Clinical Center 70th Anniversary

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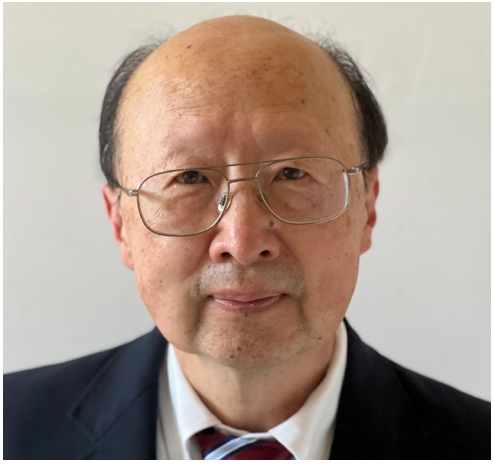
Clinical Center spotlights exceptional contributions

An interventional radiologist, a nurse practitioner specializing in diabetes care, a scientist-administrator ensuring the hospital's laboratory testing for all Clinical Center patients runs smoothly, a nurse practitioner who helps assess patient needs and an administrator who manages thousands of hours of volunteer time were selected for their outstanding efforts as part of the NIH Clinical Center's 2023 Clinical Recognition award program.

The program was launched in 2018 and initially recognized NIH's outstanding staff clinicians, nurse practitioners and physician assistants. In 2019, the program expanded to include outstanding administrators at the hospital as well.

This year's winners come from a variety of backgrounds.



Dr. Richard Chang

Dr. Richard Chang, a senior clinician in the hospital's Radiology and Imaging Sciences Interventional Radiology section was selected as Staff Clinician of the Year.

Chang has spent "countless" hours in support of patient-specific techniques and patient-specific tools for IR procedures. Colleagues say he sees the person under the patient's skin, adding that he has helped staff members and patients through difficult times with a sense of humor and warm comments that "make him a great intuitive physician and a great man."

"Dr Richard Chang has become synonymous with quality and skilled patient care and federal service in the NIH Clinical Center for almost four decades," said his nominator, Dr. Bradford Wood. "His selfless and tireless dedication to our patients, our stakeholders, our teams, our researchers, our ICs, and our staff has been an inspiration and a motivation for what NIH physician service looks like."

This year, there were two co-selections for the category of Physician Assistant and Nurse Practitioner of the Year.

Elaine Cochran is a pediatric nurse practitioner/advanced diabetes management nurse practitioner for the National Institute of Diabetes and Digestive and Kidney Diseases' Diabetes, Endocrine and Obesity Branch.

Elaine Cochran

Cochran, one of two certified diabetes educators at NIH, provides superior clinical care and educates pediatric and adult endocrine fellowship trainees.

AWARDS go to page 4

The NSO returns to the Clinical Center in full force

The National Symphony Orchestra returned to the NIH Clinical Center Atrium on Sept. 13 with a spectacular performance.

Conductor Steven Reineke guided the full 60-person orchestra through a magical, hour-long performance, its first full orchestra appearance at the Clinical Center since the pandemic.

The diverse repertoire included works by Coleridge-Taylor, Walker, Mozart, Dvorak and Simon, a lineup featuring many Black composers. Musical highlights included performances by two exceptional soloists, obist Harrison Linsey and violinist Jing Qiao.

In opening remarks, NSO Director Jean Davidson expressed her gratitude to the NIH. "We are deeply grateful to the NIH for welcoming us back to perform once again," she said. "The NSO's Sound Health initiatives are driven by the belief that music can have a positive impact on the mind, body and spirit. In partnership with local medical communities and healthcare organizations, the NSO offers live performances intended to create space for reflection and healing. We are excited to continue our collaboration with NIH on these efforts."

NSO go to page 6

Inside this issue:

COMMENTARY

Communication key to patient success

A caregivers perspective on Clinical Center's communication, process and procedures

By Marcy Mager

Forward by Dr. James Gilman, NIH Clinical Center CEO

This is the second installment of Marcy Mager's observations about the processes and procedures used in the Clinical Center to provide care to patients who are severely ill.

