the NIH Clinical Center, serving the patient care and clinical research needs of the NIH's intramural research program.

One benefit of the building's long, low silhouette is that even the labs—more open, spacious and comfortable—will have plenty of storage room and natural light. One challenge of the long corridors will be delivering "on demand" food to patients while it is hot. Tugger trucks

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Clinical Center Town Meeting

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will pull food along a huge corridor in the basement.

At the heart of the building a spacious seven-story atrium, the Science Court (see CRC insert this issue), serves as a central gathering area, connecting patient care units running east to west. Patient wings are separated by two large, internal courtyards extending from the Science Court.

Built to accommodate 242 inpatient beds and 80 day hospital stations, the hospital has patient rooms large enough to hold more patients should the need arise—and the flexibility to change quickly. Patient care units (PCUs) on floors 1, 3, 5, and 7 alternate with interstitial space (accommodating air ducts and other infrastructure) on floors 2, 4 and 6. This unusual arrangement will permit rapid changes in the use of patient rooms, including the ability to quickly isolate infection and deal with other hazards, with minimum disturbance of patients.

On opening, the hospital will contain 25 rooms with negative airflow (preventing air from exiting) for infectious patients; and 30 rooms with positive airflow (blowing air out), to protect immune-suppressed patients.

Construction will be finished and the CRC will be turned over to the NIH by the end of August. On September 13 labs and offices will begin moving to the building. Tours for staff begin in September, and the official ribbon-cutting is scheduled for September 22. ("Just turned 80 years—so hurry," wrote Senator Hatfield, the long-time NIH supporter for whom the CRC is named, in a recent letter congratulating Dr. Gallin on the hospital design.) Target date for moving patients: December 4.

Among milestones scheduled for the period of transition, one of the most complex will be the changeover from MIS, the Medical Information System to CRIS, the NIH's powerful new Clinical Research Information System. The culmination of a $60-million effort, CRIS will go live on July 31 (story on page 4). Staff are training for it.

Additional town meetings scheduled through December (see box, page 1). One can ask questions during the meeting or send them in advance to Sara Byars, senior communications advisor, by e-mail: crc-info@cc.nih.gov.

The town meetings will be videocast live and archived for later viewing. Go to http://videocast.nih.gov.

To learn more about the CRC, go to **www.cc.nih.gov/ccc/crc/**.

—Pat McNees

Rander honored by volunteer interpreters

For 14 years, Andrea Rander, director of Volunteer Services, has worked with the Clinical Center's volunteer language interpreters. Filling a valuable need, these volunteers give patients hours of help with communication in times of need. On any given week, volunteers provide at least 200 hours of interpreting services to Clinical Center patients and their families.

L-R: Aggie Burns, Greek interpreter; Adrienne Farrar, Chief, Social Work Department; Roberto Anson, Spanish interpreter; Andrea Rander, Director of Volunteer Services; Monica Sullivan, Spanish interpreter.

Rander is a crucial link in this process. She not only triages interpreting needs to the volunteers, she but also orients them to their important work and is always available to listen, coach and problem solve.

On May 14, the volunteer interpreters wanted to show their appreciation for her assistance, so on May 14 they had a surprise luncheon for her in the Social Work conference room, presenting her with a basket of flowers and a plaque "For Outstanding Contributions to Quality Patient and Family Care."

"It was a complete surprise," said Rander. "They do such wonderful work. That they should think of me is really an honor." She added she was particularly delighted with the cuisine's international flare. "It included some of my favorite selections from different parts of the world!"

Clinical Center News

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CRC adopts new standard in pneumatic carrier systems

A nurse picks up a 4-inch diameter canister, drops in a small vial of patient's blood wrapped in paperwork, closes it, selects a destination from the control box, inserts the tube and with a *whoosh* of air it disappears into a virtual maze, where a sophisticated guidance system carries it to the Clinical Center Department of Laboratory Medicine. On the other end, a staffer retrieves it and the blood sample is ready for processing.

The concept of pneumatic tube systems is not new and was initially developed to check and order stock in produce, retail and shipping outlets. All that's needed is a tube and suction, not too different from that of a giant vacuum cleaner, and showrooms can notify stock of sales that consumers can pick up at a loading dock.

But in a hospital setting such as the Clinical Center, things are much more sophisticated. "A source has to send the tube to a specific destination among dozens of destinations," said Larry Eldridge, special assistant to the chief operating officer.

Eldridge and his colleague Jim Wilson sit at a table examining two canisters, called "carriers:" a 4-inch diameter one which is the "standard" now used by the Clinical Center and a 6-inch diameter model that will be the standard in the Clinical Research Center (CRC). Two inches doesn't sound like much, but the latter carrier is *much* larger, being thicker, longer and easily holding twice as much as the smaller carrier.

