

MAY & JUNE 2012

Careforce

CHRONICLE



Delivering the Best Care

*Months after spine surgery,
a champion pole vaulter
reaches for new heights.*

.....Also in This Issue

Brody's Playground

Case of the Missing Ring



Garden Therapy

18

Thanks to the creative talents of our Child Life staff, patients enjoyed an in-hospital retreat and engaged with staff from cardiologists to music therapists at a Child Life Therapeutic Carnival.

Every Month

- 1 Simply Put
- 2 News & Info
- 3 Celebrations & Appreciation
- 4 Care about People
- 10 Inspiration
- 12 A Day in the Life**
- 18 In Your Words
- 20 Living the Values
- 21 I'm Also A...

Features

6 *Cover story

Delivering the Best Care

As part of our strategic plan, we're finding new ways to Deliver the Best Care. Learn about what we're doing to make sure we're here to meet the needs of patients like Danielle, a top-ranked pole vaulter with scoliosis.

10

James and the State Troopers

Through the delicate words of our Pediatric Advanced Care Team, learn how the state patrol teamed with Children's to support a father and son amidst the most tender of circumstances.

15

A Different Kind of Emergency

When a family lost an heirloom in our Emergency department, an Environmental Services Technician went above and beyond—by digging deep—to save the day.

16

Catch Him if You Can

Born with deformities in his arms and legs, Mei Deavers struggled to walk. Thanks to a strong family and the talents of our surgeons and therapists, there's no stopping him now.

Read about a day at "The Shack"

Earning Trust

There's a deep sense of pride we have when we get to say we're part of the Children's team. It happens to most of us when we're out in the community going about our normal routine. Then someone sees Hope and Will on our shirt, and the person pulls us aside to tell us just how important we are in their child's life. And when they do, the person often talks about the care they received from a specific individual or team.



That's worth stopping to think about. All the things we do to deliver care—starting an I.V., discussing treatment options or helping a family find their way through the hospital—are just part of another work day for us, but they're actions that are etched in parents' memories.

When parents talk about the care we provide to their children, it means something special. It means they trust us. It means we earned it. It means we will try again tomorrow to do even better for the next child.

So here's our challenge, the one we have to solve together: How will we make sure we continue to provide kids—all kids in Georgia—the care they deserve? How will we continue to earn that trust, every single day with even more parents?

We have a strategy, a gameplan, for the next five years that will help us Deliver the Best Care. That's one of our focus areas to make sure we achieve our Vision of Best Care ... Healthier Kids. This issue's cover story provides details on all the things we will do to Deliver the Best Care.

But here's what each of us needs to remember—our strategy rests completely on our shoulders in those moments with kids, providing them the best care. There were hundreds of thousands of those moments last year, each patient visit as important as the next. And that means hundreds of thousands of chances to earn the trust of parents for what we do. Those moments are the foundation of what we will achieve together over the next five years.

Simply Put: We earn the trust of parents when we provide their children the care they deserve. Together, we will continue to earn the trust of Georgia's parents to deliver the best care to all kids.

Honua

Upcoming Events



Roswell's Toast to Children's · June 15

The sixth annual fundraising event includes live music and Mexican cuisine at The Conservatory at Ellard, overlooking the Chattahoochee River.



11th Annual Care-a-Thon · July 26 & 27

Featuring stories of hope and inspiration from patients, families and staff, the 95.5 FM and AM 750 News/Talk WSB Care-a-Thon has raised more than \$11 million for the Aflac Cancer and Blood Disorders Center.



Children's at Hudson Bridge Opening Early August

Located at 1510 Hudson Bridge Road in Stockbridge, Ga., our newest Urgent Care Center will open this August with an on-staff pediatrician, 13 exam rooms and a comprehensive fracture program.



Don Mueller Receives 2012 Health-Care Hero Award

Don Mueller, VP Operations, Marcus Autism Center, won the Atlanta Business Chronicle's 2012 Health-Care Hero Award in the Allied Health Professional category. **Calvin Calmes**, Respiratory Therapist, Hughes Spalding, and **Robin Cavender**, Orthotics and Prosthetics Clinical Assistant, Scottish Rite, were also honored as finalists at the awards ceremony.

Save Big This Summer with Children's Employee Discounts

Planning your summer adventures? Don't forget to use your Children's employee discount privileges at popular, local attractions such as:



Save \$6 per adult,
\$4 per child



Save up to \$4 per ticket



Save \$3 per adult,
\$3 per child



Save up to \$4 per ticket



Save \$9.95 per ticket

Helping Each Other Shine

It's no secret that great things happen every day at Children's, and Careforce Chronicle wants to celebrate your efforts to inspire greatness by living our three Values: Care about People, Passionate about Kids and Dedicated to Better. By offering a listening ear, sharing your expertise and, ultimately, putting we before me, you strengthen each other as co-workers. Take a look at some of the wonderful things you're saying about each other through our Celebrations program.

Care about People

To: Karin Shah, Manager, Children's at Fayette

Always approachable, **you** deftly leverage your tremendous interpersonal skills and unique blend of compassion and professionalism to deliver clear and productive messages. Your staff is fortunate to have you as a leader, and I am fortunate to be your peer.

From Steve Cummings, Manager, Children's at Cobb & Children's at Sandy Plains

Dedicated to Better

To: Tami Giusto, Applications Analyst, Radiology Support Services, Egleston

IS&T notified Radiology that some of their workstations had an electronic virus. Tami moved quickly to clean them up. This was the conflicker virus, and this virus normally requires two or three steps to completely remove. **Tami completed all necessary steps to remove the viruses.** These systems are now virus free, which reduced risk for the entire organization. Great job!

From Daniel Sandel, Senior Wintel Service Administrator, The Park

Dedicated to Better

To: Mike Luster, Social Worker 2, Scottish Rite

Thank you for going the extra mile to get in touch with the father of the trauma patient. **You jumped a lot of hurdles** to get connected with the father who was working out of the state. You are the best. Your efforts helped the mother of the patient feel better. Way to go!