Just as a reminder, Marcy writes from the perspective of a caregiver "rooming in" with her husband-patient in the ICU during the COVID-19 pandemic, a unique perspective that we should not neglect. She only writes after making every attempt to understand her observations. She writes as a relative novice to hospitals and hospital operations but she is articulate and possesses more than enough critical thinking skills to warrant careful consideration to what she has to say

This installment deals primarily with communications, good and bad, with physicians.

Marcy is at work on a third piece with Dr. Jordan, which will address issues more relevant to CCND. When Dr. Mary Fay gave CC Grand Rounds during Simulation Week, she addressed the conundrum of having senior faculty in the simulation laboratory who have a litany of significant contributions in their fields. Her advice "we are all here in the sim lab to get one percent better at what we do" applies to novices and experts alike.

By carefully reading Marcy's work we might even do better than one percent.

Keeping a patient and their family informed during treatment is a clear goal at the NIH Clinical Center, universally accepted and expected across the health field. They need to understand the flow of communication between the patient's treatment providers. Who meets to discuss the needs and progress, and when does that happen? How and when does the family receive that information? Who within the team makes decisions? How does the family provide input and to whom? Without clarity in these procedures the family is likely to experience confusion, frustration, worry and fear.

Effective, timely communication is one of the great challenges of life, never more essential than when addressing complex and urgent medical needs in a seriously ill patient.

Marcy Mager and family in the Clinical Center's healing gardens.

In January 2021, my husband's Non-Hodgkins lymphoma recurred. Now, at 78, with heart ailments and a compromised immune system, his prognosis was not as good as during his earlier bout with the disease when he was younger and stronger. We spoke with our oncologist in terms of months.

In an effort to lengthen the time we had and contribute to knowledge of the field, we joined a clinical trial at NIH. Our intervention was the VIPOR protocol, our team was knowledgeable, thorough, enthusiastic and came with two years of incredibly successful results. Despite the challenges of gaining entry and maintaining the rigors of the treatment, which started in April 2021, we were in and fully committed.

Unfortunately, in less than 10 days it was clear that David was in distress, with severe fatigue, dizziness, nausea and increasingly serious diarrhea. Within two days of this decline he was admitted as an inpatient. For two more days, we continued the treatment, even as his symptoms worsened. On the morning of that second day, despite the request of our lymphoma team to continue the medications, David decided to stop. That evening, when his symptoms became life-threatening and a code blue was called, we went into the ICU.

A couple of overlapping circumstances made our experience somewhat unusual. First, it was the middle of the COVID-19 pandemic, and the most rigorous health and sanitary restrictions were in place in terms of masking, gowning, gloving, testing, visitation, access to the building and approach to patients. All of this, plus the very high rate of vaccination among NIH staff, gave us a sense of reassurance and protection. It also added to the challenges of operating within this multi-layered and newly shifting system.

Second, and even more unusual, was the fact that I was given permission to room in with David in the ICU. With his severe hearing loss despite two hearing aids, the masking and distancing in effect made it impossible for him to hear staff and communicate with them. So, we consented to the transfer into ICU with the stipulation I would be with him continuously. This position ultimately provided a unique perspective.

And here is what I learned. When patients enter the world of ICU, they are really three people. They are the patient of the ICU team, which has priority in providing treatment and making decisions because of the intensity and immediacy of the disease complications. This team does not know the patient as a person at all. They assess and understand his medical needs. Their goal is to use the expertise of their training and experience to resolve the issues that brought him there. They use a rotating cadre of highly trained ICU staff and an expanse of hospital-wide resources and personnel to do so.

While the patient is in the hands of the ICU staff, he also remains the patient of the clinical trial team, with whom he has been working, in our case the lymphoma team.

This group knows some things about the patient and has an established relationship with him and his family. They are experts in his primary disease and their goal is the successful treatment of that illness.

Finally, the patient is a whole person, with an entire life, which contains a vast range of experiences, activities, accomplishments, people and goals. And the only ones who know all this are a very small team, most likely one or a few family members. In our case, it was me, his wife and caretaker. In this time of urgency and existential demands, the team with the greatest medical responsibilities have known the patient for the least amount of time, sometimes mere minutes.