The new carrier (left) will contain twice that of the old carrier (right). Besides size, the stations sending and receiving the new carrier will be more sophisticated and incorporate security measures.

"The 6-inch carrier will be used in a variety of ways, including sending blood products, and pharmaceuticals," said Eldridge. It also can contain supplies and anything else that will fit into it that can be safely sent in the system.

"There's at least one station in each patient care unit and each department that's relocating from the Clinical Center to the CRC," Wilson explained. "A new tube station carrying the larger carrier will be on every clinic floor as well as other departments that are major users of the system that are staying behind." Among those receiving the new stations are Radiology, Medical Records, Surgery, Housekeeping, Phlebotomy, and Pharmacy.

The new stations also will contain security measures to protect controlled substances and private records. "Users will be able to use personal identification numbers (PINs) before carriers are released from the system, Eldridge said. "Thus, if private records or controlled substances like narcotics are sent, PINs will be required to release the carriers. This will be particularly useful in the event these types of items are inadvertently sent to the wrong station." Senior management will decide how and when to implement this security feature, Eldridge said.

With the construction of the CRC, all stations will be built or rebuilt using the 6-inch system.

The new carrier panels are sophisticated, but the interface is remarkably easy to use. Inset: Tube retrieval slots can withhold carriers until a PIN is entered.

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CRIS 'goes live' July 31

CRIS, the NIH Clinical Research Information System, "goes live" on July 31. This long-anticipated first implementation covers the patient-care aspects of CRIS, functions now handled by the Clinical Center's 28-year-old MIS (Medical Information System).

"With CRIS, you'll be able to enter orders and documentation and retrieve them in a new way that will be a dramatic improvement over MIS," explained Dr. Stephen Rosenfeld, Clinical Center chief information officer and associate director for clinical research informatics.

"MIS essentially will be shut down at midnight on Friday, July 30. After several hours of switch-over work, CRIS will be turned on. Much of the historic information in MIS can be transferred to CRIS electronically," Rosenfeld said. "But some of the operational information—including the several thousand inpatient orders—will have to be transferred manually. We've worked with the Medical Executive Committee on a plan for the extra hands to accomplish that transfer during the hours before we go live."

CRIS will be a significant improvement over MIS, Rosenfeld explained, and the change will likely generate some anxiety. "Activation will be a very busy time for the organization," he said. "And though this is a new computer system, our processes of care are not changing in any fundamental way. CRIS is not going to enforce any new standards

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Grand Rounds for Fellows

All physicians and healthcare professionals are invited to attend the upcoming Grand Rounds lectures for Clinical Fellows. The first lecture, "Separating Wheat from Chaff: Critical Reading of the Biomedical Literature," will be presented by Dr. Michael M. Gottesman, Deputy Director for Intramural Research, NIH on August 4 at noon in the Lipsett Amphitheater. Mark your calendars for the other Grand Rounds for Fellows lectures: August 11, "The Ethics of International Clinical Trials;" August 18, "Health Disparities in a Health Policy Context: From Discrimination to Quality;" August 25, "Health Disparities among the Pima Indians with Special Emphasis on Diabetes Mellitus;" and September 1, "Management of Pain and Palliation: An essential Component of Quality Patient Care."

ClinPRAT applications being accepted for 2005

Applicants for the NIH Clinical Pharmacology Research Associate Training Program (ClinPRAT) must complete all paperwork and submit it by October 1 to be accepted for positions opening on July 1, 2005. Early applications also will be accepted.

ClinPRAT is a three-year postdoctoral research fellowship training program sponsored by the Clinical Center and the National Institute of General Medical Sciences. "The goal of the program is to develop a cadre of scientists capable of conducting both basic and applied clinical pharmacology research," says Training Program Director Arthur J. Atkinson, Jr., M.D. "Individuals with this background are needed to fill key positions in academic, industrial, and federal research laboratories."

The program, says Atkinson, said, emphasizes the application of laboratory pharmacology, biostatistics, pharmacokinetics and chemistry to the study of drug action in humans.

Candidates must have an M.D. and, in general, must have completed three years of residency training. They additionally also will be board-eligible in a primary medical specialty when entering ClinPRAT. Candidates must be U.S. citizens or permanent residents of the United States. Each candidate's qualifications will be evaluated by the Clinical Pharmacology Steering Committee.

