

# Interaction Research News

Seattle Children's Research Institute

December 2010 vol.6 no.11

## Special Interest



### **Dr. Michael Jensen: Seattle Native Returns Home to Change the Face of Cancer Treatment** [Page 2](#)

From his ambitious beginnings in the labs at Fred Hutchinson Cancer Research Center as a lab-tech teenager, Dr. Michael Jensen has spent his entire career developing immuno-therapies to treat cancer. He now returns to Seattle to build a new program at Seattle Children's Research Institute that could change the future of cancer treatment.



### **Seattle Children's Research Institute Expands With a New Zebrafish Aquatics Facility** [Page 3](#)

Starting next year, Seattle Children's Research Institute will add another program as we pursue the vision of becoming one of the top pediatric research institutes in the country. With the addition of a Zebrafish Aquatics Facility, the Center for Tissue and Cell Sciences will begin a new and important step, extending our ability to treat and cure childhood diseases and disorders - this time congenital heart defects.



### **New Research Medication Practices Implemented** [Page 5](#)

As a result of Patient Safety Day, new hospital and research institute medication practices emerged to ensure patient safety within the realm of clinical research. Most of the changes are already in effect and are the new standard practice. Familiarize yourself with the changes as we strive to maximize safety for every child that comes to Seattle Children's.



### **What? We're Moving?** [Page 7](#)

West 8<sup>th</sup> will soon be the new home for the Center for Clinical and Translational Research, the Center for Child Health, Behavior and Development, and Research Support Services. Construction is well under way and as the move date approaches, it is important that faculty and staff are well informed about all pertinent information.

## Did You Know?

...that recently the 2009 Seattle Children's Annual Academic Report was published for the first time [online](#)? The report profiles Seattle Children's outstanding achievements from 2009 and how our doctors and researchers are advancing the practice of pediatric health care.

## Also in this issue...

Food Allergy Symposium [Page 8](#)

Tips for Navigating the IRB Application Process [Page 9](#)

Research HR Convenes Project on Fellows' Benefit [Page 10](#)

When to Engage the PMO [Page 11](#)

Navigating the Non-Payroll Cost Transfer Form [Page 12](#)

2010 CCTR Pilot Fund Recipients [Page 14](#)

CAPP Winter Session [Page 15](#)

Annual Holiday Party [Page 15](#)

Monthly Features [Page 16](#)

Click on the calendar icon to view upcoming research events.



## SPECIAL INTEREST - PRINCIPAL INVESTIGATOR FOCUS

### Dr. Michael Jensen: Seattle Native Returns Home to Change the Face of Cancer Treatment

The story begins. One summer day a soon-to-be high school junior named **Michael Jensen** knocked on the door of his neighbor Dr. **Philip Greenberg** and asked, "Can I work in your laboratory?"

"He said 'Yes', because he appreciated my moxie," the now Dr. Michael Jensen shared with a slight smile and the space needle behind him in his new Seattle Children's Research Institute office. "That first summer I started out cleaning mice cages, but by the second summer I was in the lab learning to grow cultures and perform assays on cells."

After graduating from the University of Pennsylvania School of Medicine, Dr. Jensen returned to complete a fellowship with Dr. Greenberg at Fred Hutchinson Cancer Research Center. He then ventured on to the Beckman Research Center at City of Hope in Los Angeles to join the National Cancer Institute's Comprehensive Cancer Center. He built a new lab program to study and develop T-cell genetic engineering and began exploring the realm of cancer therapy translational research.

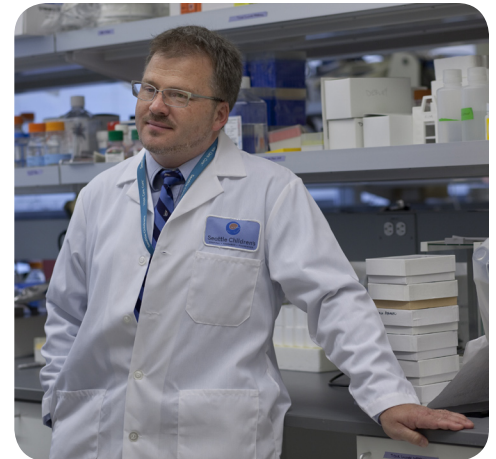
Translational research is the research area and process that brings new technologies from the lab to the bedside and it often includes clinical trials. At City of Hope, Jensen's research developed in three areas:

1. Technology to treat B-cell leukemia and lymphomas;
2. Applications for neuro-blastoma; and
3. Malignant brain tumors in adults and children.

All of this work was done in collaboration with Dr. **Stephen Forman**, chair of the Department of Hematology/Oncology and Bone Marrow, along with active collaboration with Greenberg and Dr. **Stan Riddell** in Seattle.

Now Jensen returns to Seattle to continue pioneering new therapies and treatments, to be close to his mentors and to join an extraordinary research environment. Here at Seattle Children's he has an opportunity to build a program that will conduct clinical trials using a therapy produced by Seattle Children's Therapeutic Cell Production Core's (TCPC) Good Manufacturing Practice (GMP) facility ([InHouse article on GMP Facility](#)). His research mission is to harness the therapeutic power of the immune system to cure cancer in children and adults.

"We are going to take the natural part of human biology and physiology and use what it does best in fighting infections to target cancer," explained Dr. Jensen. "In a sense, cancer outsmarts the immune system; tumors peacefully co-exist with the immune system in cancer patients. We want a battle to happen. Just as a common cold is attacked by the immune system, we want the immune system to attack cancer." This strategy is based on using cells of the immune system called T-cells. T-cells can be harvested from a tube of blood from the patient. These harvested T-cells can be genetically reprogrammed to attack cancer cells and grown to billions of cells in number outside the body. "Think of it as rebooting the operating system



**Dr. Michael Jensen, Center for Clinical & Translational Research and Center for Immunity & Immunotherapies**

of a computer," shared Dr. Jensen. "The new software we are giving to T-cells in the form of recombinant DNA codes for an artificial receptor, like a designer velcro molecule that allows the T-cell to recognize the tumor cells. The T-cell will attach to a cancer cell, and once it is attached it will kill the cancer cell, just like it would attack a virus leaving normal healthy cells unharmed."

The hope is that through utilizing these techniques cancer cells that are resistant to standard therapies will be eliminated, improving the overall outcome of cancer treatments. And, improving cancer treatment outcomes for children, improves quality of life because standard cancer treatments can include debilitating surgeries and therapies.

