

JANUARY & FEBRUARY 2013

# Careforce

CHRONICLE



## Seeing the Future of Autism

..... *Also in this Issue*

**Stronger than  
Ever in 2013**

**Practice (on Plastic)  
Makes Perfect**





**6** The Marcus Autism Center is transforming the treatment of children on the autism spectrum, and a new Autism Center of Excellence grant will produce innovative research studies focused on diagnosing autism in children as early as possible.

## Departments

- 1 Simply Put
- 2 News & Info
- 3 Celebrations & Appreciation
- 4 A Day in the Life
- 12 Our Patients & Families
- 18 Strong4Life
- 21 Inspiration

## Features

**10**

### Practice (on Plastic) Makes Perfect

Read how the new Children's Pediatric Simulation Center is educating clinical staff to respond to life-threatening scenarios using "manikins."

**16**

### One is Not Zero: Improving Patient Safety

Discover how a focus on high reliability will improve patient safety and reduce medical errors.

**14**

### Celebrating Our Success in 2012

Children's has a lot to celebrate this year. See a recap of all the hard work that goes into making Children's a great place to work.

**20**

### Helping Patients Breathe Easier

Learn how Cardiology and Pulmonary teams are working together to treat patients diagnosed with pulmonary hypertension.

Photo: Program Director Catherine Trapani, Ph.D., joins in some classroom fun in the early intervention program for children ages 18 months to 8 years at Marcus Autism Center.

Careforce Chronicle is published bimonthly by Children's Healthcare of Atlanta Internal Communications. To submit a story idea or offer feedback, contact Katherine Young, Editor, at Internal.Communications@choa.org, ext. 56868 or Kendall Gilliland, Manager, ext. 57656.

## Looking Ahead

Last year was an incredible year for Children's. We had more than 785,000 patient visits. Every member of our System worked very hard to make that incredible milestone possible.



785,000 is a big number. That's enough to fill the Georgia Dome almost 11 times. When you factor in the parents and loved ones for each child we treated, the number of lives you impacted grows exponentially higher.

Many of those children needed more from Children's than just our clinical care. Often they relied on our employees to be friends and family, and you honored that relationship with the same care and compassion that you would have given your own children. Through the holiday season, many of you even spent part of your holidays caring for the children and families who lived in our hospitals.

The love and compassion you give to our patients and the dedication you show for your work has always been what makes Children's so special.

As we look ahead to 2013, there are lots of changes and projects on the horizon. We will continue to watch the country's healthcare debate unfold, and participate in conversations on the local and national level to protect the children of Georgia.

But when I look back on all we accomplished last year, I see 2013 as a time for optimism. We will change the lives of hundreds of thousands of children. We will inspire hope in the children and families whom we serve, and we will be their strength and support during difficult times. And I can't wait to get started.

**Simply Put: This year, we will do what we do best, and that's provide the best care to children who need us. When you think about it that way, 2013 could be our best year yet.**

## Children's Helps Welcome Baby Orangutan to Zoo Atlanta

On Jan. 10, a group of Children's clinicians assisted in the birth of a baby boy orangutan via Caesarean section at Zoo Atlanta. The mother, a 16-year-old Sumatran orangutan named Blaze, has been with the zoo since 2010. The medical team overseeing Blaze's care chose to deliver the baby by Caesarean to minimize potential risks for both mother and baby. With Children's help, Zoo Atlanta animal management and veterinary teams developed a detailed birthing plan in preparation for several potential birth scenarios. Blaze's Caesarean is one of only three performed on Sumatran orangutans in recent years.



The Zoo Atlanta veterinary team, along with a group of human experts and consultant veterinarians, carried out the procedure with no complications. Children's neonatologists Sandy Jun, M.D., and Wendy Troyer, M.D., Willie Bailey, Respiratory Care Professional, Scottish Rite, and Kum Kim, Assistant Nurse Manager, NICU, Scottish Rite, assisted in the birth. Following the birth, the infant had a neonatal cardiac exam performed by Bobbie Boyd, Senior Cardiac Sonographer, Egleston. Blaze and her baby are both doing well and being watched around the clock by the Zoo Atlanta veterinary team and primate care professionals. Zoo Atlanta visitors are anxiously awaiting the baby orangutan's debut.

## Fortune Names Children's a Best Company for the Eighth Year

Thanks to our amazing employees, Children's has earned a spot on *Fortune* magazine's "100 Best Companies to Work For" list for eight consecutive years. Landing at No. 46, Children's is the only hospital in Georgia to appear on the list. Children's is among just three companies with headquarters in Georgia and is one of only two pediatric hospitals to make the list. Children's stands alongside well-known and respected companies, including Aflac, Google, Zappos and American Express.

## Upcoming Events

### Join the Children's Team for the Co-Ed Peachtree City Triathlon • May 18

For the fifth consecutive year, employees are coming together to compete in a triathlon and raise money for our kids. Register now and start training for the Peachtree City Triathlon on May 18. Participants can choose between the Super Sprint or the international distance.

### Attend the Family Fin Fest • Feb. 24

Enjoy a private viewing party at the Georgia Aquarium followed by an evening picnic dinner and kid-friendly activities. Proceeds benefit the Marcus Autism Center. Visit [choa.org/Support-Childrens/Events](http://choa.org/Support-Childrens/Events) to purchase tickets.

### Enjoy a Fairy Tale Tea • March 17

Mothers and daughters are treated like celebrities at the annual Fairy Tale Tea at the Swan Coach House. This year's theme is Tea at the Oscars and includes a red carpet and "paparazzi." A former patient is sharing her story, and the event benefits Children's. Visit [choa.org/Support-Childrens/Events](http://choa.org/Support-Childrens/Events) for information.

