ACRF Parking Garage Opens

On September 18 an informal ribbon cutting ceremony was held to commemorate the opening of the three-level ACRF parking garage. NIH Director Dr. Donald Fredrickson was on hand as Jeb Turner III, representative of the Turner Construction Company, officially presented the garage to NIH. Fredrickson said the opening of the garage was a great occasion and that he would like to have a ribbon cutting at each stage of the ACRF.

Dr. Mortimer Lipsett, CC Director, was also present for the ceremony. He gave Dr. Fredrickson the #1 parking permit for the garage, admitting that the card was strictly honorary for now since there was no space marked number one yet.

The garage, which took sixteen months to build, covers approximately 350,000 square feet and will park nine hundred cars. The lower level is for patient care personnel; the upper levels are for general parking. There are twelve spaces for handicapped employees and twenty-seven spaces for motorcycles.

The garage has automatic fire alarm and smoke detection systems; carbon monoxide detection and exhaust systems; a sprinkler system; a security system (operational upon completion); and fresh air ventilation.

There are presently two stairwells and the ramp on Convent Drive for exiting the garage. The west elevator tower will open this month with limited service to the third floor.

Employees Honored at CC Awards Ceremony

The CC held its Seventh Annual Awards Ceremony last month to honor the several hundred CC'ers for their outstanding work and their cooperation last year under extremely hectic and unusual circumstances. Many employees encountered difficult working conditions created by the ongoing construction of the ACRF and renovation of the existing structure. More housekeeping was necessary, long hours were required to work out the bugs in a new hospital-wide computerized medical information system, and the need to constantly shift food production to different elevators and kitchens were just a few of the challenges CC employees faced this past year.

For these efforts, several departments honored their employees with superior work performance group awards. Fifty-four special Medical Information System Cadre team members were presented with a sustained superior performance award for their diligence and their individual effort and team participation in the installation of the MIS. With this team's help the MIS is operational on all nursing units in the CC.

EEO awards were presented to Charles Brooks, Jean Green, Catherine Quigley, and Neil French, four outstanding CC employees for their contributing efforts to the CC EEO program.

Ruth Carlisle, Nursing Department and Elsie Vanchulis, Blood Bank Department, received NIH merit Awards. Ms. Carlisle was honored for developing a diversified continuing education program for nurses offered through the Foundation for Advancement of Education in the Sciences, and Ms. Vanchulis received her award for invaluable service to the CC and Blood Bank as a dedicated nurse and teacher of nurses, technologists, and physicians.

Mary Broadway, Medical Record Department, and Jean Simendinger, Clinical Pathology Department, received commendations for their suggestions. Ms. Broadway suggested that high chairs be placed in the CC cafeteria, and Ms. Simendinger recommended improvements in transporting specimens that are picked up by the CC Phlebotomy Team.

There was a reception following the ceremony for employees and guests.
Pharmacy Implements Unit Dose System by Jon Nadeau

The Clinical Center Pharmacy Department recently completed a 4-year changeover from the traditional ward stock system of medication distribution to the safer and more efficient unit dose system of distribution. Under the new system, the Pharmacy Department will prepare all medications to play a greater role in the care and treatment of Clinical Center patients.

When the traditional ward stock system was used, the nursing units maintained large stocks of bulk medications. The nurses selected the correct drugs, measured the dosage and made other required preparations before administering the medication. Under the unit dose system, the pharmacy receives a specific drug is used and who receives it. This system enables the clinical pharmacist to meet the stringent FDA regulations for the control of investigational and conventional drugs. Also, since nurses no longer need to spend time on the preparation of medications, the ward staffs are more readily available to tend to the immediate needs of their patients.

The unit dose system is practiced at the Clinical Center. They have the additional feature of having pharmacists who are physically present on the nursing units. They now periodically attend medical rounds and nursing conferences to obtain a better understanding of the patients' therapies and disease states. Having established a close relationship with the physicians and nurses, pharmacists can now more effectively monitor the patients' drug therapies for efficacy, or for allergic, toxic or adverse reactions and/or interactions. The new system allows pharmacists to counsel patients on the proper use of their medication and to home-medicate patients, thus providing a continuity of drug information to the patients at all stages of their treatment.

Overall, the new system has given staff acceptance and has improved communication and cooperation between the Pharmacy Department and the medical and nursing personnel. More importantly, however, it is widely agreed that implementation of the unit dose system has substantially increased the quality of patient care at the Clinical Center.

The implementation of the unit dose system has coincided with the completion of the computerized Medical Information System (MIS) throughout the Clinical Center and has appreciably helped smooth operation of the unit dose system. MIS rapidly and efficiently transmits medication orders from the nursing units to the pharmacy and provides the unit dose pharmacists with printouts of medication supply lists, ward lists, patient profiles, and all patients' medication summaries. Unit dose pharmacists also have access through the MIS video matrix terminals located in the unit dose dispensing area to other pertinent clinical information on individual patients.