With Dr. Jensen's return to Seattle, the local cancer research community and patient will benefit from his pioneering efforts to transform cancer therapy. **lrn**

## RESEARCH BITS

### Seattle Children's Research Institute Expands With a New Zebrafish Aquatics Facility

Seattle Children's Research Institute will soon accomplish another milestone as we strive to become the best pediatric research institution. In early 2010, research leadership moved forward with a plan to build a Zebrafish Aquatics Facility at Building 1. Under the direction of Center Director Dr. **Allison Eddy**, the Center for Tissue and Cell Sciences aims to restore child health through repair, regeneration and/or replacement of cells, tissue and organs. The center's programs include mechanisms of tissue formation, injury and repair. In addition, it encompasses repair of developmental abnormalities, genetic regulation of tissue responses to injury, and cardiac regenerative medicine. Having an onsite zebrafish facility and breeding program will be strategically important to the expansion of the center's cardiac regenerative medicine program.

Zebrafish make an excellent research model for cardiac development and regeneration. Zebrafish embryos are transparent and develop outside the mother, so it is easy to see results of manipulation to the embryo and larva throughout its development. This also allows easy access for studies of stem cell specification, transplantation and fate mapping. The zebrafish genome has been fully sequenced and large scale mutagenesis screens have been completed, making many unique genetic tools available to study development of the heart and vascular system. Zebrafish hearts will regenerate fully functional myocardium after resection of up to one half of the ventricular mass. This allows for an in-depth look at the molecular and genetic pathways. Pathways that may someday be utilized to repair congenital heart defects and regenerate human heart tissue, thereby preventing heart failure or myocardial infarction. Zebrafish also have the ability to regenerate fins, skin and brain tissue (in larval stages). Understanding this ability to regenerate, researchers may be able to incorporate the ability to repair tissue in other human body parts and organs.

Other benefits of using zebrafish for research include their fast reproduction time (spawning every four to seven days throughout the entire year), and production of large numbers of progeny, which allows multiple generations to be reproduced over a short period of time. With adult fish growing to just over one inch, a large number of individuals can be maintained in a small space at minimal cost. Because zebrafish absorb substances through the water they swim in, drugs can be administered easily, and their effectiveness on different organs and systems can be easily measured.

The institute's new Zebrafish Aquatics Facility is being built in the northwest corner of the first floor of Building 1 ([see Figure 1](#)). During the design phase of the aquatics facility, Research Facilities' personnel toured a number of similar facilities at Stanford University, University of Washington, and University of California, San Diego. With the aid of design consultants, Research Facilities developed a program that included sealed epoxy floors, isolating the zebrafish filtration and racks into three individual systems for multiple investigators, details with the procedure room design, under-counter glass washer with RO rinse cycle in the tank room, and other design programming items that will benefit the new facility. The light cycles will be programmed to operate 14 hours on and 10 hours off. There will be a red light override in rooms containing fish, since fish can't see red, and therefore won't impact their breeding cycles. The Office of Animal Care also recently hired a new staff member to operate and manage the facility, providing Research Facilities with another resource to help develop one of the best aquatics facilities and zebrafish programs in the country.

The Zebrafish Aquatics Facility is a 1960 square foot "suite" containing a main tank room, a separate pump and filtration room, quarantine, feed prep, and a large procedure room designed to accommodate seven to eight researchers working at the same time. The facility will be able to house over 50 racks and around 3600 fish tanks of varying sizes. The design is strategic so we can increase the capacity in thirds as we grow and have expanding needs. In addition to sealing the flooring throughout the space, a large number of drains were installed to better protect vivarium space below.

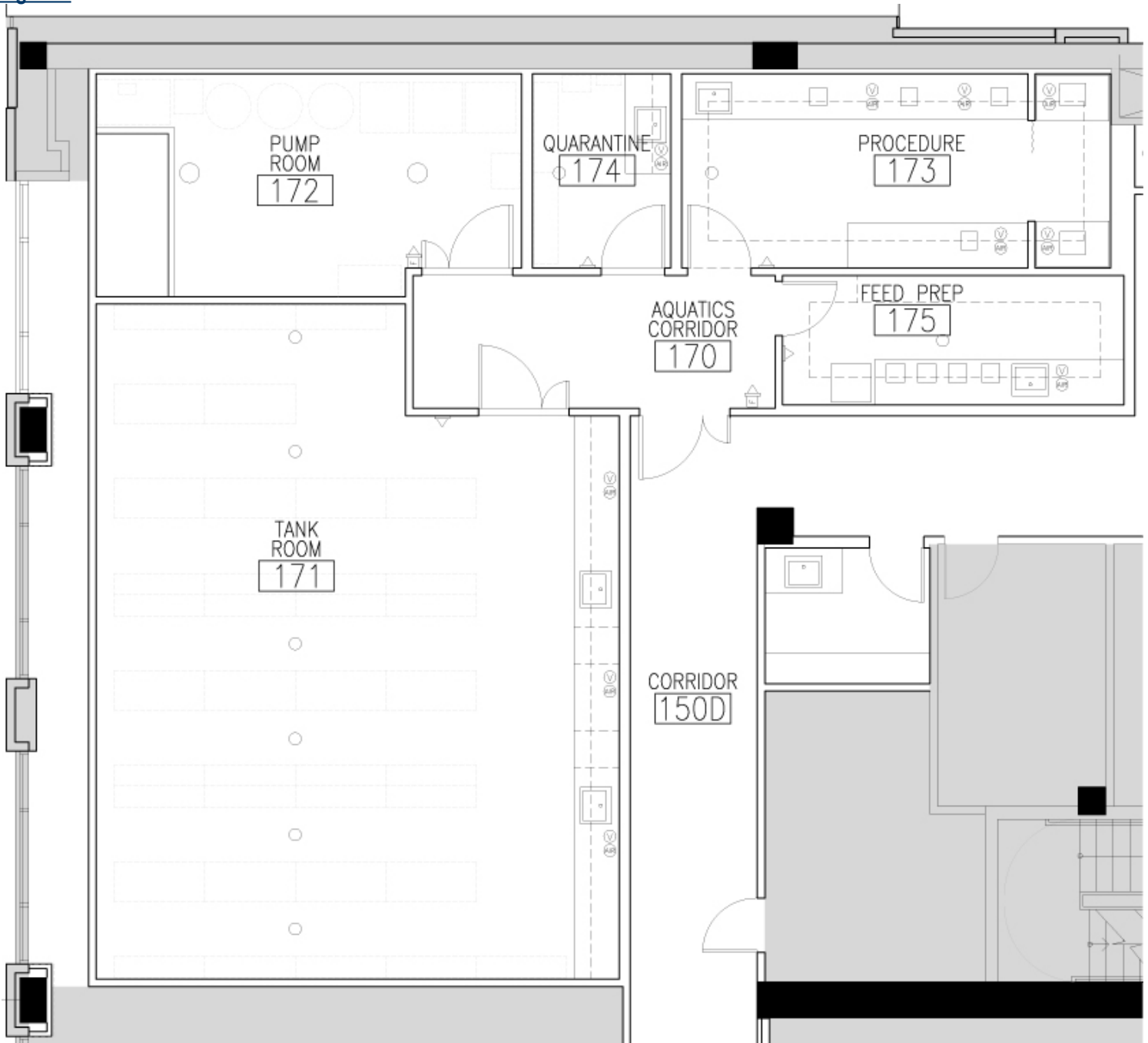
[Continued on Page 4](#)