## 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.

### Dedicated to Better

*To: Janice Knox, Emergency/Transplant Technician, Hughes Spalding*

Janice goes above and beyond in her role as ED Transplant Technician. It was especially beautiful to work with her today. **Every time I went to do something for one of my patients, it was already taken care of by Janice.** This made for an easy work day. Thank you.

*From: Maxine Forbes, Staff Nurse, Emergency, Hughes Spalding*

### Care about People

*To: Courtney Sague, Behavior Data Analyst, Marcus Autism Center*

After working with you on several different clients this week, I wanted to recognize what an awesome job you do as a BDA. **You are extremely committed to learning and improving your skills with every single client,** and it definitely shows in the quality of your work. You are a great asset, and we are lucky to have you in the clinic!

*From: Ari Mazer, Behavioral Clinical Specialist, Marcus Autism Center*

### Passionate about Kids

*To: Christina Phillips, Staff Nurse, Day Surgery, Scottish Rite*

Thanks for helping in the PACU on Monday when we had a heavy patient load and were very short-staffed. I wanted you to know how much an extra "pair of hands," your hands, helped in PACU. **We could not have gotten through our day without your help. It was much appreciated.**

Your willingness to help demonstrated your commitment to our team in surgical services and contributed to the best outcomes for our patients and families!

*From: Angela Everton, Assistant Nurse Manager, PACU, Scottish Rite*

### Care about People

*To: Amy Hood, Child Life Specialist, Egleston*

Thank you for taking the time to come to the TICU to help a family cope with a difficult situation. **You were a really big help and support for them.**

*From: Kathryn Thorpe, Staff Nurse, TICU, Egleston*



## Meet Kelci

While Kelci LaPorte is a devoted wife and mother, she is also part of the extended family for each of her patients. In her role, Kelci forms a bond with not only her patients, but their families as well. "I tell them that we are going to become their second family because they will come see us for everything."

Kelci takes care of patients who need or have received heart transplants. "I see a lot of children waiting for transplants, but I also get to see the other side. Knowing that these kids are going to go back to school after their transplants and participate in everyday life is so rewarding." She has worked at Egleston for five years and is responsible for seeing all the patients who come into clinic or those who are there for biopsies and sick visits.

## A Day in the Life

# ....of a Pediatric Nurse Practitioner

Kelci LaPorte, Pediatric Nurse Practitioner, Cardiac Transplant, Egleston

1 **5:30 a.m.** – Kelci makes herself available through the night to answer questions from concerned parents, but her day officially begins now, and she's up and ready to start the day.

**7:30 a.m.** – In the hospital and on her computer, Kelci is getting caught up on the status of each of her patients. She needs to get ready for rounds by learning how each patient is doing.

**8:30 a.m.** – Starting her rounds, Kelci begins in the Cardiac Step-Down Unit (CSU) before moving onto the Cardiac Intensive Care Unit (CICU) to check all her patients. In the CICU, she checks in on 12-year-old Blake, who is waiting for a heart transplant. As he waits, he is being supported by a Berlin VAD (ventricular assist device), which is very uncommon.



**9:30 a.m.** – Today, Kelci has two patients getting biopsies in the Cardiac Cath Lab. She needs to examine those patients and talk to the parents. The parents have

questions about medication and treatment, and it's Kelci's responsibility to educate them, as well as reassure them through the treatment process.

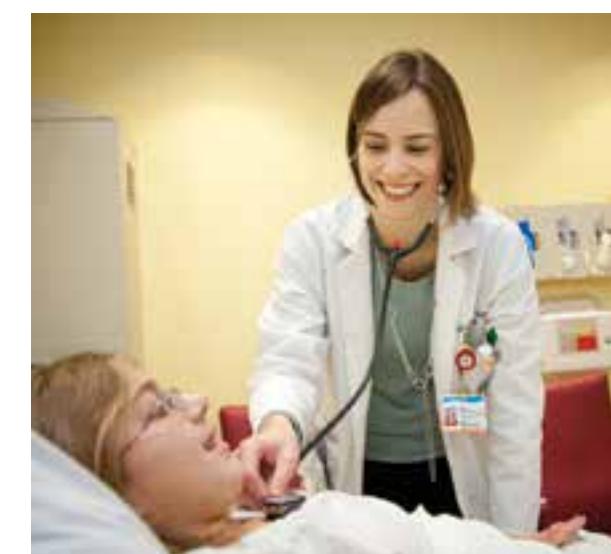
**11 a.m.** – For lunch, she'll treat herself to a flatbread sandwich in the cafeteria. Kelci is able to relax with her co-workers and wind down during lunch in between her office work and rounds.

**Noon** – Kelci heads to the transplant clinic to visit the patients with congestive heart failure. Today, there are six patients in the afternoon clinic. They may be getting echos, EKGs or a six-minute walk test. Kelci examines each one and discusses medication changes and any follow-up plans with the assigned physicians.

**3:05 p.m.** – After the clinic, Kelci is following up with parents and making sure they don't have any additional questions lingering from her rounds. Parents can understandably have a lot of questions, and she wants to make sure she explains everything regarding their child's care and treatment.

first-hand the importance of being an organ donor.

**4:30 p.m.** – Back to her office work, Kelci needs to review outpatient labs, return calls and refill medications. After she finishes all her paperwork, she is able to head home to her family.



**9:30 p.m.** – Kelci doesn't know if she'll receive another call in the middle of the night from a parent with an urgent question or from a surgeon letting her know that a heart is available for one of her patients. On average, there are 15 transplants a year at Egleston. She goes to bed early, ready for anything. "The most important aspect of my job is that at any time, day or night, I could get a call from a surgeon that there is a heart available for one of the patients. It's exciting, and I've got adrenaline to keep me going in the middle of the night if that happens." ☐



► Early intervention class participant, Zachary Rabuczewski, stacks beads, while his teacher assists a classmate.