"Selection is highly competitive and preference will be given to applicants with outstanding potential," saysid Atkinson. "Most successful candidates either have had Ph.D.s in addition to their M.D.s or have had substantial prior research experience." The stipend is determined by the candidate's educational and professional experience. ClinPRAT fellows have the opportunity to participate in the NIH General Loan Repayment Program.

For additional information visit the ClinPRAT website at **www.cc.nih.gov/researchers/training/clinprat.shtml** or call Donna L. Shields at 301-435-6618.

There's no other hospital like it

JULY 2004

The Mark O. Hatfield CLINICAL RESEARCH CENTER

NEWS

The Science Court, an atrium to promote health and healing

IN THIS ISSUE:

When the Mark O. Hatfield Clinical Research Center (CRC) opens this fall, a multi-story, glass-enclosed oval-shaped atrium, the Science Court, will become the hub of the new hospital.

"This new complex, combined with the existing Clinical Center buildings, provides more than three million square feet of patient care and translational research, making it the largest clinical research facility in the world," said Robert Frasca, design partner for Zimmer Gunsul Frasca Partnership, the CRC architects. "The Science Court is the hearth of both the NIH Clinical Center complex and the NIH campus. It is a worthy and functional tribute to the work that happens here."

Rising nine stories, the atrium has seven floors of occupied space, each with walkways facing inward to the atrium. Two more levels comprise interior ceiling space. The multi-purpose Science Court will serve as the central gathering area, or main "circulation spine," connecting the CRC's largest building sections from north to south.

The two-story main hospital entrance sits on the north side of the atrium. In this area, there will be seating, a main reception desk, and security and transportation functions. On the atrium's south side will be the admissions area; the voucher, travel and cashier offices; the pharmacy; and garage access for visitors and patients. A café on the east side and a gift shop on the west side will have access to the landscaped courtyards flanking the atrium. A large public art sculpture will reside at the center of the atrium.

The atrium rises nine stories and has seven floors of occupied space, each with walkways facing inward to the Science Court.

Visitors will notice "X braces" throughout. Both functional and decorative, this design element provides both visual charm and support to the overall structure. The look of the space, with its "staggered" effect, is a result of the atrium opening being smaller at the north and south ends on the odd numbered floors. This allows additional seating on patient floors. The terracotta hues of the terrazzo (or stone-based aggregate) atrium flooring match the color of the disk-shaped center in the middle of the ceiling.

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WWW.CC.NIH.GOV/CCC/CRC

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

"The Science Court is the CRC focal point and will invite interactions among people," said Jim Hart, CRC project manager for Boston Properties, Inc., the hospital's development management firm. "It successfully balances and meets the needs of both patients and staff. Individuals coming through will find it an aesthetically pleasing environment."
Several elements—medicinal plant displays, retail amenities, landscaped courtyards, a sun-like ceiling center, and a healing waters sculpture—will enhance the Science Court's appeal.

Medicinal plantings

Plants have been used for medicine for thousands of years in all known cultures and the healing qualities of nature have long been recognized and relied on as a valuable part of convalescence. The Clinical Center is collaborating with the U. S. Botanic Garden to develop medicinal plant displays for the CRC.

Two "people-scaled" landscaped courtyards provide serenity within the large CRC complex.

"The plantings and descriptive text for each one would be placed along the walkways on the floors that face the Science Court atrium interior," said Crystal Parmele, director, Clinical Center Art Program, Office of Facilities Management. "The collaboration is the result of our contact with the Botanic Garden," she said. "They have a medicinal plant collection and are eager to assist us."

Representatives from the Botanic Garden have provided the Clinical Center with a list of the medical, research and homeopathic uses of such plants. Plans call for more discussions with the Botanic Garden's horticultural experts to determine what plants will grow best in the atrium and what types of plant groupings or displays would be appropriate for the CRC.

Exterior courtyards

Since one primary design goal of the CRC is to provide a healing environment for patients, the east-west facing patient wings are paired around two "people-scaled" landscaped courtyards that will provide serenity within the Clinical Center and border the Science Court. CRC patient rooms have large windows, and views to the courtyards offer visual solace, a connection to nature and a sense of peace.

The two courtyards are composed predominantly of green space (low ornamental trees and plantings) with some hard surfaces for paths and seating areas. Each courtyard is approximately 16,500 square feet. Public and patient access is limited to those areas immediately adjacent to the Science Court. Other outdoor space on the exterior of the CRC will be dedicated to outdoor program requirements of the CRC, such as the pediatric playground.

Shadow studies were conducted to help the landscape team understand how and where plants should be located. The courtyards are quite shady, and the plant selection was very carefully tailored for shade tolerance. Seating and planter walls are built into the design layout, as are light standards and paving design. The courtyards are mirror images of each other in layout, but subtle differences exist between the two planting plans.