From Bonnie Hicks, Chaplain, Scottish Rite

Passionate about Kids

To: Ari Mazer, Behavior Data Analyst, Marcus Autism Center

I cannot thank you enough for everything that you have done over the past few weeks for our case. You have really stepped up and gone above and beyond to guarantee the best possible care and service for our client. Your dedication and desire to learn is very admirable and greatly appreciated! Thank you so much for everything. I am so lucky to have you.

From Erin Sweeney, Behavior Clinical Specialist 1, Marcus Autism Center

*Visit the Careforce Chronicle page on Careforce Connection to learn more about these family-friendly discounts!

A Playground for Brody

United by a precocious boy with an infectious laugh, Scottish Rite employees rally to honor a legend in yellow rain boots and fulfill a mother's dream.



Whether at home in his house or at home in his room in the PICU at Scottish Rite, Brody Cole finished his nightly prayers by saying "And at the playground, I slide down the slide. Amen." A symbolic rite of childhood, but one foreign to a boy tethered to an I.V. pole. Brody's mom, Kristi, didn't know what he meant by the phrase, but she knew better than to question her youngest son's words.

Born with a genetic disorder known as mitochondrial disease,

Brody averaged more than 100 days in the hospital each year. With the disease causing multi-system organ failure before his first birthday, Brody needed a life-saving small bowel transplant to survive. After waiting for organs that never came, Brody lost his battle with mitochondrial disease Sept. 29, 2009, at the age of 7.

From the front desk to the lab to the PICU to the administrative wing, bits of Brody's character are embedded in the people of

Scottish Rite. In the words of Kristi, "Brody didn't make acquaintances; he made friends." More than 700 Children's employees attended his memorial service.

Among those friends was Brody's self-proclaimed "best friend," Morris Allen, Media Services Specialist.

"For a kid who didn't have much of a life outside of the hospital, everyone at Children's did everything they could to make the hospital a fun, loving and safe place for a kid to be," said Kristi. "Visits from Morris were the highlight of every day. I couldn't have chosen a better best friend for my son."

Kristi credits Brody's caretakers at Children's with adding years to her son's life.

Kytia (or "Kitty" in Brody-speak) Balcarek, M.D., a specialist in infectious diseases, implemented an innovative plan that prevented a life-threatening yeast from re-entering Brody's bloodstream. The lab team made lab visits one of his favorite "games" by pretending to be surprised each time he popped out from under a window ledge. Michelle Walker, Staff Nurse, PICU, received a DAISY award—a national award for nurses who demonstrate

the highest standards of nursing—for her role in tending to Brody's physical and emotional needs.

Inspired by positive memories of Scottish Rite, Kristi embarked on a mission to honor Brody's memory and his caretakers. Her idea? Build a playground at Scottish Rite for all kids, even those in wheelchairs and those restricted by tall I.V. poles.

When Kristi shared her plan, staff at Scottish Rite embraced the idea with open arms. For more than a year, employees wore red Brody T-shirts on the 29th day of each month—red for Brody's favorite color and the 29th for the day on which his life both began and ended.

Of the employees wearing the T-shirts, some have memories of Brody's renditions of "You Are My Sunshine." Others never met Brody, but support the cause on



► Beth Fila, Staff Nurse, PICU, and Kristi Cole, Brody's mom, sport the \$15 Brody's Dream T-shirts. With help from Morris Allen, Kristi sold more than 1,000 T-shirts in less than a year.

behalf of his legacy and fellow employees who cared for him.

"The support from Children's staff—from start to finish—has been incredible," said Kristi.

Thanks to Kristi's success in raising more than \$100,000 and the

dedication of staff throughout Children's, construction began in May 2012. The playground—complete with a ladybug ride, rock-climbing wall, musical station and, of course, a custom red slide—opens to patients, and their wheelchairs and I.V. poles, in June. ☐

A Letter from Brody's Mom to Children's Staff

How can I put into words the level of care you provided to Brody? Your level of commitment and care far surpassed standard of care. You bought him time. A day with Brody, I now realize, is an eternity. You all worked very hard to ensure that the quality of Brody's life was the best that was humanly possible. Brody never considered himself to be sick and simply lived life to the fullest. He did this because of the care and love he received when he came here. Brody didn't mind coming to his hospital. In fact, the day before planned admissions, he planned out his day for what he would do while here. This is as strong of a testament to the care you provided and the love you gave him as I can possibly give. Brody knew how much you loved him, too. In church, exactly one week before the morning he woke up so sick, Brody himself gave testament to your care. He raised his hand to speak, and I was fearful we were all about to hear a recount of the latest Power Rangers episode. When he was called upon, he told everyone there that he "Thanked God for his hospital because without them he would never get to come home." He didn't see being in the hospital as a bad thing or the opposite of being home; rather, it was an adjunct/means to get home. Brody loved you all so much!

Delivering the Best Care

In the last issue of Careforce Chronicle, we discussed our updated Mission, Vision and Values. To help us achieve our Vision and fulfill our Mission, Children's developed a five-year strategic plan that outlines our journey to provide the best care and help our patients lead healthier lives. The plan focuses on four strategic focus areas: Deliver the Best Care, Inspire the Best in People, Engage and Serve Our Communities and Transform Pediatrics. In this issue, we take an in-depth look at what we're doing to make sure we're able to Deliver the Best Care today and in the future.



Eleven feet, five inches. That's how high Danielle Penk jumped to shatter her high school's pole vaulting record.

It was quite a record for a 15 year old, especially considering that the spine arched so beautifully over the bar was steadily twisting inward on itself. Her twisted spine, caused by scoliosis, threatened Danielle's competitive future. So after winning a state championship and being ranked among the country's best freshman pole vaulters, she decided to take a break to correct her back's curvature. With their doctor's guidance, Danielle and her parents decided to undergo surgical correction of her spine.