Patients are afforded further protection by the use of patient drug profiles that are compiled by the pharmacy. The profiles are complete lists of all current medications that include the patients' allergies, diagnoses and pertinent information used by the pharmacists when interpreting and reviewing physicians' medication orders.

But the unit dose system has other advantages over the ward stock system besides safety. The daily preparation of medications at one central location and the detailed records held of how much of a specific drug is used and who receives it. This system enables the Clinical Center to meet the stringent FDA regulations for the control of investigational and conventional drugs. Also, since nurses no longer need to spend time on the preparation of medications, the ward staffs are more readily available to tend to the immediate needs of their patients.

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growth of the NIH stands out in Salvanelli’s mind—“continuous growth both of the physical plant and what is going on in research.” He also enjoys being here at the NIH, especially in Physical Therapy. “It’s one of the most stimulating environments for a physical therapist to work in because we see cases many other therapists would not see. We also get a chance to participate in research,” he says enthusiastically.

Lee Ingram had just been discharged from the Army Signal Corps when he came to NIH “seeking an opportunity to further my education under the GI bill.” Mr. Ingram is a kitchen lead foreman in the Nutrition Department. He achieved his goal, studying on his own time to earn an Associate of Arts degree. He recalls “the number of times the operations have changed from one phase to another and the cooperation and support of the early employees to cope with the changes.”

Melvin Taylor, patient care technician in the Nursing Department, was also in the Army (he is a Korean War Veteran and earned the Bronze Star) and was discharged in the same year that the CC opened. He came to the CC from Walter Reed Hospital where he was stationed. He was ward master on Ward two at Walter Reed Hospital. Mr. Taylor has worked throughout the Nursing Department since being here. “When I came here,” he says, “we were still working with iron lungs now we’re using more sophisticated equipment. Today, we’re using the computer, and everything is different. We had more people then but we had more work. Because of the advancement of medical technology, we are doing more work with less manpower. Taylor would tell a new employee in his department “to be alert and be prepared for eight hours when you come in, and give it your best shot. I find it rewarding.”

Dorothy Zimmerman and Mary C. Jackson, both of the Fabric Care Department, came to the Clinical Center when the former Chief came to study working here and sent for both of them. They all had been working at the Naval Receiving Station together. Zimmerman and Jackson remember that the laundry was brand new when they started working in it. Says Jackson, “as the years went on, it went down because they didn’t keep it up. Since Mr. Davis has been here, everything is modernized.” Ms. Jackson is a power machine operator and seamstress in the department. “Ever since I’ve been here, I’ve taken care of the special work—made drapes for all of NIH campus and off. I’ve trained five people in upholstering.” She even trained a former assistant laundry chief in hanging and measuring drapes. Zimmerman, sales store worker, has worked in every section in the department. Of being here, she says, “I enjoy working here. I have always gotten along with everybody. I have no complaints. The closeness the year together have brought these two women is plain to see.”

Social Work Department chief Barbara Murphy was encouraged to come to the CC by Ellen (Wanda) Ferris, assistant chief of Social Work and supervisor at St. Vincent’s hospital in New York. Mr. Ferris had been coming to NIH at consultant before the CC opened and she told Ms. Murphy of the openings of a department. Murphy was in her third year at the Ph.D. program at Columbia, University School of Social Work and working at Cornell Hospital at the time. She left the program and came to the Clinical Center. “I remember in the early days the belief that government should not be involved in research. According to Murphy doctors in the community thought the patients would be similar to their own territory. There were no specific guidelines. It was really a learning experience, fishing around to see what Social Work staff to serve as Officers of the Day and to participate in all the new protocols and disease.” Ms. Claassen thinks that nursing has changed in many aspects. “It’s been a very exciting and rewarding experience to work with this type of patient—the research patient.” She feels it is especially good “to see that our efforts have helped to make them better.” “I think NIH is a wonderful place to work for experience and we urge any new nurse to participate in all the new protocols used at present to help fight disease.”

“I saw an ad in the Post Office in my home town in Danville, Virginia, says Helen Murphy, instructor in the Nursing Department’s Education and Training Unit. This is how she found out about the opening of the CC. Mr. Taylor introduced me to the CC, she says. “I was part of our function. We were only two units when she came to the CC. She helped open 11-East. I think it was a chance to get a complete uniform.” Mr. Ross advises any new employees to “be observant. Not only of what you do but what others do, because it may bring you an opportunity to fill in and someone will take notice, and that will be a chance for advancement.” He remembers specifically that he was a steady employee and who told him “I’ll make a baker out of you.” It eventually came to be, “I didn’t have a lot of experience, he thinks which is the secret to endurance. “If you don’t get uptight about every little thing, you’ll make it.”

