September 2004

Clinical Center News

In this issue:

Stage fog tests CRC smoke exhaust system

by Dianne Needham

Think of it as instant smoke in a can. To members of the fire, safety and construction team in the science court atrium of the Mark O. Hatfield Clinical Research Center, it resembled "a white river," "a live rock concert," "the genie coming out of the bottle." In reality it was artificial smoke pumped out of a theatrical fog machine for a test of the new hospital's smoke exhaust system.

> **"When there's an atrium in a building like this you have to have a smoke exhaust system. And the only way to test it is with artificial smoke."**
>
> –Jim Wilson

The test, conducted Sunday morning, August 15, was part of the CRC activation process. National Fire Protection Association standards require that multistory buildings with an atrium have a working smoke exhaust system. The test provided an operational check of the exhaust system, explained Bob Beller, a contractor representing the NIH fire marshal. It also allowed NIH's fire department to see where smoke may linger and where additional smoke ejection fans may be needed.

The smoke filling the CRC air cavities was an artificial, nontoxic concoction of the kind used to dazzle audiences at operas, concerts and Broadway shows to create "atmosphere." This was the first time NIH has used such a fog machine for this type of test.

"When there's an atrium in a building like this, you have to have a smoke exhaust system," said Jim Wilson, facilities manager and evacuation coordinator for the Clinical Center. "And the only way to test it is with artificial smoke. The test went well on Sunday. Artificial smoke is lighter than normal smoke so we know the exhaust system will work even better with real smoke with its heat and particles since the particles rise faster."

NIH firefighters observe artificial smoke as it fills the CRC science court atrium during a test of the new hospital's smoke exhaust system.

On Sunday morning, while the stage foggers in several parts of the hospital generated smoke, the fire marshal waited for sufficient visual dimness at the top of the atrium to activate the electronic beam smoke detectors located there. Those were set off once the smoke was thick enough. Centex personnel then manually opened one of the sprinkler test lines so water flow signals could initiate the smoke exhaust fans. This

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From the director

Managing in a tight budget climate

by Dr. John I. Gallin
Director, Clinical Center

As we prepare to move into the Mark O. Hatfield Clinical Research Center, the most technologically advanced clinical research facility ever built, we face unprecedented opportunities to improve how we conduct, manage and support clinical research at NIH.

Our commitment to excellence will not waiver, even in austere times. Your creativity and insights are vital, and I urge you to share your ideas for holding down hospital operational costs and preserving resources in terms of budget, personnel and time. It's time to examine every option for cost savings.

This exciting transition comes as we enter an era that demands careful and responsible use of resources. In contrast to the past few years, the Clinical Center's budget is not likely to grow significantly in the near future.

Cost containment—managing resources efficiently, effectively and thoughtfully—tops the list of broad strategies that must be implemented to assure continued excellence in both patient care and clinical research support.

Dr. John I. Gallin

Our commitment to excellence will not waiver, even in austere times. Your creativity and insights are vital, and I urge you to share your ideas for holding down hospital operational costs and preserving resources in terms of budget, personnel and time. It's time to examine every option for cost savings.

Other strategies—which will require close collaborations with our institute partners—must address efficiencies surrounding protocols. The new NIH Advisory Board for Clinical Research will play an important advisory role as these strategies for conserving resources evolve. This Board, which convenes for the first time on Sept. 21, will replace the Clinical Center Board of Governors, implemented in 1996 to oversee hospital operations.

In the new hospital, we'll build on the rich history of accomplishment nurtured at the Clinical Center over the past 51 years. We are within 100 days of the official opening of the new hospital. I ask you to join me in meeting the challenge to accomplish our important mission with a new eye toward prudent use of resources. ❖

Clinical Center News

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PACSweb adds reliability to images and reports on desktop computers

by Colleen Henrichsen

The PACSweb system, which displays radiology images and reports on desktop computers, has been improved to provide access to more images more reliably.

Developed by the Diagnostic Radiology Department, PACSweb is the imaging component of the Clinical Research Information System. It will eventually be integrated with the CRIS system.