The team with the next level of input and medical responsibility has known him for months. The team with no medical training has known the patient for years and therefore knows him best. Based on my 10 days in which these three spheres needed to operate jointly, I saw that the key to a successful outcome for the patient is not merely treatment, but effective communication among these three entities about that treatment.

While I expect all teams within NIH embrace the goal of open and productive communication to achieve the best medical and care outcomes, attaining that ideal is challenging.

The difficulties that the ICU faces to fulfill that goal are among the most stringent in the entire institute. Here, the players change frequently. During our time there, for example, nurses alternated at every shift; attending physicians rotated every few days; doctors who represented involved departments, such as cardiology, hematology and nephrology, changed according to their daily schedules; therapists from speech and physical therapy were present or not depending on their immediate tasks. Others with less consistent roles from psychiatry to nutrition had input in varying degrees. This extensive group met every morning and afternoon during rounds outside David's room, with the attending in charge.

“While I expect all teams within NIH embrace the goal of open productive communication to achieve the best medical & care outcomes, attaining that ideal is challenging.”

The lymphoma team, a much smaller group, all of whom we had met, often had a representative at rounds, but their role as lymphoma specialists had little bearing on the discussion. Theoretically, the information and decisions shared and known by all these practitioners should have been synthesized and communicated to the patient or family, at least on a daily basis.

That's not easy to effect, and in our case it did not happen. We got some information, sometimes, from various sources, with no clear way to get questions answered or provide input.

Since I found no routine, consistent, complete way of receiving information about my husband's care and treatment, his needs and progress, and I saw the discussion during rounds conducted right outside our door with everyone present at the same time every day, I thought, "This is how I find out." So, I inserted myself into the meetings, listened intently, took notes, looked things up and asked questions.

Initially, team members seemed surprised to see me but accepted my presence and my inquiries. Pretty soon, I realized that each person there knew an extraordinary amount about some things. But no one knew everything, and no one knew David. Only I knew him, and only I experienced what happened all day and night, every day and night.

I knew any and all of the times he was upset, agitated, delirious. Were there patterns, precipitating events? Only I knew the toll that repeated unsuccessful attempts to control the diarrhea took on his emotional well-being. Only I heard him ready to give up with the words "I would rather die." Only I saw that every time he was medicated at night for agitation, he could not function and participate in physical therapy the next morning.

When I realized that I knew things that the team needed to hear, I not only asked questions, but I also provided input, clear information, insights, requests for help and even an occasional demand. Medications were changed and reduced. David was taken out into the garden, IV's and all, to allow the air and sun to work their restorative powers. Sometimes simple things, small changes made a difference.

I understand that not every caretaker wants to know the details, that many are more comfortable having medical personnel make the decisions, that not all families want the active role I sought. But I submit that every family can and should understand what is happening to their loved one.

To read Mager's previous essay visit: cc.nih.gov/ccnews

AWARDS from page 1

"Elaine has been an advocate for building and strengthening the Blood Glucose Management Service team. This interdisciplinary team does not rotate, providing continuity of care for patients, and patients benefit from the strengthened and diversified team," said her nominator Dr. Rebecca Brown.

"In her role she prevents problems for people with insulin pumps and daily sees errors in insulin ordering and works within the system to make concrete fixes, thus preventing future medical errors."

Stacey Solin

Stacey Solin is a certified registered nurse practitioner for the hospital's Internal Medicine Consult Service.

The Clinical Center's Clinical Recognition Program was established in 2018 to offer formal recognition to NIH's outstanding staff clinicians, nurse practitioners and physician assistants.

Solin has forged relationships with collaborating teams and proactively assesses medical charts to determine if patients have co-morbidities, arranging for appropriate records and labs to be ordered so that when the medical team sees the patient, they're better informed and prepared.

"Stacey keeps her word and is reliable. Whenever I have asked for her assistance, whether it's following up on a lab result or obtaining outside records, she helps enthusiastically. I know that if she says she will do something, she will do it," said her nominator Dr. Suma Singh. "She deserves recognition for her tremendous work ethic and her steadfast dedication to patient care."

There were two co-selections for the category of Administrator of the Year.

Marcus Means is the volunteer coordinator and a program analyst for the hospital's Office of Hospitality and Volunteer Services at the NIH Clinical Center.