# Seeing the Future of Autism

*With a new transformational grant, Marcus Autism Center is changing the future of autism through advanced treatment and research.*

Twelve-month-old Avi picked up the play bottle placed in front of her. Her father quietly explained that they just transitioned Avi from a bottle to a cup, so it might be interesting to see how she reacts to the bottle. Completely unaware that four people were monitoring her response behind a two-way mirror, Avi attempted to drink from the bottle, discovered it was empty, and then shared it with a stuffed Elmo.

Avi is a participant in a new research study at Marcus Autism Center that focuses on how social engagement influences speech and language development. While Marcus researchers are keeping some of the details of this study confidential until it's complete, researchers are using eye-tracking technology on infants to help identify markers that could predict and better understand autism spectrum disorders. This study is one of many funded by a research grant that will help predict the future of autism.

---

**"By adding a research component to Marcus, we're creating a new healthcare delivery system for children with autism. By bringing the best of science together with the country's largest clinical care center, we can change the life course of our children."**

—Ami Klin, Ph.D., Chief of Autism

September 27 marked an important milestone for Marcus Autism Center. Governor Nathan Deal announced that the National Institutes of Health had just awarded "a transformational grant" to an Atlanta-based coalition, including Children's, the Department of Pediatrics in Emory University School of Medicine and Yerkes National Primate Research Center at Emory to create an Autism Center of

Excellence (ACE)—the first such center in the south and one of only three in the nation. The driving force behind the highly competitive and hugely impactful grant award: the Marcus Autism Center.

With that headline-making announcement, Marcus solidified its role as a national leader in the study and treatment of autism. "Learning that we'd been chosen to receive the \$8.3 million grant exceeded my expectations," said Don Mueller, Vice President, Operations, Marcus Autism Center.

## Fast track to the forefront

Leading to Marcus' capstone moment was a carefully planned course of action, set in motion soon after Marcus joined Children's in 2008. "Marcus treats approximately 5,600 kids a year—more than any of the nation's top autism research centers," said Mueller. "And Marcus already had many established clinical programs—the behavior center, feeding program, diagnostic services, medication management and others." With such high volumes and strong treatment services in place, the opportunity for research was undeniable. "The amount of knowledge we could potentially glean from these children and their families was extraordinary," he added. "So we set out to change our model of care from mainly clinical to a model we call the science of clinical care."

Once the infrastructure was in place, it was time to assemble the research team. "We realized that with the size of our clinical enterprise and the resources available to us in Atlanta, we were now in a position to recruit the best scientists and autism researchers in the country," said Mueller.

An example of their new focus on recruiting is Ami Klin, Ph.D., Chief of Autism, an internationally recognized leader in autism research. Dr. Klin was so impressed with Marcus that he left Yale University and relocated both his research projects and his research team here in 2011. "By adding an additional



► Speech Language Pathologist Moira Lewis watches 12-month-old Avi play as part of a new research study at Marcus Autism Center.

research component to Marcus, we're creating a new healthcare delivery system for children with autism. By bringing the best of science together with the country's largest clinical care center, we can change the life course of our children," said Dr. Klin. "Besides, Bernie Marcus told me I'd be a schmuck if I didn't take the job."

With Dr. Klin's team in place, leaders at Marcus reached out to other regional organizations, motivating the entire autism community and forming expansive networks. "The incredible collaboration we're seeing between foundations, institutions and laboratories is a testament to our communities' commitment to autism research and treatment. This shared effort provides an ideal environment for translating research and treatment techniques into improved patient care," said

Doug Hertz, former Chairman, Children's Board of Trustees.

Both the new team and the additional resources create opportunities for industry-leading research projects and treatment plans in the quest to understand autism.

#### Advancing science

The ACE grant funds research across four interrelated projects, all designed to study the efficacy of diagnostic tools in infants and toddlers at risk for autism.

"The average age of an autism diagnosis is about 5 years old despite the fact that we can reliably diagnose the disorder by age 2," explained Celine Saulnier, Ph.D., Clinical Director for Research. "If we can identify risk for autism even before the age of two, we can offer intervention that could potentially alter the course of the disorder,

minimizing the impact of the disability throughout the lifespan."

It is through the extensive research and time dedicated to autism that Marcus doctors and scientists realized early detection is key to a comprehensive treatment plan. The goal of parents and doctors is to minimize the impact of autism by treating children as soon as symptoms are detected, which will likely change the course of their life.

Each ACE research project brings Marcus closer to the end goal of early autism intervention:

**Project One: Social visual engagement.** While infants watch videos depicting actors on screen, a device tracks their eye movements. Children who are developing at a normal rate typically tend to look at the actors' eyes, while children at risk for autism focus on mouths

and bodies. "This device could become a universal screening tool, allowing us to intervene much earlier," said Dr. Saulnier. "It could revolutionize the course of autism intervention."

**Project Two: Social vocal engagement.** Day-long audio recordings of a baby's vocalizations—at intervals from birth to age 3—allow researchers to analyze development of language and social behavior. This, in turn, could indicate the child's risk for autism and suggest intervention to help prevent language delays.

If proven effective, the following two measures could be used to plot a child's 'developmental growth chart,' advancing by quantum leaps the usefulness of a traditional "height and weight growth chart."

**Project Three: Early treatment.** For babies at high risk for autism, this study examines effectiveness of parent training to increase the child's social engagement through toddlerhood.