At 15, Danielle learned she had to take a break from athletics to undergo surgical correction.

Choosing to do the surgery was a choice made easier by knowing who would do it. Our Orthopaedics team uses leading-edge surgical technologies to correct spines like Danielle's with world-class precision. The outcomes afforded by such techniques pave the way for the program to score high in key quality measures. And finding new ways to get better outcomes and improved patient satisfaction is what Delivering the Best Care is all about.

So why do improved outcomes and patient satisfaction scores matter to our strategic focus? They are the ways we hold ourselves accountable for Delivering the Best Care. They're how we know if what we are doing is improving the lives of kids and their families.

The Trust Factor

Measures and rankings can help with trust, but they're also built on the trust we gain by being among the best in delivering care. "Delivering the Best Care is about creating a place where moms and dads trust us with their kids and know they're in the best hands," said Carolyn Kenny, Chief Operating Officer. "When parents come to us, we want them to feel confident that their child will receive care that is consistent with the highest medical standards and best available evidence."

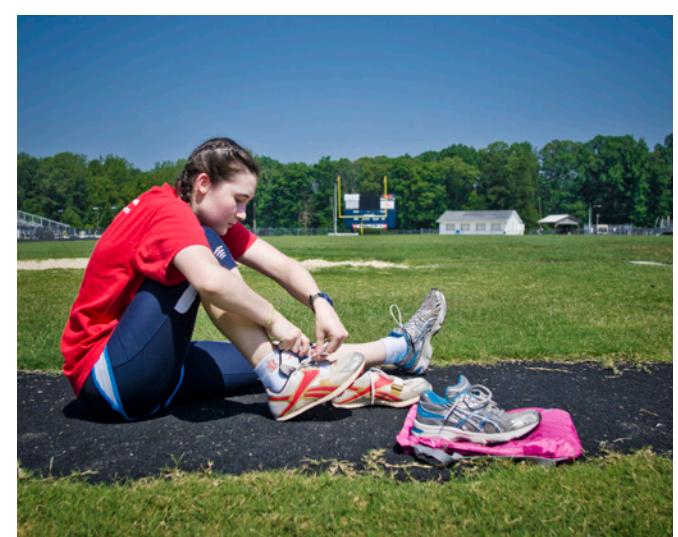
Trust was something Danielle and her family already had with Children's. Michael Busch, M.D., Surgical Director, Sports Medicine Program, successfully repaired Danielle's ACL in 2009. The great results Danielle experienced after surgery and physical therapy made it an easy choice for the Pens to come back to us for Danielle's spine surgery. Dr. Busch recommended Danielle meet with Dennis Devito, M.D., orthopaedic surgeon.

"We chose Dr. Devito because of the relationship we developed over a period of time, as well as his expertise and longevity in performing successful spinal operations," said Danielle's mom, Janice.

Last year alone, we treated more than 326,000 kids across our system. That's a lot of moms and dads trusting that their children are in the best hands while in our care. But we also need to find ways to make our specialized pediatric care accessible to the kids we aren't able to reach today through our hospitals, neighborhood locations or telemedicine. Our five-year strategy gives us a gameplan to help more kids in Georgia with the outcomes they need.

To Deliver the Best Care, we will:

- Serve Atlanta and Georgia by delivering the highest quality, accessible pediatric care
- Use information and technology to innovate and improve care
- Improve care through collaboration and coordination





► Thanks to her athletic discipline, successful surgeries and specialized physical therapy, Danielle returned to pole vaulting after her ACL surgery and again after her spine surgery.

Serving Our Kids

To meet the needs of Georgia's kids like Danielle, we'll continue to improve access to our care so we can serve even more kids who need us. We'll grow in areas where we've already seen great need, such as Orthopaedics, outpatient surgery and imaging. We'll do this by growing our reach and implementing technology that allows us greater electronic connectivity with other providers in the state. It all starts with the quality of our care.

Delivering the Safest and Most Effective Care

From our physicians and nurses to our process improvement teams, a dedication to finding safer ways to deliver care drives us each day. It's the little things we do—from cleaning an I.V. hub for 15 seconds, doing the "Five Rights"

of medication administration or simply foaming up—that allow us to consistently rank high in quality measures like blood stream infections and average length of stay. What makes a big difference to outcomes is when every single one of us does the little things, every day, no exceptions.

"When we implement internal quality campaigns like One is Not Zero, we want to make sure we're not just meeting national benchmarks for safety; we want to make sure we're doing what's best for kids," said Brett Lee, Senior Vice President, Clinical Operations. "We're taking what we learn and sharing that information with partnering hospitals, all the while challenging ourselves to find new ways to get better results."

We're doing just that by participating in collaborations

like the Ohio Children's Hospitals' Solutions for Patient Safety (OCHSPS) National Children's Network [see "Making Zero Possible" on page 9].

While we seek to provide the safest possible care, we also need to make sure it's the most effective care. One of the ways we do that is by coordinating care to ensure the best outcomes.

Coordinating Care Inside and Outside Our Walls

The spine surgery protocol that helped Danielle required multi-service line coordination of care before, during and after surgery.

Dr. Devito straightened Danielle's thoracic curve from 50 degrees to less than one degree. But the success of the surgery was not enough to get Danielle back to the sport she loved. Bob Brengan,

Manager, Sports Medicine Program, and our sports physical therapists strengthened her muscles—and her confidence—so that she could get back to her sport with the same, if not better, ability than before the surgery.

The hand-off from surgeon to physical therapist was critical to make sure Danielle could go back to pole vaulting. And such a successful hand-off requires substantial coordination and collaboration.

At Children's, we're focusing on making sure we collaborate within our service lines and better partner with the patient-centered medical home—or even other healthcare systems—to make sure those hand-offs result in the best outcomes and care.

