

MARCH & APRIL 2012

Careforce

CHRONICLE

Driving to
Best Care,
Healthier Kids

Smiles for Miles

Saving Sam



Making a Difference

Since we formed Children's Healthcare of Atlanta in 1998, so much has changed for us. And during that time, I've seen some interesting changes within my own family.



Over the years, as baseball games and school concerts gave way to algebra and driver's licenses, I've watched both of my kids discover who they are supposed to become. As they've grown, my vision about what is possible for them has grown and changed, too. It's so inspiring as a parent when your kids start making you think bigger. Kids have a way of knocking down expectations and replacing them with new, better and often much bigger possibilities.

That's also the way I think about Children's today and who we are going to be in the future for the kids of Georgia.

Because of the incredible work you've done to serve the needs of our kids and community, we know we are ready to take on even bigger challenges yet unanswered, such as transforming Medicaid for kids, providing access to quality care throughout our state and better coordinating care between providers. Our strategy demands we solve these issues because they provide the path to better care, and to healthier kids. Children's is working with our physicians and other healthcare providers across the state to ensure that treating patients works seamlessly to get the best care for a child.

The fact is, kids in our state and in our country are not getting the care, results and access to research that they deserve. To meet the needs of Georgia's kids today and in the future, we've created an exciting new plan that charts our journey over the next five years.

Taking care of kids is and always will be the very heart of what we do. Georgia's kids need the best care, and they need someone focused on keeping them healthy. Children's is the best organization to do both. That's why we were able to express our vision in such clear terms: Best Care ... Healthier Kids.

Why? Because we know kids best. Because we have expertise that no one else has. And if we don't do it, who will?

Simply Put: There's no other system like us in Georgia. Together, we are here for kids to make them better today and healthier tomorrow. And because of you and your passion, we will work to ensure every single one of Georgia's kids gets the care they deserve.

The Making of Two Mothers

4 Meet Jessica and Ashley, two Foundation employees who bonded along their untraditional journeys to motherhood. With the help of Total Rewards, both recently fulfilled their dream of becoming parents.

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One of our new columns!



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While we celebrate April as Autism Awareness Month, learn why honor roll student and autism success story Miles Robinson is all smiles these days.

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A closer look at how we impact our community, and, in return, our community impacts us.



"Whataya Want From Me?" Singer Makes Special Visit

Adam Lambert, runner-up from the eighth season of *American Idol*, visited with patients in The VOICE March 7.

Upcoming Events



NCR Sprint for Cancer · April 21

More than 1,000 runners and walkers are expected to hit the streets of Dunwoody for the 5K and 10K races.



Kauffman Tire Spring Baseball Classic for Kids · April 24

This year marks the 10th anniversary of the collegiate baseball rivalry.



The Fiesta Atlanta 5 Que · May 6

The 5K run/walk ends with an awards ceremony in Centennial Olympic Park and kicks off Fiesta Atlanta, the Southeast's largest Cinco de Mayo celebration.



2012 Georgia Walk Now for Autism Speaks · May 20

Together, the Marcus Autism Center and Autism Speaks are hosting this year's walk at Atlantic Station. Join the Children's team by April 20.

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 Children and Dedicated to Better (you'll read more about our new Values on page 9). 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.

Passionate about Kids

To: Corey Solomon, Staff Nurse-Novice,
Emergency Department,
Children's at Scottish Rite

Corey, you were absolutely fabulous with the patient and family in room 44 this morning! I know you made all the difference in them even coming close to feeling comfortable taking their daughter home. **She was very lucky to have you as her nurse.** Your bedside manner was awesome and all of the education you gave them was wonderful. That top-notch splint you put on the patient—thank you, thank you, thank you! Job well done.

From Kelli Hood, Staff Nurse-Colleague,
Emergency Department, Children's at Scottish Rite

Care about People

To: Joslin John, Staff Nurse-Resource and
Christine Baguilat, Staff Nurse-Colleague,
TICU, Children's at Egleston

I just wanted to say thank you to both of you for making my first-ever floating assignment so pleasant! I felt very supported by you both and appreciated all of your help and time spent answering my questions and getting my admission settled! I feel confident in my abilities to float to the TICU in the future because of both of you.

From Lisa Crowe, Staff Nurse-Colleague,
CICU, Children's at Egleston



team
work

To help celebrate our seventh consecutive FORTUNE ranking, more than 100 of you submitted photos to our Spirit Day photo contest. Kudos to everyone in the above photos, which you voted as best demonstrating why Children's is a great place to work.



Dedicated to Better

To: Cardiac Services Team

I cannot express how proud I am of the Cardiac Services Team for championing patient safety. The presentation today on hand hygiene improvement really resonated with so many people. Thank you for your commitment and willingness to "champion innovation and change" and "challenge the status quo." High five—with a clean hand!

