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Mission

Clinical Research Nursing at the Clinical Center exists to provide clinical care for patients participating in clinical research studies conducted by investigators within the Intramural Research Program at the National Institutes of Health. As integral research team members, nurses provide support for the design, coordination, implementation and dissemination of clinical research by NIH investigators, with a focus on patient safety, continuity of care and informed participation. Nurses are also committed to supporting the NIH effort to train the next generation of clinical researchers and provide national leadership for the clinical research enterprise.

Vision

The Clinical Center leads the Nation in developing a specialty practice model for Clinical Research Nursing. This model defines the roles and contributions of nurses who practice within the clinical research enterprise, as they provide care to research participants and support comprehensive, reliable and ethical study implementation. We also develop and disseminate practice documents, standards and management tools for implementing clinical research nursing across the global continuum of clinical practice settings in which human subjects research is conducted.
Message from the Chief

As always, 2018 and 2019 felt like whirlwind times for the NIH Clinical Center Nursing Department. We were given the guidance through the Clinical Center strategic plan that we will be focusing even more directly on people, places and capabilities. What this means is that as the largest department in the Clinical Center we will need your voices at the table. The best way to do this is through committing to begin our American Nurses Credentialing Center (ANCC) Magnet journey in 2020 because many of you have shared that Magnet designation is the bar of excellence you want to strive for.

The purpose of our pursuit of ANCC Magnet accreditation is to conduct a robust exploration of our departmental processes, outcomes, and culture to seek out opportunities for growth and improvement, as well as to celebrate high quality service. The ANCC Magnet accreditation process will require that we, as a department, take a deep look into empirical outcomes related to 1) exemplary professional practice; 2) new knowledge innovations and improvements; 3) structural empowerment; and 4) transformational leadership. I will need your engagement in this journey to identify strengths and gaps in our current structure and metrics and to create and implement strategies to sustain and/or improve specific areas over the course of the journey.

The World Health Organization has designated 2020 as the Year of the Nurse so what better time to launch our journey? Ready…Set…Go!!!!!

Gwenyth R. Wallen, PhD, RN
Chief Nurse Officer, Nursing Department
National Institutes of Health Clinical Center
Nursing Department Executive Team

The Executive Team includes the Chief Nurse Officer (CNO), the Service Chief for Critical Care and Oncology, the Service Chief for Medical Surgical Specialties, the Service Chief for Neuroscience, Behavioral Health and Pediatrics, the Service Chief for Nursing Operations, the Special Assistant to the Chief Nurse, and the Senior Nurse Consultant for Extramural Collaborations. The Nurse Executive Team meets regularly to plan operations, allocate resources and set policy to govern clinical practice.

Deborah Kolakowski, DNP, RN, Service Chief for Oncology and Critical Care

Ann Marie Matlock, DNP, RN, NE-BC, Service Chief for Medical Surgical Specialties

James Paterson, MS, RN, CNRN, Acting Service Chief for Neuroscience, Behavioral Health, and Pediatrics

Barbara Jordan, DNP, RN, NEA BC, Service Chief for Nursing Operations

Diane Walsh, MS, RN, Special Assistant to the Chief Nurse

Cheryl Fisher, EdD, RN, Senior Nurse Consultant for Extramural Collaborations
Nursing Department Organizational Structure

Chief Nurse Officer, (CNO)
Gwenyth R. Wallen, PhD, RN

Nursing Research & Translational Science
Gwenyth R. Wallen, PhD, RN

Nursing Professional Development
Julie Kohn-Godbout, MSN, RN

Service Chief for Oncology and Critical Care
Deborah Kolakowski, DNP, RN

Service Chief (Acting) for Neuroscience, Behavioral Health, and Pediatrics
James Paterson, MS, RN, CNRN

Service Chief for Medical Surgical Specialties
Ann Marie Matlock, DNP, RN, NE-BC

Service Chief for Nursing Operations
Barbara Jordan, DNP, RN, NE-BC

For more details on the nursing department organizational structure visit http://cc.nih.gov/nursing/about/orgchart.html.
Protocol Highlights in 2018

Patients come to the Clinical Center from all over the United States and abroad to participate in clinical research. Together with their nurses, physicians and allied health professionals, patients are partners in the search for scientific and medical discoveries. The Clinical Center patients represent a diverse mix of ages, races, cultures, and socio-economic groups. In 2018, all 50 states as well as the District of Columbia, and Puerto Rico had patients participating in clinical research and 703 (3%) were international patients. The Discovery Channel also featured clinical research in their 3 part series “First in Human”.

<table>
<thead>
<tr>
<th></th>
<th>FY 2016</th>
<th>FY 2017</th>
<th>FY 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Protocols</td>
<td>1,636</td>
<td>1,631</td>
<td>1,585</td>
</tr>
<tr>
<td>New Onsite Protocols</td>
<td>136</td>
<td>68</td>
<td>114</td>
</tr>
<tr>
<td>New Patients</td>
<td>10,498</td>
<td>9,791</td>
<td>9,755</td>
</tr>
<tr>
<td>Inpatient Days</td>
<td>46,388</td>
<td>40,707</td>
<td>41,579</td>
</tr>
<tr>
<td>Inpatient Admissions</td>
<td>5,275</td>
<td>4,563</td>
<td>4,531</td>
</tr>
<tr>
<td>Average length of stay (days)</td>
<td>8.7</td>
<td>8.8</td>
<td>8.9</td>
</tr>
<tr>
<td>Outpatient Visits</td>
<td>100,148</td>
<td>92,329</td>
<td>95,220</td>
</tr>
</tbody>
</table>
CLINICAL TRIALS BY RESEARCH TYPE AT THE CLINICAL CENTER

2018 Active Onsite Protocols by Type

<table>
<thead>
<tr>
<th>Type</th>
<th>Count (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interventional/Clinical</td>
<td>779 (48%)</td>
</tr>
<tr>
<td>Natural History</td>
<td>717 (46%)</td>
</tr>
<tr>
<td>Screening</td>
<td>64 (4%)</td>
</tr>
<tr>
<td>Training</td>
<td>25 (2%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,585</strong></td>
</tr>
</tbody>
</table>

Breakdown of Interventional/Clinical Trials

<table>
<thead>
<tr>
<th>Phase</th>
<th>Count (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase I (toxicity)</td>
<td>262 (34%)</td>
</tr>
<tr>
<td>Phase II (activity)</td>
<td>468 (60%)</td>
</tr>
<tr>
<td>Phase III (efficacy)</td>
<td>39 (5%)</td>
</tr>
<tr>
<td>Phase IV (safety)</td>
<td>10 (1%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>779</strong></td>
</tr>
</tbody>
</table>

The number of new protocols for the 2018 fiscal year 114
The number of Principal Investigators for the 2018 fiscal year 518

Distribution of Patients by Age and Race

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 18 years</td>
<td>14%</td>
</tr>
<tr>
<td>19-40 years</td>
<td>27%</td>
</tr>
<tr>
<td>41-60 years</td>
<td>32%</td>
</tr>
<tr>
<td>Over 60 years</td>
<td>27%</td>
</tr>
</tbody>
</table>

Self-Identified Race of Patients seen at the Clinical Center

<table>
<thead>
<tr>
<th>Race</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>64%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>17%</td>
</tr>
<tr>
<td>Asian</td>
<td>7%</td>
</tr>
<tr>
<td>Not Reported</td>
<td>8%</td>
</tr>
<tr>
<td>Multiple</td>
<td>3%</td>
</tr>
<tr>
<td>American Indian/Alaskan</td>
<td>&lt;1%</td>
</tr>
<tr>
<td>Hawaiian/Pacific Islander</td>
<td>&lt;1%</td>
</tr>
</tbody>
</table>
Clinical Practice and Shared Governance

SHARED GOVERNANCE COMMITTEE HIGHLIGHTS AND UPDATES

Nursing Practice Council Chairs and Chair-Elects
In 2018, the Nurse Practice Council (NPC) made several positive advancements. Some of the most exciting, influential changes were the result of the Shared Governance survey that was sent out at the conclusion of 2017. Three themes were identified. The first was the need to strengthen the role of the unit representative. Each committee will now host an informational session annually that will define the representative role, share best practices for disseminating information to respective units, and provide highlights of committee updates. Committees will now send welcome letters to the unit representatives acknowledging the importance of their role and stating gratitude for their participation in Shared Governance (SG). The second theme identified was the need for increased shared governance communication. All committees began sending policy and standards of practice updates, along with agendas and minutes to all credentialed nurses in the CC, instead of only committee members. NPC also had a SG campaign during nurses’ week to increase awareness and purpose of SG. Lastly, the third theme identified was the need to increase attendance at SG committee meetings and NPC. Partnering with the nursing executive team, SG was able to identify some of the issues surrounding staffing challenges and make recommendations to support increased staff participation. Committees now have the ability to provide conference call lines for committee representatives to call into meetings on their days off if they choose to, and acquire comp time for this activity with approval from their manager. There was also the addition of the “No request left behind” meeting. Every request is important to Shared Governance, and this helped keep track and up to date on requests, and will continue into 2019 with monthly updates and quarterly meetings.

The Clinical Practice Committee (CPC) maintains evidence-based Standards of Practice (SOP) and Procedure (PRO) documents for the NIH Clinical Center Nursing Department. Forty-six documents were reviewed by the CPC for annual review, revision, or retirement. Included in these 46 documents, 6 were brand new SOPs/PROs to the Clinical Center, and 10 were unit-based documents. Additionally, there was a total of 37 NPC requests delegated to CPC.