One of the best ways we can improve how care is coordinated is by using—and sharing—technology. We've been using Epic, an electronic health record, for years. We're continuing to expand the systems throughout our ambulatory centers, and through Pediatrics360 we're able to offer the outpatient version to pediatric specialists and general pediatricians. This furthers the creation of a shared community health record.

Inside Children's, we've been able to pull data from our electronic health record to find better ways to improve care. One of the key factors that helped shape Danielle's successful surgery was being able to review past case histories at Children's amongst our orthopaedic surgeons to determine what factors contributed to the best outcomes. Now, imagine our

ability to take that same kind of technology to seamlessly care for kids with asthma who frequently visit our Emergency department. With a shared community health record, ED physicians, pulmonologists and the child's pediatrician can work together to best manage the child's illness.

If we link together as many of these providers and systems as possible, we'll transform pediatric care in Georgia and help move our state from the bottom of the list of states for child wellbeing to the top.

Looking at Success

It was trust that led Danielle's family to Children's, and it's

trust that comforts moms and dads every day as they place their children in our hands.

"We knew from Danielle's ACL experience that we were being taken care of by capable professionals at Children's, so we trusted their abilities to perform this highly technical surgery, recovery and therapeutic process for Danielle," said Janice.

In choosing Children's, parents trust that the care we provide will result in more birthday parties, pole vaulting competitions and graduations down the road. Not just in Atlanta, but across our state, and possibly even beyond. ☐

Making Zero Possible

This past March, Children's joined 33 other children's hospitals in the Ohio Children's Hospitals' Solutions for Patient Safety (OCHSPS) National Children's Network, a national effort to improve the quality of care and improve patient safety in pediatric hospitals in the form of a Hospital Engagement Network. The network will add an additional 50 children's hospitals in 2013.

"One of our struggles as a pediatric healthcare system," said Gary Frank, M.D., Medical Director, Quality and Medical Management, who serves on the OCHSPS steering committee, "is having the national benchmarks to show us how our efforts compare against other pediatric providers. Now, we can help lead a national effort to advance pediatric medicine and improve outcomes for kids here in Georgia and across the country."

OCHSPS goals include reducing serious harm in participating institutions by 40 percent, reducing readmissions by 20 percent and reducing serious safety events by 25 percent before Dec. 31, 2013. The methodology behind these goals draws heavily from industries like nuclear power and aviation, highly complex industries known for achieving exceptional levels of safety. Member organizations will share data, develop and use standardized pediatric processes and share best practices in changing behavior and organizational culture to reduce harm for 11 healthcare-acquired conditions, including pressure ulcers, medication events, surgical site infections, blood stream infections (BSIs), preventable readmissions and ventilator-associated pneumonia.

"One of the member organizations has gone nearly 1,000 days without a BSI in their NICU," said Frank. "We talk about one not being zero at Children's, but by being part of this effort and learning from others, zero might just be possible."

SAYING GOODBYE

A Father, His Dying Son and the Phone Call that Changed Everything

When kids come to Children's, our goal is to get them better so they can get back to the places they belong—in school, on playgrounds, at home. Sometimes, though, the seriousness of an illness makes it clear that a child's time is limited, regardless of the top-notch care we provide.

Through the story of a father, his dying son and a team of unlikely partners, Jeffrey Klick, M.D., and our Pediatric Advanced Care Team share what it means to deliver the best care when the inevitable outcome is the one a parent fears the most.

James was diagnosed in June of 2010 with a malignant spinal cord tumor, a tumor with almost no chance for cure. Having received excellent care from the Neuro-oncology team at Scottish Rite, his disease, unfortunately, progressed. Due to difficulty breathing, he was admitted to the hospital in September of 2011. This turn proved to be the start of the end of his life.

Throughout the next month, the Neuro-oncology team, the palliative care team and family worked together to make his remaining time the best it could be, medically and emotionally. His disease progressed despite our best efforts and we were forced to focus more and more on relieving his symptoms and supporting the family through the end of James' life. Throughout all of this, his dad was at his side: hoping, praying, crying and laughing. Dad and James maintained hope throughout for the miracle of a cure of his disease.

We supported him in that hope but also helped prepare them for the worst. With support from the medical team, James and Dad, together, decided that, if his disease were to progress, they would allow him to die a natural death, knowing that machines would not make him better or bring him back to a good life.

One of James' last requests became a highlight for all involved—a Halloween party with all of his care providers dressed up in costume. This party became an important opportunity for closure for James, his dad, as well as his medical team. Following the party, Dad needed to travel back to Valdosta.

Unfortunately, overnight, with Dad away, James took a sharp turn for the worse. The medical team called Dad and informed him of the grave situation. Dad immediately began the drive to Atlanta in a complete state of distress and panic, begging the team over the phone to keep James alive. At this time, we were extremely concerned about his safety and, indeed, all the other drivers between Valdosta and Atlanta.

Thinking as a team, we reached out to the state troopers to find a way to get Dad to the hospital quickly and safely. Lieutenant Warren of Troop H in Perry, Ga., listened and quickly understood

the gravity of the whole situation. In less than 10 minutes, Lt. Warren had a plan, made contact with the father and called us to ensure good communication. Dad was directed to the Perry station where a patrol car was waiting to take him to Atlanta.

Trooper First Class Darryl Clark took over. Having corralled James' father, he safely and quickly got him to Scottish Rite—essential as James was actively dying. We, Oncology, working with the Pediatric Advanced Care and Pulmonary teams, were able to ensure James' comfort and support his breathing, assuring him along the way that his dad would be there soon.

Officer Clark accompanied James' dad into the hospital to assure he made it safely the whole way. In an effort to show his appreciation, he asked Officer Clark if he could introduce him to his son. Throughout the day, at Dad's direct request, Officer Clark became an incredible support for James' father.