Patient privacy on the ground floor also was an important consideration in path layout and planting scheme. The use of physical walls and screens was ruled out early on as too intrusive for the openness of the courtyards. Planter and tree size grow as one moves away from the Science Court.

"This creates an organic and figurative connection to the world and landscape beyond," said Roger Courtenay, vice president, EDAW, Inc., the CRC's landscape contractor. "The organic layout is a relaxing counterpoint to the straight lines of the building, and reinforces a soothing visual environment."

"The courtyards originate at the Science Court center and flow outwards to either end," he said, "This emphasizes the court and its connective junction. People will appreciate the greenery, the organic flowing lines of the courtyard design, the seating opportunities, the private spots and visual relief."

Courtenay emphasized the importance to hospitals of elements such as courtyards. "Research supports the contributions of garden environments to patient recovery. The therapeutic benefits of visual and physical access, through windows and in person, are well known. NIH staff wanted family and visitors to be able to go outside with patients for private time. These kinds of places offer secure environments in close proximity to hospital support."

Ceiling center

Looking skyward in the Science Court, one sees a sun-like center in the ceiling. The 3,300-square-foot disk, whose design replicates the atrium's "X brace" design element, was specially crafted of Italian plaster by head artisan Serge Vadenoff and other craftsmen from Architectural Coatings, Inc. Director of Sales Danny Cox explained that this decorative plaster finish was "first developed by the ancient Romans, its technique closely guarded by Italy's stuccatore maestros."

The plaster used in the Science Court ceiling is Marmorino, a stone product marketed by Architectural Coatings. Marmorino, known for its richness and depth, contains only the highest quality marble, which is broken, ground and sifted. It is then mixed with slaked lime and water to produce a seamless finish. Tints and color are added during the mixing process. The plaster in the Science Court ceiling was done in tiger eye—a custom color made to match the main hospital color selected by Zimmer Gunsul Frasca.

This is the largest ceiling project the company has ever done and the first hospital they've done with Marmorino. Locally, the same product application can be found in the International Spy Museum, the Italian Embassy and several retail sites. Artisans specially trained in the technique of applying these Italian plasters spent two weeks working in three- or four-member crews to complete the ceiling center. Standing on scaffolding, they prepared the ceiling to receive the Italian plaster by smoothing, sanding, and priming the drywall before applying the special plaster. "Working overhead at an angle, with your arm going back and forth to apply the plaster, then troweling, burnishing, and finishing the application properly, takes an inordinate amount of energy and skill," said Cox. "They know how Michelangelo felt painting the Sistine Chapel ceiling."

Interactive sculpture

Early on, the CRC design called for a double helix staircase in the center of the Science Court, but this idea proved to be cost prohibitive. The large atrium space still needed enhancement, however. To fill that need, project manager Jim Hart facilitated a design competition held last November. Several designs were presented to a small subgroup of the CRC Steering Committee. It didn't take long for those reviewing the designs to unanimously approve and select the design proposed by artists Gene and Susan Flores.

Gene, a sculptor, and Susan, a furniture maker, work out of their studio in the Berkshires of western Massachusetts. Their work, individually and as a team, may be seen throughout the country. For the past eight years the couple has been considering and creating "intimate spaces," often doing sculptures as gifts, installing them in urban parks. "We've stood back to watch whether they 'worked,' and found that people deeply appreciate coming across an oasis in their daily routine," said Susan.

For the CRC Science Court, the Flores' artistic approach is to create an oasis for the atrium center, a place away from the business and busyness of the building, where people can find refreshment, conversation and the expression of hope. Their source of inspiration comes from the story of Bethesda, the House of Mercy—which is ingrained in the history and geography of NIH. They based their concept on and worked from the first part of the Gospel of John, which describes a healing pool with five porches, where the sick await the angel's stirring of the water.

The elements in their design include:

A Meditation Alley

This mimics the elliptical arcs of the balconies above but completes the ellipse on the atrium main floor. The walkway will be outlined by kentia palm trees around the perimeter of the atrium, establishing visual separation from the surrounding activity

and providing a place for meditation, conversation or a little exercise.

The Pool and Stream

Accounts of the archeological excavation of the healing pool of Bethesda in Jerusalem describe two adjacent rectilinear pools with a portico porch between them, and four more around them. In the atrium's sculpture design, a square pool of still water empties by virtue of a small waterfall into a stream, thus "stirring the water."

The Bridge

The first of the five porches of Bethesda, the bridge is a symbol of the CRC's intent to "bridge the gap between biology and human health." On it will be inscribed quotes from pioneers of scientific thinking.