Carrying over from 2017, the Hospital Acquired Infection (HAI) Control Work Group developed nursing interventions to prevent Central line-associated bloodstream infections (CLABSIs) in the department. These nursing interventions created a HAI bundle that has been incorporated into each Central Venous Access Device SOP/PRO.
PERFORMANCE IMPROVEMENT COMMITTEE

The Performance Improvement Committee (PIC) is dedicated to promoting quality outcomes in the Clinical Center Nursing Department. Members collaborate with the office of Safety and Quality, in addition to the Clinical Center Nursing Department (CCND) to review data and assist in identifying safety initiatives. Performance Measurement Panel (PMP) data are reviewed aiding members in the identification of trends and construction of recommendations for change in processes and documentation. Among other data, the PMP assists to review prevalence of falls, pressure injuries, CLABSI and CAUDI throughout the Clinical Center.

In 2018, the PIC committee’s major accomplishment was rolling out the pilot for “Ticket to Ride.” This pilot will continue into 2019 with the goal to complete implementation throughout the Clinical Center by year-end 2019. Ticket to Ride is a handoff communication tool that will be used to safely communicate and move patients from inpatient units to outpatient clinics and appointments.

The PIC continued to actively utilize the “Just Culture” algorithm to review cases presented by individual committee members. This resulted in identifying and initiating changes in practice and placing NPC requests, as necessary.

The PIC members were encouraged to attend their Unit Practice Council (UPC) meetings and unit based Patient Quality and Safety meetings so that potential initiatives could be identified and PMP data could be disseminated on the unit level. In 2019, members will be encouraged to attend the Safety Huddles prior to monthly PIC meetings.

The PIC committee is looking forward to achieving many more patient safety and quality accomplishments in 2019.

NURSING INFORMATION SYSTEMS COMMITTEE

The PIC continued to actively utilize the “Just Culture” algorithm to review cases presented by individual committee members. This resulted in identifying and initiating changes in practice and placing NPC requests, as necessary.

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The PIC committee is looking forward to achieving many more patient safety and quality accomplishments in 2019.
Clinical documentation is vital to the research conducted in the NIH Clinical Center. Nurses utilize Clinical Research Information Systems (CRIS) daily. CRIS requires constant maintenance to reflect changes in research patient care, advances in technology, new and modified clinical order sets, and assessment tools, among others. In 2018, Clinical Center nurses identified multiple opportunities for improvement in clinical documentation and submitted requests for changes in CRIS to the Nursing Practice Council (NPC). The Nursing Information System (NIS) Committee reviewed 52 of these NPC Requests; some were modified and many were forwarded to DCRI for implementation. Through the process of Shared Governance, clinical documentation evolves continuously, becoming increasingly comprehensive, improving ease of use, and ensuring accurate, efficient documentation is the standard at the NIH Clinical Center.

The NIS Committee is comprised of nurses representing every care area in the NIH Clinical Center. In April 2018, these representatives received advanced training in targeted areas of clinical documentation. This knowledge, as well as regular monthly NIS Committee information, was then disseminated to each care area and shared with nurse colleagues. Five NIS Committee members attended the 2018 Summer Institute for Nursing Informatics (SINI) Conference in Baltimore, Maryland. SINI is the largest nursing informatics conference in the world and these nurses returned with a renewed global perspective on nursing informatics which they shared with their colleagues.

In 2018, several important changes were made to CRIS based on shared governance/NPC requests. One example was the improvements made to the central venous access device (CVAD) structured note which provides nurses the ability to ensure a PICC line is safe for use. NIS representative’s feedback and leadership from stakeholders led to the “Hospital Acquired Infection Bundle” prevention documentation availability in CRIS. In addition, NIS representatives provided feedback to assist in the implementation of the “Distress Screening Tool” in CRIS. These are just a few highlights of the many improvements that the NIS committee led throughout 2018 to ensure nursing documentation and workflow was optimized in support of clinical research nursing.

Department of Clinical Research Informatics nursing colleagues, Michelle Lardner and Minnie Raju

2018 Chair and Chair-Elect of NRPEC, Kelly Stevens and Marjory Cudworth

NURSING RESEARCH PARTICIPANT EDUCATION COMMITTEE
The Nursing Research Participant Education Committee (NRPEC) had a productive 2018! NRPEC worked on many patient education documents. In addition, the committee scrutinized the need for revision or retirement of several documents, considering if patient education needs were being met by other existing online resources or by other existing NRPEC documents every five years. NRPEC paired with the Clinical Practice Committee (CPC) and Research Participant Education Committee (RPEC) in the development of documents for stakeholders. Two educational opportunities were held, a SharePoint® class and a presentation on developing a portfolio and curriculum vitae. NRPEC looks forward to continued collaboration with CPC, RPEC and stakeholders in the development and review of patient education documents in 2019!

RECOGNITION AND RETENTION COMMITTEE

In 2018, the Recognition and Retention (R&R) committee with the support of leadership celebrated several accomplishments. The main focus was nursing retention, improving communication of events and encourage participation among nurses from all areas. R&R presented at Coordinating Council (CC) and Nursing Practice Council (NPC) meetings, and participated in leadership education series along with the other SG committees. R&R also supported celebratory and recognition events sponsored by the Clinical Center Nursing Department (CCND) throughout the year.

All members of the committee volunteered in creating project plans, submitting creative ideas as well as supporting logistics during all CCND leadership sponsored events:

▶ Certification Day (Recognition)
▶ Nurses Week Awards, Reception and Block Parties. “Inspire, Innovate and Influence”. Two new categories added for innovation and partnership with institute teams.
▶ Scholarly Awards (Recognition). Awards given in Unit Based Project, EBP, QI and Research.
▶ R&R Retreat (Retention Planning for 2019 Goals)
▶ Leadership Sponsored Holiday Celebration: Breakfast, Lunch, Afternoon bags
▶ Unit Based Award Program “House of Hope” to start in 2019.
In addition the R&R committee had workshops and speakers invited to help the members in:

▶ Writing Awards (Kathy Feigenbaum). Useful to write the nominations for awards.

▶ Using Sharepoint® (Glynn Honts). A Tool to read and score submissions for awards.

▶ National Database of Nursing Quality Indicators (NDNQI) Data (Caroline Frazier). Job satisfaction, Healthy work environment and retention liaison role.

▶ Developing a unit base award program (Patricia Todd). Ideas to develop “House of Hope” award.

▶ October committee sponsored a retreat focused on:
  
  • Selection of the 2019 committee leadership
  
  • Retention data and stay conversations
  
  • Team concepts
  
  • Webex - All about Millennials

RECOGNITION AND RETENTION COMMITTEE SPONSORED EVENTS
RECOGNITION AND RETENTION COMMITTEE SPONSORED EVENTS (cont)
Unit Practice Council Highlights

Unit Practice Councils (UPC) on each unit or program of care work towards improving unit practice for all patients and staff. Nursing often works together with research teams to implement best practices. UPC is another piece of the puzzle to increase nurses’ input into shared decision making at the unit level. Members provided an update on their unit activity at the June workshop and in November welcomed new chairs and chair elects with a day designed to help them become a better leader and project manager. UPC members also presented projects at Nursing Practice Council, to communicate what they accomplished and to share ideas with others with the similar ideas or issues.

Unit Project Highlights

**3NE Resource RN for Day Shift** - Goal is to improve quality of life by providing a 30 minute uninterrupted lunch break and improve patient safety. Pilot started in in May 2018.

**3NW Bedside Shift Report** - The purpose of this project was to implement Bedside shift report on 3NW which will allow nurses to increase efficiency, improve communication and teamwork amongst staff and improve the safety and quality of care provided to the patients. Audits and analysis of shift reports is ongoing.

*Barbara Jordan presenting to new Unit Practice Council chairs and chair elects at the UPC November workshop*
Safety and Quality Accomplishments in 2018

Quality and Safety Highlights

In 2018, the Outcomes Management Office joined the newly commissioned Nursing Operations Service and was renamed the Office of Safety and Quality. Informally we refer to ourselves as the Safety & Quality Team (SQT).

Led by Caitlin Brennan, PhD, APRN (Program Director), the Safety & Quality Team is a strong cohesive unit offering diverse professional nursing backgrounds and over 60 years of combined professional experience. Our mission has remained unchanged since 2013. The Safety & Quality Team has collaborated with colleagues in the Nursing Department and around the Clinical Center to collect and manage quality, patient safety, and outcomes data; link data to the bedside; and disseminate our work internally and externally. Below is a summary of 2018 accomplishments.

Collecting & managing quality, patient safety, and outcome data

▶ The Performance Measurement Panel and the companion Speaking Points are disseminated monthly and is the foundation of our internal reporting mechanisms. The Safety & Quality Team added 2 new indicators in 2018, i.e., inpatient suicide risk screening (pediatrics and adult) in support of new screening processes implemented in all medical-surgical areas.

▶ Indicator Tip Sheet has been drafted in collaboration with the Performance Improvement Committee and will be introduced in 2019. The purpose of the Indicator Tip Sheet is to make data more consumable by the average nurse by providing clear definitions and rationale for routine monitoring . . . why it matters.