From Renee Watson, Manager,
Infection Control, The Park

Passionate about Kids

To: Colleen Fulton, Rehabilitation Case Manager,
Children's at Scottish Rite

You work so diligently to send our kids home safely. You assure families come in for training and arrange equipment delivery in a timely manner. If the process doesn't progress rapidly along, you gracefully push it forward—with tact and diplomacy—until all of our goals are achieved. **I appreciate your work, your efforts, your disposition with the families and staff, and your dedication!**

From Robin Hyman, Asthma Educator,
Children's at Scottish Rite

Through Struggles with Infertility, Friendship and Families are Born

Meet two moms who realized their dreams of parenting with the help of Total Rewards' adoption and infertility benefits.

Jessica Kilgallen, Sports Network Program Coordinator, drives more than 40 miles each way to her job in the Foundation at The Park. Like many working parents, her work is hardly finished when she leaves the office. At the end of the day, the mother of 4-year-old Reese and 1-year-old Ally has diapers, bath time, bedtime and everything in between waiting at the other end of her commute.

But to Kilgallen, the rewards inherent in her work far outweigh time spent in the car.

"Being a working parent is a big commitment, and for me, I have to be doing something that nurtures me and allows me to nurture my family. That's exactly what I have at Children's."

Fulfillment might be her favorite benefit, but Children's has given Kilgallen other benefits along the way. Almost five years ago, she used our adoption assistance program—a benefit offering \$5,000 to help employees through the adoption process—to adopt her first child. Last year, the benefit program helped her to adopt a second daughter with another \$5,000.

"Adoption is expensive. We spent \$32,000 on our first and \$37,000 for our second child, and while there are tax credits [\$13,170, per child] that help at the end of the year, a lot of money is spent up front," she said. "That's why Children's adoption assistance was such a big help. I filled out the

routes to parenthood, Kilgallen doesn't want expenses to deter anyone who may be considering adoption. "It's taken a little time to pay off our adoption debts," she said. "But somehow, even with two children, our budget still works. I want people to know that this process can work for them if they're interested in it."

When she began looking into what kinds of support Children's offers, Dollar learned that each Children's employee can receive up to \$10,000 as a lifetime credit toward infertility treatment. "It was a huge relief," she said. "The support from Children's allowed us to stay focused on our goal of a healthy child."

paperwork, and within two weeks, I had a check in my hand. The money went a long way toward getting us started with consultants, home visits and background checks."

A cheerleader for those pursuing non-traditional

With both adoptions, the Kilgallens brought home newborns in less than two months. They welcomed Reese less than three weeks after a birthmother selected them, and Ally joined their family just six weeks after their second application submission.

Kilgallen's success encouraged friend and co-worker Ashley Dollar, Community Friends Program Coordinator. Just a year ago, Dollar also struggled with infertility. Kilgallen, who learned she would not bear children as a teenager, could relate.



"Infertility is something that people don't like to talk about," said Dollar. "But Jessica and I talked a lot about the difficulties I was having, and she really inspired me."

After unsuccessful attempts to conceive on their own, Dollar and her husband looked into outside assistance through in vitro fertilization (IVF). While hopeful about the outcome, Dollar and her husband shared concerns about the expense of treatment.

"IVF can be costly," Dollar said. "It's stressful enough to worry about having a baby, but when you add in the financial commitment of IVF, it can be overwhelming."

When she researched the support offered through Children's Total Rewards, Dollar learned Children's employees can receive up to \$10,000 as a lifetime benefit toward infertility treatment. "It was a huge relief," she said. "The support from Children's allowed us to stay focused on our goal of a healthy child."

The financial support—which Dollar also quickly received—marked only the beginning. Children's



Photo courtesy of JoAnne Bacon photography.

pharmacy plan, Caremark, offered low co-pays for many of the medications that accompanied her treatment. "Not even my physician could believe how good my benefits were."

The Dollars' pursuits paid off when they welcomed a baby boy named Thomas in January 2012. "We're so happy, so in love with our son," she said. "We're so grateful to Children's for supporting our journey. We hope we can do it again someday."

Dollar and Kilgallen encourage those considering adoption or infertility treatment to follow in their footsteps. "Our stories should really begin 'Once upon a time,'" Kilgallen said. "They are two of the best fairytales ever. And, we're still in the opening chapters." 📖

What's Next for Children's

To lead the industry in meeting the needs of Georgia's kids now and in the future, we've updated our Mission, Vision and Values. Here's a closer look at what that means for our patients, our community and you.

One Saturday last October, Brandon Hayes was running up and down the soccer field with his teammates. Less than two weeks later, he lay lethargic in a hospital bed at Children's at Egleston while his mother underwent surgery that would save his life.

It started when Brandon vomited three times on the way home from soccer. The 4-year-old seemed healthy for the next few days, but two days later, after eating a peanut butter and jelly sandwich, he vomited again. His parents, Daniel and Cheri, kept him home from soccer practice that night so he could rest. The following morning, Daniel drove to work, but he never got out of his car. On the way, Cheri called to say Brandon was clutching his stomach in pain and they were headed to Children's at Egleston.