June McCallas was a Navy nurse at the Naval Medical Center before coming to the CC. She is presently a pediatric nurse specialist. There were only two units when she came to the CC. She helped open 11-West, Infectious Diseases which was the second one. “Our first patient was a 40 year old man, and the first thing we do was the hip replacement,” she says. “ever since I’ve been here, everything is modernized.” Ms. McCallas also recalls the various educational experiences she has had throughout the hospital. “Through all the changes,” she says, “the patients and the care they receive have made us more refined.” According to Murphy Social Work was given and approved the responsibility of making its own social work assessment from the very beginning and is still the case. In other hospitals, however, referrals are still necessary for social work assistance. In pondering her 25 years here, she says, “In order to be happy here it is required that you identify with the research mission. Of course, that’s part of the excitement of working at NIH.”

June McCallas, a clinical nurse, transferred to the CC from a government ward at George Washington Hospital. Prior to this she was a nurse from that ward opened up to the Navy Medical Center before coming to the CC. She is presently a pediatric nurse specialist. There were only two units when she came to the CC. She helped open 11-West, Infectious Diseases which was the second one. “Our first patient was a 40 year old man, and the first thing we do was the hip replacement,” she says. “ever since I’ve been here, everything is modernized.” Ms. McCallas also recalls the various educational experiences she has had throughout the hospital. “Through all the changes,” she says, “the patients and the care they receive have made us more refined.” According to Murphy Social Work was given and approved the responsibility of making its own social work assessment from the very beginning and is still the case. In other hospitals, however, referrals are still necessary for social work assistance. In pondering her 25 years here, she says, “In order to be happy here it is required that you identify with the research mission. Of course, that’s part of the excitement of working at NIH.”

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they hired for the patients," she says. "Miss Jones (the department chief) says that she and I opened the Nutrition Department." Ms. Nichols worked in the regular kitchen first, then was transferred to the metabolic kitchen where she is now a metabolic cook. "The years have been good. I've enjoyed it," she says. "It's so good to see patients that we've helped in our small way come back to see us, especially the children," she says with a smile.

The following employees were not available for interview:
Helen Auth, Marie Alford, Dorothy Carroll, Alice Grayton, Charity Davis, Elizabeth Kepeniak, Beatrice Lacy, Mildred Lewis, Mary N. Little, William Mason, Melvin Taylor, Doris Shelton, John Sommeriou, Everett Thompson, Dorothy Wiggins.

**New Patient Dietetic Service Chief Selected**

Elaine Offutt has been selected the new chief of the Patient Dietetic Service of the Nutrition Department.

Mrs. Offutt came to NIH in 1954. She helped open up some of the food service units and worked in most of the areas of the Department. She also set up the JB metabolic kitchen unit—organizing the equipment, setting up the procedures, and training employees. She left in 1965 to be with her family. Before returning to NIH, however, she worked with the NIH-funded Lipid Research Clinic at George Washington University. Since returning to the Nutrition Department in 1975, she has worked with the Heart Institute on the 7th floor, and last fall she set up the Outpatient Nutrition Clinic Office on the 1st floor. "I'm delighted to be back," she says.

**News Briefs**

**Nutrition Department:**
Good Luck to clerk-typist Jane Pope who took a new job with National Oceanic and Atmospheric Administration (NOAA) in the Parklawn Building.

Welcome back to Charles Allen, food service worker, who has returned to work after a long illness.

**Outpatient Department:**

Welcome aboard to Kathleen Jones who works at the Appointment Desk in the Outpatient Clinic Section.

Welcome aboard to Gladys Young of the Admissions Section.

Congratulations to Robert Schaulefe, Lydia Elliott, and Margaret Gierszewski for their Length of Service Awards; to Harold Wade, Jane Quinn, and May Lew who were recipients of Superior and Outstanding Performance Awards; and to Nancy Zern and Kathleen Jones who received awards from their former departments.

Margaret Gierszewski of the Admissions Section is back from vacations in Missouri, Florida, and the Virgin Islands.

**Relocations for the Department are as follows:**
Eye Clinic 13th Floor Solium
North Clinic Now new East Wing Clinic (behind the Information Desk)
Mental Health Clinic 13th Floor

**Occupational Medical Service:**
Dr. Robert Brandt left on September 8 to become the manager of Equitable Environmental Health Inc. in Rockville.

Dr. Brandt has been at the Clinical Center since July 1974 as medical director. Dr. Barbara Wasserman was the acting medical director, and the new assistant medical director will be Dr. Terrance Flrow.

**Medical Record Department:**
Annabelle Monroe has a son, Robert, who is appearing in the musical, The Wiz. The show has been in Boston, Massachusetts, and will be going to Philadelphia, Pennsylvania, Atlanta, Georgia, and Baltimore, Maryland.

Since Saturday, September 16, was cardiologist Jeffrey Borer's wedding day, members of the NHLBI Cardiac Catheterization Laboratory decorated his car appropriately. The clanging bedpan, balloon-like surgical gloves and stockings blew in the wind, as Dr. Borer met his parents at the airport that afternoon.

The decorating job was well received by CC'ers who parked in the far lot near Old Georgetown Road and the Bethesda Fire Station as well as members of the NIH Special Police.