▶ With the Nurses and technicians from the Departments of Perioperative Medicine, Interventional Radiology and Blood Services Section joining CCND in 2018, the Safety and Quality Team is partnering with each to develop a meaningful quality report.

▶ Reported patient volume, hours per patient visit, staffing mix, and falls/falls with injury for ambulatory areas to the Collaborative Alliance for Nursing Outcomes (CALNOC) and began reporting for the day hospitals. Actively working to validate no shows and late cancellations in both clinics and day hospitals in order to report numbers, trend over time, and compare rates with other organizations.

Linking data to the bedside

▶ While the Falls QI Initiative transitioned to a sustainment phase in 2018, we are spreading this work to the entire Clinical Center. To this end, an inter-professional group has convened monthly since July to identify and plan strategies to increase the visibility of patients at high risk for a fall and heighten awareness of this important safety initiative among patients, families, and staff. While falls rates have remained stable from 2017 – 2018, since 2016, CCND has seen a 24% decrease in the falls rate, i.e., 1.62 (2016) to 1.23 (2018) and a 16% decrease in the falls with injury rate, i.e., 0.38 (2016) to 0.32 (2018).
CLABSI Prevention efforts have remained strong with a CLABSI rate of 0.87 at the close of 2018 compared to 1.3 (2017), a 33% rate decrease. In 2018, several inpatient units celebrated a year and more being CLABSI-free. As 2018 closed, 3NW and 3SWS/ICU were peaking @ 65 weeks and 61 weeks respectively heading into 2019; 3SEN peaked @ 66 weeks and 1NW peaked @ 57 weeks. Krista Cato (Nurse Manager, 1NW) was invited to present the pediatric program’s successes and best practices to the Clinical Research Hospital Board (June 2018). The Nursing Department’s ongoing collaboration with the Office of Hospital Epidemiology has proven highly successful with recognition going to Debbie Gutierrez (Nurse Manager, 5SE), Robin Odom (Hospital Epidemiology Services), and Ellen Eckes (Clinical Nurse Specialist) for their leadership and boots on the ground approach to reviewing each identified case. Still Chasing ZERO
In 2018, the CC Nursing Department launched a project to drive down pressure injuries. This effort has been led by Deborah Kolakowski (Service Chief, Oncology & Critical Care), Rosemary Miller (Nurse Manager, 3NW), Sue Johnson (Nurse Manager, ICU), and KC Axelrod (Wound Ostomy Continence Nurse) with expertise provided by Leslie Smith (Clinical Nurse Specialist), Caroline Frazier (Safety and Quality Team), Susan Marcotte, Jessica Turner, Archie Usoro, and Nam Hoang (Perioperative Nursing). As a result of this work, we anticipate the implementation of a pressure injury prevention bundle in 2019 that will update and enhance our current assessment and intervention strategies with the objective of intervening earlier and, improve documentation of plan of care and progress toward healing. This has been a tremendous collaborative effort. To enhance the monitoring of events, a monthly count of identified pressure injuries is being reported on the Performance Measurement Panel in addition to internal and external reporting of quarterly prevalence rates.

The Safety & Quality Team provided mentoring and practicum support to one of our nurses pursuing a graduate degree. Amanda Kelly (3SE/DH) joined our team for her clinical practicum in the fall 2018 and as a targeted project, worked to better understand the documentation challenges related to critical lab notification. This intensive review of the current process included unit rounding and peer-to-peer mentoring on current policy and expectations and resulted in several recommendations to pursue in 2019.

COLLABORATING WITH THE OFFICE OF PATIENT SAFETY AND CLINICAL QUALITY:

Dr. Suzanne Wingate, Clinical Director National Institute of Nursing Research and colleagues support patient safety week
In March, Patient Safety Week was busy with a Room of Horrors and Safety Selfie opportunities.

In July, The Joint Commission completed its triennial survey of the Clinical Center. While noting some opportunities to improve the quality and safety of the care we provide our clinical research patients, the surveyors remarked consistently on the high caliber of nursing care being provided. Clinical Research Nurses who had the opportunity to dialogue with the Nurse Surveyor did so expertly and with ease proving once again, we are vigilant and resilient.

Sr. CRN Safety and Quality Role

In 2018 the development of a Sr CRN role in Safety and Quality was developed. This Sr CRN collaborates with the nurse manager and department leaders on improvement activities related to promoting patient safety and clinical quality and reducing risk, in congruence with policies, procedures and standards of practice. In collaboration with the Nurse Manager, the Safety and Quality Nurse oversees the quality improvement initiatives and the dissemination of quality and patient safety data at the unit or program of care level. This role will be implemented in 2019.
Reaching Out and Reaching In

Recruiting Only the Best

The NIH Clinical Center Nursing Department (CCND) has some of the same recruiting challenges as other nursing departments in the Washington metropolitan area and across the nation. Additional challenges unique to the federal government include competitive salary options for experienced nurses and length of time it takes to bring a nurse on-board. The CCND Office of Recruitment, Outreach and Workforce Management (ROWM) has worked with our partners in Human Resources to use some creative strategies to attract, recruit and retain top talent. We have been piloting a program to keep a vacancy announcement for nurses available in the USA Jobs federal application system on an ongoing basis. We are using the Office of Personnel Management’s Open Continuous vacancy announcements for our hard to fill Clinical Research Nurse vacancies. This type of vacancy announcement has increased our pool of candidates, improved the candidate and management experience, and helped to reduce the length of time to fill unit vacancies. An open continuous vacancy announcement allowed us to capture individuals actively seeking employment as well as those browsing to see positions that may be available. These individuals are known as active and passive job seekers respectively. Ultimately, the open continuous vacancy announcement minimizes the prospect of losing nurses seeking a clinical research position to other facilities.

ROWM launched the centralized interview process. Managers work together in teams to expedite candidate interviews and selections. Candidates interviewing in the centralized interview process have the opportunity to learn about various career opportunities within the same day. Candidates are also able to shadow on several units to get a feel for the workflow and Program of Care. This allows managers and the candidate to make a decision on the best fit for themselves and the unit.

Through marketing, social media, recruitment and outreach activities, we were able to showcase the Clinical Research Nursing Careers to thousands of nursing professionals. Along with Clinical Center Communications, the nursing department now has a presence on “Twitter.” You can look for us on Twitter, like and share tweets with your colleagues to spread the word we are seeking nurses to come join our team. We’ve had the pleasure of exhibiting at several professional nursing conferences. In addition to exhibiting at the Oncology Nursing Society (ONS) Congress in Washington DC, we hosted the Clinical Center Nursing Department ONS Pre-Conference tour for Congress attendees. This event was filled to capacity and we received great feedback on the presentations and the tour. We also hosted the CCND International Association of Clinical Research Nursing (IACRN) tour, welcoming a group of IACRN conference attendees to tour NIH and visit with our esteemed research and leadership team. We greatly increased our shadow days, tours and even our diversity outreach efforts. We’ve developed a student affiliation agreement with Anna G Mendez University Nursing School. Anna G Mendez nursing students were able to complete clinical center rotations within CCND. We hosted a CCND pediatric information session for potential job seekers. This event was held to showcase the Pediatric Clinical Research Nurse careers.

ROWM continued to support student placements for clinical and practicum experiences, shadow experiences for nurses and students, pre-retirement seminars, mid-career and Medically Reasonable Accommodation Program (MRAP).

A retention liaison in ROWM continues to seek input from new hires during “stay conversations,” as well as those leaving the department in “exit interviews.” The data have been shared with our Executive and Leadership teams. The responses have been rich with information. We have also found that the results
correlated with our NDNQI Nurse Survey and the Nurse Wellness Survey. We really appreciate all those who have participated to make the Nursing Department a great place to work and one you do not want to leave. The retention liaison works closely with the Recognition and Retention Committee to enhance their role in retention and provides input for next steps. There has been development in several programs and activities due to start in 2019.
Office of Staffing and Workforce Planning

The office of Staffing and Workforce Planning (SWP) manages not only the central float pool staff and Administrative Coordinators but also contract staff (registered nurses, patient care techs, and research support assistants). They are instrumental in making sure each unit has the personnel needed for every shift to meet patient care needs. During the course of the year, competencies are reviewed and completed with all supplemental staff. This office oversees the personnel contracts that are used to support clinical care in the Nursing Department. The staff and leadership team are in the procurement process for a new scheduling and productivity system. In 2018, this office offered a financial boot camp course for all Nurse Managers, Clinical Managers and Program Directors. SWP was instrumental in the development of an after-hours process for unplanned, adult outpatients and guidelines for the utilization of 1:1 care attendant. Leadership in SWP provided preceptorship for two graduate students in 2018.
Clinical Highlights

Medical Surgical Specialties Service Highlights

In 2018, primary nursing as a means of providing nursing care, was implemented in the ambulatory care areas. Primary nursing allows the nurse to establish and maintain a relationship with the patient. Four tenets of primary nursing include: expertise, continuity, coordination and advocacy. By building rapport with a patient, outcomes and satisfaction are improved. The nursing department supported the implementation by providing additional positions in each area and the documentation policy was revised to align with the role of the Primary Nurse in the ambulatory care setting.