Brandon arrived at the hospital in acute liver failure. Four days later, the hepatology team at Children's placed Brandon on a transplant waiting list. If they didn't find a new liver for him—and fast—he probably wouldn't survive.

"I knew I had the same blood type as my son," Cheri Hayes said. "I told them I'd do whatever they needed. I'd be the donor." On Oct. 13, Cheri and Brandon participated in a living donor split liver transplant. Stuart Knechtle, M.D., Chief of Transplant, and Steven Hanish, M.D., Liver Transplant Surgeon, began Cheri's seven-hour procedure at about 8:30 a.m. They finished Brandon's procedure 12 hours later.

Today, both mother and son are doing well. Brandon's liver will grow with him, and Cheri's will expand to replace the piece she's missing. Brandon regularly visits Children's at Egleston for clinic and lab appointments, and he will do so for years to come.

Before his 18th birthday, our adolescent transition clinic will prepare him to navigate his adult-care needs by reinforcing healthy lifestyle habits and teaching him to manage his daily medications. The care that follows Brandon from age 4 to adulthood—a collaboration between our hospitals, neighborhood locations and his medical home—is a perfect example of what we do really well as an organization. Our Mission motivates us to provide such highly integrated care for kids facing other illnesses and conditions, too.

Driven by our Mission

Kids need care. They also need people working to find ways to deliver better care in the future. In some cases, like Brandon's, that means creating a hospital environment that can deliver the best care when a day makes all the difference. In others, that means engaging the community in ways that will prevent kids from becoming patients and, for patients with chronic illness, managing their care among caregivers and treatment settings.

Being able to provide great care for kids in our community doesn't happen by chance. It happens because we have an incredible group of talented,



Last October, Brandon underwent the first parent-to-child liver transplant at Children's since 2006. Today, a fraction of his mother's liver lives inside him and will grow into a full-sized liver as Brandon ages.

driven and passionate employees at Children’s who believe in what they do and use their unique skills to make a difference. From the nurses caring for patients in our hospitals, to the Child Wellness staff educating families about healthy choices, to the IS&T team working behind the scenes making sure all the systems are running properly, to the researchers studying how to better diagnose and treat autism at Marcus Autism Center, we are all here to do our part. We are here to make kids better today and healthier tomorrow.

A mission statement defines an organization’s reason for existing and guides the actions of its

people. Our updated Mission statement, “To make kids better today and healthier tomorrow,” captures our commitment to deliver the best care today and pursue new ways to improve care in the years ahead. Our focus on getting better, and being more, is both a reflection of where we want to be, and a reaction to be ahead of a changing industry. In other words, we are trying to change in a changing environment. We are working to provide greater access to patients who need us. We are aiming to lead a pediatric healthcare industry that is working through continued payment and other reforms. We aren’t waiting to transform, we are actively participating

in shaping our state’s needs now to begin the changes necessary to be prepared in the future.

Taking care of kids will always be at the core of our existence, and the update to our Mission reflects that we are keeping that focus. We’ll always be here for kids like Brandon, but our Mission also challenges us to find new and better ways to impact more kids.

“Knowing why we exist provides the foundation for us to articulate where we are going,” said Donna Hyland, CEO.

How we’ll get there

Our Mission tells us why we exist, and our Vision tells us where we are going. A Vision should be aspirational,

yet achievable. Simple, yet memorable. Most importantly, we need to be able to measure it so we know how we’re doing. “The Executive Team, leaders, physicians and our System Board spent a good deal of time discussing both our Mission and our Vision to make sure they fully encompass what we do and where we want to go as an organization,” said Hyland. The result of those discussions is a new Vision: “Best Care ... Healthier Kids.” “Best Care” means that we seek to provide the highest quality care in locations that are accessible, easy to navigate and result in the most satisfied patients and families. We will measure our success in these areas through

Our Values

Our three Values—Care about People, Passionate about Kids and Dedicated to Better—describe everyone here at Children’s and how we work together. When brought to life through the actions of our employees, our Values empower us to be strong enough to care enough and, ultimately, achieve our Vision.

Strong Enough to Care Enough

Care about People

- Hear what needs to be said/say what needs to be heard
- Invite contributions
- Recognize my unique value
- Help others shine
- Have optimistic intent

Passionate about Kids

- Believe we can make a difference
- Keep the kids close
- Ignite the wonder
- Share the story
- We before me

Dedicated to Better

- Make it matter
- Build it to last
- Think beyond your badge
- Challenge what is
- Do the right thing

our Quality scores, our customer satisfaction scores, the number of patients we serve and our *U.S. News & World Report* rankings.

will guide us over the next five years. You’ll hear more about our strategy and our four strategic focus areas in the coming months.

headers and recurring features. (For a closer look at our Values in action, turn back to page 3 or visit *Careforce Connection* online).

program that includes giving every family a rubber duck as a memento. Erica and Sarabeth showed they are Passionate about Kids by keeping the kids close and were Dedicated to Better by making it matter. It’s just one small step that speaks in so many great ways.