**Project Four: Primate research.** Using the eye tracking technology with infant monkeys, researchers at the Yerkes Primate Center at Emory also conduct regular MRI scans to identify brain abnormalities associated with autism.

"It's a rewarding time to be involved with Marcus, not only because the science is tremendously promising, but also because the discovery process allows us to expand diagnosis and treatment access to a much larger population, in a way no other center can do," said Dr. Saulnier.

#### Real kids, real change

According to the CDC, one in 88 children across the U.S. has autism. In Georgia, it's one in 84. And autism's toll is tremendous—on the child, the family, their finances, the schools and our healthcare system.

"It's not always the autism itself that's so challenging; it's the ancillary behaviors that can be so debilitating," explained Dr. Saulnier. "Kids with autism are a heterogeneous group, but what they have in common is the inability to communicate effectively." This can leave them intensely frustrated, leading to tantrums, even self-injurious behavior. "If we can eliminate the behavioral challenges and teach successful social communication strategies, then you're left with the positive aspects of autism, which can be great gifts of creativity, innovative thinking and singular focus," she added.

"Everything we're doing in research is toward the goal of translating our findings into clinical practice and advocacy," said Dr. Klin. "We're focused on setting a true standard of diagnosis and treatment, one that can be replicated throughout the country and transform care far beyond the walls of Marcus." □

## Why early intervention matters

Samantha said "mama" when she was a happy, typically developing 6-month-old. But by the time she was a little more than a year old, she had nearly lost her ability to speak. She began having behavioral problems, as well as eating, sleeping and sensory disorders. Her mother, Deborah, a nurse, said things were progressively getting worse, and she did not know what to do. After endless calls and referrals, she ended up at Marcus Autism Center. "I knew this was where we needed to be," Deborah said.

In November 2006, Samantha began attending the Marcus Autism Center Language and Learning Clinic, just before her third birthday. In less than a year, Samantha had gone from speaking 15 or fewer words a day, to becoming a talkative social butterfly. She particularly enjoyed asking a lot of questions, not unlike most 5-year-olds.

Today, she's learning how to make jokes, which is a huge testament to how far she's come. She loves babies and animals, especially her Shi Tzu/Pekingese mix, Bailey. She loves singing songs like "Twinkle, Twinkle Little Star" while doing what she calls her "hip dance." Samantha successfully transitioned into a regular kindergarten class last fall—a step her mom attributes to the early intervention and applied behavior analysis therapy Samantha received at Marcus Autism Center.

"It was a breath of fresh air to meet other families, therapists and doctors who understood what we were going through. They treated us with warmth and respect. Educating us as a family about how to care for Samantha's needs at home as well as prepare her for school was the key to our success," Deborah said.

# Practice (on Plastic) Makes Perfect



An infant outside the Intensive Care Unit is reported "twitching and not responding." A teen in the Operating Room is having difficulty breathing. In these situations, time is of the essence.

How do you learn how to respond to situations that are infrequent, life-threatening and need rapid response?

At Children's, the answer is increasingly: Refer to what you learned during a recent training with "manikins." As part of an expanding simulated training program, nurses and other hospital staff are being equipped to respond to difficult, time-sensitive situations by working with manikins designed to mimic real-life scenarios. These specialized, computer-operated manikins are a far cry from the dolls with disposable mouth-covers used in CPR training and have more in common with a laptop than with

department store mannequins. Using manikins in clinical simulations allows clinicians to practice on life-like training simulators without the risk.

The new Children's Pediatric Simulation Center now has seven child and baby medical manikins. They can show breathing, heart rate, blood pressure and other vitals. These manikins can simulate "almost any situation I need for teaching purposes" said Halli Jones, Simulation Center Coordinator.

Jones, along with Kiran Hebbar, Medical Director, TEAMS Center for Simulation, has been working since October 2010 on a formal teaching program using the manikins, which she first began using in her nurse residency program for training and annual competency sessions. "We don't teach in the traditional sense of the word, rather we facilitate

**At Children's, employees are learning how to respond to difficult, time-sensitive situations by working with high fidelity manikins as part of an expanding simulation training program.**

learning by recreating high-stress medical situations in a controlled environment," said Jones.

The manikins are built with realistic airway anatomy and programmed to give visual cues such as blue lips, as well as readable vital signs. All of these cues and signs are controlled by a computer program the test administrator uses. If they do well, vital signs stabilize. If not, the heart-rate drops, breathing slows, and the manikin drops into a code.

Lorisa Williams, Director, Learning, Clinical and Physician Practice, shared, "Last year we focused a lot on responding to a rapidly deteriorating patient, but we choose our focus based on need. We can really incorporate these simulations into any situation you would need to handle in your day-to-day job."

A new simulation lab opened in January at Scottish Rite, and the team plans to continue expanding their training capabilities. Today, the manikins are being used with floor staff nurses for rapid response, radiology sedation nurses, team training for crisis resource management and even in the operating room—basically anywhere quick response time and teamwork are needed.

"Our training provides a safe environment for all clinical staff to be able to practice and learn and see things they don't see very often," said Jones. "For

instance, there is a very low rate of codes outside of the ICUs, so the skill goes away. We create those circumstances for them."

Since the manikins can be programmed for almost anything, the Pediatric Simulation Center has set its sights on expanding their training programs. They are visiting unsuspecting ORs and giving impromptu tests, and are ordering more manikins to

they missed and how they could work better together. They take those lessons back to their jobs.

For example, during a team training on a deteriorating patient scenario, the group forgot about the oxygen emergency equipment in the room and struggled to stabilize the patient. In their debriefing, they went over the importance of remembering the resources available in their surroundings. A few weeks later, Jones got a letter from a nurse from that session saying that she had responded to a deteriorating patient situation and the first words out of her mouth were, "Go in the box and get the oxygen equipment!"



