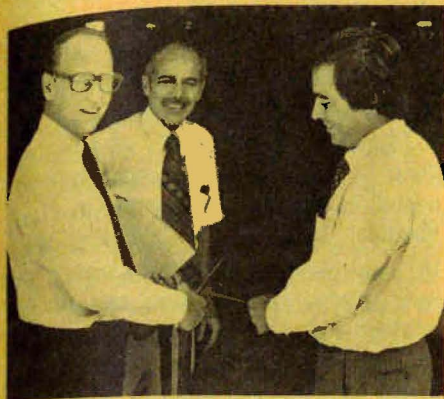


October 1978

ACRF Parking Garage Opens



Dr. Fredrickson (left), Dr. Lipsett (center) and Jeb Turner III cut the ribbon officially opening the parking garage.

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

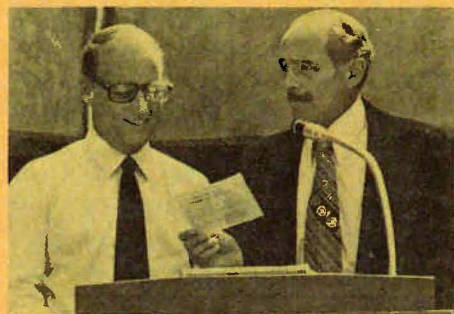
There are presently two stairwells and the ramp on Convent Drive for exiting the garage. The west elevator tower will open this month with limited service to the third floor.

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; and 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



CC Director Mortimer Lipsett (right) presents the number one space parking permit to NIH Director Dr. Donald Fredrickson.

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 housecleaning 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 Carlsen, Nursing Department and Elsie Yanchulis, Blood Bank Department, received NIH merit Awards. Ms. Carlsen was honored for developing a diversified continuing education program for nurses offered through the Foundation for Advancement of Education in the Sciences, and Ms. Yanchulis 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 Neher

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 and will 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 copy of the physician's prescription and makes up a 24-hour supply of the appropriate, individually wrapped units of medication. These "unit doses" are then dispensed in small bins labeled with the patients' names, loaded on lockable carts and transported daily to the wards. Nurses administer the medication from the patients' individual bins according to the original prescription in the patient's chart. With a double check thus assured, patient safety is increased and interpretational discrepancies are virtually eliminated.

Patients are afforded further protection by 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 other 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 area allows detailed records to be kept 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.

The unit dose system as practiced at the Clinical Center has 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 inpatient and take-home medications, thus providing a continuity of drug information to the patients at all stages of their treatment.

Overall, the new system has met with general 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.



This pharmacist checks the patient drug profile, which is compiled by the Pharmacy, to check information about the patient before filling physician medication orders.

Spotlight On...

The CC Veterans

This is the final segment of the CC veterans spotlights. Those employees who were not available for an interview or photograph are listed at the end of the article.

John Stanmore, Environmental Sanitation Control Department came to the CC from the Naval Medical Center. He remembers when there were no patients in the CC, and that "our job was to get the building ready for the patients." Mr. Stanmore started working here as a housekeeping aide and moved up to a leader, a section supervisor, and is presently a section chief in the department. "I've strived to motivate people in my supervisory capacity," he says. "I've gained lots of experience in dealing with people," he adds, "I find it (working here) challenging and I enjoy it."

Tolbert Strong is a food production/kitchen helper in the Nutrition Department. "I was working at Walter Reed for a few months, and when the new building went up, I wanted to be one of the first employees. I came out here the day they opened the building." M. Strong is a World War II veteran. "I've been to England, France and the Phillipines," he says. About working here he says, "It's been nice. I work every day, never been AWOL or taken advantage of my sick leave in 25 years." "I believe in working," says Strong, and he has conveyed this ethic to his family. His wife works in Central Sterile Supply, and two of his ten children work in Building 31.

Clinical nurse Mary Reiblich transferred from the Navy Hospital

where she worked in a civilian capacity. She came to the CC because of the opportunities she believed to be here. "I came when the Neurology Institute Nursing Service opened. I was on the staff when the first patient was admitted," She says. She recalls, "I was awed by the impressive appearance of the Clinical Center exterior which is gone now." The marble and pools stand out in her mind most. When she saw the Pool of Bethesda in Israel in 1970, she became even more impressed with the CC. "There were only three Institute Nursing Services, Cancer, Neurology, and Psychiatry, when I came. I helped open Neurology," she says. "They used to have coffee and buns offered to the night staff," she adds smiling.

Arthur Howard is a baker in the Nutrition Department. Howard was a painter at the Navy Gun Factory and worked several years as a cook at Walter Reed. He was also a mess sergeant in the Army. Mr. Howard recalls serving for the cafeteria and the patients. He feels that "there have been great improvements. I have seen a lot of changes since being here. A lot of fellows have come here and progressed into managerial type positions. This is a big improvement." Pondering whether or not he would do it a second time around he says, "I really have no regrets. I've had a pretty good life."