“Healthier Kids” means that we strive for children never to reach our hospital facilities because we have prevented injury, illness and medical conditions by educating parents and caregivers about how to keep kids healthy and by developing new cures and interventions. One way we can measure our success here is through our state’s childhood obesity ranking. To help us achieve our Vision of “Best Care ... Healthier Kids,” we developed a strategic plan that

How you fit in Our Mission and Vision clarify why we exist and what we will achieve together. Our updated Values help us understand how we work together to bring our Mission and Vision to life. In the blue box above, we’ve listed our Values and principles for living them every day. Because our Values play an important role in defining how we work together, you’ll see the Values come to life on the pages of *Careforce Chronicle* through section

Two employees who show how we put the Values into action everyday include Erica Moss and Sarabeth Warren, Occupational Therapists at Children’s at Scottish Rite. They noticed that parents in the NICU, who often need special training in giving their babies a developmentally appropriate bath, often miss out on an important family milestone: their baby’s first bath. So to mark this special time, and involve the parents, the two developed a

Such stories remind us that we can’t achieve our Vision without your continued hard work and your belief in our Mission. We are all here so kids, like Brandon, have a fighting chance at life today and a chance to lead a healthy life tomorrow. 🍌





Sam and his wife, Trish.

Saving Sam

When Sam Hungerbuhler lost consciousness at his stepson's basketball game, two fellow Children's employees joined forces to save him.

In his 14 years at Children's, healthy and active Joseph "Sam" Hungerbuhler, Respiratory Therapist, PICU, Children's at Scottish Rite, can count the number of sick days he's taken on just two hands. That's why the father of five dismissed "feeling just a little off" while getting dressed for the wedding of his co-worker, DarShea Mitchell, Respiratory Care Professional, last November. Despite a memorable dance performance at the afternoon reception, he still didn't feel right. Determined to make it to his stepson's basketball game later that day, Sam buckled into his car and drove himself and wife, Trish, Staff Nurse, PICU, to the Queen of Angels school gymnasium in Roswell.

While waiting for the game to start, Sam remembers seeing players dribble up and onto the ceiling. His next memory is of the inside of an ambulance,

staring into the eyes of two bewildered emergency medical technicians (EMTs).

What he doesn't remember—but what his wife happily shared after he regained consciousness—is the series of fortunate coincidences, or miracles, that happened after his cardiac arrest.

When Sam brushed against her arm and slumped beneath the bleachers, Trish cried for help and began to administer mouth-to-mouth CPR. Sam's head and neck were in an awkward position, though, which made it impossible to push air into his airway. Enter David Banks, M.D., an Emergency Medicine physician at Children's, and his wife, Marty Bova-Banks, an adult care emergency room nurse, whose son happened to be playing in the same gymnasium that day. After Dr. Banks adjusted Sam's position, Trish successfully

administered CPR and Marty continued with chest compressions.

Trish then called for someone to fetch an automated external defibrillator (AED), which the school fortunately kept in its gymnasium. After applying the AED to Sam's chest, the machine read "Shock advised." Trish's hopes sank—Sam was in cardiac arrest. After administering the shock, the next message read "Resume CPR." The AED did its job.



Sam awoke on a stretcher about 10 minutes later. From then on, he was met by a series of shocked expressions—beginning with the EMTs and continuing to the cardiology staff at St. Joseph's—who could not believe the series of circumstances that enabled him to survive. About 295,000 people suffer cardiac arrest every year outside of hospitals, and only eight percent survive, according to the American Heart Association.

Largely thanks to the serendipitous placement of Trish, Dr. Banks and Marty in the gymnasium that day, Sam returned to work at Children's six weeks later. Upon his return to Children's, the man who's called Children's home since 1998 was overcome with emotion by what felt like a "homecoming party."

Unbeknownst to Sam, his colleagues nominated him for a Hope and Will Award shortly before that fateful day in the gymnasium. Thanks to the quick thinking of his "savior party"—what he calls Trish, Dr. Banks and Marty—Sam received his award in January 2012. 📍

* Do you know a colleague who recently went above and beyond to help a colleague or patient family? Email Internal.Communications@choa.org.

"Unbeknownst to Sam, his colleagues nominated him for a Hope and Will Award shortly before that fateful day in the gymnasium. Thanks to the quick thinking of his "savior party"—what he calls Trish, Dr. Banks and Marty—Sam received his award in January 2012."

...of a Children's Child Life Specialist

Meet Kara Klein

Kara decided in high school she wanted to be a Child Life Specialist, so she charted a course for a career that went from Canada to Auburn, Ala., to Children's. And whether it's her weekly kickball game, vintage flea markets or the latest eatery, Kara's interests are as varied as her path here. One constant? Her co-worker and companion, Bella, Children's therapy dog.



Child Life Specialists are child development experts who help children cope with the stress and uncertainty of illness, hospitalization and potentially traumatic events. They promote effective coping for the child through play, preparation, education and self-expression activities.