In late spring/early summer of 2018 the Special Clinical Studies Unit (SCSU) increased their preparedness/readiness to receive any World Health Organization employees who may potentially be exposed to Ebola during deployment to the Democratic Republic of the Congo (DRC). During a three week period, the SCSU Nursing staff trained 76 Clinical Center clinicians in special isolation techniques (SRI), donning and doffing personal protective equipment (PPE) and practiced procedures in PPE to care for a patient with Ebola. As the outbreak continues in the DRC the SCSU remains on a heightened level of alert, ready to accept an admission.

Take Your Child to Work Day

Nursing hosted three activities for children to experience what it is like to be a nurse at the Clinical Center. Mary Myers and Paul Wong provided sessions on Isolation precautions with demonstrations of donning and doffing of protective equipment; Mai Hill, Ruth Walters and a group of ambulatory nurses from OP 1, 5, and 9 provided “A Day in the Life of a Nurse” with demonstrations in CPR and endoscopic procedures for ENT specialty; Lisa Robinson and Chantal Gerrard provided “Understanding How We Feel From Inside Out” demonstrating how the brain interacts with our feelings. The Intramural Research Training Assistants (IRTA) students also helped with an arts and crafts station that taught children how to build models of molecules.
Neuroscience, Behavioral Health, and Pediatric Service Highlights

In preparation of new upcoming protocols on neurology (7SE), the staff worked with the construction and architectural teams to complete a transcranial magnetic stimulation (TMS). The behavioral health section hosted an all-day seminar entitled “Current trends in mental health” and competency assessment skills day. As part of the Joint Commission recommendations the unit completed modifications of all patient desks, wardrobes, dressers and bedside tables, and replaced all unit door handles with ligature-free handles. All staff worked to revamp and improve unit suicide/self-harm documentation. A standard of practice (SOP) was developed to address the maintenance of a safe environment in behavioral health settings. Additionally, all Behavioral Health units supported University of Maryland students for their psychiatric clinical rotation throughout the year.

The outpatient areas also ramped up for new protocols and prepared to see new patient populations. Outpatient Clinic 4 provided training on depression studies, opioid crisis, and behavioral health work skills day to professionals inside and outside of the Clinical Center. Preparation for new protocols included development of a new screening tool for transcranial magnetic stimulation protocol and training on how to manage Electroconvulsive therapy (ECT) patients. Outpatient Clinic 1SE/1HAL decreased protocol restrictions which has led to the admission of patients who are more medically compromised. The Program of Care has added a new protocol that explores the effects of opiate addiction effects on the brain. The staff also changed processes to improve the patient experience including a clothing closet for those in need, motivational interviewing to improve patient treatment programs, interviewing techniques, and attendance at Alcoholic Anonymous and Smart Recovery routinely. Patients are now admitted directly to the unit instead of going through admissions to ease the admission process. Behavioral nurses have also developed new skills and competencies, such as blood glucose management and phlebotomy skills. All staff are cross-trained to deliver care in the inpatient and outpatient setting to enhance consistency and comprehension of the entire program. The team has also collaborated with the Institute to produce a newsletter which enhanced team work between the research and clinical staff.

The Pediatric Program of Care worked to enhance the pre-admit process by initiating a quality improvement project: Standardized electronic Clinical Research Information System (CRIS) Pre-admit. The pediatric program of care (due to the many institutes and protocols) lacked standardization of information regarding patient care needs prior to visits to either inpatient, day hospital or clinic. This project launched a joint effort with the Department of Clinical Research Informatics (DCRI) project team and Enterprise Scheduling Team, Institutes, Pediatric Care Committee and Nursing Department. In January 2018, an enhanced pre-admission process was started in CRIS. Throughout the year data from the electronic appointment request (EAR) and pre-admit form was reviewed. The process improved care coordination, allocation of resources and understanding of patient care needs prior to arrival. In December 2018, phase 3 was started which included combining the best elements of the EAR and pre-admit form into one Pre-admit and EAR (PEAR). There is now one process for both 1NW Day Hospital and 1H Pediatric Clinic. Enterprise scheduling capabilities were enhanced as well as CRIS outside report submission to allow for one location of information and schedule for each patient needing services within the pediatric program of care. The next phase will be bringing this functionality to 1NW inpatient area.

Two new protocols were implemented requiring training and new competencies. The Pilot Study of Adoptive Cellular Immunotherapy for Progressive Multifocal Leukoencephalopathy (PML) with Ex Visto Generated Polyomavirus-Specific T-Cells (PyVST) involved nurses in care of the treatment of this devastating brain infection with this first-in-human trial on the safety and feasibility of using PyVST cellular therapy. The second innovative protocol started in 2018 was titled Cytokine Microdialysis for Real-Time Immune Monitoring in Glioblastoma (GBM) Patients Undergoing Checkpoint
Blockade. This protocol studied how nivolumab affects the brain’s immune system with the recurrence of a patient’s GBM. The neuroscience nurses manage these participants when receiving protocol infusions. Both of these protocols involved a lot of planning and training by the research team and staff.

The Nursing Neuroscience Leadership team created an overall continuous quality improvement goal in 2018. The Leadership team consisting of the Nurse Manager, Nurse Educator, CNS, and Safety & Quality CRN started meeting bimonthly to advance leadership, collaboration and communication to improve overall outcomes within nursing and the neuroscience specialty. The Leadership team focused on team building, education, and improved communication. The 7SWN manager led AM and PM Team Building Exercises to conduct an analysis of the existing work culture. The objective was to foster a healthy work environment and to establish goals collaboratively with the staff for the upcoming year.

Outcomes included new aims for staff improvement and satisfaction. Lunch and Learns were created to promote new innovations for upcoming quality improvement and evidence based projects.

The Virtual Staff Meeting (VSM) was created and is sent bi-weekly to share information via e-mail. The VSM includes hyperlinks to important just-in-time training, opportunities, and competencies. Also, CCND information and new upcoming education, products, and unit information is provided. Improving morale is a continued objective therefore, good catches and kudos are also included, recognizing staff and their accomplishments. A fond farewell was given to one of our Patient Care Technicians, Brian Leggs, as he serves our country in Afghanistan at the end of 2018. Brian is in the U.S. Air Force Reserves and transitioned to active duty serving as a medic oversees. We wish him the best and are thankful for his service.
Oncology and Critical Care Highlights

Workflow Performance Improvement Initiatives on OP12 and 3SEDH

In collaboration with Medical Oncology Service and interdisciplinary teams, an Electronic Appointment Request (EAR) for OP12 visits was developed. In addition, a lean six sigma process design identified patients that can be treated either the day before or the day after their visits. Specific protocols targeted with the intent of offsetting visits on Tuesday to Monday or Wednesday allows pharmacy to prepare chemotherapy on nights so that patients can be seen in the day hospital starting at 8am with meds prepared and ready. A Nursing Pharmacy Chemotherapy and Biotherapy Interdisciplinary team was formed that reviewed and made recommendations for the Hazardous Drug List utilizing National Institute for Occupational Safety and Health (NIOSH) recommendations. A Quality Improvement Subcommittee was formed to assess recommendations and develop processes for the standardization of order sets for standard of care regimes.

New Programs and Opening of the New Hospice Unit

In July of 2018 the Palliative Care and Hospice unit opened to support the need for specialized end-of-life care. The Hospice Unit consists of two suites each with a patient room and an adjoining family living area equipped with sleeping accommodations, kitchen and private bathroom. The physical space provides a place that supports comfort for the terminally ill and their families along the entire continuum of end-of-life.
Skills Day

Seven skills days were offered in 2018 in collaboration with Oncology and Critical Care (OCC), Medical Surgical Specialties and Neuroscience Behavioral Health and Pediatric Services to expand this program to nurses beyond OCC. The skills days addressed needs for frequent validation of high risk low volume skills, including Chemo/biotherapy, Chest Tubes, and Tracheostomy, Code Blue, and Seizure management. ICU and peripheral vascular PVCS staff successfully migrated to on-line ACLS course with 100% pass rate for 32 staff that completed the on-line and mega code requirements.

Cancer Immunotherapy and cellular therapy gap analysis results led to the development of the Advanced Oncology Education Series Cancer Immunotherapy Course to address current immunotherapy approaches including immune checkpoint inhibitors, vaccine therapy, and cellular therapy. This course was offered in the spring and fall of 2018 with 48 nurses in attendance from across CCND.

Blood Services join the Nursing Department

In December, nurses from The Blood Services section of The Department of Transfusion Medicine (DTM) were incorporated into the CCND. The Blood Services Section, located in the Department of Transfusion Medicine, performs blood collection and apheresis procedures in three work areas: Donor Area, Research Apheresis and Dowling Clinic. The Donor Area collects blood components from volunteer donors to provide transfusion support for Clinical Center patients. Research Apheresis collects blood components for in vitro research use from paid healthy donors for distribution to NIH and FDA investigators. Dowling Clinic serves adult and pediatric patients requiring apheresis collections for hematopoietic stem cell transplantation, cellular therapies, therapeutic apheresis and phlebotomy procedures, and collections for in vitro research use.
Intensive Care Unit (ICU) Off Hour Triage for Adult Outpatient Evaluations in the NIH Clinical Center

The ICU now provides off-hour triage for adult outpatients who require medical evaluation by an Institute licensed independent practitioner (LIP). In collaboration with the administrative coordinator and admissions, the ICU nursing staff supports the patient in an outpatient status on the ICU to initiate an assessment, infusions, labs and minor treatment while a decision is made to admit the patient or discharge home.