We pulled Officer Clark aside to check how he was doing, knowing how hard it can be to see a child in James' condition. He stated that it was "his honor" to be present in this situation. Recognizing the impact of his involvement, Officer Clark's lieutenant told him to stay as long as was needed.

Physicians, nurses, nurse practitioners, social workers, child life therapists, respiratory therapists and chaplains all worked together to address the complex needs of James and his family.

Through the remaining hours of James' life, the medical team provided updates on James' condition. Before anyone started to speak, Dad would ask Officer Clark to sit next to him for support. These two big, strong men—a trooper in full uniform and a retired Marine—sat with their arms around each other's shoulders. Officer Clark displayed a strength and honor that was incredible to behold, a strength that profoundly impacted all of us involved in James' care.

James died that afternoon. Dad was there with James when he took his last breath. Officer Clark remained James' personal honor guard. He then drove Dad safely back to south Georgia.

Taking care of James throughout his disease course took a very dedicated team. In my humble opinion, his Oncology team working with the Pediatric Advanced Care Team and other specialty services at Children's showed a level of expertise, caring and support that was simply

amazing. Physicians, nurses, nurse practitioners, social workers, child life therapists, respiratory therapists and chaplains all worked together to address the complex needs of James and his family.

In the end, James had a good death. Given his disease, that was the best care we could deliver to him and his family.

Written by Jeffrey Klick, M.D., on behalf Maura Savage, Meghan Tracewski and the Pediatric Advanced Care Team

Comprised of physicians, a nurse practitioner and a social worker, PACT works with patients, families and other physicians to address the needs of patients facing serious illness. The team helps families discuss hopes and goals by managing symptoms and providing guidance through difficult decisions.©

Thinking as a team, we reached out to the state troopers to find a way to get Dad to the hospital quickly and safely.



Peter Lewis, Research/Development Engineer

Meet Peter

To build equipment capable of diagnosing autism spectrum disorders, you need to think outside the box. And, in the case of Peter Lewis, Research/Development Engineer, that means outside the box and inside The Shack—what he and colleagues call the Applied Technologies Research Lab—at Marcus Autism Center.

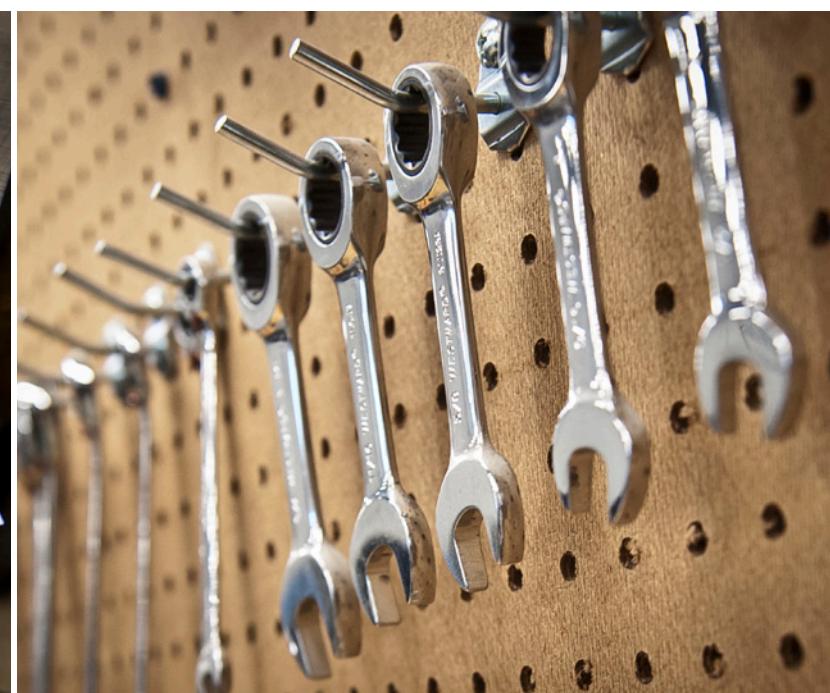
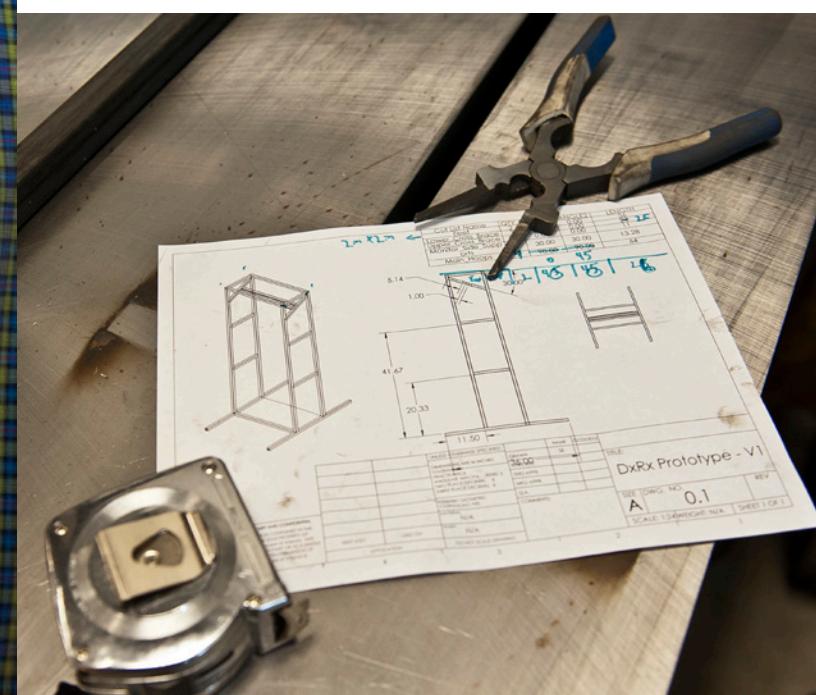
With his passion for building equipment rivaled only by a passion for helping kids, it's no surprise Peter Lewis's career path landed him at Marcus. While pursuing an engineering degree at Miami University in Ohio, his sister introduced him to her colleagues on a research team at Yale University. The researchers needed someone capable of translating their ideas into equipment to help further understand autism. In 2010, the team—including Ami Klin, now Director, Marcus—relocated to Atlanta to join the staff at Marcus. Peter's sister Moira, now a Speech Language Pathologist at Marcus, made the move a year later.