Means has served as the Clinical Center's volunteer coordinator for five years, managed the program throughout the pandemic, providing valuable guidance to the participants, and increased the number of volunteers from the retiree community.

"Marcus' leadership skills allow him to network with many of the departments in the Clinical Center to find volunteer placements. And from networking he has built beautiful long-lasting relationships to sustain the program," said his nominator, Crystal Thomas.

Marcus Means

"He is a valuable player on our team as he is the glue that keeps us together and operating."

Katie Stagliano

Dr. Katie Roth Stagliano is the Deputy Laboratory Chief of the Clinical Center's Department of Laboratory Medicine.

Stagliano plays a key role in the service that provides lab results for Clinical Center patients, supervising 10 direct senior staff reports and more than 200 indirect staff, while helping manage a $40 million budget and ensuring that the Department of Laboratory Medicine continues to operate 24/7 to support the Clinical Center.

"Katie is a transformational leader," said Dr. Adrian M. Zelazny, who serves as chief of the department's Microbiology Service and was one of seven co-nominators, all from the Department of Laboratory Medicine.

"She has shown remarkable leadership in advising and supporting the Department of Laboratory Medicine chief as well as the entire staff by creating and implementing strategies related to organizational structure, management, human resources and team development. Her unrelenting positive energy and compassion, combined with her intuitive ability to navigate complicated problems spanning the breadth of the department, is remarkable."

Know someone who deserves recognition? For more information about the program and the award criteria, visit https://intranet.cc.nih.gov/owmd/clinical_recognition (Staff only).

—Donovan Kuehn

Secretary Becerra recognizes CC duo for pandemic response

Dr. Valeria DeGiorgi and Debbie Gutierrez represent the countless CC staff who performed heroically

From left: HHS Deputy Secretary Andrea Palm, Dr. Valeria De Giorgi, HHS Secretary Xavier Becerra

From left: HHS Deputy Secretary Andrea Palm, Dr. Valeria De Giorgi, HHS Secretary Xavier Becerra

HHS Secretary Xavier Becerra honored the Clinical Center's Dr. Valeria De Giorgi and Debbie Gutierrez for their leadership and outsized effort during the COVID-19 public health emergency.

The pair were among dozens of staffers across the NIH and other HHS agencies to receive secretary commendations from Becerra. "The fact that we all can be here without wearing a mask is testament to what you did," Becerra said during an Aug. 22 awards ceremony at HHS Headquarters in Washington, D.C. "You wrote that story, even though you may not be in the headlines every day."

De Giorgi is chief of the Infectious Diseases Section in the Department of Transfusion Medicine and an NIH senior associate scientist. Her research focuses on the association of viral hepatitis and cancer and on developing new, improved diagnostic tools for the detection of bloodborne pathogens.

At outset of the pandemic, De Giorgi helped her small lab rapidly pivot to complement the Department of Laboratory Medicine in providing PCR COVID-19 testing for the Clinical Center and, later, all of NIH, a massive undertaking pushed her team to the brink.

"Nobody had a life for two years," she said. "We were all overwhelmed." During that time, her lab produced some 250,000 test results, a six-fold increase.

The effort required endless ingenuity to validate new assays, overcome reagent shortages and instruments malfunctions, and try to maintain a healthy and less stressful working environment.

Noting that she felt "so honored and very happy" to receive Becerra's commendation, De Giorgi said she believes the award belongs to her team and the hundreds of people they worked with. "We were all here and all in crisis."

Becerra also recognized the Clinical Center's Debbie Gutierrez, a senior nurse manager in the hospital's patient care unit, 5SE, and the hospital's Special Clinical Studies Unit. Trained in biocontainment, Gutierrez and her SCSU/5SE colleagues have treated patients infected with Ebola and other highly contagious, lethal viruses.

Early in the pandemic, American tourists were exposed or infected with COVID-19 on the *Diamond Princess* cruise ship. The possibility that the Clinical Center would take over their care, while never realized, "initiated the conversion of our unit into the [CC's] COVID care unit," Gutierrez said.

"From there, it just sort of grew and grew and grew." Gutierrez and her team of 40 nurses would go on to care for all COVID-19 patients and do the physically backbreaking work of screening and testing a widening circle of Clinical Center patients, visitors and staff.