Mario Salvaneli, Chief of the Physical Therapy Service, Rehabilitation Department, did not know

where NIH was in 1953. He was into his fifth year of study at the University of Pennsylvania when he met a physical therapy equipment salesman at a party. The salesman had to bring some equipment to NIH and asked him how to get here. The salesman mentioned that NIH was supposed to be across the street from the Navy Medical Center, which Salvaneli realized was near his home so the salesman picked him up, and they came to NIH together. "I was amazed at all that was out here," and he said, "I made up my mind that this is the only place I'm going to apply for a job." He recalls a two-month training trip to England where he learned a special technique—casting of arthritics to correct joint deformities. "After that the technique has been used a great deal and is highly successful," he adds. He remembers becoming assistant chief of the section in 1958 and becoming chief 1971. He also notices the stability of the staff. Many of the Rehabilitation department's employees have been in the department 15 years or more. He fondly recalls that he and Robert Massey (another CC veteran) started working here on the same day but at that time in different departments. As with other veterans,

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John Stanmore



Tolbert Strong



Mary Reiblich



Arthur Howard



Mario Salvaneli



Lee Ingram



Melvin Taylor



Dorothy Zimmerman



Mary C. Jackson



Barbara Murphy

growth of the NIH stands out in Salvaneli'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 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 start 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. I made drapes for all of NIH, on 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 her being here, she says, "I enjoy working here. I have always gotten along with everybody. I have no complaints. The closeness the years 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 (Walsh) Ferris, assistant chief of Social Work and supervisor at St. Vincent's hospital in New York. Ms. Ferris had been coming to NIH as a consultant before the CC opened and she told Ms. Murphy of the merits of opening a department. Murphy was into her third year in 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



Mildred Claassen



Helen Murphy



Wardell Ross



June McCalla



Eunice Nichols

Veterans, cont.

drained from their practices. "The government, therefore, sought top notch people to work here—to make it in spite of opposition." "In the beginning everyone had to carve out his own territory. There were no specific guidelines. It was really deciding your function. They wanted the Social Work staff to serve as Officers of the Day and to do rounds at night which he didn't feel was part of our function. We even provided wine for the chapel," she smiles. "Here, also, the department came in together, "which is unlike other hospitals where department are phased in at various times. "There was a great deal of interdisciplinary work. It (the CC) was small and we all knew each other. We (the department heads) got together to decide things like what kind of furniture to get for the cafeteria." Murphy kept a diary of the first five years that she worked here. "There was a chief, assistant chief, a caseworker, and I was the program supervisor." She became chief of the department in 1972. She remembers when supervisors were required to have 10 years of training, when all employees had to have routine chest x-rays about once a year, and when the PHS flag was accidentally raised upside down and the CC got a call from the Navy Medical Center (because that was a distress signal). According to Murphy, Social Work was given and approved the responsibility of making its own social work assessment from the very beginning and this is still the case. In other hospitals, however, referrals from physicians are 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 the breakthroughs."

Mildred Claassen, a clinical nurse, transferred to the CC from a government ward at George Washington University Hospital. Five nurses from that ward opened up 12-East here at the CC. Dr. Roy

Hertz was the physician in charge. She recalls meeting many people, nurses, and patients over the years. She also says, "I've seen many changes, some for the good, some not so good." Ms. Claassen thinks that nursing has changed in many aspects. "It's been a very interesting and rewarding experience to work with this type of patient—the research patient." She feels it is especially good "to see that your efforts have helped to make them better." "I think NIH is a wonderful place to work for experience and would 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. Many changes stand out in her mind. "When I first came, everything (all of the patients) was located on 12-East. I watched everything open up." She 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 remained our prime concern." According to Murphy, Nursing is different because one can work on many different services for more varied experience and interests while staying in the same department. Ms. Murphy also would encourage nurses to take advantage of the educational opportunities available in the hospital. Because she has worked in many areas in the CC, she is aware of the advantages.

Wardell Ross is a baker in the Nutrition Department. He applied for three positions here in 1953 while he was employed as a baker's helper at Navy Medical. After getting one of the jobs, he was urged to wait for the job with which he was already familiar, being a baker's helper. "When the Clinical Center first opened, the department was so busy I hardly had a

chance to get a complete uniform." He was given an apron, a cap, and a shirt to work in. "It's been an experience to watch the place change so." 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 a co-worker who noticed 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 worries," which he thinks is the secret to endurance. "If you don't get uptight about every little thing, you'll make it."

June McCalla was a Navy nurse at 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 physician on call was a pediatrician," she says smiling. "We (the 11-West staff) became a close-knit, warm group and have remained close over the years." Dr. Horace Bernton was one of the first clinical associates on the unit, and many of the nurses (of the old 11-West group) go to him now as their personal physician "because we know and admire him and because of our close professional association with him in the early days." The first chief nurse of the service, Margaret Benson, believed in the staff advancing themselves professionally, according to Ms. McCalla and now several of the leaders in the CC Nursing Department are the same people who started under Ms. Benson. "She strongly encouraged us to move ahead," she says.

Eunice Nichols heard about NIH when her husband was taking courses at American University. He was told that the NIH was hiring employees with a Home Economics background, and she had one. "I was the first food service aide that

Continued, next page

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 Crayton, Charity Davis, Elizabeth Koepenick, Beatrice Lacy, Mildred Lewis, Mary N. Little, William Mason, Melvin Naylor, Doris Shelton, John Summerour, 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 3B 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:

Congratulations to Irene and Milton Powell on the birth of their daughter, Sabrina Ellen, born August 3, 1978. Irene works in Admissions.

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 Schaufele, 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/or 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 vaca-

tioning in Missouri, Florida, and the Virgin Islands.

Relocations for the Department are as follows:

Eye Clinic 13th Floor Solarium
 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 Furlow.

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, balloonlike 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.