When he's not at Marcus or volunteering at Egleston, Peter spends his free time enjoying

Mother Nature. He fly fishes about once a week and hikes "any trail he can find."

⌚ **9 a.m.** – After greeting co-workers along the walk to his office on the lower level, Peter starts his day in a weekly meeting with members of the Social Neuroscience Lab, including Anees Elhammali, Sarah Glazer, Steve Kovar, Maria Ly, Jose Paredes and Warren Jones, Director of Research at Marcus. Peter serves as project manager for several ongoing technology development projects at Marcus. Today's meeting is focused on finding effective ways to make eye-tracking research tools developed at Marcus practical for use in other clinical environments. The team discusses how users will interact with the device and how those interactions will impact its overall design.

⌚ **10:25 a.m.** – From the sidelines, Peter observes Jeremy Borjon, Serene Habayeb, Jessica Jones, Anndrea Trubanova and Tawny Tsang (Research Fellows at Marcus) conduct research using equipment he helped build. In this particular test, the group is looking to better understand social development in early infancy by observing where children look when they interact with their



parents. The team places a series of cameras near a child and focuses each camera lens at the child's eye. They then do the same for the child's parent. "With this project, we're hoping to learn more about the intricacies of two-way social interaction. These situations can often pose difficulties for children with autism," said Peter.

1 Noon – Peter heads to Whole Foods to grab lunch.

12:45 p.m. – In the Applied Technologies Research Lab, Peter resumes building an eye-tracking system. The lab is a well-equipped workshop designed to allow engineers, like Peter, develop technologies that will help children and families affected by developmental disabilities. For this particular project, Peter's team is collaborating with the Yerkes National Primate Center at Emory University to learn about social development in other species.

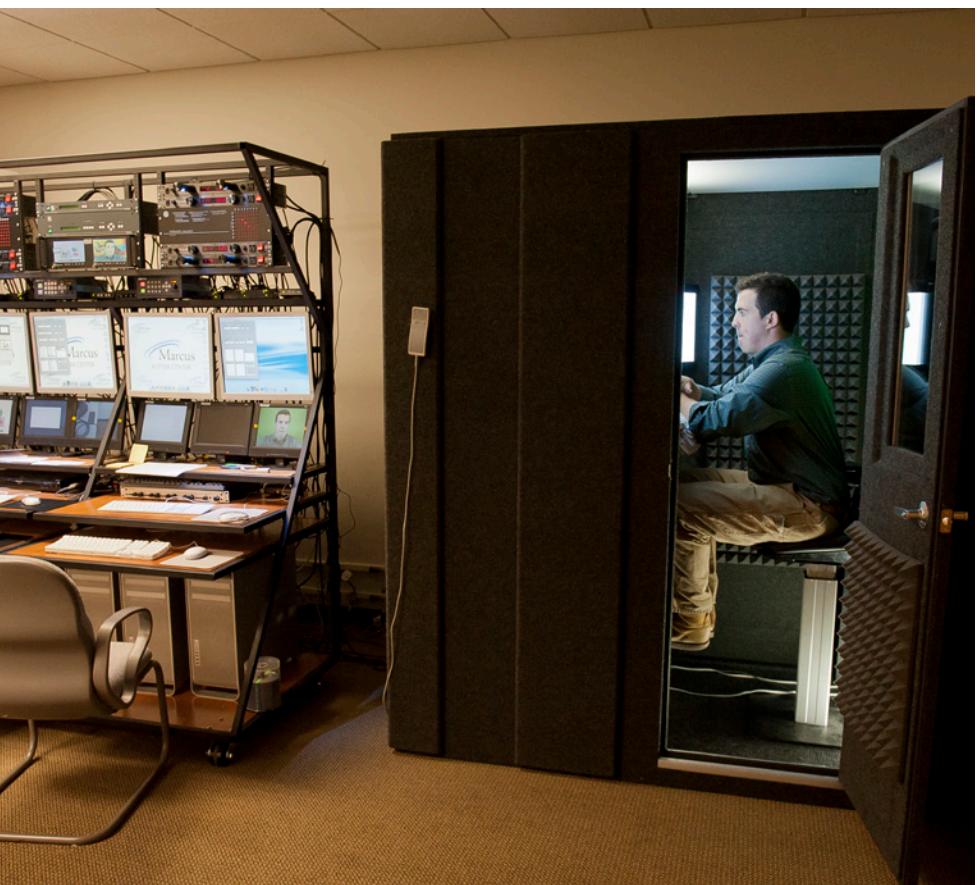
2:30 p.m. – Peter meets with Maria Ly, Research Fellow, to discuss an ongoing project that will help us better understand why children with autism experience atypical responses to their physical surroundings. In particular, is there a way to measure these differences in the physical

(touch/haptic) domain? Maria is designing a system that will measure how older children with autism interact with a toy roller. With this research, Maria, Peter and the research team hope to gain further understanding of the condition by providing further aid to diagnosis and treatment of the condition.

4:10 p.m. – Back at his desk, Peter continues to draft a funding proposal. He then checks in with a consultant who is helping to confirm that Peter's current projects meet U.S. Food and Drug Administration guidelines. "Days like today make me realize how much I enjoy the opportunity to work on so many different projects and use so many different skills in a single day," said Peter.

