Pharmacy Department renovations will modernize, increase capabilities

The NIH Inpatient and Outpatient Pharmacy will undergo major renovations beginning Nov. 18, 2019. The construction will increase capacity and streamline processes to better meet patient’s demands. The renovation is expected to complete Summer 2021. During this time, both the Inpatient and Outpatient Pharmacy will remain open at temporary locations within Building 10.

The Outpatient Pharmacy will have a new Check-In procedure. The two most important steps for a patient to take to get their prescriptions processed and ready are speaking with a facilitator and signing into the check-in kiosk. The facilitator and kiosk will be located in the waiting area directly in front of the Patient Travel Office (1-4553). Upon Check-In, patients will receive a number that will appear on the TV screen outside of the Travel Office when prescriptions are ready. Once the number appears, patients will travel to the new Outpatient Pharmacy Pick-Up location at 1N259. The Pick-Up location is only for those whose medications are ready and will not serve as a Check-In location due to limited seating availability.

During the renovation, there will be no after-hour pick-up from Outpatient Pharmacy. But, a concierge service will be available after the pharmacy is closed to patients who are being discharged from the Inpatient hospital or Day Hospitals. Upon a nurse’s call to the service, a concierge pharmacist will hand deliver prescriptions and provide medication education to patients at the bedside just prior to discharge.

The Inpatient Pharmacy will temporarily be located on the B1 level. All hospital medications will be delivered by Inpatient Pharmacy staff to the patient care units — eliminating the need for care staff to travel to pick up from this location.

- Molly Freimuth

Nursing Department joins NIH genomics revolution

The Clinical Center Nursing Department has joined the genomics revolution that is transforming clinical research and patient care from bench to bedside. In a new pilot project, nurses will obtain three-generation family health histories from patients and create a pedigree diagram via a new Clinical Research Information System (CRIS) pedigree.

- Molly Freimuth

Targeting cancer with radioactive Alpha particles

On July 23, researchers in the NIH Clinical Center treated the first patient in the U.S. with radioisotope Thorium-227 for mesothelioma. The clinical trial uses Thorium-227 to target and attack a protein called mesothelin, which is highly expressed in many cancers.

- Molly Freimuth

Deep brain stimulation allows flutist to play again

Many patients look for ways to “give back” to NIH for providing hope, but for Julianna Nickel, she is sharing the very thing that NIH returned to her — the ability to play the flute.

- Molly Freimuth
Dr. Harvey Klein, chief of Department of Transfusion Medicine, is a renowned expert in the field of blood transfusion. He has been a leader in the development of new treatments for blood disorders and has made significant contributions to the understanding of the immune system and its role in blood disease. Klein's research has focused on developing new therapies for blood disorders, including the use of gene therapy and the development of novel drug targets.

In addition to his research, Klein has been an active member of the American Society for Transfusion and Cellular Therapy (ASTCT) and has served on the editorial boards of several high-impact journals in the field of transfusion medicine. He has also been a key contributor to the development of national and international guidelines for blood transfusion, and has been a vocal advocate for the importance of patient safety and quality in transfusion medicine.

Klein's leadership has been recognized with numerous awards and honors, including the ASTCT's Lifetime Achievement Award, the ASTCT's Distinguished Service Award, and the ASTCT's Distinguished Clinical Transfusion Practitioner Award. His dedication to the field of transfusion medicine has made him a respected and influential figure in the field, and he continues to lead the way in the development of new treatments and therapies for blood disorders.
Change of allergy alert bands worn by CC patients

Beginning Oct. 16, the Clinical Center’s current Allergy Alert Band will be replaced with a new red Allergy Band that states, ‘ALLERGY’. This change is in response to a recommendation made by the Institute for Safe Medication Practices and is consistent with practices implemented in other healthcare organizations. The electronic health record (CRIS) remains the source record for medication and food allergies reported by a patient.

Clinical Center honors staff clinician, nurse practitioner, physician assistant and administrator of the year

In October, the Clinical Center honored four employees for their outstanding clinical excellence and compassion in the care of patients. Dr. Douglas Rosing (right), head of the National Heart, Lung, and Blood Institute’s Cardiac Consultation Service, was named Staff Clinician of the Year, Elise Ferré (left), with the National Institute of Allergy and Infectious Diseases, was named Physician Assistant of the Year, and Ruth Parker (third from left), of the CC Pediatric Consult Service, was named Nurse Practitioner of the Year. A new category, Administrator of the Year, was awarded to Maureen McDonnell (second from left), of the CC Office of Workforce Management and Development. View more: https://go.usa.gov/xVyj9

Ready for the unexpected: Jim Howson focuses on CC emergency preparedness

Tucked away on the 6th floor of the NIH Clinical Center is a man who spends all day thinking about what can go wrong. Jim Howson, the hospital’s Emergency Coordinator, coordinates and plans responses to possible disaster scenarios that could occur at the Clinical Center.

“I look at what can go wrong and how can we keep it from going wrong,” said Howson. Upon his arrival to the Clinical Center in 2018, he said “The thing that impressed me most is how the staff takes care of patients, and if something does go wrong, how committed staff are to making sure that it doesn’t happen again.”

Emergency management at NIH has evolved over the years. After the 9/11 attacks, emergency planning at the Clinical Center focused on caring for overflow patients from Suburban Hospital and Walter Reed in the case of a mass casualty event. More recently, the Clinical Center has pivoted to a new role: providing specialists to be resources for the other hospitals in the case of an emergency. The Clinical Center and the NIH are uniquely able to tap into specialized expertise on specific emergencies like Ebola virus exposure.

“This role makes more sense for us as a member of the National Disaster Medical System (NDMS), a partnership of the U.S. Departments of Health and Human Services, Homeland Security, Defense and Veterans Affairs. Through his work in the NDMS - he helped mobilize field hospitals under Disaster Medical Assistance Teams, which were usually deployed in response to natural disasters.

On the morning of September 11, 2001, Howson was called within an hour of the planes hitting the twin towers. His focus was on treating the injuries of rescue workers and supporting the recovery work focused on retrieving remains from the wreckage. After 9/11, Howson worked for the New Jersey Hospital Association developing education and training programs focused on disaster management. Then he moved on to Booz Allen Hamilton where he traveled the country working with Veterans Administration medical centers to hit baseline requirements on their disaster preparedness planning.

He later moved to U.S. State Department to provide tactical paramedic instruction. The job quickly evolved as Howson focused on training embassy staff how to provide emergency first aid, and then was consulted on the design and planning of U.S. embassies to keep the embassy and staff safe.

- Robert Burleson & Donovan Kuehn