8:00 a.m. – Kara and the rest of the team at Children's Center for Safe and Healthy Children meet to discuss the six patients they will see and the circumstances around each visit. "My focus is exclusively on the child, so I need a clear understanding of their situation to help them in an age-appropriate way. If a child isn't prepared properly for their exam, the event can be as traumatic as the event that brought them here."



8:15 a.m. – Kara brings Bella, one of Children's facility dogs that joins her at work every day, to meet 15-year-old "Alicia," who is very anxious about her visit. A history of abuse by an older man has caused her to be scared at previous doctor's visits. Bella lays down next to her, which helps calm Alicia. Kara then offers her a wallet-sized card that explains what a healthy relationship is and how to identify the signs of teen dating violence. Alicia takes one, and then another for a friend.

9:47 a.m. – Kara brings Bella to the waiting room to meet their next patient, four-year-old "Christy," prior to her forensic interview. "I explain to her the details of the appointment and the roles of the people she's going to meet. While the parents are meeting with the rest of the team, I stay with Christy and assess her developmental level. Then I provide feedback to the

team on how to best match the child's needs during her appointment."

10:30 a.m. – Once Christy's interview is over, Kara meets her in the exam room to explain to her every step of her medical exam, letting her check out some medical equipment. While the Nurse Practitioner conducts the exam, Kara distracts Christy using an "I Spy" book.

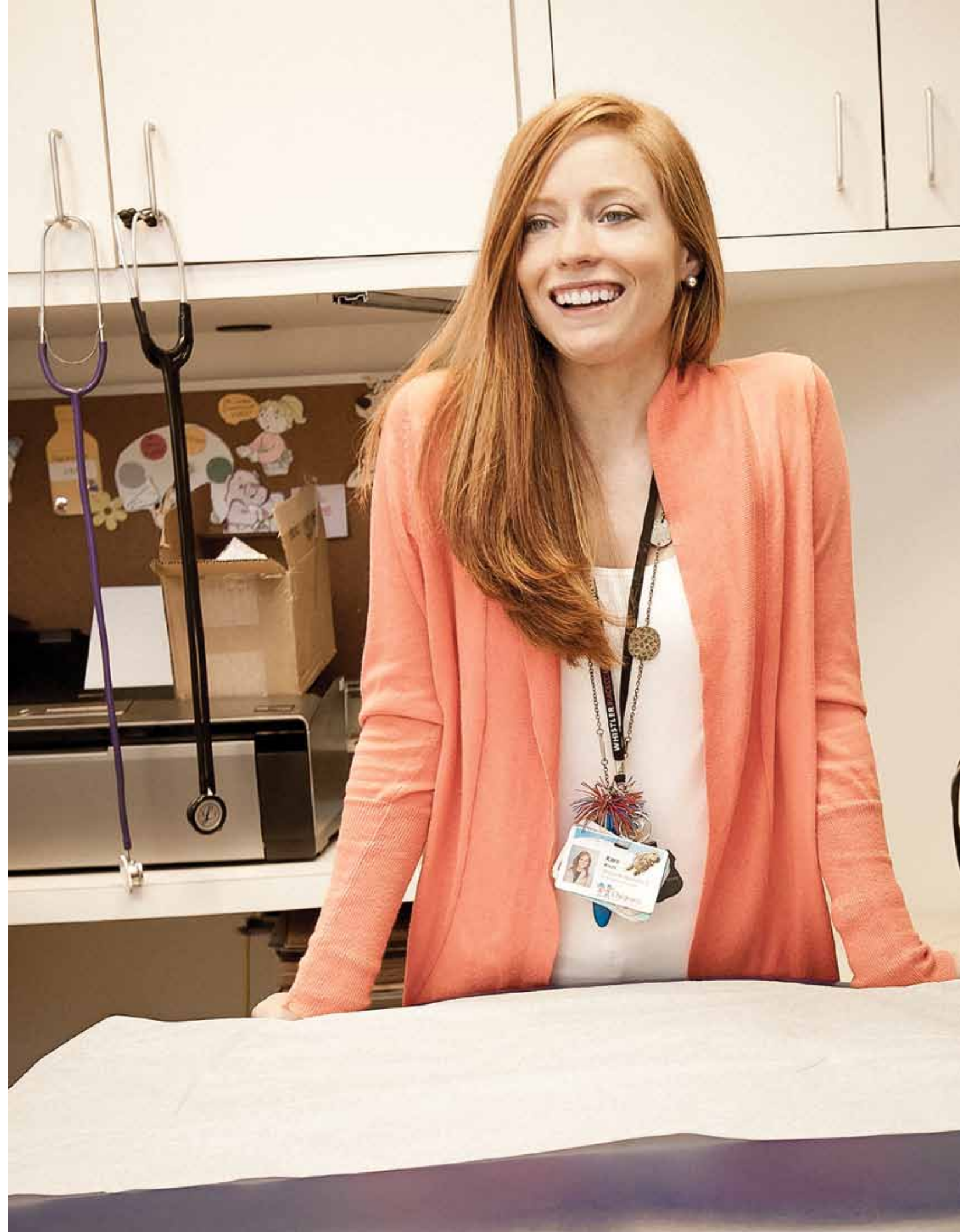
10:48 a.m. – Kara conducts a therapeutic session with Christy that focuses on self-esteem and coping. "We try and take care of the whole child for the short while they are here—physically and emotionally. When they leave, we give them a toy or teddy bear that hopefully reminds them of the friends they have at Children's."