When it first went online in 2002, PACSweb provided users with the four most recent and the two oldest relevant images on Clinical Center patients. The new system, which becomes available campuswide on September 1, provides all CT scans taken since 1997, MR scans since 2000, x-rays since April 2000 and nuclear medicine scans since 2001. By March 2005, the system also will provide all ultrasound and PET scans taken since 2000 and MR scans from 1995.

"This system is more sophisticated, provides more studies and has better functionality than the previous version," said Dr. King Li, associate director for radiologic and imaging sciences. "PACSweb availability throughout the Clinical Center will eliminate the need to check out film jackets from the film library."

The system has been available to a limited number of clinicians, including clinical fellows, since July 1. Feedback from those users has been positive.

"It saves a lot of my time," reports one clinician. "It is a great improvement and I am very pleased with it."

"It is extremely useful to have images available online 24/7/365," said another. "Its features are robust and it is relatively easy to use," said a third user.

PACSweb displays radiology images on desktop computers campus wide. Images can be saved as JPEG or TIFF files.

PACSweb is a feature of PACS/RIS (the Picture Archiving and Communication System /Radiology Information System), which was implemented in the Clinical Center in 2000. PACS collects, archives and displays images and imaging reports. RIS creates imaging reports and monitors patient exams.

The speed of image display depends on the power of the computers that are used to view them, advises Te Chen, PACS/RIS supervisor. PACSweb works on both PCs and Macintoshes. For best results a 750MHz Pentium II processor or higher and 512MB RAM or higher for Windows PC is required. For viewing on Macintosh computers, OS X version 10.2.4 with 512MB RAM or higher is recommended for best results.

Credentialed prescribers to CRIS can get more detailed specifications or an account by e-mailing pacsrissupport@cc.nih.gov. ❖

CRC smoke exhaust system

Continued from page 1

water flow then opened the atrium's automatic windows and the air-intake ventilation louvers. Once the fire alarm system verified that these make-up air paths were all open, the smoke exhaust fans went into action, expelling the artificial smoke.

It was a bit like a sci-fi movie with the misty haze rising and swirling, the fire alarm strobes flashing and the fire alarm system's automated voice repeating its message to evacuate. But after what seemed like a long time getting started, the test ended quickly. As soon as the atrium's automatic windows swung open, the smoke rapidly dissipated.

Centex Construction engineers Craig Street, Jonathan Ruiz and Ahmad Abdul-Hamid watched the smoke generation and expulsion in amazement. It was their first time witnessing such a test and they found it impressive, a "great activity" and a "worthwhile on-the-job learning experience."

When the CRC opens to patients, staff and visitors, the smoke exhaust system will be tested annually but without the drama of stage fogging. It will be one of many tests performed by the NIH Fire Department to ensure that the CRC meets all life safety codes. For more information about fire safety and prevention call 301-496-0487.

Clinical Center employees receive Director's Awards

by John Iler

Seven Clinical Center employees received the 2004 Director's Award from NIH Director Elias A. Zerhouni in the Natcher Building's main auditorium on July 22. Awards were presented in four categories: The NIH Director's Awards, NIH Mentoring Awards, Commissioned Corps Awards and EEO awards.

Director's Awards this year went to the Clinical Center Patient Advisory Group, formed in 1998 to facilitate planning for the Mark O. Hatfield Clinical Research Center and to provide informal guidance to the Clinical Center director on issues of concern to patients. Members receiving the group award are Maureen K. Schultz, Donna J. Decker, Leslie L. Flattery, the late Susan E. Greenwald, Michael Harper, John F. Haughton, Johanna Kool, Jerald S. Sachs, Patty Delaney, Venio Wolfsohn, Sue Carroll, John K. Carr, Susan L. Butler, Ellen Berty, and Donald J. Cecchi. Former and current patients or family members may be nominated for membership by NIH institute directors.

Another group to receive the Director's Award was the Clinical Center-based National Heart Lung and Blood Institute's Bone Marrow Transplant (BMT) Unit, which included six Clinical Center nurses and social workers. Zerhouni specifically praised this group's "commitment to enhance patient care and service at the Clinical Center" and "the team's outstanding clinical and research contributions in the advances of the practice of stem cell transplantation." Clinical Center members of the BMT Unit include Renee Stubbs, Ph.D.; nurse manager Priscilla V. Rivera, RN, MS; Margaret Bevans, RN, MS, AOCN; Nonniekaye Shelburne, RN, MS, AOCN; Virginia M. Warren, RN; Katherine Cone, NSW, LCSW-C; Patty Prince, M.Ed, MSW; Eleftheria Kozanas, RN, BSNB; and Leslie Wehrlen, RN, BSN, OCN.