Gutierrez said the award came as a complete surprise, noting that she hopes others see it as "a recognition of my team and not necessarily me."

"As a leader, you're only as good as your team is, and I think I have the best team here in this whole hospital," the 32-year Clinical Center veteran said. "There were a lot of people here in the hospital who did some phenomenal work, but I think my team did a lot of work for three years that really was above and beyond the call."

—Sean Markey

NSO from page 1

The NSO's return to the Clinical Center was a testament to the power of music and impact of the Sound Health partnership. Sophia Grasmeder, a nurse consultant in the Office of Patient Safety and Clinical Quality, shared kudos through a STARS submission for the event from an anonymous provider who cares for patients in the Clinical Center. "The music in the Atrium was superb. I can say with certainty that the music is a much-needed therapeutic break from the physical and emotional stresses we experience at work," the person shared. "It has immensely boosted my mental health and is something I look forward to. I know it is a privilege to be a part of the audience, and I am very thankful we have this!"

"We are deeply grateful to the NIH for welcoming us back to perform once again,"

— Jean Davidson, NSO Director

For more information, visit the Clinical Center's Music in the Atrium webpage: cc.nih.gov/ocmr/music.html.

—Janice Duran

The National Symphony Orchestra plays the Clinical Center's North Atrium.

Bernstein sculpture dedication

Among attendees and presenters at the dedication were (l-r): Dr. James K. Gilman, Dr. Irwin Arias, Jodie Bernstein, Chaplain John M. Pollack, Capt. Antoinette L. Jones, Dr. John I. Gallin, Dr. Lyuba Varticovski.

On October 6, the Clinical Center held a dedication event for the Lionel Bernstein sculptures outside the Clinical Center Chapel. The sculptures were donated and originally scheduled to be dedicated prior to the pandemic.

The Bernstein family, friends and NIH staff enjoyed remarks during the presentation of two wood sculptures donated by the Bernstein family to the Clinical Center's Art program.

The sculptures aim to promote a greater understanding of the intricate relationship between the arts and science and enhance the aesthetics of the Clinical Center.

Inspired by the artist Henry Moore, Bernstein created his first sculpture after a trip to London with his wife Jodie in 1970. He started sculpting at age 46, by chipping away at a six-foot-high piece of oak with chisels but became frustrated at the slow pace of the work and switched to a chainsaw.

—Maria Maslennikov

Clinical Center welcomes new CFO

How Sunil Vasudevan aims to ensure sound economics support the hospital's mission of excellence in quality of care, patient safety and patient experience

Sunil Vasudevan assumed the role of Clinical Center chief financial officer in June. Today, he oversees an annual operating budget just shy of $700 million and leads nearly 350 employees, who manage financial operations, procurement, and the Department of Clinical Research Informatics, which includes Health Information Management.

It's a big job, but one Vasudevan seems uniquely well-qualified for. With advanced degrees in biomedical engineering and healthcare finance and management from McGill University and Johns Hopkins University, the healthcare executive spent the past seven years as senior director of finance at Suburban Hospital.

There, Vasudevan demonstrated his ability to navigate complex problems in a complex healthcare system and regulatory environment. Maryland is the only state in the country that sets fixed revenue budgets for hospitals, an approach designed to reward health care outcomes over fee-for-service billing.

As part of the Johns Hopkins Health System, Vasudevan also grew familiar with the environment of an academic research hospital. The mission, he says, is the same: deliver excellence in quality of care, patient safety and patient experience. His role as CFO now is to provide the fourth key pillar to that mission: sound economics.

"It's like a four-legged stool," he says. "For a hospital to operate … it has to be balanced, even if the financial leg may be thinner."

In simple terms, the role of a CFO, Vasudevan explains, is to gain a complete picture of the resources used in an organization in order to inform decisions on how those resources are best to be employed.

"To do that, the CFO has to understand the operations and … what drives the operations," he says, "and then be the consultant and support to leadership when they make decisions."

Which is why one of the first things Vasudevan did in his new role at NIH was to spend his first two months "making the rounds" of the Clinical Center, meeting and talking with as many department heads and NIH stakeholders as possible. The executive says he wanted to hear from staff what they do, what is working and (presumably) what isn't.