1:02 p.m. – More patients to see. "A 6-year-old boy named 'Mo' in foster care came in who was physically abused by his parents and very withdrawn. His speech was delayed due to neglect, and the effects of his abuse were so clearly on him. As we started to get his weight, Bella gave him a kiss and we saw him smile for the first time, opening the door for us to communicate with him."

3:30 p.m. – Kara meets with a co-worker who is also part of a workgroup throughout Atlanta trying to educate and train parents, medical professionals and law enforcement on the signs and risk factors of teen dating violence.

5:04 p.m. – The workday concludes with a review of the next day's schedule. "I love being able to advocate for children in a different way. The tough cases only reaffirm the importance of what we do."

Names have been changed for privacy.



A 2010 *Forbes* study named Soliris the world's most expensive drug, costing more than \$400,000 to treat its average patient each year.

Hyde Talbot receives 600-mg infusions, or two bottles, of Soliris every 14 days. Hyde's underlying medical condition affects approximately 300 to 600 patients per year in the U.S. and is caused by a mutation of the gene that produces Factor H, which controls the body's immune system.



Soliris is approved in the U.S., European Union, Japan and other countries as the first treatment to reduce destruction of red blood cells in patients with paroxysmal nocturnal hemoglobinuria (PNH), a life-threatening blood disorder. Soliris is also approved in the U.S. as the first treatment for patients with atypical Hemolytic Uremic Syndrome (aHUS).

Miracle by Trial

Thanks to his uncle's kidney—and a \$20,000 biweekly infusion—5-year-old Hyde is exploring a new world free of machines and rich with 'novelties' from milk to baths.

Last summer, Hyde Talbot spent the entire afternoon of his fifth birthday party in the pool. Today, when he's thirsty, he drinks water. When his mom and sister are baking in the kitchen, he can do more than smell the aromas from their creations. He couldn't do any of these things when he had a dialysis catheter in his abdomen. Before his kidney transplant in 2011, Hyde could not eat chocolate or dairy products, and

he could drink only 400 milliliters—less than two cups—of liquid each day. Hyde was always thirsty.

In 2008, the nephrology team at Children's diagnosed 18-month-old Hyde with atypical Hemolytic Uremic Syndrome (aHUS). This rare genetic disease causes Hyde's immune system to attack his blood vessels, which in turn damages his kidneys. Before he

turned 2 years old, Hyde suffered complete kidney failure and needed peritoneal dialysis.

"We hooked Hyde's catheter to the dialysis machine for 10 hours each night for three years," said Hyde's mom, Phyllis Talbot. "When we started dialysis, things were good. Hyde was not as sick as he had been and we weren't constantly at the hospital anymore. However, life was still difficult. Hyde had to be hooked up to the machine by a certain time each night, and we had to take the dialysis machine, cases of fluid and tons of supplies if we traveled anywhere."

At that time, a kidney transplant was not an option because aHUS would cause Hyde's immune system to damage the new kidney. Fortunately, a medical breakthrough rendered Hyde a candidate for transplant. In 2009, a group of Austrian doctors used an injectable drug called eculizumab to treat aHUS. At the time, the FDA had approved eculizumab for use in treating paroxysmal nocturnal hemoglobinuria (PNH), an acquired genetic immune disease. With both diseases, the drug turns off the faulty part of the immune system that causes tissue injury.

When eculizumab manufacturer Alexion recognized the potential for the drug to treat aHUS, Children's joined the clinical trial under the leadership of Larry Greenbaum, M.D., Chief, Pediatric Nephrology.

"Through our clinical research, we were developing expertise with the drug and we had access to experts at Alexion. Because of this experience, we were able to use the drug to treat kids outside of the clinical trial," said



After teams removed Hyde's catheter, he could enjoy activities most children experience in their first year of life.

Dr. Greenbaum, who has received research support from Alexion.

Three aHUS patients participated in the clinical trial at Children's, and our nephrology team also

used eculizumab to treat two kids who were too young for the trial. In all five cases, eculizumab prevented permanent kidney failure, and the three children who were on dialysis prior to using eculizumab discontinued dialysis after starting the drug.

Because Hyde's kidneys had already failed, eculizumab could not help his kidneys. But, in February 2011, Hyde became one of the first patients in the world to receive eculizumab to prevent aHUS following a kidney transplant. Seven months later, the FDA approved the drug to treat aHUS.