NIH Director Dr. Elias A. Zerhouni

"This program has been not just a team effort from the combined work of a group of doctors, nurses, research nurses, pharmacists, social workers and other healthcare professionals directly involved in patient care," said John Barrett, M.D., the unit chief, "but it reflects dedicated and enthusiastic effort from the entire Clinical Center. It is not an exaggeration to say that the transplant program has only been possible in the unique environment of NIH where we have enjoyed state-of-the art expertise."

"Receiving this award is rewarding because it acknowledges the incredible work done by our team during the last decade," said nurse manager Rivera. "The scientific session held in September 2003 was excellent. The celebration day for patients and their families was incredible. It was a humbling experience when we think about what we do."

"We are rewarded each day as we

The Clinical Center Patient Advisory Group, formed in 1998, won a Director's Group Award. The group provides informal guidance on issues of concern to patients.

are given the opportunity to make a difference in the lives of our stem cell transplant patients," noted Shelburne, a stem cell transplant clinical nurse specialist. "Having the BMT team recognized with the NIH Director's Award energizes our passion to continue working in this intense and ever changing area of medical research."

> **"This program has been not just a team effort from the combined work of a group...it reflects dedicated and enthusiastic effort from the entire Clinical Center."**
>
> *Dr. John Barrett*

"To be recognized with this award for my work with the transplant patients has been extraordinarily gratifying," said Warren. "I'm blessed to work with a staff of nurses, doctors, pharmacists and clinical support assistants who inspire me daily. They all share in this award. Professionally I am honored to work with the transplant patients and their families."

Cone agreed, saying the award was one of the greatest moments of her life. "I am constantly impressed with the dedication each team member contributes to provide superb patient care while making research and clinical advancements in the practice of stem cell transplantation a priority."

Tannia Cartledge was awarded the NIH Mentoring Award for "her superb approach to mentoring that has benefited so many nurses at NIH and in the community at large" (see related story this page). ❖


M. Bevans


N. Shelburne


L. Wehrlen


V. Warren


R. Stubbs


P. Rivera


K. Cone


E. Kozanas


P. Prince

Clinical Center recipients of the Director's Award from the Bone Marrow Transplant Unit

Cartledge receives NIH Director's Mentoring Award

by Allison McDaniel


Tannia Cartledge, flanked by Zerhouni (left) and Clinical Center Director Dr. John I. Gallin.

Tannia Cartledge, RN, M.S., received the NIH Director's Mentoring Award on July 22. The award is given to individuals who have demonstrated significant leadership, skill and ability in serving as a mentor to one or more individuals.

"I've always had the wonderful gift of having strong mentors at NIH who've helped me move along in my career, and I've made it my practice to give back," says Cartledge.

Cartledge currently serves as chief of Adult, Pediatrics and Behavioral Health in Nursing and Patient Care Services at the Clinical Center.

She came to NIH while still in high school through NIH's Stay-in-School Program. After graduation, she worked part time at NIH through the Stride program while attending nursing school. Once she completed college, she became a full-time NIH employee in Nursing and Patient Care Services, serving as a nursing assistant, staff nurse and research nurse before attaining her present role.

Her mentoring extends to medical, business and marketing students as well as nursing students. She plays a part in nursing recruitment and retention, having primary responsibility for the number of nursing students who come to NIH. She's been particularly helpful in creating and maintaining nursing school and NIH relationships, especially with Howard University, which has helped in student placements and nurse hires.

"It is a great honor to receive this award," said Cartledge. "Mentoring is something that nursing care is very committed to. It's definitely an important value at NIH."

2004 Medicine for the Public lectures feature latest developments in medicine

Medicine for the Public features the latest developments in medicine. Physician-researchers working in the frontiers of medical discovery at NIH relate stories of science to the lay public. The lecture series, now in its 28th year, will cover the following topics for the 2004 season.

October 5

Dietary Supplements: What Do You Know? What Should You Know?