"Where I really try to dig into is the process side," he says.

It may sound counterintuitive, but managing a budget, Vasudevan says, is really about understanding people. "[With] a CFO, you think of calculators and printing reports and tons of paper. But it's more about building relationships—understanding the person and their motivation around how they operate and manage the operations and then working with them to come to the optimal decision."

Vasudevan says he defers to the Clinical Center's subject matter experts as the experts. His role is to help them succeed.

Outside of work, Vasudevan, is an avid sports fan, reader of historical fiction and busy father of two high-school-age students. He frequently joins them on wilderness Boy Scouting expeditions. This summer, they paddled Minnesota's Boundary Waters and Quetico Park in Canada over 10 days.

He was at their age when his own professional interest in the health care field began. He experienced an extended hospital stay during a critical year of high school.

"Being in that environment for a long time and understanding the care and what happens, that kind of piqued my interest," he says.

"Healthcare is one place where you see the impact you provide by just walking the hallways, where you see the patients being taken care of and how you contribute to them," Vasudevan says today. "Not in a direct way, but in an indirect way. So that really [is] what continues to drive my interest and passion."

—Sean Markey

"Discovering Hope in Science" podcast now available

The NIH Clinical Center's Office of Communications and Media Relations starts a new podcast designed to make complex research accessible and engaging.

The podcast, "Discovering Hope in Science," provides an additional platform complimentary to the current abstract platform for scientists to share their work in a concise five-minute interview that is easily understandable.

Episode one features Dr. Julio Huapaya, a distinguished senior critical care fellow in the Critical Care Medicine Department. Dr. Huapaya delves into his recently published research and sheds light on the impact of COVID-19 vaccination in patients with breakthrough infections.

Listen to our first episode to hear more about Dr. Huapaya's research and findings.

"Discovering Hope in Science" provides insight into the ever-evolving scientific breakthroughs happening every day at the Clinical Center. Each episode strives to bring you closer to science.

Contact CCpressgroup@nih.gov to be a part of this exciting journey.

"Discovery Hope in Science" can be found here: https://www.cc.nih.gov/podcast.html and streamed on Spotify and YouTube.

—Janice Duran

Daniel Chertow promoted to tenured investigator

Described as a master clinician and high-impact investigator, the physician-scientist is known for his research on Ebola, Zika and SARS-CoV-2

Dr. Daniel S. Chertow, an NIH physician-scientist specializing in critical care medicine and infectious diseases, was recently promoted to tenured investigator.

Working in the NIH Clinical Center's Intensive Care Unit, Chertow cares for critically ill patients with life-threatening conditions and is a captain in the U.S. Public Health Service.

Since 2017, he has led the Emerging Pathogens Section of the hospital's Critical Care Medicine Department while also serving an appointment to the National Institute of Allergy and Infectious Diseases, conducting research in the institute's Laboratory of Immunoregulation and, more recently, its Laboratory of Virology.

Widely published in leading science journals, Chertow has a special interest in emerging infections that pose major public health threats.

In 2014, he traveled to Liberia to treat hundreds of patients infected with the Ebola virus as a volunteer with Doctors Without Borders. He later published an influential summary of clinical management and interventions for Ebola patients in the New England Journal of Medicine.

His subsequent studies of Ebola revealed key discoveries about the disease and virus, including its ability to be transmitted in semen long after infection.

The physician-scientist expanded his research portfolio in 2016 in response to the emerging threat of the Zika virus, a mosquito-borne illness that causes acute illness and, during pregnancy, severe fetal brain abnormalities.

In 2019, the outbreak of the SARS-CoV2 virus added a new research focus, leading him to publish important studies of its viral replication, viral evolution, and ability to pass from pregnant mother to their unborn children.

Writing in support of Chertow's tenure promotion, Dr. John Gallin, who served as the Clinical Center's chief scientific officer before retiring earlier this year, described Chertow as a "highly productive, high-impact investigator."

"[He has] built a world-class translational research program and team evaluating severe emerging pathogens."

Editor's note: Article digested from a memo of support to the NIH Central Tenure Committee by Dr. John Gallin.

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