6 p.m. – Peter drives to the transplant unit at Egleston to volunteer. After exchanging welcome banter with Sonia Simmons, Unit Secretary, Transplant Stepdown Unit, and collecting arts and crafts supplies, Peter makes his way down the hall to chat with patients, including some who have just received new livers or kidneys. Since he started volunteering, Peter hasn't won a single game of Uno. ☺

Left: Peter tests the portion of the eye-tracking research lab where parents communicate to their infants through a video screen.
Right: Peter measures steel equipment as he constructs another eye-tracking research lab in The Shack.



Lost & Found

When we talk about leadership, we speak of the qualities that inspire others, clarify direction for them and appreciate them for a job well done.

But leadership is not defined by a title. It's about doing your job in a way that inspires others to say, "That's who I want to be."

And sometimes that means being prepared to dig through 20 bags of dirty linens.

When Joel Reed, Assistant Nurse Manager, Emergency Department, Egleston, learned that a patient's mother lost an antique diamond wedding ring in his ED, he knew he could count on co-workers to help with the search.

The patient's mother did not realize she'd lost the ring until hours after the family left the room and the hospital. This tired woman, who had been focusing all of her emotional energy on her child in the hospital, now had to worry about a missing family heirloom.

"When Joel first told me about the missing ring situation, I thought 'He's really thinking outside the box on this one,'" said Laura Jones, Manager, ED. "He notified all the right people, contacted the right teams and still did a great job managing the ED, which happened to be very busy at that time."

Luckily, the patient's room remained unoccupied. "It's unusual for that room to be empty for so long, but we hadn't had a patient in Room 11 since the family with the missing ring," said Joel. Joel's good luck was just beginning. "I called

Environmental Services to help me search, and Dorothy Smith came right away."

Dorothy, Environmental Services Technician, quickly began a thorough search of the room. In the crevices of the bed. Behind door frames. Under furniture. No ring. But she didn't just go back and say, "Sorry, I can't find it." She thought through what could happen to the ring, based on what she knew about our clean-up procedures.

"I've lost things before. I know how stressful it can be, and I knew the mother would be missing that ring," said Dorothy.

With the search of the room complete and still no ring, Dorothy—with the help of Michele Creedon, Environmental Services Supervisor—turned to the room that houses the ED's dirty linens.

"I thought it was a longshot," said Michele. "There were at least 20 bags in there, each full of soiled linens from bed sheets to gowns to towels. We were prepared to go through every last one of them."

Dorothy tore into the first of the dirty linen bags and, with a few hearty shakes of bed sheets, out tumbled the ring. She brought the ring to Joel, who then had the honor of calling the patient's father to share the good news.

"That's a phone call I'll never forget," said Joel.

A phone call Joel was able to make thanks to his co-workers' willingness to take the lead. ☺

6:55p.m.

Panicked patient family reports lost heirloom

7:05p.m.

Emergency department enlists help from Environmental Services

7:10p.m.

Search of patient's exam room begins

8:05p.m.

Search through bags of dirty linens begins

8:20p.m.

Joel calls patient family with good news

Motivated Mei

Upon meeting Mei Deavers, staff in the Children's Limb Deficiency Program said they'd never met a child who so badly wanted to walk. Thanks to a determined spirit, specialized care and a supportive family, he's now walking—that is, when he's not running.



Zipping around the aisles of a local department store one recent afternoon, the joy in the eyes of 3-year-old Mei [pronounced may] Deavers brought smiles to all who encountered him.

"One woman stopped us and said she was having so much fun watching everyone else react as he ran down the aisles with such joy in spite of his disability. He's a great inspiration for a lot of people," said his mom, Shannon Deavers.

Born with incomplete formation and deformities in his arms and legs, Mei lived his first two years in a special needs orphanage in China. The deformities in his legs made it difficult for him to stand up straight and walk.

When Shannon and Tracey Deavers adopted Mei in 2010, they hoped his legs, which were also missing the calf bones, could be corrected with surgery. When the family consulted with professionals from several hospitals, including Michael Schmitz, M.D., Children's Chief of Orthopaedics, and Colleen Coulter, Ph.D., Children's Physical Therapist, they learned walking would become even more difficult for Mei as he grew. Amputation, combined with prostheses, would allow him the greatest mobility.

"We chose Children's because its surgical team was the only one willing to take the more conservative approach of starting with the ankle and trying to keep his knees," said Shannon.

Shannon credits Children's staff with providing strong support that comforted them—and Mei—along the way.

"One of our nurses, Margaret Harrison, really connected with Mei after the surgery. She had known an amputee as a young person, and her ability to share her experience provided a world of comfort," said Shannon. "She was sensitive to how we were feeling and assured us that Mei would thrive just as her friend had."

In 2011, Mei underwent a second surgery in his right leg that helped his prosthesis fit better. After that surgery, Mei's drive to regain mobility was so great that he tried to walk—in full leg casts—just days after the procedure. To help Mei in his quest, Richard Welling, Orthotist/Prosthetist, tapped his mechanical engineering skills and modified Mei's casts in a way that allowed him to walk while also supporting proper healing in his bones.

"They [prosthetists and therapists from Children's Limb Deficiency Program] said they'd never had a child who so badly wanted to walk, and they took on the challenge and retrofitted his cast so he could move. They really went the extra mile," said Tracey.

After conquering physical therapy and receiving several adjustments to his cast and prosthesis, Mei began walking within weeks of his major surgery.

Today, Mei zips through life thanks to supportive parents, dedicated surgeons and staff in Children's Limb Deficiency Program—and an innate drive to be on the go. ☈

*Visit the *Careforce Chronicle* page on *Careforce Connection* to read the Deavers family's blog.



► When the Deavers family brought Mei home to Cochran, Ga., in November 2010, he became a younger brother to two sisters and two brothers.