## RESEARCH BITS

### Seattle Children's Research Institute Expands With a New Zebrafish Aquatics Facility [Continued from Page 3](#)

The new Zebrafish Aquatics Facility will be a great addition to support our researchers in making new advancements. This will ultimately benefit our most important customer, children, through aiding in the prevention of heart disease and other complex medical problems for years to come. [Irr](#)

Figure 1.



New Zebrafish Aquatics Facility being built on the first floor of Building 1.

## RESEARCH BITS

### New Research Medication Practices Implemented

On Nov. 10, Seattle Children's active clinical research investigators were notified via e-mail about some new hospital and research institute practices designed to help ensure patient safety in clinical research. These high-priority changes came about as a result of discussions held before, during and after Patient Safety Day on Oct. 30. For additional background and context, [see the video of Seattle Children's CEO Tom Hansen](#), MD introducing the day's events.

One of several different teams participating in Patient Safety Day looked specifically at the practices around medication administration for patients on research protocols and how this information is integrated into the medical record. Led by Center for Clinical and Translational Research (CCTR) Director **Bonnie Ramsey**, MD and Clinical Research Operations Director **Pam Joy**, RN, MN, PNP, the team of 15 was multidisciplinary and included investigators, research nurses, a clinical research associate, Investigational Drug Services pharmacists, Pediatric Clinical Research Center (PCRC) personnel, and Continuous Performance Improvement consultants.

#### Information gathered during and prior to the event revealed the following:

- The process of ordering and documenting research medications was not standardized and was being performed utilizing inconsistent paper order forms.
- The completion of the paper medication order form was not consistently being performed by a licensed prescriber.
- Education of patients and families about research medications was not consistently being performed by healthcare providers licensed to provide that information.
- Medications orders (the paper forms) were not consistently making it into the patient's hard copy medical record and the administration of the medications was not being documented on a Medication Administration Record.

After reviewing the issues that were brought forward by the team, hospital and research institute leadership were extremely concerned and felt it necessary to expedite several proposed changes to improve the safety of research participants.

#### Key changes being implemented and their effective dates are as follows:

- As of Nov. 10, prescription elements of research medication orders are only to be filled out by licensed prescribers (MD, ARNP, PA).
- As of Nov. 10, research medication education must be performed only by qualified licensed healthcare staff (Nurse, MD, ARNP, PA, Pharmacist).
- A standard medication order template will now be used for ordering all research medications (except for inpatient studies, Hematology/Oncology/BMT studies, and studies utilizing only standard of care medications). Investigators were asked to work with the Investigational Drug Service pharmacy ([IDS@seattlechildrens.org](mailto:IDS@seattlechildrens.org)) to develop study-specific medication order forms using the new template by Nov. 22. A second standard form has also been implemented for ancillary research medications (supportive medications being used in the study, such as lidocaine or albuterol). Examples of both types of the new forms can be found on [CHILD](#).
- As of Nov. 22, a process must be in place for all studies to ensure that the Research Medication Order Forms go into the paper medical record immediately (within 24 hours of medication administration). Different methods may be utilized depending on where the visits are being conducted. [Continued on Page 6](#)

## RESEARCH BITS

### New Research Medication Practices Implemented [Continued from Page 5](#)

- All therapeutic and diagnostic studies that involve the administration of a research medication or a biologic agent will be overseen and supported by the PCRC. Investigators whose studies are not already approved for PCRC usage have been asked to submit an application to the PCRC by Dec. 9 for approval by the Scientific Review Committee. Application instructions can be found at: [www.iths.org/research/applications](http://www.iths.org/research/applications) and questions on the PCRC process should be directed to [PediatricCRC-ITHS@seattlechildrens.org](mailto:PediatricCRC-ITHS@seattlechildrens.org).

Investigators of affected studies were asked to submit an attestation form to the Institutional Review Board (IRB) stating their compliance with the first four points above. Twenty-eight active IRB studies were identified as being affected; however there may be more studies that the implementation team is not yet aware of, and they will be going through IRB records more thoroughly in the coming weeks. A decision tree was provided in the original Nov. 10 e-mail to help

investigators determine whether the changes applied to their studies. According to **Angel Latterell**, JD, PMP, project lead from the Project Management Office, attestation forms have now been submitted for all previously identified studies. Twenty-six of these studies were already working with the PCRC.

Further information on the new practices and their implementation were provided at the Clinical Research Staff Forum on Nov. 17 and in a follow up e-mail to investigators on Nov. 19. The [PowerPoint presentation](#) from the forum is posted on the [Research Tool Kit page](#) on CHILD and is a good source for details such as definitions of terms, types of studies exempted from the new policies/procedures, practices for ancillary medications, and options for getting medication orders into the medical record.

Pam Joy emphasized at the Nov. 17 event that although some of the changes are already in effect, details around their implementation

should be considered a work in progress. Given the varied nature of clinical research at Children's, it is natural that several issues have come up as individual research teams begin to work out the impact of incorporating these practices into their studies. Investigators and research staff are encouraged to send their general questions to [research.help@seattlechildrens.org](mailto:research.help@seattlechildrens.org). The implementation team will work with individuals to resolve unique issues as needed, and a Frequently Asked Questions document should be available soon. It is anticipated that more formal policy documents will be completed and posted once additional details are worked out.