Paul M. Coates, Ph.D., director, Office of Dietary Supplements, National Institutes of Health

Dietary supplements are widely used by the public, with more than 100 million Americans taking them. Current knowledge about these supplements is incomplete. More needs to be done to determine what they can do and to dispel common misconceptions.

Dietary supplements offer fertile ground for answering such questions as how to assess the health effects of supplements and whether extracts of biologically active substances marketed as supplements like isoflavones and antioxidants work the same way they do in food.

Learn through examples what a dietary supplement is, how it is different from a food or drug, and who takes them and why. Examples of dietary supplements include substances derived from plants, nutrient ingredients such as vitamins, and food components such as omega-3 fatty acids derived from fish, linseed and flaxseed.

October 12

Through the Looking Glass: The Future of Medicine and the Building of the Mark O. Hatfield Clinical Research Center

John I. Gallin, M.D., director, Clinical Center, National Institutes of Health

Robert Frasca, Partner-in-Charge of Design, Zimmer Gunsul Frasca Partnership

Medical research has been conducted in one form or another from almost the beginning of human history. This lecture will examine the history of medical research from before Hippocrates until now; the history of the NIH Clinical Center, the largest clinical research hospital in the world, and the first to situate research laboratories in close proximity to patient beds; what it means to be a research subject and how to know if the research is meaningful and safe.

Hear, from an architectural perspective, about the importance of the patient environment in medical research and how an architect's interviews with scientists, administrators and patients led to the innovative design of NIH's new Mark O. Hatfield Clinical Research Center. Learn how scientists and patients are conducting research now to develop medical practice of the future.

October 19

Evidence-Based Education: Preventing Reading Failure in America

G. Reid Lyon, Ph.D., Research Psychologist and Chief Child Development and Behavioral Branch, Center for Research for Mothers and Children, National Institute of Child Health and Human Development

Reading proficiency is critical to academic learning and success in school. Studies show that children who learn to read in the early grades are more likely to become better students. In the United States, about 40 percent of children are left behind in reading. Scientists are researching how children learn to read and why some children have difficulty reading. Learn about the progress to date of a comprehensive study that examines children's reading abilities during the early years, including the efforts to understand how to prevent reading failure.

October 26

The Biomechanics of Human Movement: Could Leonardo da Vinci Fly?

Steven Stanhope, Ph.D., Director, Physical Disabilities Branch, Rehabilitation Medicine Department, NIH Clinical Center and National Institute of Child Health and Human Development

The human body can be thought of as a biolocomotion or living machine that can move from place to place. This movement requires more than 150 moving parts simultaneously controlled by more than 200 drive systems.

If you can walk, you are exerting the force of those tools. An estimated 35 million to 49 million Americans have a disability limiting their everyday activities and disability-related costs for health care exceed $170 billion. With 23 million of those Americans mobility-impaired, doctors and therapists are working to grasp the complex yet elegant process that converts muscular effort into graceful and highly functional movements.

In recent years, the basic principles of biomechanics—the application of physics and mechanics to biological problems—have merged with powerful new clinical movement analysis techniques to provide better ways to assess and treat children with cerebral palsy and patients suffering the effects of stroke or traumatic brain injuries and a host of orthopedic, arthritic and neurological conditions.

Learn about the history of science and engineering underlying biomechanics and clinical movement analysis methods. Their value will be demonstrated through a series of lively demonstrations and intriguing patient case studies.

November 9

Addiction to Medications: What Are the Risks and Who Is Vulnerable?

Nora D. Volkow, M.D., Director, National Institute on Drug Abuse

Most people who take prescription medications take them responsibly, but the non-medical use of these drugs can be dangerous. Non-medical use of certain prescription drugs can lead to abuse and dependence, characterized by compulsive drug-seeking and use. According to the National Survey on Drug Use and Health, an estimated 6.2 million people used prescription medications non-medically in 2002.

The National Institute on Drug Abuse's annual Monitoring the Future survey found a staggeringly high increase in reported rates of non-medical use of two pain medications among 12th graders. One in 10 high school seniors took Vicodin® last year, making it the second most commonly reported illicit drug used by high school seniors, after marijuana. This is of great concern because of both the addictive potential and the serious medical consequences that can result from overdose with oxycodone- and hydrocodone-based medications, which include OxyContin® and Vicodin®.