► Simulation Center Coordinator Halli Jones leads a debrief with participants after the simulation training.

make sure they can cover the demand for their services.

The most important part of every training session is the debriefing. The simulation takes 10 minutes, and the debriefing takes about 20. In the debriefing, the trainees talk through what went well and what didn't go so well, what

Recounting the story, Jones reflected, "It's the simple things that can prevent the patient from deteriorating and the simulation training program provides the perfect environment for clinical staff to learn without risking patient safety. Ultimately, we're going beyond what's expected so we can provide exceptional patient care." □



## Tutu Cute

Luci loves all things soft and frilly, and her enthusiasm has rubbed off on the Children's staff who care for her.

It just takes one moment to make a difference in a child's life. A year after the birth of her first child, Tara Newton was browsing the website of Rainbow Kids, an online adoption advocacy organization, when she came across the picture of a little 3-year-old girl named Luci. "It was like she was looking at my soul," Tara recalled. "Everything became crystal clear at that moment."

Though Tara had a sense of clarity with visions of a new addition to the family, her husband Brian wasn't expecting his wife to approach him about adopting a child—and not just any child, but a young girl from China with severe scarring from burns on her head. Within one week's time, Brian too had the same sense of clarity, telling Tara, "This is what we're supposed to do."

As an infant in China, Luci suffered burns from just above her eyebrows across the entire top of her head, causing her to lose most of her hair and resulting in significant scarring. Abandoned as a baby, Luci spent three years in a Chinese orphanage before being placed into foster care.

Since her adoption, Luci has received several treatments through Children's. She underwent eye surgery at Egleston and then received scalp implants and recovery at Scottish Rite. Later this spring, she will receive another scalp transplant to move her hairline forward another two inches. Although the road to recovery hasn't always been easy, Tara empathizes with



► Luci, a burn victim from China, has an enthusiasm for tutus that is celebrated by her caregivers at Children's.

her daughter every step of the way, because she knows how terrible burn wounds can be.

Five years ago, Tara was hit in the chest by an errant Fourth of July firework explosion. Her hair caught on fire, burning her face, neck, and arms extensively. She was hospitalized for 10 days and spent the following month and a half in recovery. Tara credits her patience and understanding with Luci's condition to her own tragic experience, and she knows it is why Luci was brought into her life.

Luci has seen a lot of Children's over the past few years and her enthusiasm for life has become infectious to those around her. Along with her colorful personality, her outfits certainly have not gone unnoticed by the Children's staff. While they may not be the most practical choice for day-to-day school attire, now 5-year-old Luci has made a habit of wearing tutus to her hospital visits.

"Y'all should wear tutus, too," Tara suggested to the staff one day. Tara couldn't think of a better place than a children's hospital for grown adults to wear colorful clothes. The nurses agreed and at Luci's next visit, her nurses donned colorful tutus and presented Luci with tickets to see the famous holiday ballet, *The Nutcracker*.

"We've had an exceptional experience at Children's, and everyone has been so nice," said Tara.

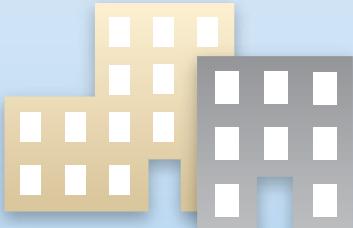
Not only has Children's provided Luci with the best possible medical care, but also she has been given the gift of an incredible family. "It's amazing to watch Luci grow and thrive after everything she's been through. I'm so grateful that I can use my own experiences to help her through a hard time in her life. The support we have from Children's only makes it easier for both of us." ☈

# Celebrating Our Success in 2012

Children's has much to celebrate this year as we look back at our 2012 accomplishments. Children's employees make a difference in the lives of children in our care every day, and these numbers indicate that by being dedicated to all better, you are improving the lives of our patients, their families, each other and our community.



Earned top workplace nods in *Fortune* magazine, *Working Mother* and the *Atlanta Journal-Constitution*



Opened Children's Healthcare of Hudson Bridge and the New Data Center



Ranked in  
**all 10 specialties**  
for the first time on  
U.S. News & World Report's  
Best Children's Hospitals list



Jumped from #18 to #12 in the NIH rankings—well on our way to the top 10.

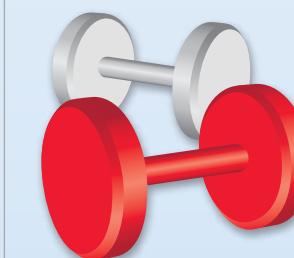
more than  
**785,000 PATIENT VISITS**



\$8M ACE Grant Awarded as Marcus Becomes a World-Class Center for Autism Research



**25%**  
decrease in Serious Patient Safety Events from 2011



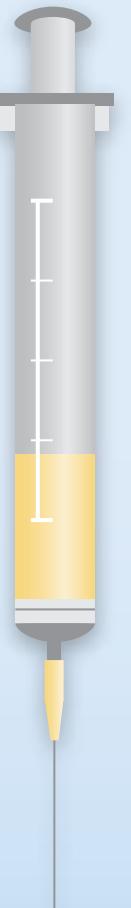
celebrated nearly  
**900 lbs**  
pounds lost with Mission: Slimpossible challenge



**\$52.8M raised**  
by Children's Healthcare of Atlanta Foundation



Achieved  
**\$19.4M NIH funding**  
a 24 percent increase from 2011



Saw **99%** flu vaccine compliance

# One is Not Zero: Improving Patient Safety

What do air traffic controllers, nuclear power operators and wildlife fire jumpers have in common? They all work in highly complex, dangerous industries. However, many of these high-hazard industries have better safety records than healthcare.