Despite the questions raised, it's clear from the rate of compliance so far that investigators have made implementation of these new practices a priority. Leadership appreciates everyone's cooperation with this new process since, as noted in the Nov. 10 e-mail, "It is incumbent upon all of us to ensure safety for our research participants." **Irn**

### New NIH Policy Statement

**What:** Publication of the Revised National Institutes of Health (NIH) Grants Policy Statement (Rev. 10/1/2010): Policy Changes, Clarifications and Document Enhancements (NOT-OD-11-003)

**Complete Info:** See NIH [Web site](#) for complete information.

### Keep an Eye on Funding Opportunities

Seattle Children's Foundation staff have compiled lists of current federal, non-federal, limited and intramural funding opportunities and posted them on the [Research tab on CHILD](#). These announcements have been identified as being of particular interest to Children's staff. This should not be considered a comprehensive list of all funding opportunities. To find this site, click on the Research tab at the top of CHILD, then select "Funding Opportunities" from the "Sites" list in the grey box on the left. To suggest other resources or provide feedback about this site, please contact site coordinator [Mela Collins](#).



## RESEARCH BITS

### What? We're Moving?

Seattle Children's Research Institute is a world-class research organization and we are working diligently to ensure that our current and future facilities enhance our ability to maintain and advance that position. As you know, we are in the process of constructing the interior space at the West 8<sup>th</sup> facility in preparation for our move in early 2011. Locating two research centers, Research Support Services and Research Institute Administration in the same facility will advance our efforts to create a culture and environment that emphasize collaboration and recognize that each employee contributes to our success as an organization.

We are excited about the opportunities that the West 8<sup>th</sup> facility will create for our organization as a whole and our employees as individuals in both the near- and long-term. Recognizing that the open workstation design strategy will create an environment substantially different from the one in which we currently operate, research institute leadership's goals for this process are to create a comfortable, productive and collaborative environment that removes barriers — both physical and cultural — to sharing information and learning from each other.

### So what can we all expect from our new space and how do we prepare for the transition?

It is fair for all groups moving to West 8<sup>th</sup> to assume that there will be a reduction in filing space compared to the current work environment. The reduction will vary by group and shortly, each department will be provided with metrics demonstrating how much personal and shared filing will be available. Along with these metrics will be tools to inform staff on exactly how many move crates equate to the respective filing space available at West 8<sup>th</sup> by department. These tools will be made readily available to all staff and should help to more concretely illustrate how much of a reduction is needed by each group.

Many communication tools and venues have been established to provide you with the essential information pertaining to all West 8<sup>th</sup> related projects. If you have yet to see them, communication boards have been set up at both Met Park West and Building 1 with information that will rotate frequently. The boards can be found in the lunch rooms on the 5<sup>th</sup> and 8<sup>th</sup> floors of Met Park West and in the lobby of Building 1. Currently, you can look at the floor

plans to see where your department will be located in the new space. You will also find a timeline of move activities.

In addition to visual communications, there is the [West 8<sup>th</sup> Webpage on CHILD](#). The West 8<sup>th</sup> homepage is your most comprehensive resource for all West 8<sup>th</sup> related projects, including design and build out progress, Continuous Performance Improvement's (CPI) 5S efforts, operational processes, and move execution logistics. Be sure to check back regularly for revised schedules and updates. Lastly, it is important to remember that there are staff members representing your departments on the move team. A list of Move Coordinators can be found on the communication boards and on the West 8<sup>th</sup> Webpage. If you have any questions, they are the perfect liaisons for all West 8<sup>th</sup> related issues.

To prepare for the move to West 8<sup>th</sup>, it is important to begin thinking about purging unnecessary items that do not need to move with you. Packing for the move is not the most appropriate time to clean out your office. While planning for the move, appropriately schedule your workload to accommodate move related activities such as packing, unpacking and downtime over the move weekend. These are things you can be doing now to help make the transition more efficient. Please join us at the all-staff forums occurring monthly for more information on how you can best prepare for a smooth transition. [Irrn](#)

### **5S Supports Prep for West 8<sup>th</sup> Move**

Please note that in preparation for the move to West 8<sup>th</sup> several 5S Sort Events will be taking place in the shared supply and file room spaces at Met Park West during the month of December. The Area Owners who are working with Research Continuous Performance Improvement (RCPI) and an event schedule can be found on the [West 8<sup>th</sup> Webpage](#). In addition, everyone is encouraged to set aside time to sort through and purge unneeded items at their individual workspace, an activity that will be emphasized during "Sorting Days" Jan. 6-14. All are encouraged to familiarize themselves with the purpose and principles of 5S by taking the brief on-line course, [5S Awareness V 1.0](#). More information about 5S can be found on [CHILD](#). [See results of first 5S common area sort.](#)

## RESEARCH BITS

### Food Allergy Educator Symposium Provides Venue for Collaboration

The Seattle Children's Food Allergy Community Health Education Program recently brought together prominent food allergy educators and specialists from across the country to attend the first Elizabeth M. Campbell Food Allergy Educator Symposium at Seattle Children's Research Institute.

**Hilary Stephens**, RN, BSN, Seattle Children's Food Allergy Community Health educator shares, "In my time working with other educators from around the country, I realized that there was no mechanism for us to share information and experiences except on a one-on-one basis. This symposium was held in response to a need to share materials and develop an integrated approach to food allergy education." Educators from around the country met to share best practices, create standardized content, and discuss the new national clinical guidelines. The symposium also provided a venue for learning about recent advances in clinical care and research, and to discuss future directions of food

allergy education in the community.

Several issues were tackled during the two day conference. Presentations by the existing food allergy education programs demonstrated the variety of approaches and led to discussions over how to define the common foundational messages that audiences need to hear. Participants considered how recent publications related to developments in food allergy science, including the new National Institutes of Allergy and Infectious Disease's (NIAID) "Guidelines for Diagnosis and Management of Food Allergy" will impact food allergy awareness and education.

Participants were also invited to provide input on the development of a Web-based training tool that will be jointly developed by the Food Allergy and Anaphylaxis Network (FAAN) and the Food Allergy Initiative (FAI) and made available at no charge to schools, community organizations and the general public.