The Porches

Four more porches provide seating for contemplation of the pool, stream and bridge. They will also allow for congregation and contemplation.

The entire sculpture will be entitled "Oasis." A bronze plaque near the atrium art piece will include this quote from the eighth-century Chinese poet Bai Juyi (772-846 AD), "Wanderers from the four corners of the Earth we meet first here—who needs an introduction."

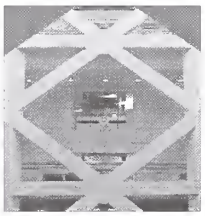
"Public art is like a boat," said Gene Flores. "You have to build it, make sure it floats." After that, you have to make sure it is "accessible and then you have to get people on board"—something he believes will happen with the CRC sculpture.

For Susan this is an opportunity to give something back to the health care system and to everyone that walks through the hospital door. She speaks from experience, having had thyroid cancer as a child and breast cancer as an adult.

The sentiment of the Flores' sculpture may be best expressed in this, the last line from Thornton Wilder's novel *The Bridge of San Luis Rey:* "There is a land of the living and a land of the dead, and the bridge is love, the only survival, the only meaning."

— by Dianne Needham

About the name



The CRC's official building name is the Mark O. Hatfield Clinical Research Center.

The existing building's official name is the Warren Grant Magnuson Clinical Center.

Together, the Hatfield and Magnuson buildings comprise Building 10. The organizational entity will continue to be known as the NIH Clinical Center.

Both Senator Hatfield and the late Senator Magnuson actively supported medical research during their careers. For further information, log on to: www.cc.nih.gov/ccc/crc/.

The Mark O. Hatfield CLINICAL RESEARCH CENTER

NEWS

A special supplement to CC News, published by the Office of Clinical Center Communications, NIH Clinical Center, 6100 Executive Blvd., Suite 3C01, 301-496-2563.

Blood Bank gets new donor coordinator; says need is critical—*really!*

The Department of Transfusion Medicine has a new Donor Resources Coordinator and, like most donor coordinators, he doesn't want your blood, sweat and tears. He just wants your blood and a commitment to make a difference in peoples' lives.

Although he's been at the Clinical Center for only two months, Al Decot (pronounced dee-koe) already is planning how to best educate NIH employees on one simple fact: Giving blood literally saves lives.

"It's not just a kicker for a flyer you see on a shuttle bus, wall or on a table tent in the cafeteria," he said. "It's a fact that should be taken seriously."

Decot isn't one to hide his agenda. He would like more people to become involved with donations to keep the blood supply at the Clinical Center from continually being at a critical level.

Is blood really in urgent demand at times or is it a come-on to get people to donate? What is the blood supply situation like right now? he's asked.

"Critical!" he replies without hesitation, but not without some frustration. He knows that if something is critical all the time, people will eventually become desensitized, lose interest and forget about it. But though Decot can't make people give blood, he wants them to know that they should and that most people can. More importantly, he wants donors to feel good afterwards and to know that they've really made a difference. He wants to remind people in every way possible, so the table tents will continue, as will the flyers and friendly reminders.

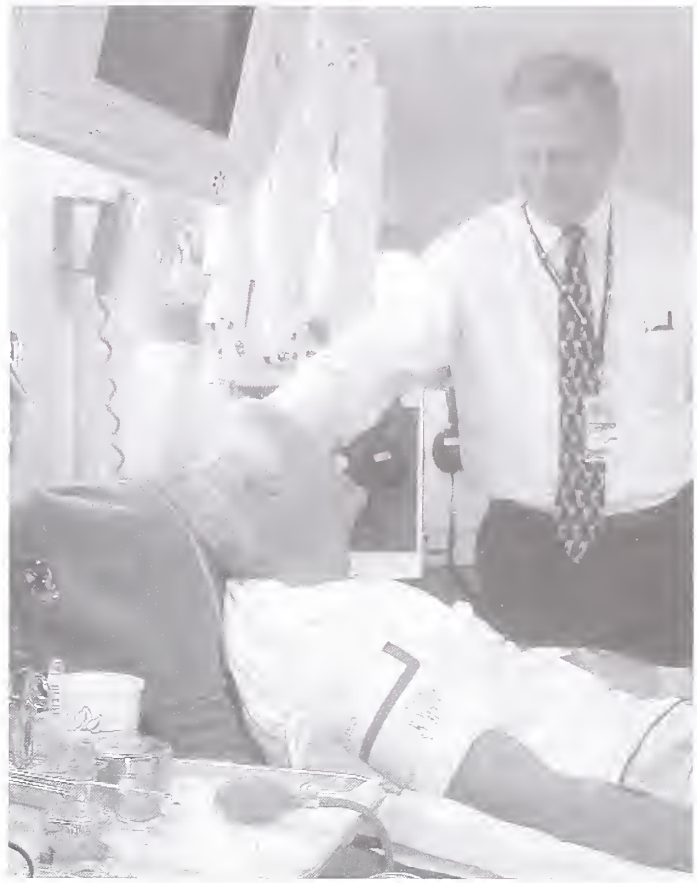
"We really mean it when we say that the situation is urgent, that we need to act now, and we need your help" he says. "This is just an open, honest reflection of how things are here as well as at other blood banks around the country. The NIH Blood Bank has always been self-sufficient in serving our patients' needs; however, the increasing demand for blood and blood components is very, very real."