Feature



The Softer Side of Care

Each spring, our Child Life teams bring a sense of childhood normalcy to the hospital setting by blending the whimsical nature of a carnival with the benefits of therapeutic play. The result is Child Life Therapeutic Carnivals at our Egleston and Scottish Rite campuses. At this year's carnival at Egleston, nurses, musical therapists, physicians and Child Life Specialists hosted patients and their families in the garden for an in-hospital retreat. "The Therapeutic Carnival is something my Child Life team looks forward to every year," said Lindsay Damron, Child Life Coordinator, Egleston. "It takes a lot of preparation, but allows us to showcase aspects of our job amongst fellow staff while allowing them to interact with our families in a fun, non-medical setting. You've never seen a kid happier than when given the opportunity to send their doctor plunging into cold water."



► Pie a Doc in the Face



► Medical Play



► Bubble Factory



► Caricatures

Q: In your role at Children's, how do you help deliver the best care to our patients and families?



Andrew Reisner, M.D.
Medical Director,
Neuro Trauma and
Medical Director,
Concussion Program



Melinda Dobbs
Clinical Director,
Radiology &
Sedation Services



Amy Callis
Clinical Educator,
Ground Transport

a: As part of the Transport team, I focus on making sure we deliver Children's expertise even before patients arrive at our facilities. We staff our ambulances with advanced paramedics, respiratory therapists and nurses from our ICUs and EDs, so patients begin receiving the same level of care they'd receive in our hospitals the very second they access our mobile critical care units.



Wendy Threatt
Program Coordinator,
The VOICE



Brooke Cherven
Senior Research Nurse,
Aflac Cancer Center



Matt Ryder
Consultant,
Strategy and Business Development

a: I volunteered to become the head of the Concussion Program because there was tremendous community need for such a program. Attention from parents is positive in that it heightens awareness of the significance of concussions, but it also leads to misperceptions regarding concussion management. With the help of talented and dedicated individuals across many disciplines, including nurses, schools, coaches, educators and patients themselves, we are working to create a program that will serve as the standard for similar programs around the country.

a: I stay current with the latest technology and safety standards for children. I also listen to feedback from our patients, families and staff and use this information to improve processes.

a: My goal in The VOICE is to help our teams provide care through the softer side of healing through music, laughter and hugs. Celebrity visits—like those from Ryan Seacrest, Colbie Caillat and Joe Jonas—help, too!

a: When patients and families participate in research, we learn from their experiences and that knowledge helps us improve treatments, supportive care and nursing care. By incorporating change based on the most current evidence available, we can be confident that the care we deliver at Children's is truly the best possible.

a: At the core of our work on Medicaid Reform is simplifying the administrative processes involved for providers and creating a new system that improves health outcomes for kids across Georgia. If we are successful in our reform efforts, pediatricians throughout the state will be able to spend more time doing what they set out to do when they went into medicine—taking care of kids—and fewer resources managing their involvement in Georgia's Medicaid program.

World-Class Fencer

Ellen O'Leary, Clinical Nutritionist

I will always remember the first time I fenced. I was in my mid-60s, and I'd never experienced such an intense rush of adrenaline.

When I was growing up, opportunities to participate in sports were very limited for women. This was before Title IX [1972 legislation that ended gender discrimination in athletics], and the general sentiment was that most athletic activities were too strenuous for girls.

I was grieving my husband's death when I picked up a book called "Harnessing Anger" by Peter Westbrook. I thought it was about anger management, but it was the story of an Olympic fencer. Reading the book greatly enhanced my interest in the sport, which, at that point, I only really knew about from scenes in movies.

When I read that Emory offered a night class to teach fencing, I knew I had to register.

I was 66 when I made the American Veterans Fencing Team for the first time. For the next few years, it got tougher as the youngsters crept into the 60-69 age bracket.

Would I like to fence women my age? Of course! But, there aren't any. At least not locally.

When Title IX was under review, I gave many speeches and presentations about why it is

I set a goal of being on the world team for 10 years in a row. After I compete in Austria in October, I'll have just three more to go to meet my goal.

Fencing is a great combination of aerobic and anaerobic activity. It really pushes me. We do a lot of three-minute drills, which doesn't sound like a lot, but they really get your heart pumping.

Because of fencing, I now have great friends in Wales, England, Canada and across the U.S. I look forward to spending social time with these friends as much as I do the competitions themselves.

My job challenges me to find creative ways to keep kids nourished. Fencing offers me a chance to interact with kids who are healthy, and it makes me think about what my patients might do when they are better.

Internationally, I've competed in Bath, England; Sydney, Australia; Moscow, Russia; Limoges, France; and Croatia twice. Within the U.S., I've competed in Alabama, California, Colorado, Georgia, Illinois, Nevada, North Carolina, Minnesota, South Carolina, Tennessee, Texas and Washington.

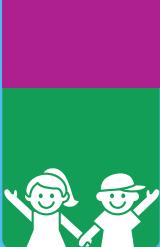


important for girls to have access to competitive, athletic opportunities. When I gave those talks, people assumed I was the mother of girls. When they learned I have two sons, it gave my words an extra punch.

I've discovered a lot of similarities in the metabolic changes between athletes exercising and our PICU babies, whose bodies are working as hard as if they were running a race.

I'll continue to compete nationally and internationally as long as it's fun, and I'll compete locally as long as I can drive.





Tell Us How We Are Doing

WE WANT TO KNOW

NEW EMPLOYEE ENGAGEMENT SURVEY LAUNCHES JUNE 25, 2012



Comments? Suggestions?
Questions? E-mail Internal.Communications@choa.org.

©2012 Children's Healthcare of Atlanta Inc. All rights reserved.
Some physicians and affiliated healthcare professionals who perform services at Children's are independent providers and are not our employees. Children's Healthcare of Atlanta at Hughes Spalding is owned by Grady Health System™ and managed by HSOC Inc., an affiliate of Children's.



Contains 10% post-consumer waste.
Printed using soy-based inks.
Please recycle.