*One is Not Zero* has been a steady drum beat for Quality for years now. So, how's it going? Well, as an organization, we've reduced blood stream infections, improved hand-washing efforts, reduced medication errors and reduced instances of ventilator associated pneumonia. But until we reach our goal of zero preventable harm, we continue to work toward the highest possible quality standards.

"When we launched *One is Not Zero*, we began integrating some best practices from successful organizations in high-risk industries to advance our patient safety efforts," said Traycee Newton, Manager, Patient Safety. "In 2013, we are continuing our journey to zero by formalizing our approach to not just prevent errors but to build a culture that creates safety."

A growing number of hospitals are using high reliability concepts as tools to help achieve their safety, quality and efficiency goals.

Children's is leading the wave of healthcare organizations who are learning these principles.

In the book "Managing the Unexpected," authors Karl Weick and Kathleen Sutcliffe call organizations that operate under very trying conditions all the time and yet manage to have fewer than their fair share of accidents "high-reliability organizations" or HROs. The theory of high reliability stems from naval aviation and

the nuclear power industry, which have spent decades focusing on identifying risks and improving operations and processes to prevent errors from occurring.

What does this have to do with healthcare? A growing number of hospitals are using high-reliability concepts as tools to help achieve their safety, quality and efficiency goals, including Children's and the other member hospitals of the Ohio Children's Hospitals Solutions for Patient Safety, a nationwide network of children's hospitals focused on patient safety. At the core of HRO theory are five key principles:

## Preoccupation with failure

HROs acknowledge successes but are preoccupied with failure. In an HRO, it's as important to study the near-misses as when an actual error occurs and staff should feel empowered to identify errors and system failures that could lead to an unsafe environment. "For Children's to be a successful HRO, staff need to feel comfortable sharing when they make a mistake or almost make a mistake. This way, we can study the steps and processes in place that led up to the near-miss and prevent another error from occurring," said Newton.

## Sensitivity to operations

Another key area that HROs focus on are their operational practices. Sensitivity to operations includes more than checks of patient identity, vital signs and medications. It includes identifying broader issues that can affect patient care, ranging from how long a person has been on duty to the availability of needed supplies.

Being sensitive to operations came in to play recently at Children's when staff members identified that their department's medication station was too open and allowed for easy distractions. Because of staff concerns, they worked with their manager to enclose the medication station area, or Med Zone, and reduce disruptions.

## Deference to expertise

In healthcare, the expert can change from moment to moment. It can be the patient's family member who recognizes when their child is acting "off." It can be the nurse who has been monitoring the patient all day. In an HRO, leaders, managers, physicians and staff listen and respond to the insights of staff who know how processes really work and the risks patients face.

One of the ways Children's is already addressing this principle is by encouraging family members to participate in rounding in some units. By incorporating parents into the process, it adds an additional layer of personal experience with the patient that can be very useful during treatment.

## Reluctance to simplify

When organizations are too focused on streamlining communication and less concerned with conveying the underlying issue, things can be lost in translation. Healthcare is a complex industry, so simplistic explanations for why things fail are risky. Avoiding overly simple explanations of failure (unqualified staff, inadequate training, communication failure, etc.) is essential to understand the true reasons patients are placed at risk. People instinctively try to simplify the data we receive, but oversimplifying might eliminate the root cause of all the potential causes of the error.

## Commitment to resilience

HROs recognize that despite safeguards, system failures may occur in unanticipated ways. They prepare for these failures by training staff to perform quick situational assessments, working effectively as a team and practicing responses to system failures.

**HROs recognize that despite safeguards, system failures may occur in unanticipated ways. They prepare for these failures by training staff to perform quick situational assessments, working effectively as a team and practicing responses to system failures.**

Underlying all of these principles is the need for transparency and having a "just culture." A just culture is one where people can report mistakes without personal risk. Transparency must span all levels of an organization, and information has to be shared before staff can address the underlying cause.

Transparency and a willingness to admit mistakes open up communication and improve patient safety. For example, a nurse leader recently shared a mistake with her staff. Instead of hiding behind her mistake, the nurse manager presented her error to staff as a way to teach the importance of following a policy. Her honesty and willingness to share her experience will ultimately make care safer for our patients. ☐

# Stronger than Ever in 2013

**It's a new year, and many employees are looking to lead a healthier life. The Strong4Life team recognizes that many employees aren't sure where to begin. Get inspired by your co-workers who are making positive changes and reaching their wellness goals.**

## Start with one step

Medical Technologist Cynthia Farrington walked 8,345,000 steps last year. Yes, you read that right, she walked the equivalent of 3,799 miles. Cynthia thinks walking is the perfect exercise because she can do it anywhere, and it's free. When she decided to become healthier, she just started walking. And, she hasn't stopped yet. Because of walking, she has lost 70 pounds and has more energy. She walks in the mornings before work, during breaks, and on her days off, she walks around the city of Duluth. Many days she walks 20 miles, but if she doesn't take at least 10,000 steps, she doesn't feel right. Cynthia added, "It's a great stress reliever, and I've seen so many beautiful sunrises because I was outside walking."



The Marcus Milers running club show off their kicks (l to r: Tawny Tsang, Sarah Shultz, Maria Ly, Michael Valente, Peter Lewis, Susan Shepard and Paul Davis).

## Use the buddy system

There's a group of Marcus employees who get together (every Thursday), rain or shine, to do one thing: run. After a casual conversation last summer, Peter Lewis, Research Technology Program Manager, Tracy Cermak, Research Project Coordinator, and Susan Shephard, Manager, Business Operations, decided to start a running club. Although there is a regular group of 7-10 runners, they encourage new runners to come out and tackle the Atlanta hills with them. Their motto is that no one runs alone, and they've even sent out a search party for a runner who had taken a wrong turn. The group has found that this weekly commitment keeps them motivated and makes exercise fun.