Distress Screening for Oncology and Critical Care Patients

Multidisciplinary team led by Amy Wilkins and Rosemary Miller developed the Oncology Outpatient Distress Screening Pilot that has been fully implemented on B2 Radiation Oncology and will include OP3, OP12 and OP13 in 2019. Implementing a distress screening program will promote improved communication and earlier intervention to patient’s expressed needs by care team and referral partners. Screening all oncology patients for distress will allow the Clinical Center to achieve the distress screening standard for oncology care.
Highlights from Nursing Education

In 2018, central and service-based Nurse Educators partnered to provide over 40 educational courses and workshops that reached more than 2,400 attendees. Educators developed training programs for 12 departmental initiatives including Nursing Plans of Care, the Rauland Responder 5 Patient Call System, and High Flow O2. In addition, Nurse Educators oversaw the development and revision of 25 competencies for the clinical research nurse (CRN), patient care technician (PCT)/ behavioral health technician (BHT) and research support assistant (RSA) including a new electronic medical record (EMR) for all roles. The first research class for PCTs and BHTs, *Fundamentals of Clinical Research for the Patient Care Technician* and Behavioral Health Technician, was developed and implemented in March of 2018.

In 2018, central, service and unit educators oriented 104 new staff members. The Nursing Professional Development Program continued to expand its contact hour program, now awarding contact hours for 19 courses for which nurses can be awarded hours for attending.

Meet Your Educators!
New Nurse Residents Join the Nursing Department

The NIH Clinical Center Research Nursing Residency Program graduated its 5th cohort in October 2017, and nine recent nurse graduates joined the Nursing Department in September 2018 as part of the 6th Clinical Research Nursing Residency Program Cohort. On May 29th, 2018, the NIH Clinical Center Research Nursing Residency Program was awarded Accreditation with Distinction by the American Nurses Credentialing Center. The program was the first in the state of Maryland and the second federal facility nationwide to receive this accreditation.

For opportunities on the new Nurse Residency program when available watch the Nursing Home page under careers at http://www.cc.nih.gov/nursing/index.html
Summer Interns 2018

CCND hosted 4 summer Interns for an 8 week period that went by quickly. Emma Robinson from Western Kentucky worked on 1NW Pediatric Inpatient Unit. Her poster titled Chimeric Antigen Receptor T-Cell therapy in Pediatric Acute Lymphoblastic Leukemias: The Nurse’s Role reviewed nursing process in CAR T-Cell therapy, provided an in-depth look into the nurse’s role with this specific patient population. Matthew Lunchick from UNC Greensboro was on 7SWN. Matt concentrated on learning how to do a complete neurological assessment. His, titled Progressive Multifocal Leukoencephalopathy: A neurological Disease, provided insight into a rare disorder of a patient that he was able to care for with this diagnosis. Ruth Yonas from Towson was placed on 3NE. Her poster, Clinical Evaluation of Sickle Cell Patients Treated with Stem Cells, discussed nursing consideration for a patient undergoing a transplant. Anne Overly spent her summer on 5SE, and attends East Carolina University. Anne’s poster titled Autoimmune Polyendocrinopathy-Candidiasis-Ectodermal Dystrophy (APECED): Case Study and Nursing Interventions, reviewed a complex disorder and patient presentation. Anne provided nursing interventions that are needed to help patients cope with their clinical presentation. Each Intern is able to take back some valued nursing practices to use as they move forward in school and their career. The mentors (Anne Fejka, Paul Wong, Mary Myers, and Joan Aaron) did a great job introducing clinical research nursing to the interns. An excerpt from the evaluations says it all, “Overall, I think that this is an incredibly unique program for nursing students. As someone who wants to go on to pursue a DNP or PhD, I have found the research aspect of this internship very informative. It has been an experience that I don’t think I could have gotten anywhere else this summer.”
Nursing Research and Translational Science (NRTS)

The research portfolio in the NIH Clinical Center nursing department is a combination of studies responding to program priorities that are investigator-initiated, often arising from a clinical problem confronted by the clinical staff or from questions that emerge when a nurse is a collaborator on a biomedical study. Investigators integrate into various clinical settings collaborating with institute partners in the intramural program as well as academic faculty members. Program priorities for research at the NIH Clinical Center nursing department include the following:

- Health-Related Quality of Life
- Health Behaviors and Mind-Body Practices
- Health Disparities
- Chronic Pain, Sleep Quality, and Symptom Management
- Health Effects of Caregiving on Family and Professional Caregivers
- Oral and Gut Microbiome
- Evidence-Based Practice/Translational Nursing Science
- Patient-Reported Outcomes and Mixed-Methods Methodology
- Community Based Participatory Research

Gwenyth R. Wallen, RN, PhD, Chief Nurse Officer, Sr. Investigator for Nursing Research and Translational Science, is a well-established bilingual clinician and investigator in the field of health behavior and chronic disease management.

Nancy Ames, RN, PhD, Nurse Scientist, has a research portfolio extending from the bench to the bedside examining the human microbiome. Her work has included examining the oral microbiome in patients with stem cell transplants as well as patients being treated for severe aplastic anemia. Recently, she has explored the gut and oral microbiome in patients with severe alcohol use disorder.
Alyson Ross, PhD, RN, Nurse Scientist, researches the importance of health-promoting behaviors such as proper nutrition, physical activity and stress reduction activities. Her current research centers on health behaviors and biomarkers of stress and coping in both family and professional caregivers (nurses at the NIH Clinical Center). In 2018, Dr. Ross published “Nurses and health-promoting self-care: Do we practice what we preach?” in the Journal of Nursing Management, and in June she presented research findings from a national survey of nurse coaches at the American Holistic Nurses' Association annual conference in Niagara Falls.

Alyssa Todaro Brooks, PhD, Scientific Program Specialist, launched her first protocol in 2018 (18-CC-0079: Pilot randomized controlled trial of a web-based behavioral sleep intervention for individuals with alcohol use disorder). Dr. Brooks collaborated with NIAAA, NHLBI, the University of Pennsylvania, the University of Maryland, and the University of Virginia on a variety of research and education initiatives. She co-presented her first Grand Rounds lecture in May, entitled “Is lack of sleep ‘bugging’ you? Unravelling the sleep-gut microbiome connection.” At the 2018 Research Society on Alcoholism Annual Meeting, she led a “skill blitz” session for graduate students and post-doctoral fellows and moderated the “Voices of Recovery” panel, which featured stories of individuals in recovery. She also served as co-editor in chief during the inaugural year of CRN News, the Clinical Center Nursing Department’s quarterly newsletter.

More information about Nursing Research and Translational Science staff and research can be found at [http://cc.nih.gov/nursing/research/index.html](http://cc.nih.gov/nursing/research/index.html).
Research and Training Highlights

In 2018, the Nursing Department’s independent research efforts included 14 protocols. In 2018, the research staff produced 20 peer-reviewed publications. Active studies in 2018 enrolled populations that ranged from inpatients receiving treatment for alcohol use disorders (Sleep Disturbance and Relapse in Individuals with Alcohol Dependence: An Exploratory Mixed Methods Study, PI: Dr. Gwenyth Wallen, Lead AI: Dr. Alyssa Brooks) and caregivers of patients undergoing Hematopoietic Stem Cell Transplantation (A randomized controlled trial to determine the effectiveness of a stress reduction intervention in caregivers of allogeneic hematopoietic stem cell transplant (HSCT) recipients, PI: Dr. Alyson Ross) to clinical research nurses (Nurses and Self-Care: A Survey of Nurses Participation in Health-promoting Activities, PI: Dr. Alyson Ross).

Dr. Alyssa Brooks (right), scientific program specialist, and Dr. Nancy Ames (left), a nurse researcher, presented a NIH Clinical Center Grand Rounds lecture May 9 as part of Nurses Week. Brooks and Ames explored potential connections in the sleep-gut microbiome in their lecture entitled, “Is lack of sleep “bugging” you? Unravelling the sleep-gut microbiome connection”.

Dr. Nancy Ames was recognized for her accomplishments as a mentor and received the NIH Postbac Distinguished Mentor Award. Sarah Mudra, a Postbac Intramural Research Training Award (IRTA) fellow working closely with Dr. Ames nominated her for this award and had this to say: “Dr. Ames’ infectious enthusiasm motivates me to passionately pursue scientific excellence; her leadership instills a collaborative spirit; her guidance convinces me that scientific flourishing occurs through exceptional mentorship.”

Post-bac IRTAs (Shravya Raju, Avery Perez, Sarah Mudra) carried on tradition of coordinating activities for children during “Take your Child to Work Day” on April 28, 2018, and helped children build their own microbes and taught lessons on cell parts during a hands-on activity.

Scientific Partnerships

Investigators provide expert consultation to multiple institutes and have partnerships with community and academic programs. In 2018, our research partners included NIAAA, NIAMS, NINR, NHLBI, NCI, Tulane University, University of Virginia, University of Pennsylvania, University of Maryland, and the Uniformed Services University. Studies included minority populations with chronic diseases and those with sickle cell anemia, alcohol use disorder, cardiovascular disease, cancer, and those undergoing allogeneic hematopoietic stem cell transplantation (HSCT) and caregivers of cancer patients.
Select Publications


Dr. Gwenyth Wallen (Right) and Dr. Nancy Ames (Left) with post-baccalaureate IRTA fellow, Avery Perez, at the 2018 Postbaccalaureate Poster Day.