Decot has seen people who are alive today because there was a blood supply available to save them. These patients have experienced firsthand the impact of those who donate blood. In fact many of them recover to become life-long donors.

"I wanted to work at NIH to be an integral part of the medical research team, along with the experience and prestige of being at the nation's premier research facility," he says. "And the enormous potential contribution to the community also was a primary factor."

He knows many NIH donors are dedicated, coming in regularly every eight weeks. Others respond to an urgent appeal on the NIH website and in the NIH Record and CC News. Still others have considered giving blood but haven't committed. "Perhaps they assume someone else will take care of it, or that they can't devote the time." There's also the fact that some people just don't know how bad the situation is and that they really can save a life, reuniting people with their families and loved ones. And for those who don't think they can give blood, Decot has a simple reply: "Let our professional staff assess your eligibility. It only takes a few moments and you may be surprised to learn that you can help after all. Everyone can be involved by just passing the word about the importance of blood donations."

-by John Iler



Al Decot (standing) chats with Ted Hambright, who has donated platelets every four weeks since 1974. His reason? "Charity," Hambright said.

The NIH Blood Bank is open
Tuesday through Friday
7:30 a.m. to 5:30 p.m.
For questions, or to schedule an appointment, call
301-496-1048.

Walk-ins are welcome.

Do Something Amazing Today...Save A Life!

CRIS 'goes live' July 1

Continued from page four

of practice that will significantly change the way we do things."

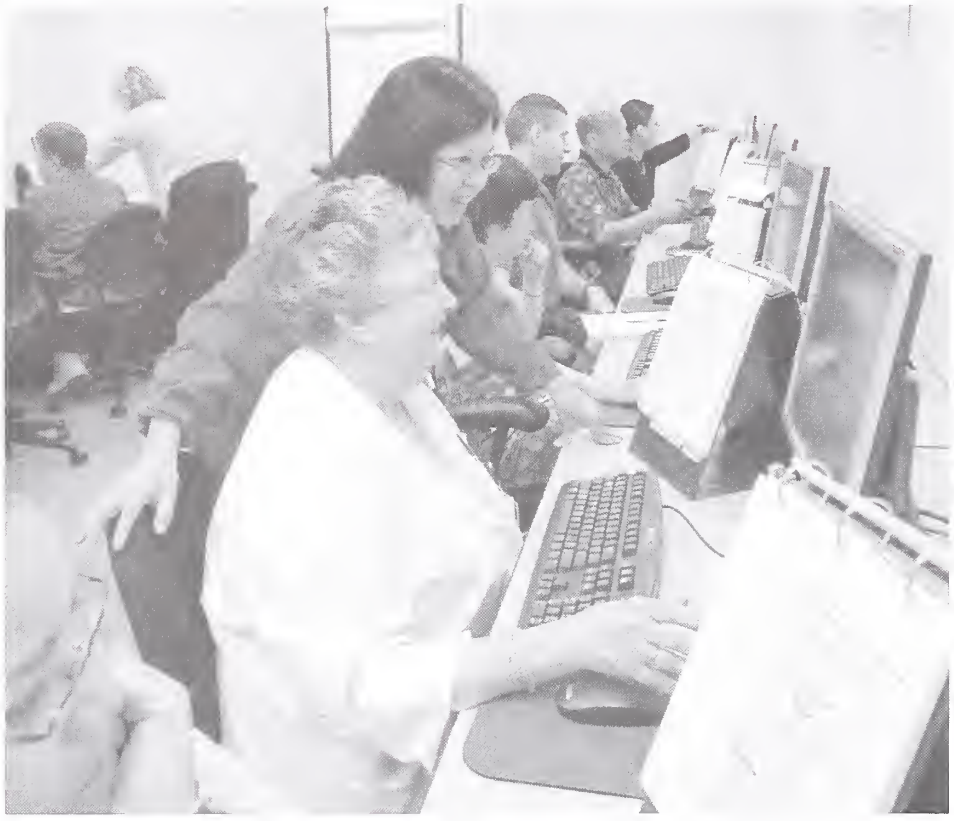
CRIS provides the capability to support computerized prescriber–order entry (CPOE), Rosenfeld said, and the Clinical Center's Medical Executive Committee will determine what the organization's ultimate CPOE policy will be. "In CRIS, prescribers can continue to give verbal orders that are entered by someone else authorized as an 'agent for.' The difference in CRIS is that those prescribers will now have to come back, sign the order and verify that it was entered correctly. That has to happen within a matter of days, but in the meantime the order will be active."