The Food Allergy Educator Symposium was funded by a generous gift from **Elizabeth M. Campbell**, who also attended the symposium and the FAI. [Irn](#)

### Symposium Attendees

Attendees included educators, nurses and specialists from academic and clinical institutions, including:

- Arizona State University
- Children's Hospital Boston
- Children's Memorial Hospital in Chicago
- Children's Medical Center of Dallas
- Children's National Medical Center in Washington, DC
- Duke University Medical Center
- Johns Hopkins University School of Medicine
- Mount Sinai School of Medicine
- University of Michigan
- Virginia Mason Medical Center

Other organizations represented:

- The Food Allergy Initiative (FAI)
- Food Allergy and Anaphylaxis Network (FAAN)
- Anaphylaxis Food Allergies Association of Minnesota
- San Diego Unified School District
- Allergy Moms

**Attendees of the first Elizabeth M. Campbell Food Allergy Educator Symposium at Seattle Children's Research Institute.**



## RESEARCH BITS

### Ten Tips for Navigating the New IRB Application Process

The revised Institutional Review Board (IRB) application process went into effect Sept. 1, 2010, and the Human Subjects Protection Program (HSPP) would like to share their top ten tips for maximizing your success:

- 1. Ask an [HSPP Analyst](#).** Have a quick question about the new application form? Not sure which type of application to complete? Save yourself from unnecessary work by asking a HSPP analyst early in the process. If you have a question about IRB policies or forms, it may be fastest to call and speak directly with an analyst.
- 2. Prepare for a consultation.** Read the [application form](#) and review the types of questions that are asked and any supplemental materials that may be required. Analysts cannot cover every question in the application, but reviewing the form before consulting with an analyst allows the researcher to focus the discussion and prioritize questions. The more specific the researcher can be when completing the [consultation request form](#), the more tailored the advice will be.
- 3. Consult by phone.** Researchers and staff do not need to meet in person with an analyst if conferring by phone would be more convenient. Phone consultations also allow the analyst to direct the researcher to online resources in real-time.
- 4. Understand the short vs. long forms.** The long version of the new application does not contain extra questions, but it does include explanation and sample answers in the text. If the sample answers apply to your study, you can leave them in the application (it's not cheating, it's efficient!). Sample answers that are not relevant must be deleted. The short form links to the guidance and examples, rather than including them in the form; so there are no sample answers to delete.
- 5. Review the application again before submission.** Make sure you have: Checked the boxes that you intended to check; provided an explanation where the question calls for it; and attached any required supplements. Many submissions are returned for these simple reasons, so double-checking can save you from resubmission. If you do need to resubmit, please be sure to include the complete application packet, and not just the documents you revised.
- 6. Think about your participants.** Are parents participants in their own right, or will they complete questionnaires that are only about their children? Are human subjects involved if all samples are de-identified? Will you ask teachers or providers to complete surveys about a child? Thinking about who is a participant helps you think about from whom you will need to obtain consent, and the best plan to document that consent. It may be helpful to review the regulatory definition of a "[human subject](#)."
- 7. Know the "Rule of 7s".** Often participants who are younger than 18 will be asked to provide assent (they are not old enough to provide legally-effective informed consent). The general IRB requirements for assent are: For children under age 7, no written assent is required (the IRB still expects researchers to explain what is happening to the child); for children ages 7-13, written assent is documented in a simple, written assent form; and adolescents ages 14-17 indicate their assent by signing the consent form with their parent(s) or legal guardian.
- 8. Use the new templates.** [Revised templates](#) were created to assist you with drafting consent, assent and parental permission forms. There are now two versions of the consent template, a Language Resource Text to assist with explaining common concepts, and a glossary that provides lay language for medical/scientific terminology.
- 9. Get instant confirmation.** If you want to make sure the IRB received your submission, use the "delivery receipt" feature in Outlook. To receive a notification when someone opens your submission e-mail, use the "read receipt" feature. This helps the program coordinators focus on processing applications instead of responding to e-mails requesting confirmation of receipt.
- 10. Make your deadlines known.** If a submission is time-sensitive (e.g., a patient is waiting to enroll in a study, or if you need a modification approved before a scheduled visit), please include this information and any specific deadlines in the first line of your submission e-mail. Making this information obvious highlights the urgent nature of the request for the analyst. **Irrn**

## RESEARCH BITS

### Research Human Resources Convenes Project on Fellows' Benefit

As 2010 unfolded, an important focus area for Research Human Resources (RHR) was a review of the postdoctoral fellow employment classification – also known as “postdoc” or “Fellow-PhD”. The postdoctoral fellowship is typically a training program for recent MDs or PhDs in which they partner with a Principal Investigator that serves as their mentor for the duration of their program. This “trainee” status, which is designed for postdoctoral fellows, can be very confusing and complicated due to the nature of a postdoc's work and the funding that supports their research project. Both of these factors impact their position classification once they become employed.

In the past, one of the issues with the postdoctoral experience at Seattle Children's had to do with the benefits offered to them. The plan this past year was to review what benefits other academic research institutions offer their fellows. Particular attention was given to what is offered by Children's partners at the University of Washington, to determine where important differences lie and then to work with Children's HR-Benefits department to address any needed changes. RHR has completed the review, met with the HR partners in the Benefits department and are pleased to announce that as of Nov. 1, 2010, all Children's fellows have been integrated into the Seattle Children's full benefits program. Postdoctoral fellows are now eligible for participation in the retirement program and have Short-Term Disability/Paid Time Off and Long-Term Disability benefits.

This milestone, to enhance the postdoctoral fellowship benefits program, is only one step in improving the overall research fellow experience at Children's. As 2011 approaches, RHR will focus on the classification of these important positions, working with faculty to further hone in on the definition of when to recruit for and characterize a position as a Fellow. Drawing from benchmarks in the academic research field, as well as the criteria and guidelines set forth by the National Institutes of Health, RHR will spend the next several months researching and developing clear guidelines for Fellows here at the research institute. RHR is grateful to all Research Fellows who contribute to Seattle Children's mission of Hope, Care and Cure, and is pleased to finally be able to offer these benefits. [Irr](#)

---

### Did You Know That Among All the Other Things It Does, the University of Washington Also “Manufactures”?

Faculty making equipment purchases at the research institute are frequently surprised to learn that those purchases are subject to sales tax. Many have heard – or experienced – that equipment purchases made by the University of Washington are often not taxed, and so wonder why the same exemption is not available to investigators at Seattle Children's.

State sales tax is the result of state law. And as with many tax regimes, the laws regarding sales tax include a variety of exclusions and exemptions that have been created by the legislature to incentivize job creation, draw businesses to the state, and achieve other legislative priorities. One such exemption, codified in RCW 82.08.02565, is granted to “sales of machinery and equipment for manufacturing, research and development, or a testing operation.” The language of the regulation begins, “The [sales] tax

levied by RCW 82.08.020 shall not apply to sales to a *manufacturer or processor for hire* of machinery and equipment used directly in a manufacturing operation or research and development operation...”