## Get focused as a family

Gerald Drummond, Patient Accounts Supervisor, found that getting healthier became easier once his wife and 11-year-old son were on board. Together, they participated in the Strong4Life Family Wellness Program where they learned healthy eating strategies. "I realized that to prevent my son from eating junk food, we had to start by purchasing healthier options at the grocery store." Gerald's family replaced chicken wings, fries and Kool-Aid with grilled chicken, yogurt and water. They also became more active as a family. Instead of sitting on the bench watching their son play, Gerald and his wife now walk a two-mile loop at the park. Gerald increased his workouts by participating in Mission: Slimpossible, but he continues his family walks. Gerald has lost 31 pounds, sleeps better and has energy to try new things, like learning to play the saxophone.

## Give it your all

If anyone watched Alesha Vample, Respiratory Care Professional and individual winner of Mission: Slimpossible, at a team workout, they knew she was focused on results. "She was a beast about fitness," said Purple team trainer Linda Byams. Alesha lost 35 pounds, 13 inches, decreased her body mass index 6.13 points and moved her blood pressure to healthy levels. No matter how tired she was, she worked out faithfully

and inspired her teammates to do more. She is proof that even after working a 12-hour shift, there is always time for exercise.

## Set new goals

Kelly Holden, Technical Trainer, set a goal last year that she would complete the International Distance in the Peachtree City Triathlon, which is a .93-mile swim, 25-mile bike and 6.2 mile run. She had completed a shorter sprint triathlon and decided to push

herself further. "If you had told me five years ago that I could actually accomplish this, I wouldn't have believed you," said Kelly. "I was out of shape and so unhealthy, both physically and mentally. Completing this triathlon really shows me what I am capable of, and I have to thank Strong4Life for that. I don't know that I would have ever attempted such a feat without people who knew what they were doing guiding me." ☐

## What's Coming Up for 2013

Strong4Life is expanding some of its successful programs, as well as offering a few new options for employees. On deck for 2013:

### Healthy Cooking Demonstrations

Every other month, Strong4Life dieticians will host themed healthy cooking demonstrations. Dieticians will make a meal or snack focused on a relevant theme, and attendees will have a chance to win prizes.

### Resilience Seminars

Children's is hosting bi-monthly resilience seminars with topics like "Say No to Negativity, Say Yes to Positivity" and "Time out for Time Management."

### Step Challenges

Make sure your pedometer is working, grab a few colleagues and sign up for an individual or group step challenge. Strong4Life will be hosting step challenges every six weeks with different criteria for winning, so that employees can focus on wellness and participate in some friendly competition.

### Mission: Slimpossible Returns

Mission: Slimpossible was such a success last year that Children's will be hosting another "Biggest Loser" type competition this fall. The contest is expanding to include an "at home" challenge this year.

### Family Wellness

Children's will continue to offer Family Wellness sessions for employees, which provide guidance on how to be positive wellness role models at home, be more physically active as a family, and includes dietary guidelines, advice and tools.

### Children's-Sponsored Events

Children's sponsors employee participation teams for many different types of races throughout the year. Here are a few upcoming events, including walks, runs, bicycle races and triathlons, so employees can register and start training early:

**Sprint for Cancer**, April 27

**2013 Peachtree International and SuperSprint Triathlon**, May 18

**Walk Now for Autism Speaks**, May 19

**KP Corporate Run/Walk**, September

**24 Hours of Booty**, Oct. 5-6

**Spin for Kids**, Oct. 19-20

**Kids II Strong Legs Run**, November

Visit [Strong4Life on Careforce Connection](#) to learn more about what's new with Strong4Life in 2013.

# Helping Patients Breathe Easier

The new Children's Pulmonary Hypertension Program is making a difference in the lives of children who suffer from this rare and challenging problem.



► Clinical Nurse Coordinator Angela Hawthorne examines Jordan Moore, a Pulmonary Hypertension Clinic patient.

When Patricia Lawrence arrived in Atlanta in April 2011, she sat down at a desk with paper, a pen and no computer. Her assignment? To build a program centered around evaluation and management of pulmonary hypertension, so she set about creating the Children's Pulmonary Hypertension Program. The program began with a dozen patients and now, less than two years later, has more than 100.

As part of the Sibley Heart Center, the Children's Pulmonary Hypertension Program is now one of the largest pediatric pulmonary

hypertension programs in the country, and its success is partly attributable to its unique offering—a combination of nursing, cardiology and pulmonology, that seeks to treat the disease and educate families about the disease's realities.

Pulmonary hypertension is caused by abnormally high blood pressure in the arteries of the lungs, which makes the right side of the heart work harder than normal.

There is no known cure, but the symptoms can be managed if the disease is diagnosed early.

Lawrence describes the disease as "a challenge," one she and her team face through communication and teamwork. The team, led by Usama Kanaan, M.D., includes three cardiologists (Nikhil Chanani, M.D., Dennis Kim, M.D., Ph.D., and Kevin Maher, M.D.) one pulmonologist (Dawn Simon, M.D.) and nurses coordinated by Angela Hawthorne, MS, RN-BC, CPN.

Having both cardiologists and pulmonologists on hand makes the program successful. Pulmonary hypertension in children is rare and challenging. The signs and symptoms are vague and often go misdiagnosed, and the disease itself is medically complex.

Challenging though it may be, catching early signs of pulmonary hypertension can make a big difference in the life of a child.