Hyde receives 600-mg infusions, each worth \$20,000, every other Thursday to control aHUS and prevent damage to his new kidney. Hyde's prognosis is excellent.

"A year after the transplant, everything has changed. Hyde's quality of life is a thousand times better," said Phyllis.

And more patients may benefit from eculizumab, which Dr. Greenbaum calls a "miracle drug." The drug holds promise for treating HUS due to E. coli, other kidney disorders and kidney transplant rejection. 🍕



Hike4Hyde

Saturday, April 14, marks the date of the fourth annual Hike4Hyde, a fundraiser to benefit Children's and the Foundation for Children with aHUS. Since its 2009 inception, the event has raised \$85,000.

At the heart of Hike4Hyde is a family-friendly hike up beautiful Sawnee Mountain at Sawnee Preserve Park in Cumming, Ga.

* Visit www.hike4hyde.com

Smiles for Miles

As a parent, you look forward to hearing the chatter of your children by the time they reach a certain age. You want to hear them sing their favorite songs, teach them how to say “please” and “thank you” and embrace the sound of the words “I love you, too.” For Altamese Baptiste, these joys had to wait. Her son Miles Robinson didn’t speak until he was about 4 years old. At that time, Baptiste brought Miles to Marcus Autism Center.

Although he had advanced reading skills, he demonstrated severe language delay and expression, and his speech ability was that of an 18 month old. Doctors diagnosed him with autism, a neurological disorder that affects a child’s ability to communicate, understand language, play and relate to others. Because of his autism, Miles’ school placed him in special education classes until second grade. But, Altamese knew he needed a more challenging curriculum. His treatment at Marcus helped improve his conversation and socialization skills, and he excelled in math and reading. However, Baptiste struggled with educators to get Miles placed in the right classes.

“I called the folks at Marcus when I had issues with the school system, and they were willing to help me fight for him,” Baptiste said. “We knew he deserved an education based on his needs, not his diagnosis.”



Miles' treatment at Marcus helped improve his conversation and socialization skills, and he excelled in math and reading.

Thanks to Baptiste’s determination, and Marcus staff advocacy, Miles is now thriving in regular education classes. Last year, he had the highest math grade in his fourth grade class and made the honor roll.

It’s clear that there is a drive in this little boy to overcome obstacles, and at age 11, Miles is encouraging others to reach for the stars as well. Last spring, he cast aside his once-limited language skills to deliver an articulate and touching commencement speech at his fourth grade graduation.

“When he gave his speech, he was looking out, gesturing and really engaging the audience,” said Baptiste. “Everyone, especially me, was a cry baby. We were all clapping and crying, and he even got a standing ovation.”

Bonnie Minter, Children’s Neurodevelopmental Pediatrics Nurse Practitioner, remembers the quiet child who came in to Marcus in 2004, and can’t believe what a well-spoken boy Miles has become. “It’s rare to have a kid with autism be able to express himself like this,” she said.

The graduation of her son, who had come so far, despite his challenges, was a touching moment for Baptiste. When asked if she thought Marcus staff contributed to Miles’ success in any way, she was quick to reply.

“It did not contribute in any one way—it was the way,” she said. “Going to Marcus Autism Center was the turning point in Miles’ life.” 🍌

** April is Autism Awareness Month*



Q: What do you remember about your first day at Children's?



August 1991
Jane Ellington
Director,
Donor Relations

a: I remember being so excited about wearing a company name badge to work. It made me feel official and proud to be part of the Children's family.



November 1985
Cedric Miller, M.D.
Chief of Emergency &
Ambulatory Services

a: I remember feeling a sense of family and being thankful there were **so many really good nurses who had the experience I didn't.** I remember being in awe of the former Medical Director of the Emergency department who, early in my career, watched me take care of a trauma patient and told me, 'You're going to do just fine.' I also remember how small Scottish Rite was back then with just eight rooms.



October 1992
Juliet Veal
The Zone
Coordinator,
Children's at
Scottish Rite

a: I thought I was the **luckiest girl in the world for landing my dream job—Child Life Specialist** for teens and cystic fibrosis patients. We had orientation in a small basement room at Egleston. I just purged my first day outfit from my closet a couple of years ago!



April 2011
Tammy Babitz
Grants Manager,
Marcus Autism
Center

a: I remember feeling excited to finally be here with my colleagues—Ami Klin, Warren Jones and others—who had already transferred here from Yale a few months before my first day. Ami gave me a hug. I went to shake Don Mueller's hand, and he gave me a welcome hug, too. It was like being reunited with family.



October 1996
David Tatum
VP, Govt. &
Community
Relations

a: I asked for a tour of our intensive care units. Afterward, I sat in silence at my desk for 45 minutes. I thought a lot about my children, who were 5 and 6 at the time, and knew I was in the right place. **Sixteen years later, I still feel that way.**



March 2006
Sondra Brooks
Sr. Volunteer
Coordinator,
Children's at
Hughes Spalding

a: I was impressed by how Children's disseminated information. From orientation to staff meetings, employees had access to a wealth of information about performance, strategic initiatives and general 'feel good' stories.