Note the two prongs to the exemption: to qualify for the exemption the purchaser of the equipment must be a “manufacturer or processor for hire” and the equipment purchased must be used directly in manufacturing or Research & Development (R&D) activities. Seattle Children's is currently able to meet just one prong of this test. The equipment purchased by the research institute is used directly in R&D, but since Seattle Children's is not a “manufacturer”, the purchases do not meet the second requirement for the exemption. Consequently, the research institute is required to pay the sales tax associated with equipment purchases. The university, on the other hand, through the activities of its Applied Physics Laboratory and other departments, meets the definition of a “manufacturer” under state tax law and so is permitted to take advantage of the tax exemption. [Irr](#)

## DEPARTMENT HIGHLIGHT

### Do I Really Have a Project? When to Engage the PMO



Practically everyone has encountered a project sometime in their personal and professional career. And most people have a horror story about a project that had gone awry: Missed deadlines, low team morale, and worse yet, a project outcome that did not address the business problem.

The Standish Group's 1995 survey on Project Management (PM) revealed that projects fail 72% of the time. The survey also showed that **over 50% of successful projects used project management methodology**. More recently, the importance of applying standard project management principles to organizational projects was confirmed by research conducted by **Janice Thomas**, PhD and **Mark Mullaly**, PMP of Athabasca University in Alberta, Canada. This [study](#) spanned 15 countries, involved

48 researchers and included over 60 case studies. It concluded that project management provides intangible values to an organization that include more effective work culture, better decision-making, strategy and communication.

The Project Management Office (PMO) at Seattle Children's strives to provide that value-added service to its project partners. "All PMO project leaders are required to be certified by the Project Management Institute so they apply globally-recognized standard PM methodology to all the projects they lead," stated **Heather Lindemann**, director of the PMO.

Prior to requesting a PMO resource, it is important to ensure that the work is truly a project. "It is very common to confuse tasks and operational work with projects as they are closely related and have formal transition points," says Heather.

Let's illustrate this point by taking a kitchen remodel as an example:

Tasks require a small amount of effort and coordination. Multiple related tasks make up an overall coordinated effort called a project. Making a decision on the appropriate type of cabinets and purchasing appliances are examples of tasks in a kitchen remodel.

A project is more complex than a task or a series of tasks. It constitutes planning and coordinating multiple efforts; often from different parties, to achieve a specific outcome. In a kitchen remodel, you probably plan a budget and timeline (how long will I be without

a refrigerator and stove). You probably coordinate the efforts of the contractor who will do your flooring with the one who will install your cabinets. If you are fortunate to have enough in your budget, you probably hire a general contractor, who will act as your project leader to ensure the electrician, the cabinet installer, and the plumber complete their work in order to deliver to you the final outcome: A new kitchen.

Finally, when the new kitchen is complete you can start preparing meals, which is an operational task you repeatedly perform.

If you think that you may have a project effort that requires the assistance of the PMO, look through the following checklist to make sure that your project meets the PMO's project criteria:

1. The project has a sponsor to champion the effort
2. If project expenses will be incurred, a project budget must be secured
3. The outcome/final deliverable of the project must be identified
4. The project has a clearly defined scope and success metrics
5. The project has a clear start and end date, and will be transferred to operations
6. The project work will exceed 40 hours of efforts
7. Project human resources are identified and secured

If your project satisfies all criteria above, go to the [PMO's Webpage](#) to learn how to propose a project for PMO resources. **Irrn**

## RESEARCH BITS

### Navigating the Non-Payroll Cost Transfer Form

Even with the most diligent oversight, errors in grant management can occur. Expenses post to the wrong year of an award or to the wrong activity, for example. To complicate matters, the procedure for correcting the error can be confusing. Which form to use? Where is the form kept? What sort of back-up documentation is needed? Where does the form go once it is complete? This tutorial article, focused on the Non-Payroll Cost Transfer (NPCT) form, will hopefully help reduce these confusions.

#### Common Misuses of the NPCT Form

The best generic rule of thumb on when not to use this form (and it is right there in the name) is this: If the errant expense has anything to do with salary/ payroll, whether for an employee or affiliate, DO NOT USE THIS FORM. This includes reimbursements which are accounted for in an employee's paycheck. Employee salary and reimbursements are transferred via the [Payroll Transfer form](#). Affiliate payroll (most principal investigators and UW employees that charge time to research grants) is adjusted using the Salary Composition Detail (SCD) or a Retro-SCD form.

Additionally, do not use the NPCT form to transfer patient care costs or core charges (e.g., Biostatistical Services, Research Specimen Processing Lab, Flow Cytometry). These charges are created in an external system and uploaded monthly to Lawson. Any corrections to core charges must originate with the external system.

#### Correct Use for the NPCT Form

The NPCT form is used to transfer expenses such as supplies, subcontract/purchased services, and travel expenses like airfare that are charged directly to a grant (i.e., not through a reimbursement to an employee). The form can be [found on CHILD](#) under Staff Resources/ Forms/Finance.

#### What Information is Needed on the NPCT Form?

The top part of the form addresses what is being transferred and where. The first line is the activity to where the expense is moving, and the second is

from where it is moving. Those preparing the form must enter the account unit, account code, activity, account category and amount for each line. Here's a tip regarding the account unit, for any activity that starts with a 4 (e.g., 412210010201), the account unit will be 41000. The account code and account category are related. In fact, in most cases, the account code is the first four digits of the account category. The account category is the five digit account number, 74900 is Office Supplies, 79852 is Airfare. And the corresponding account codes are 7490 for the former and 7985 for the latter.

An explanation is then required to describe the need for the cost transfer. The form preparer must briefly explain why the error occurred, but include more detail than "charged to wrong activity" or "to transfer cost to correct activity". Better examples are "activity number transposed on requisition" or "supplies ordered at beginning of new budget period, but previous year's activity number used". Remember that any cost transfer could be reviewed during the annual audit, so it is important that the explanation be clear and concise.

MOVE EXPENSE TO (Debit)		ACTIVITY	AMOUNT
Account Unit	Account Code	Activity	Account Category
			\$

REMOVE EXPENSE FROM (Credit)		ACTIVITY	AMOUNT
Account Unit	Account Code	Activity	Account Category
			\$

EXPLANATION:

The top section of the Non-Payroll Cost Transfer Form.

#### What Supporting Documentation is Needed?

Required supporting documentation that must accompany the NPCT form is either the "Expenditure & Revenue Report" (CFI122) or the "Grant Expenditure Report" (CGM290) with the expense to be moved identified. If the cost transfer:

1. Involves a federal award such as a grant or sub-

[Continued on Page 13](#)

## RESEARCH BITS

### Navigating the Non-Payroll Cost Transfer Form [Continued from Page 12](#)

- award in either the “to” or “from” activity, and
- The end of the month that the expense posted to the award is more than ninety days prior to the submission of the NPCT form to the Office of Research Finance (ORF), THEN the Additional Justification Form ([ORF-005-F01](#)) MUST be completed and submitted along with the NPCT form to ORF. The required documentation for the Additional Justification Form is a life-to-date Award Summary (CGM023) for each activity.