Dr. Alyssa Todaro Brooks with post-baccalaureate IRTA fellow, Shraya Raju, at the 2018 Postbaccalaureate Poster Day.
Research and Training Highlights

CCND Scholarly Activities Since 2011

- Publications
- Posters & Presentations

For all Nursing Department Staff. Includes journal articles, books/chapters, posters and invited presentations.

NRTS Publications Since 2011

Active Research Protocols by Year

Active Research is all IRB protocols that are open (actively recruiting or in the data analysis phase) in a given year. These are all CCND protocols (does not include OHSRP or collaborative institute-led protocols).
Active OHSRP Studies by Year

Active IRB Exempt Protocols. OHSRP Studies.
United States Public Health Service Commissioned Corps

Overview

- Name of the mission – Hurricane Florence
- Location – High Point, NC
- Duration – (09/12/2018 – 09/23/18)
- Team information:
  - Number of deployed officers – 65 officers
  - Breakdown of categories/officers – All categories except Veterinarian.
  - Skill sets – Medical Provider, Physician Assistant, General Nursing, Infectious Disease Nurse, Nurse Practitioner, Pediatric Nurse, Pharmacist, Environmental Health (including Food Safety), Mental and Behavioral Health Specialists, Social Workers, Epidemiologists, Engineers, and Safety Officers.

Mission

- Provided 24-hour medical care and supervision for those whose medical conditions required ongoing professional care. The shelter provided surge medical or public health capacity in the form of Alternate Care Facilities (ACF), and low-acuity health care facilities to augment local health care systems in an affected area.
- Provided care to patients with multiple and complex physical and psychological impairments at a shelter in Highpoint, NC, which was housed in a mall. Cognitive, respiratory, and mobility impairments contributed to the need for extensive and tailored clinical support from our clinical team, as well as our logistics team, in order to provide quality care and treatment for our patient population. Pharmacy filled prescriptions for patients receiving care at the facility and worked with local pharmacies to provide medications not available in the state cache. The team’s social worker and mental health providers worked collaboratively with the state and local NGO partners on case management and ensured that all patients had a satisfactory discharge plan in place.
- The team worked with the state, DMATs, contracted ambulance services, as well as non-governmental organizations such as medical assistants and skilled nursing facility/nursing home management facilities.
Impact and Results

- Ensured individuals requiring medical needs were adequately cared for to deter a decline in health because of the storm. The shelter provided for the physical and emotional needs of the patients, and assured that activities of daily living were sustained. In addition, these individuals received medical care for all new, ongoing, and acute concerns.

- Patients and providers staged in place prior to, during, and after Hurricane Florence made landfall. For many patients, this was one of the only facilities that could adequately address their medical needs.

- All patients were discharged home or to a more appropriate facility.

- Patients were able to interact with volunteers, receive quality clinical attention, go to church services, and participate in a variety of recreational activities to include concerts, television and movie viewing, crafts, and games.

- 24-hour medical/nursing and ADL care was provided.

- Pharmacy officers dispensed medications (using the state cache, as well as local pharmacies).

- Environmental health officers ensured a safe environment for patients and staff.

- PIO officer worked with the HHS PIO and ASPR PIO to ensure OPSEC was observed. Collaborated with local news organization.

- Plans and Admin maintained accurate rosters and ensure accountability of the team, provided all planning documents (such as Sit Reps), responded to queries, communicated timely updates, and monitored flight and billeting efforts.

- Safety officers collaborated closely with local law enforcement to prevent incidents.
Camp Fantastic 2018 – A Place for Kids to Be Kids!

Every August, Camp Fantastic welcomes 100+ kids with cancer to the 4-H Center in Front Royal, VA for a week of horseback riding, canoeing, arts and crafts, and all-around crazy camp fun. It’s the one week they get to forget they have cancer and just be “normal” kids. And because many of these children are still on treatment for their cancer, a medical team coordinated through the Pediatric Oncology Branch of the NCI is at the ready to provide any care they might need. This past summer (2018), there were almost 45 hard-working nurses and physicians throughout the week of camp who managed care needs, including giving routine scheduled medications, assessing and treating illnesses and injuries as needed, and maintaining a safe camp environment. The quality of care at camp is awesome but could never be done without the amazing commitment of the Clinical Center Nursing Department. This past summer, the CCND supported 28 nurses (17 of whom were NIH nurses from both CCND and other CC departments and NIH institutes) to attend camp! It was a busy week making sure that all 111 campers had a great time while receiving top-notch nursing and medical care. We had campers who needed chemotherapy, blood products and pain management, a few who needed acute medical attention for illnesses and injuries, but also campers who just needed a “kiss on their boo-boo” or a little extra tender loving care and attention from their nurses. Regardless of their level of care needs, NIH nurses were there, day and night, to make sure they had an amazing, yet safe, week of fun! For more information about Camp Fantastic, you can check out the POB website or the Special Love, Inc. website!
Awards

Clinical Center Nursing Department Annual Awards 2018

Chief Nurse Officer’s Award
Iman Jones, BSN, RN

Leadership Excellence Award
James Gagnon

Rising Clinical Research Nurse Excellence Award
Shada Johnson McLean

Nursing Executive Service Award
Oncology and Critical Care
Diane Aker

Nursing Executive Service Award
Neuroscience, Behavioral Health, & Pediatrics
Diane Lawrence

Nursing Executive Service Award
Medical Surgical Specialties
Dr. Ann Peterson

Nursing Education Excellence Award
Irene Rozga

Team Excellence Award
Department of Perioperative Medicine

Patient Education Excellence Award
Karen Pozo

Patient Care Technician Excellence Award
Andre Caple

Research Support Assistant Excellence Award
Tanaya Allen

Program Specialist Excellence Award
Dion Taylor

Scholarly Awards

In 2018, 3 awards were handed out to CCND and colleagues in recognition of scholarship in Evidence Based Practice, Quality Improvement and Unit-Based Project. The awardees were invited to provide a short presentation of their work, invite their friends and join in a celebratory reception following the event. The awards were provided to:

Evidence Based Practice:
Gumowski, J., Manion, M.
Celebrating HIV+ to HIV+Transplants

Unit-Based Projects:
Flynn, S., Cusak, G., Feigenbaum, K., Calzone, K., Jenkins, J., Wallen, G.
Chromosomes, Ribosomes and Genomics, Oh My!

Quality Improvement:
Myers, M., Wong, P., Woolery, M.
Designing a Hybrid Chemotherapy/Biotherapy Course for Non-Oncology Progressive Care Environment
Clinical Center CEO Awards 2018
Nursing was well represented!

**Administration**
Sandra Brown  
Rosemary Miller  
James Paterson

**CC Space Survey Team**
Fernando Alvarez

**Code Yellow Team**
CAPT Diane Aker  
Gwenyth Wallen

**Medication Room Access Team**
CAPT Ann Marie Matlock

**7SWN Senior Nursing Staff Leadership Team**
Maame Akumatey  
Debra Ariguzo  
Monica Boateng  
Mauricio Campillay  
H. Joseph Fantom  
Farah Hamoon  
Richard Kuba  
Lilian Njoki

**Customer Service**
Qun Xu

**Innovation**
Pediatric electronic Pre-admission Team  
Krista Cato

**Patient Care**
Kimberly Pritchett

**C.A.R.E. Channel Team**
Gillian Boldarini-Beziat  
Ari Byer  
CAPT Ann Marie Matlock  
Colleen McEachern

**Hospice Unit Establishment Team**
Joan Aaron  
CDR Allison Adams  
Dolores Elliott  
Shirley Gorospe  
Pamela Horwitz  
Deborah Kolakowski  
Megan Mikula  
Gwenyth Wallen

**Pediatric Monitored Beds Team**
Krista Cato  
Alex Classen  
LCDR Anne Fejka  
Barbara Jordan  
LT Lee Ann Keener  
Patricia Todd

**STAT Antibiotics Administration Performance Improvement Team**
CDR Allison Adams  
Lisa Duncan  
Celine Gogoua  
Deborah Gutierrez  
Cecelia Henry  
Susan Johnson  
Barbara Jordan  
Tracy Kirby  
Deborah Kolakowski  
CAPT Ann Marie Matlock  
Rosemary Miller  
Kimberly Nelson  
James Paterson  
Karla Platt  
Nicole Ritzau  
Leslie Smith  
Patricia Todd  
Stephanie Wildridge  
Tamara Williams
Patient Safety Champion
Helen Mayberry
Assumpta Ude

Hand Hygiene Campaign Team
Julie Kohn-Godbout

High Flow Oxygen Team
Susan Johnson
Ann Peterson
Leslie Smith

High Level Disinfection & Sterilization Team
Ellen Eckes
Barbara Jordan
Susan Marcotte

Quality of Work life Diversity
Mindfulness Yoga Stress Relief Group
Glynn Honts
Justina Pfister

Rising Star
Jennifer Brooks
John Dahunsi
Agusta Premkumar

Science
DOS Support Team
Therese Intrater

Teaching and Training
Farahnaz Hassanshahi
Paula Jacob
Deldelker James
Christine Kotila
Rachel Perkins
Subramanian Varadarajan

SSE Nursing Mentors
Jessymole Abraham
Lunas Ajumobi
Christine Koly
Letina Langley
Jira Laprat
LT Jamie Lawson
Justina Pfister
Agusta Premkumar
Kimberly Pritchett