The part of MIS that will remain in operation is the computerized appointment system (CAS). "Until we implement a new scheduling system, which is not yet a part of CRIS," Rosenfeld said, "MIS will continue to be used for this function. MIS access will be as restricted as possible until then, and functions that support direct patient care will be turned off."

Between now and the July 31 "go-live," Rosenfeld explained, staff need to complete training. Training began June 14 and continues through July 27. "You will not be able to get a CRIS access code until you complete training."

After the go-live, expect plenty of help in learning to use the new system, thanks to the CRIS Support Center. "We're planning to offer onsite help round the clock during August," Rosenfeld announced. "The first couple of weeks, CRIS staff will be visiting the different areas to provide help and answer questions."

What you need to know to get ready for CRIS:



About 3,000 staff will receive training on CRIS, the NIH Clinical Research Information System, before the system goes live on July 31. Fifty training stations are in operation in the Department of Clinical Research Informatics. Staff must complete training in order to receive an account to use CRIS. If you haven't yet signed up for training, now's the time to do so. Call the CRIS Training Hotline, 301-435-5077. For more information on CRIS, go online: http://cris.cc.nih.gov. DCRI staffer Rubi Defensor (standing) is one of the CRIS instructors. With her (from left) are Janet Rowan (white lab coat), Pain Clinic (Outpatient Clinic 3); Fu-Meei Robbins, Department of Transfusion Medicine; Bart Drinkard, Department of Rehabilitation Medicine; and Sabas Carino and Arlene Hagan, Department of Laboratory Medicine.

Training. Fifty training stations are available in three classrooms within the Department of Clinical Research Informatics (1C290), CRIS training headquarters. Classes will be offered 7 a.m.—11 p.m., and some weekend classes will be available. Your job determines the classes you must take. Training for prescribers is consolidated within one class. All prescribers (physicians, nurse practitioners, physician assistants, nurse anesthetists, dentists) should view the online tutorial, *Introduction to CRIS*, before attending class. The tutorial is part of training for all other CRIS classes and is a great option to help prepare for class or to review what you've learned.

Anyone who hasn't yet scheduled training should call the CRIS training hotline at 301-435-5077 to confirm training requirements and register for classes.

CRIS access form. Members of the affiliate medical staff (except nurses) must complete and have a supervisor sign a form before attending training so that a CRIS account can be created and made available for use at CRIS go-live. Prescribers and nurses *do not* have to complete this form. The form is available on the CRIS website, at **cris.cc.nih.gov**.

Practice. The CRIS Practice Lab is available to help you get a head start in learning CRIS. Stop by before your CRIS training for a general orientation to CRIS. After training, visit the lab to keep your skills fresh with guided hands-on practice and individualized instruction on the new system.

Continued next page

The Practice Lab is located on the first floor of the Clinical Center. Look for the blue curtain near the CRC exhibit across from the admissions desk. It's open Monday-Friday, 9 a.m.–noon and 1–4 p.m.

Protocol order sets. Clinic unit clerks and outpatient phlebotomy staff no longer will transcribe orders from manual order forms after CRIS goes live. Prescribers and research staff will enter orders directly into CRIS before a patient arrives in phlebotomy or a clinic. Principal investigators and research nurses can request that a protocol order set be built to handle these routine orders by contacting Sue Martin, Department of Clinical Research Informatics, 301-496-4240. Her e-mail is smartin@cc.nih.gov. In the interim, research staff can place lab orders into CRIS using Outpatient Lab Order Sets.