Tucker Mitchell, a young boy with Down syndrome, was referred to the program in 2011 when an echocardiogram revealed

he had pulmonary hypertension at a routine visit. He was only 17 months old. Through the program, Tucker received a catheter procedure to repair a heart defect and went through other sleep studies and procedures to improve his condition. A year later, his symptoms have been eliminated, and he's happy, healthy and a huge flirt. His family is grateful to the program and asked for donations to the program instead of birthday gifts last year.

Tucker's mother shared her gratefulness to Children's on Facebook. "If it wasn't for the [Pulmonary Hypertension Program], we wouldn't have known about any of these issues. Thank you Children's for having this program in place. I believe it, and our faith in God, truly saved my son's life."

Tucker's story is proof that the Pulmonary Hypertension Program is up to the challenge of combating this difficult disease. As the program continues to grow, the focus will remain on making life better for the patients and their families. □

# Motivated to Move

By Kemia Countess Irving, Insurance Verifier, Patient Access, The Park

I remember Nov. 19, 2011, vividly. I was on my way to visit a client and found out that my mother had suddenly passed away from a heart attack. She was my only family left, and I wanted to curl up in a ball and shut out the world. I know it's not what my mother wanted for me, so I started going through the motions of life, but not really living.

My mother was not aware she had a heart condition, but years of high blood pressure ultimately caused her heart attack. Hypertension runs in my family, and my mother struggled with it for years. During the last year of her life, she lost more than 60 pounds and told me, "One day you will find the motivation you need to lose weight."

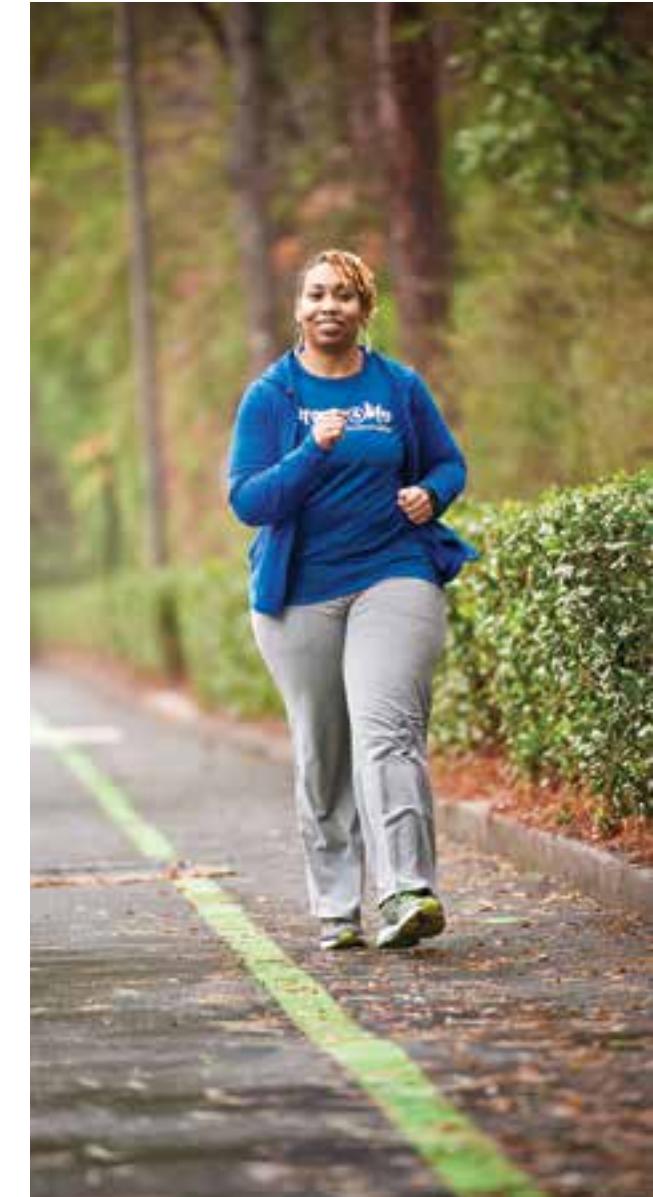
I started at Children's last April and wanted to take advantage of all the wellness opportunities offered, but I didn't know where to start. I applied for Mission: Slimpossible, hours before the deadline and was blessed to be chosen. I thought to myself, "This is it. This is exactly what I need!"

As captain of team Indigo, I took the competition seriously and wanted the best for my teammates. To support my team, I sent out an "INDIGO Chronicles" email every Monday to start the week off right with tips on what helped me the previous week to succeed, including different apps and gadgets I found. Encouraging others kept me focused on the end goal. It was like holding a mirror up, and I found I gained a lot from helping others succeed.

It was tough to stay motivated throughout the entire 12-week competition. My mother's words rang in my head every time I became frustrated or wanted to walk when I needed to run. I could hear her cheering me on. In each of our 30-minute sessions, I gave it my all because I didn't want a little pain to get in my way. I discovered that when you challenge yourself, it will be definitely worth it, and my efforts have been rewarded.

Since the beginning of Mission: Slimpossible, I've lost 34.2 lbs., nine inches from my waist, three inches from my hips and one inch from my neck. My resting heart rate was 72 in August and is now 60.

More importantly, I started to live again. As part of Mission: Slimpossible, I expanded my family to include my new teammates, and I succeeded in starting a journey to a healthier me. I still miss my mother every day, but I know she would be proud of all that I have accomplished. □



► Kemia walks the trails at Children's as a way to stay active throughout the day.

# Congratulations on making Children's a great place to work in 2012!

---

Children's was recognized as a top employer by *Fortune* magazine, *Atlanta-Journal Constitution* and *Working Mother* magazine.



Comments? Suggestions? Questions? Email [Internal.Communications@choa.org](mailto: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.