Active Shooter Training 2018 Team
Diane Walsh

Tracheostomy Education Team
Megan Mikula
Angeline Tomas

2018 NIAID Merit Award
Cheryl Fisher

Commendation Medal
CDR Allison Adams

Achievement Medal
CAPT Janice Davis
LT Lonice Carter
2018 CCND Scholarly Activities

Publications


Presentations:


## Research Studies 2018
The NIH CC Nursing Department Research Portfolio

### Studies Currently Accruing Participants

<table>
<thead>
<tr>
<th>Title</th>
<th>Principal Investigator</th>
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<tbody>
<tr>
<td>18-CC-0079 Pilot RCT of web-based behavioral sleep intervention for individuals with alcohol use disorder</td>
<td>Alyssa Brooks, PhD</td>
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### Studies in Analysis/Dissemination

<table>
<thead>
<tr>
<th>Title</th>
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<tbody>
<tr>
<td>18-CC-00326 Symptom Cluster Characterization in Cancer survivors</td>
<td>Gwenyth R. Wallen, RN, PhD</td>
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<td>18-CC-00713 Inflammation in Family Caregivers of HSCT Recipients</td>
<td>Alyson Ross, PhD, RN</td>
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<tr>
<td>16-CC-0162 Longitudinal Changes in the Oral and Gut Microbiome of Individuals With Alcohol Dependence</td>
<td>Nancy Ames, RN, PhD</td>
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<tr>
<td>15-CC-N206 Family Caregiving Role Adjustment and Dyadic Mutuality: A Mixed Methods Study</td>
<td>Margaret Bevans, PhD, RN, AOCN, FAAN, Alyson Ross, PhD, RN</td>
</tr>
<tr>
<td>14-CC-0201 A randomized controlled trial to determine the effectiveness of a stress reduction intervention in caregivers of allogeneic hematopoietic stem cell transplant (HSCT) recipients</td>
<td>Alyson Ross, PhD, RN</td>
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<tr>
<td>14-CC-0143 Sleep Disturbance and Relapse in Individuals with Alcohol Dependence: An Exploratory Mixed Methods Study</td>
<td>Gwenyth R. Wallen, RN, PhD</td>
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<tr>
<td>14-CC-N006 Web-Based Patient Reported Outcome Measurement Information System to Explore Burden, and Stress in Cancer Caregivers (BaSiC2)</td>
<td>Alyson Ross, PhD, RN</td>
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<tr>
<td>13-CC-0161 A Description of the Oral Microbiome of Patients With Severe Aplastic Anemia</td>
<td>Nancy Ames, RN, PhD</td>
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<td>12-CC-0145</td>
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<td></td>
<td>Pilot Study of Yoga as Self-Care for Arthritis in Minority Communities</td>
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<tr>
<td>Principal Investigator</td>
<td>Kimberly Middleton, BSN, MPH, MS</td>
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<tr>
<td></td>
<td>Comparing Expectorated and Induced Sputum &amp; Pharyngeal Swabs for Cultures, AFB Smears, and Cytokines in Pulmonary Nontuberculous Mycobacterial Infection (doctoral dissertation)</td>
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<tr>
<td>Principal Investigator</td>
<td>Ann Peterson, RN, PhD, MS</td>
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<td></td>
<td>Hypnosis as a Pain and Symptom Management Strategy in Patients with Sickle Cell Disease</td>
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<tr>
<td>Principal Investigator</td>
<td>Gwenyth R. Wallen, RN, PhD</td>
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<td>Exploring Patient-Provider Trust Among Individuals with End-Stage Renal Disease</td>
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<tr>
<td>Principal Investigator</td>
<td>Lori Purdie MS, RN</td>
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<td></td>
<td>Health Beliefs and Health Behavior Practices among Minorities with Rheumatic Disease</td>
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<tr>
<td>Principal Investigator</td>
<td>Gwenyth R. Wallen, RN, PhD</td>
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<th>02-CC-0053 (OHSRP 5443)</th>
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<td></td>
<td>A Randomized Study Evaluating the Process and Outcomes of the Pain and Palliative Care Team Intervention</td>
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<td>Principal Investigator</td>
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<td>Biomarkers of cardiometabolic risk in cancer caregivers</td>
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<tr>
<td>Principal Investigator</td>
<td>Jumin Park, PhD, RN</td>
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<td>National Survey of Nurse Coaches</td>
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<tr>
<td>Principal Investigator</td>
<td>Alyson Ross, PhD, RN</td>
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<th>Title</th>
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<td>Nurses and Self-Care: A Survey of Nurses’ Participation in Health-Promoting Activities</td>
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<td>Alyson Ross, PhD, RN</td>
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<th>Title</th>
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<td>The Factors Influencing the Use of Hazardous Drug Safe Handling Precautions Among Nurses Working in an Acute Care Oncology Research Setting</td>
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<tr>
<td>Principal Investigator</td>
<td>Nancy Ames, RN, PhD</td>
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### IRB Exempt Research Projects (cont)

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<th>Title</th>
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<tr>
<td>The Delphi Process: Naturopathic management of females with HPV</td>
<td>Gwenyth R. Wallen, RN, PhD</td>
<td>2009 OHSRP #3956</td>
<td>Cheryl Fisher, EdD, RN</td>
<td>2009 OHSRP #4979</td>
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<td>2011 OHSRP #5849</td>
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<td>NLM InfoBot Integration</td>
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<td>Effectiveness of a Hybrid Learning Approach for Pre-transplant Stem Cell Patients and Caregivers</td>
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### Collaborative Studies with Intramural Research Program(s)

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<th>Title</th>
<th>Institute</th>
<th>Principal Investigator</th>
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<th>Associate Investigator</th>
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<tr>
<td>6 14-AA-0181</td>
<td>NIAAA</td>
<td>Nancy Diazgranados, MD</td>
<td>Gwenyth R. Wallen, RN, PhD</td>
<td>13-H-0183</td>
<td>NHLBI</td>
<td>Tiffany M. Powell-Wiley, MD</td>
<td>Gwenyth R. Wallen, RN, PhD</td>
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<td>Unit and Clinic Evaluation, Screening, Assessment, and Management</td>
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<td>Cardiovascular Health and Needs Assessment in Washington D.C. - Development of a Community-Based Behavioral Weight Loss Intervention</td>
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<td>11-H-0252</td>
<td>NHLBI</td>
<td>James Taylor, VI, MD</td>
<td>Gwenyth R. Wallen, RN, PhD</td>
<td>05-AA-0121</td>
<td>NIAAA</td>
<td>Nancy DiazGranados, MD</td>
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<td>Exploratory Studies of Psychophysical Pain Phenotyping and Genetic Variability in Sickle Cell Disease</td>
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<td>Assessment and Treatment of People with Alcohol Drinking Problems Nursing Led Amendment Sleep Quality and Daytime Function in Patients Undergoing Inpatient Treatment for Alcohol Dependence</td>
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<td><strong>01-H-0088</strong></td>
<td>Determining the Prevalence and Prognosis of Secondary Pulmonary Hypertension in Adult Patients with Sickle Cell Anemia</td>
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<td><strong>Nursing Led Amendment</strong></td>
<td>Sleep Quality, Depression and Pain in Patient with Sickle Cell Disease</td>
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<td><strong>Principal Investigator</strong></td>
<td>James G. Taylor, VI, MD</td>
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<td><strong>Associate Investigator</strong></td>
<td>Gwenyth Wallen, RN, PhD</td>
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<td><strong>91-CH-0127</strong></td>
<td>Ovarian Follicle Function in Patients with Premature Ovarian Failure</td>
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<td><strong>Principal Investigator</strong></td>
<td>Lawrence Nelson, MD</td>
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<td><strong>Associate Investigator</strong></td>
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Clinical Center Nursing Department

The Journey Continues

Highlights from 2019
BLOOD SERVICES SECTION

Please join us in welcoming the staff from the Blood Services Section (BSS) to the Oncology Critical Care Service and Clinical Center Nursing Department.

The Blood Services Section, located in the Department of Transfusion Medicine, performs blood collection and apheresis procedures in three work areas: Donor Area, Research Apheresis and Dowling Clinic.

The Donor Area collects blood components from volunteer donors to provide transfusion support for Clinical Center patients. Research Apheresis collects blood components for in vitro research use from paid healthy donors for distribution to NIH and FDA investigators.

Dowling Clinic serves adult and pediatric patients requiring apheresis collections for hematopoietic stem cell transplantation, cellular therapies, therapeutic apheresis and phlebotomy procedures, and collections for in vitro research use.

Please be sure to introduce yourself to the staff from BSS as you see them in departmental meetings and gatherings. At our CCND shared governance and other meetings, BSS staff presented an overview of services that are provided in BSS so that you can learn more about our newest addition to the department.