Continued research will help us better understand how these drugs affect the brain and body. The development of new medications to treat pain with less potential for abuse and addiction is an area of great promise thanks to recent scientific advances in the understanding of how drugs of abuse exert their effects.

Hear the latest research findings and learn about the risks of misusing and abusing prescription drugs and how to better assist physicians in treatment decisions and in talking with patients about responsible use of these drugs.

November 16

Viruses, Vaccines and Emerging Health Threats

Gary J. Nabel, M.D., Ph.D., Director, Vaccine Research Center, National Institute of Allergy and Infectious Diseases

Infectious diseases caused by lethal viruses pose a significant threat to human health. News about emerging diseases such as the West Nile virus (WNV), the SARS-associated corona virus, and the Ebola virus is ever present in the media.

At the same time, HIV/AIDS remains a worldwide health threat, with more than 14,000 people becoming infected each day. Vaccines have the potential to save millions of lives jeopardized by such deadly microbes. Remarkable progress is being made in the acceleration of vaccine development for HIV/AIDS, SARS, smallpox, WNV and Ebola and other viral hemorrhagic fevers. Learn about the new technologies for vaccine development, and how vaccines can be used to protect against emerging infectious diseases and biodefense threats.

Lectures are held Tuesdays at 7 p.m. in the Clinical Center's Masur Auditorium and are free and open to the public. For more information, call 301-496-2563 or visit http://clinicalcenter.nih.gov/about/news/nfp.shtml. ❖

Remembering Carol Frattali

Dr. Carol Frattali, a research speech pathologist and research coordinator in the Speech-Language Pathology Section of the Clinical Center's Rehabilitation Medicine Department, passed away after a brief illness on July 13.

"Carol loved music and, in addition to playing the piano, was learning to play the accordion," said Dr. Barbara C. Sonies, chief of the Oral Motor Function Section, Physical Disabilities Branch, and Frattali's supervisor. "She often entertained staff at the Rehabilitation Medicine Department's holiday celebrations and events. She had a wonderful gift for people and was very supportive of her patients through her empathy and her positive attitude towards their treatment."

"As my colleague," said Dr. Beth Solomon, clinical education coordinator, "Carol's dedication to excellence and motivation in the areas of neurogenic and outcome measures in speech language pathology will always be remembered. Carol was recognized by all who knew her as a dedicated researcher and clinician."

Born in Scranton, Penn., Frattali is survived by her husband Dr. Michael Kuzmik; children Greg, Sarah, and Ian; sisters Gina Sherman and Mary Harris; brothers August and Mark Frattali; and mother Rita Carpenter.

CRC move: More than just packing up and leaving

Because there's more to a move than simply packing up and moving on, a cadre of move coordinators has been mobilized to help Clinical Center and NIH institute staff prepare for the transition to the new Mark O. Hatfield Clinical Research Center. The group's orientation was held in July. Special CRC tours and training sessions follow in September.

Clinical Center move coordinators and deputy coordinators for Clinical Center departments are Karen Kaczorowski, Dion Taylor, Admissions/Travel and Voucher Office (Diane Jenifer is Kaczorowski's deputy coordinator for Messenger/Escort); Paula Wrenn, Mike Sandifer, Central Hospital Supply; Dr. Henry Masur, Kelly Ruprecht-Byrne, Critical Care Medicine; Dr. Fred Gill, Internal Medicine; Laura Chisholm, Lisa Marunycz, Nursing; Dave Folio, Monique Ladner, Nutrition; Lynda Ray, OAMP; Melissa Moore, Stacy Mason, Office of the Director; Dr. Ann Berger, Eva Cummings, Pain and Palliative Care; Barry Goldspiel, Patricia Smith, Pharmacy; Charles McGarvey, Bonnie Thornton, Rehab Medicine; Margo Aron, Social Work; and Ray Fitzgerald, Dana Kelley, Spiritual Ministry.