The NPCT form must be certified by the appropriate authorized signatory for both the “to” and “from” activity. The preparer of the form should print their name and contact information on the provided line.

<b>Certification (REQUIRED)</b>			
PRINCIPAL INVESTIGATORS, PROJECT MANAGERS OR ACCOUNTING UNIT MANAGERS MUST SIGN.			
The following Certification is required for all cost transfer requests in order to satisfy State and/or Federal Audit requirements.			
I certify that the transfer requested above reflects a true and accurate representation of actual costs incurred by the project and that these costs are proper and allowable charges to the project receiving them.			
Authorized Signature - Transfer "To"		Authorized Signature - Transfer "From"	
Print Name	Position/Title	Print Name	Position/Title
Department	Date	Department	Date
Prepared by:		Phone No.	Date
Print Name			

The certification section of the Non-Payroll Cost Transfer Form.

The completed packet should be sent to the research accountant responsible for the credit or “from” activity (see table below). If unsure, the packet can be sent as an e-mail attachment to [researchfinance@seattlechildrens.org](mailto:researchfinance@seattlechildrens.org) or via interoffice mail. For more information regarding the policy governing cost transfers, go to ORF's [policy Webpage](#). Still confused? Please feel free to contact one of the accountants listed in the table or send your question to [ORF](#). **lrr**

Research Accountant	Type of Award/Activity
<a href="#">Joyce Alexander</a>	Gifts/GREs
<a href="#">Karen Chow</a>	Sub-awards (Incoming)
<a href="#">Megan Dalsaso</a>	Center/Operations/Internal Activities
<a href="#">Yujin Kim</a>	Contracts
<a href="#">Suzanne Roman</a>	Grants

### Shuttle Service Change - Jan. 24, 2011

Several research institute departments are moving to a newly leased building at West 8<sup>th</sup> in downtown Seattle. In conjunction with this move, new [shuttle schedules](#) will be available in January and changes will take effect on Jan. 24, 2011. Overall, shuttle service will remain the same as it is now. The major change is that the current Green Line stop at 9<sup>th</sup> & Stewart will move to the north side of Virginia St. at 8<sup>th</sup> Ave. This will allow us to serve both research locations with a single convenient stop. The 9<sup>th</sup> & Stewart stop will be discontinued. The shuttle stop locations at Pacific Place and Met Park West will remain unchanged, and travel time between downtown and the hospital will be about the same.

## RESEARCH BITS

### Congratulations to the 2010 CCTR Pilot Fund Recipients

The Center for Clinical and Translational Research (CCTR) would like to congratulate this year's recipients of [CCTR Pediatric Pilot Funds](#). This competitive program is designed to stimulate development of innovative new clinical or translational research by supporting investigators initiating "proof of concept" testing, obtaining preliminary findings or conducting other activities necessary to prepare for competitive, full-scale grant applications. Following are the 2010 recipients, who each received \$20,000 in direct costs for a one-year period in support of their project.

#### Julie Brown, MD

Center for Clinical and Translational Research  
[A Controlled Trial Evaluating Pediatric Lumbar Puncture Success Using the Compass, a Compact Quantitative Pressure Transducer](#)

#### Lucas Hoffman, MD, PhD

Daniel Wolter, PhD  
Center for Child Health, Behavior and Development  
[Community-level Physiologic Profiling: A Novel Method for Studying Chronic, Polymicrobial Infections](#)

#### Yuk Law, MD

Center for Clinical and Translational Research  
[Effect of Remote Ischemic Preconditioning in Children Undergoing Cardiac Surgery](#)

#### Sarah Ringold, MD

Center for Clinical and Translational Research  
[Development of a Pediatric-Specific Disease Activity Index for JIA](#)

#### Ann Vander Stoep, PhD

Molly Adrian, PhD  
Center for Child Health, Behavior and Development  
[Genetic Influences on Co-occurring Depression and Conduct Problems in Adolescence](#)

The next request for applications for CCTR pilot funds will be announced next spring and is open to all centers. To learn more about the program, please visit the [CCTR Pediatric Pilot Funds Webpage](#).

### Meeting Room Scheduler Changes

The following changes go into effect **Monday, Nov. 22**, regarding meeting rooms at Building 1:

- To reserve a Building 1 meeting room: 1) View the meeting room calendar in Outlook, and 2) if desired time slot is available, book the room by scheduling a meeting onto the calendar – [View the instructions](#).
- To reserve Soundgarden, complete the newly revised form at <http://b1conf/>.
- To request meeting room services, complete a Track-It request at <http://rsshelp/> - [View the instructions](#).

This same process will be used for meeting room space at West 8<sup>th</sup> (more information to follow in December). The Met Park West room reservation process is not changing.

In each Building 1 calendar, there is a template of information to include in your reservation. Contact information is vital in case you need to be contacted regarding room conflicts or equipment repair.

### **Why is the Process Changing?**

Feedback on the current process indicated the need to:

- Reduce wait time
- Give meeting and event coordinators more control

For additional information:

- Visit the new [Meeting Rooms Web site](#)
- For other questions contact [Building 1 Reception](#)

Thank you to the following team members - **Sara Smith, Eugenia Thomas, Sue Phillips, Jenn Chun, Connie Hughes, Kelsey Heriot, Jo Repanich, Romeo Balagot, David O'Brien and Diem Subbagh.**

## RESEARCH BITS

### CAPP Winter Session Starts Jan. 11

It's nearly time for the winter session of the Consent, Assent and Parental Permission (CAPP) Mentoring Program. The CAPP Mentoring Program is led by Research and Family Liaison (RFL) **Halle Showalter Salas**. The program is available to all research faculty and staff. CAPP provides educational lecture/discussion sessions on topics such as ethics, research regulations, contextual issues of the consent conference and aspects specific to presenting study information to families with limited English proficiency. This is an opportunity for faculty and staff to increase their knowledge about the consent and assent processes, discuss consent process issues, enhance their presentation skills and become aware of resources to aid them in their work. Please contact [Halle](#) with questions or access a full description of the [program](#).