WELCOME INTERVENTIONAL RADIOLGY

As you may know, over a year ago Interventional Radiology (IR) joined the Nursing Operations Service in the Clinical Center Nursing Department. However, many of you may not know what Interventional Radiology does. Interventional Radiology uses fine catheter tubes and wires to navigate around the body using imaging such as X-ray fluoroscopy or ultrasound to perform the procedures versus doing an open or laparoscopic procedure. As you can image, the advantages of using these minimally invasive methods include reduced risks, shorter hospital stays, greater comfort and quicker convalescence. Often the effectiveness of IR is better than the traditional treatments. The range of diseases and conditions, which IR may be used to treat, is continuing growing thanks to our work here at NIH.
Welcome to our new Safety & Quality Nurses! The new role for Senior Clinical Research Nurses complements the Clinical Managers and the Clinical Educators. The Nurse Manager has a strong team who can comprehensively support, manage, and monitor clinical research practice. With the implementation of this new role, we have increased our capacity to conduct unit-based safety and quality initiatives and spread learning to other clinical areas faster. Since April 2019, the Safety & Quality Nurses have met monthly with the CCND Safety & Quality Team to learn the basics about quality improvement. With the new quality and safety nurses in place, Helen Mayberry, Program Director for CCND Office of Safety and Quality led the first retreat on June 17th, 2019. The nurses were immersed in how and why we use data to drive improvement. The INSPIRE Committee leaders jump-started the day by focusing on the different characteristics between data used for Evidence Based Practice (EBP), quality improvement and research. Different types of measures, the data management processes, the variety of ways to interpret and present data, the importance of safety and quality, and the application of data to pertinent clinical indicators were discussed. The day was full of lecture, discussion and small group activities. It ended with an invigorating game of Patient Safety Jeopardy!
CRN Highlights

Students and Faculty Visit from the University of Guam

Students and Faculty from the University of Guam, School of Nursing, visited the Clinical Center Nursing Department during the week of July 22. While the students were here they had shadow experiences within the oncology program of care, inpatient, day hospital and clinics. Their faculty observed an IRB meeting. All attended the fundamentals of clinical research nursing course, which covered topics such as human subject protection, informed consent, clinical trial design, drug development and the role of clinical research nurse. Despite jet lag, everyone was engaged and inquisitive about our process. The students also visited our blood bank and donated their blood.

This relationship started with an inquiry from the National Institute of Minority Health and Health Disparities. Guam is becoming more involved in clinical research and the nurses want to learn more about clinical research nursing. In the future, we hope there will be further opportunities to share our work.

Visiting students from Guam in the Blood Bank donating blood: Chelsea, Destine, and Ariane
Shared Governance

NURSE PRACTICE COUNCIL (NPC)

Anitra Fitzgerald, Kim Adao and Alex Classen, Nurse Administrative Support, Chair and Chair-Elect (NPC)

Nursing Practice Council Chairs and Chair-Elects
CLINICAL PRACTICE COMMITTEE (CPC)

LT Jeanette Kim and LT Lonice Carter, Chair and Chair-elect (CPC)

PERFORMANCE IMPROVEMENT COMMITTEE (PIC)

Kristine Kauflin and Julia Wagner
Chair-Elect and Chair (PIC)
NURSING INFORMATION SYSTEMS COMMITTEE (NIS)

Jennifer Brooks and Lisa Robinson Chair-Elect and Chair (NIS)

NURSING RESEARCH PARTICIPANT EDUCATION COMMITTEE (NRPEC)

Ann Marie Alvarez, Kelly Stevens and Iryna Grabovetska. Nurse Administrative Support, Chair and Chair-Elect (NRPEC)
RECOGNITION AND RETENTION COMMITTEE (R&R)

Mankaa Abongwa, Erica Sapp and Cheryl Liverpool-Cummins, Chair-Elect, Administrative Support and Chair (R&R)

NURSE WELLNESS COMMITTEE (NWC)

Mary Bowes and Justina Pfister, Chair and Chair-Elect (NWC)
Unit Practice Council Highlights (UPC)

The UPC chairs and co-chairs participated in a workshop on June 26, 2019. The morning sessions were designed to provide some training to the chairs related to using the NDNQI nurse survey data and discussing how it may drive projects on the unit. All participated in a hypnosis session where each learned the power of suggestion and how words can assist in creating a specific outcome, e.g., relaxing. Later in the day, each unit chair presented projects they are either working on or planning to start in the future. Everyone had a chance to discuss and learn from one another best practices across units. Some of the projects shared included self-scheduling, collecting specimens off site, systems to eliminate expired lab tubes, fall prevention initiatives for healthy volunteers, hand washing pictures for kids, grid protocol buddy system, charging stations to eliminate cords, and changes in the standard operating procedure for local anesthesia in the OR.
Research Highlights

CCND hosts WRNRC spring meeting, “Journeys into Nursing Research”

Every spring the Clinical Center Nursing Department hosts a meeting and educational presentation for the Washington Regional Nursing Research Consortium (WRNRC). Nurse researchers describe their research experiences and focus on steps in the research process, including hypothesis generation, research study development, implementation and outcomes. This year two nurses from our department presented their work on nursing research projects.

“Are you Sleeping? The Journey from Clinical Question to Evidence-Based Practice: Patient Engagement from “Bench to Bedside…and Beyond”

Ralph Tuason, BSN, RN

&

“Studying the Placebo Effect.” Patient Reported Attitudes and Perceptions

Susan Goo, MSN, RN

These presentations were Webcast and can still be viewed at: https://videocast.nih.gov
NURSING RESEARCH AND TRANSLATIONAL SCIENCE TEAM

Front Row (L to R): Gwenyth Wallen, PhD, RN; Alyson Ross, PhD, RN; Alice (Ya) Ding, MPH; Brianna Meeks, BA; Alyssa T. Brooks, PhD; Lena Lee, PhD, RN

Back Row (L to R): CDR Robert Cox, RN, BSN, MHA; Sharon Flynn, RN, MS, ANP-BC, AOCNS, BMTCN; Nancy Ames, PhD, RN; Nicole Farmer, MD; Narjis Kazmi, MPH; Brenda Roberson, RN, BSN, OCN; Li Yang, PhD; LT Ralph Thadeus Tuason, RN, BSN, CNRN
Nursing Department Awards May 2019

Clinical Center Nursing Department Annual Awards

Chief Nurse Officer’s Award
Tamara Williams

Tannia Cartledge Clinical Research Nursing Mentorship Award
Rachel Perkins

Nursing Executive Service Award
Research & Translational Science
Ralph Tuason

Oncology & Critical Care
Sue Johnson

Neuroscience, Behavioral Health & Pediatrics
Lee Ann Keener, Caroline Hudson, Patricia Todd, Krista Cato

Medical Surgical Specialties
Elizabeth Wendell

Nursing Operations
Raymond Nudo, Melanie Mudd, Melissa Hubbard

Clinical Excellence Award
Georgia Campbell, Alex Classen, Kathleen Craft, Lee Ann Keener, Kimberly Nelson

Inspiration in Clinical Research Nursing Award
Shani Scott

Rising Clinical Research Nurse Excellence Award
Shellina Campos

Excellence in Nursing Education Award
Philip Bernaldez

Partnership Excellence Award
SSWS Day Hospital Nurses

Excellence in Patient Education Award
Sonja Bartolomei

Excellence in Leadership Award
Lucy Justement

Excellence in Safety and Quality Award
Kristine Kauflin

Support Staff Award
Patient Care Technician—Jaimee Pollitt

Support Staff Award
Gaynell Amaya

Support Staff Award
Sheila Dobson

Excellence in Teamwork Award
OP 3 Nurses
Erica Jaworski, Fernando Alvarez, Lynette Nixon, Valeria Johnson-Boccia, Caitlyn Brown, Hati Maglaya-Dejesus, Rahel Bahiru, Eva Daniels
Public Health Service Commissioned Corps Award

**Commendation Medal**
CDR Robert Cox
LCDR Melanie Webb

**PHS Citation**
LCDR Reggi Parker

**Achievement Medal**
CDR Nam Hoang
LT Keyonica Lassiter
LT Jennifer Jabara
LT Isabel Nieto

NIH Directors Awards

The NIH Director’s Award ceremony, recognizing employees who exhibited superior performance or special efforts significantly beyond their regular duty requirements, but directly related to fulfilling the NIH mission, were awarded the following teams:

**Hospice Unit Establishment Team**: For the work done over the past two years to create and open a dedicated hospice unit at the Clinical Center. Ann Berger (Group Leader), Gwenyth Wallen, Bennett Hollins (ORF), Wendy Manning, Debra Kolakowski, Allison Adams, Shirley Gorospe, Caryn Steakley (NCI), Beca Kulinovich (retired), Dolores Elliott, Mok Chung (Jen) Cheng, Margaret Mahon, Karen Baker, John Pollack, Kathy Baxley, Joan Aaron, Megan Mikula, Pamela Horwitz, Tony Young

**Clinical Center Code Yellow Leadership Team**: For exceptional, dedicated and creative clinical and operational leadership during the Code Yellow brought about by the flooding of the ACRF. Gwenyth Wallen (Group Leader), CAPT Diane Aker (retired), Michele Evans, Karen Kaczorowski

Karen Kaczorowski: in recognition of her excellence and professionalism in leading the patient administration activities of the Clinical Center, touching every patient on an intramural research protocol.
2019 CCND Scholarly Activities

Publications


Presentations


Brooks, A., Ross, A. (2019). Patient-reported outcomes and symptom science at the NIH Clinical Center. In *Panel co-presented at the NINR Symptom Science Center launch (Symptom Science Center: a Resource for Precision Health)*. Bethesda, MD.


Oko-Odoi, A., & Elliott, D (2019). Managing the psychosocial complexities of sickle cell disease (SCD) with multiple comorbidities during allogeneic hematopoietic stem cell transplantation (HSCT) with supportive nursing care. In Transplantation and Cellular Therapy Meeting. Houston, Texas