Move coordinators covering the patient units are Kelley Richards, Dawn Shivers, 13W; Richard Runnells, 9W; Arlene Brooks, Tom Lionetti, 6W; Pat Evans, 3E; Kristine Simpson, 2W/BMT; Drew Lermond, 12E; Beth Lockard, 2E; Nancy Crouse, 3B/Radiation Oncology; Libby Kozanas, 13E; Carrie Patricola, 10D; Mashhood Esfanaji, Procedures Services; Marilyn Mouer, 11W; Mary Judge, 7E; Paula Carter, 2J; Artisha Wilson, Ellen Hamilton, 8E; Wilma Zendel, 8W; Amber Meadows, 11E; Davida Cummungs, 9E DH; Valerie Greene, 3W; Tony Santui, 4E; Vicky Liberty, 4W; and Jim Patterson, 5W.

Move coordinators for institute and clinical directors are Jeff Greenblatt, Caryn Steakley, NCI; Valerie Jackson, Wanda Coleman, NEI; Vonda Toogood, NHGRI; Mitzi Diley, NHLBI; Cathy Little, NIAAA; Linda Coe, NIAID; Jody Cullen, NIAMS; Robin Klevins, Denise Simmonds-Barnes, NCCAM; Dr. Stephen Kaler, Vandana Bharucha, NICHD; Joanne Corum, NIDCD; Karen Knight, NIDCR; Dana Humphries, NIDDK; Beverly Sellers-Robinson, NIEHS; Jean Murphy, Dawn Johnson, NIMH: Marge Gillespie, Joy Kopyto, Barbara Karp, NINDS; and Melinda Tinkle, Angela Falwell, NINR.

Communications contacts for Clinical Center departments that are not moving are Becky Chen, Bioethics; Peggy Spina, Clinical Pathology; Dr. Zena Quezado, DASS; Dr. Steve Rosenfeld, DNA/DCRI; Lacey Gholson-McPhail, DTM; Lucius Stewart, Henry Primas, Housekeeping; Tricia Coffey, Medical Records; Dr. Ron Neumann, Nuclear Medicine; Dottie Cirelli, Patient Recruitment; Dr. Peter Herscovitch, PET; and Dr. King Li, Elizabeth Jones, Radiology. ❖

Flu Vaccines

The influenza vaccine for the 2004-2005 season contains strains recommended by FDA. Look for the upcoming schedule of dates and locations where the vaccines are offered in the *CCNews* and the Division of Safety website at http://www-staging.ors.od.nih.gov/ds/flu/. If you have questions about influenza vaccine, call 301-496-2209.

September Grand Rounds, Events

1 *Wednesday, 12 noon – 1 p.m., Grand Rounds for Fellows*
Management of Pain and Palliation: An Essential Component of Quality Patient Care
Ann Berger, R.N., M.S.N., M.D., chief, Pain and Palliative Care, NIH Clinical Center.
NIH videocast available at http://videocast.nih.gov on Wednesday, September 8

8 *12 noon - 1 p.m. – Contemporary Clinical Medicine: Great Teachers*
Breast Cancer Research and Treatment: "In Transit"
Bernard Fisher, M.D., professor of Surgery, University of Pittsburgh
NIH videocast at http://videocast.nih.gov available Wednesday, September 15

15 *12 noon - 1 p.m.*
Lymphocyte Turnover in HIV-infected Patients Receiving Intermittent IL-2 Therapy: Insights From In Vivo Labeling Studies
Joseph A. Kovacs, M.D., senior investigator and head, AIDS Section, Critical Care Medicine Department, NIH Clinical Center

HIV Infection, Hepatitis C Infection and Antiretroviral Therapy: The Perfect Storm
Shyam Kottilil, M.D., Ph.D, staff clinician, Immunopathogenesis Section, NIAID
NIH videocast available at http://videocast.nih.gov on Wednesday, September 22

22 No Grand Rounds

29 No Grand Rounds

Other Events

Dedication of New Clinical Research Center
For further information, visit http://www.cc.nih.gov/ccc/crc/

NIH Research Festival
For further information, visit http://festival04.nih.gov/

In Memorium

Dr. John Fletcher, chief of the Clinical Center Bioethics Program from 1977 to 1987, will be honored with a memorial program on October 4, 1:30-2:30 p.m., in the Lipsett Amphitheater. Dr. Fletcher died on May 27 at his home in Keswick, Va., near Charlottesville.