—Sara Byars

CRIS Information

Training hotline: 301-435-5077

CRIS Support Center: 301-496-8400

General CRIS info: cris.cc.nih.gov

Introduction to CRIS, the online tutorial:

cris.cc.nih.gov/public/cristraining/tutorial.html

Registration for 2004-2005 Introduction to the Principles and Practice of Clinical Research begins August 18

Registration for the 2004–2005 "Introduction to the Principles and Practice of Clinical Research" begins August 18, and runs from October 18–February 15, 2005. Classes will be held on the NIH campus Monday and Tuesday evenings from 5 p.m. to approximately 6:30 p.m. There is no charge for the course; however, the purchase of a textbook is required. A certificate will be awarded upon successful completion of the course, including a final exam.

Close to 700 students registered for the 2003–2004 program, which was also broadcast to Children's National Medical Center (Washington, D.C.), Georgetown University (Washington, D.C.), George Washington University Medical Center (Washington, D.C.), Meharry Medical College (Nashville, Tenn.), Morehouse School of Medicine (Atlanta, Ga.), State University of New York (Syracuse, N.Y.), the University of Puerto Rico (San Juan, Puerto Rico), University of Texas Southwestern Medical Center (Dallas, Tx) and the U.S. Naval Medical Research Center Detachment (Lima, Peru).

For additional information or to register, visit the course website at **www.cc.nih.gov/researchers/training/ippcr.shtml** or call the NIH Clinical Center, Office of Clinical Research Training and Medical Education, at 301-496-9425. The deadline for registering is October 4. An e-mail confirmation will be sent to those accepted into the program.

If you require reasonable accommodations to participate in this activity, please call 301- 496-9425 during the business hours of 8:30 a.m. – and 5 p.m. at least seven business days prior to the event.

Course Objectives are to:

• become familiar with the basic epidemiological methods involved in clinical research.
• be able to discuss the principles involved in the ethics of clinical research, the legal issues involved in clinical research and the regulations involved in human subjects research, including the role of IRBs in clinical research.
• become familiar with the principles and issues involved in monitoring patient-oriented research.
• be able to discuss the infrastructure required in performing clinical research and have an understanding of the steps involved in developing and funding research studies.

This activity will be of interest to physicians and other health professionals training for a career in clinical research. Interested persons are strongly encouraged to take a course in biostatistics such as STAT 200 or STAT 500 currently offered at the FAES.

The National Institutes of Health/Foundation for Advanced Education in the Sciences (NIH/FAES) is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

CRC's new carriers

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Larry Eldridge (left) and Jim Wilson.

"At first this wasn't the case," Eldridge said. "There was some discussion of leaving the 4-inch systems in areas where there is low usage, but over the past year we came to believe that it's important the system be complete and that there is only one system in operation. No hospital that has both systems does well. It results in errors and confusion, and we didn't want the staff saying it was so difficult to use that they stopped using it."

Because of the blowers and diverters used by the pneumatic tube systems, there are no limitations as to where or how far they can go, said Wilson. Each station has a panel listing the various destinations. "So if you're in a patient care unit and want to send specimens to the lab, or you need medications from Pharmacy, you simply type in the number corresponding to the destination and hit 'send,' and off it goes."

The new carriers also accommodate foam inserts for fragile contents. In the older tubes, stuffing had to be used to protect breakable or fragile items. With the foam inserts, this will not be required as often.

Other transport conveyances also will be used at the CRC. Electric track conveyors, also known as "the Mosler," similar to ones already being used at the Clinical Center will move heavier, bulkier items automatically to programmed stations. However, Eldridge said, though they will be new, the capacity will be the same as that currently being used. "In fact," he said, "some of these newer boxes may be in use at present."

—by John Iler

Quick facts about the pneumatic tube system

The Clinical Research Center will have a pneumatic tube system (PTS), system using 6-inch carriers. There will be a total of 47 of the 6-inch-carrier stations, 21 stations of them located on in the patient care units and the various departments in the CRC.

Other 6-inch stations also will be located at in Housekeeping, Transfusion Medicine, Laboratory Medicine, Surgical Services, each ACRF clinic floor, Central Hospital Supply (B1), Phlebotomy, Nuclear Medicine/PET, Radiology, Medical Records and the Dental Clinic. The total number of 6-inch carrier stations will be 47.

The 6-inch carrier can transport approximately 7-8 pounds and can contain the volume of two 1-pound bags—about twice the capacity of the existing 4-inch system.

The 6-inch system also has more features than the 4-inch system, including the ability to shut down a station to prevent it from receiving or sending a carrier; "secure send," which requires entry of a personal identification number to send or receive controlled substances or other items for which control/accountability is needed; and enhanced reporting software.

The plan is to decommission the existing 4-inch system shortly after CRC occupancy and to use only the 6-inch system to support the CRC and the Clinical Center.

The existing 4-inch system has 42 active stations, handling 800–1,200 transactions per day.