#### Please Note:

- Class size will be limited to 10 people.
- Participants must attend all sessions in order to complete the program.
- Participants in the program will receive a certificate of completion after fulfilling program requirements.

### 2011 CAPP Mentoring Program Winter Schedule

Session	Date	Time	Location
Session I: Historical Background and Regulatory Overview	Tuesday, Jan. 11, 2011	9 to 11:30 a.m.	Building 1, 1900 Ninth Ave., Room 939
Session II: Fieldwork	Jan. 11 to Feb. 1, 2011		
Session III: Observations and Practical Aspects	Tuesday, Feb. 1, 2011	9 to 11:30 a.m.	Building 1, 1900 Ninth Ave., Room 939
Session IV: Policies and Practical Aspects for Families with Limited English Proficiency	Tuesday, Feb. 8, 2011	9 to 11 a.m.	Building 1, 1900 Ninth Ave., Room 939
Session V: Mentoring	Tuesday, Feb. 8 to March 1, 2011		
Session VI: Wrap-up	Tuesday, March 1, 2011	9 to 10:30 a.m.	Building 1, 1900 Ninth Ave., Room 939

### Annual Holiday Party - Dec. 10



Mark your calendars for **Friday, Dec. 10** for the Annual Research Staff Development Committee (RSDC) Holiday Party. The festivities will be from **3 to 5 p.m.** at **Building 1, Soundgarden Conference Room** located on the 11<sup>th</sup> floor. Light bites and beverages will be provided.

There will also be a baked goods contest as in years past. If you would like to share your favorite holiday treat with your coworkers, please submit your name and the name of your dish to [Courtney MacNealy](#) by Wednesday, Dec. 8 for a chance to win a prize.

In addition, the RSDC will be **collecting new, unwrapped toys for Toys for Tots and nonperishable foods for Northwest Harvest**. If you would like to make a donation, please bring it to the holiday party.

If you would like to submit a favorite holiday photo to be shown in a slideshow during the party, please do so by sending it to the [RSDC](#). The RSDC looks forward to seeing you there.

## RESEARCH BITS

### The Sorting Begins

The first Continuous Performance Improvement (CPI) 5S common area sort in support of the West 8<sup>th</sup> move resulted in a **62% reduction**. The space tackled - the Therapeutics Development Network (TDN) common area. Way to go TDN!



Before



After

### Monthly Green Tip\*:

Over the holiday season, the western world generates a lot more rubbish than at other times of the year. Here's a series of tips to help you reduce the upcoming impact on the environment.

1. *Shop online*. You'll save time, stress and fuel by not traveling from store to store.
2. When heading out to do your holiday shopping, *take your own reusable bags* rather than using the plastic ones provided by stores.
3. All of us have likely received gifts in the past that we had no use for and we've just stashed them away. It's a waste of money and resources. Instead of taking a risk if you're not sure what a person wants, consider *purchasing a gift card* - that way they'll get what they really want or need. Some
4. Instead of buying physical gifts, consider *purchasing a service or tickets* to a concert or movie.
5. Battery operated items are hugely popular as gifts. As part of your gift buying, *purchase rechargeable batteries and a battery charger* - these are quite economical items to buy these days and will save you a ton of money in the long run.
6. Try to *purchase cards made from recycled paper or make your own*. If you decide not to keep the cards you receive, recycle them.
7. If you like putting *bows* on your gifts, use *fabric instead of plastic*.
8. Holiday wrapping paper creates the same sort of issues as cards, but there are some added environmental dangers with metallic and plastic type wrapping. Aside from taking a long time to decompose, these types of wraps give off toxic gases when burned. *Look for plainer wraps made from recycled paper, wrap gifts in scarves, place in baskets, etc.* Make the wrapping a part of the gift if you can - something that can be used for another purpose.
9. If you're going to purchase tree lights this year, consider *buying LED tree light sets* - they'll last far longer and use a great deal less electricity.

*Happy Holidays!*

\*If you have a "Green" tip to share, please send your idea to [Deana Rich](#) to be considered for a future issue of Interaction.

## MONTHLY FEATURES

### Welcome to Research

**Center for Child Health, Behavior and Development**  
**Dana Kamara**, Clinical Research Associate I

**Center for Childhood Infections & Prematurity Research**  
**Jillian Legard**, Research Technician I  
**Corey Williams Wietzikoski**, Research Technician I

**Center for Clinical and Translational Research**  
**Trylla Tuttle**, Research Assistant

**Center for Immunity & Immunotherapies**  
**Mallory Fry**, Student Helper I

**Center for Integrative Brain Research**  
**Thomas Walsh**, Research Technician I  
**Theresa Zwingman**, Research Scientist IV

**Treuman Katz Center for Pediatric Bioethics**  
**Peg Boyle**, Project Coordinator Senior

---

### Promotions

Congratulations to all those recently promoted!

**Center for Child Health, Behavior & Development**  
**Shannon White**, promoted from Clinical Research Associate (CRA) I to CRA II

**Center for Clinical & Translational Research**  
**Bonnie Strelitz**, promoted from CRA I to CRA II  
**Claire Wharton**, promoted from CRA I to CRA II

---

### Policy Updates

Each month, Interaction keeps readers up to date on research policies that were posted to CHILDRN for peer review. Here was the policy that was posted for peer review during the month of November. In addition, please visit the [research policies Web page on CHILDRN](#) to view all past peer-reviewed policies, their accompanying responses and final versions.

[IACUC-041: Conduct of Work With Animals Outside the Vivarium](#)

### Editorial Board

#### Interaction Editorial Office

1100 Olive Way, Suite 500, Seattle, Washington 98101

Phone: (206) 884-1741

E-mail: [Interaction@seattlechildrens.org](mailto:Interaction@seattlechildrens.org)

URL: <http://www.seattlechildrens.org/research/interaction/>

#### Editor-in-Chief

Heather Lindemann, The PMO

#### Managing Editor

Kori Flajole, The PMO

#### Editorial Review Board

James B. Hendricks, President

Erik Lausund, VP of Research

Betsy Greer, MarComm

Delila Katzka, Research CPI

Angel Latterell, The PMO

David Lobdell, The PMO

Mark Ruffo, Health Education Outreach

Halle Showalter Salas, RIA

Clint Vickers, CRSO

#### Photo Contributors

InCho Chong, RIT

#### Article Contributors

Natalie Beauchene, CCTR

Rick Brayton, Res. Facilities

Richard Chan, The PMO

Joan Doherty, HSPP

Mikke Lindblom, RHR

Stefanie Morris, Res. Facilities

Suzanne Roman, ORF

John Streck, RIA