When Children's cares for kids, we look beyond our walls

Children's will save 721 children from serious or fatal injuries in car accidents this year, and we'll do it without these children even passing through our doors. Better yet, these 721 children may never know the work we did to help save them. How is this possible?

A new law, passed with help from the hard work of our Government Relations team, increased the age a child is required to be in a car safety or booster seat from 6 to 8 (previously increased from 2 to 4 and then 4 to 6). Saving the lives of children we may never treat is a special kind of preventative medicine that Children's has always dedicated time and resources to, and this new law is one of the many examples of how Children's steps outside of our doors to protect children. It would be possible to stay within the confines of our hospitals and care centers, only working with children and families when they come to us for care. Possible, sure, but it wouldn't be Children's.

"Our responsibility in the community goes

beyond the four corners of the hospital. As the largest pediatric care provider in the area, we have an obligation to be a resource for the community, to protect the children of Georgia and do what's best for them," said David Tatum, Vice President of Government and Community Relations.

Tatum has become an expert in preventative care by working at the State Capitol building to influence positive change for kids, seeking out, creating or supporting legislation, like stricter car seat safety or a ban on smoking in public places, that he knows will improve children's lives. "Our Government Relations team looks for laws that, if passed, will make Georgia safer for children. This year it was car seat safety.

In 2005, the ban on smoking in public places was important to us, because asthma is our No. 1 reason for admission," Tatum explained. Tatum and his team lend support however they can, lobbying and speaking at the Capitol on issues that will change Georgia's community for the benefit of children.

This year, Tatum and the Government Relations team set their sights on effecting change for children by tackling childhood obesity, looking for policy changes that might reduce the number of overweight and obese children in Georgia. They'll begin by investigating the support families on government insurance plans are getting for wellness exams.

"During the next legislative session, we will look at policy initiatives that make sure Medicaid and the state health benefit insurance plan pay for well-check exams



Governor Deal signs the car safety law into effect at Children's at Scottish Rite.

and obesity counseling. These exams are not currently covered by every government insurance plan, but they should be," said Tatum.

If wellness exams for those insured by a government plan were covered, Tatum and his team believe these families could afford to be more proactive in the health of their children, which could go a long way in improving their health. And that's not all. As Tatum pointed out, "If the government plans covered these exams, private insurers may follow suit." Effecting change to make Georgia a safer, healthier place for kids—that's what stepping outside our doors is all about. ■

Do the Right Thing

We're keeping an eye on our vendor relationships, and we need your help.

Hiring a local vendor to support a departmental need, pooling money with co-workers to send flowers to a colleague, going to lunch with a contracted employee—these are just a few everyday work activities. No big deal, right? Well, not quite.



When it comes to following policy, only one of the three scenarios above—pooling money with co-workers to buy flowers—will be clear of a violation every time. Because when you and your co-workers buy flowers for a colleague, you're not using any money from Children's to do so. If you're hiring a vendor to perform a job Children's will pay for, you have to make sure you're working with a reputable company or individual. And lunching with a contracted employee? Unless you're going Dutch, this outing could land Children's in hot water.

Now, no one's saying: "don't support local businesses" or "don't get to know contracted employees." We're just asking you to follow the rules that guide all vendor relationships at Children's. [See "Policies in play" for a list of the most important policies.]

At Children's, we define a "vendor" as any non-Children's employee that Children's has paid, could pay, or will pay for services or goods. And we take our interactions with all vendors very seriously, because if we step out of line, we could be in violation of the law.

So we're asking you to be our eyes and ears. Review the Compliance policies on *Careforce Connection* to understand what a sound vendor relationship looks like. And speak up if a vendor interaction or relationship looks or feels fishy. We're counting on you to help keep Children's safe.

For more information on Children's Compliance policies and how you can help Children's do the right thing, visit the public page referencing "Corporate Compliance" on choa.org, or the Compliance page on Careforce Connection.

Policies in play

When Children's works with a vendor, a number of policies guide that relationship. Here's a look at some of the most important rules:

Conflicts of interest Children's can't show favoritism to a vendor for any reason. For example, we can't work with a vendor just because that vendor is someone's cousin or best friend. We have to choose the most qualified vendor who offers the most reasonable price.

Gifts Children's can't accept gifts larger than a nominal value or cash gifts of any kind from vendors. This also means Children's employees can't accept donations from vendors.

Anti-kickback Similar to the gifts policy, this policy states that Children's can't accept any kind of profits or commission in exchange for working with a vendor.

Monitoring against government exclusions Children's and its employees will not work with any vendor that appears on government watch lists, and we will check all vendors against these lists before hiring them.

To report a concern or violation

- Talk to your supervisor or campus Human Resources manager
- Call the Compliance hotline at 1-877-373-0126 (you can choose to be anonymous)
- Share online at choa.alertline.com
- Call Compliance directly at 404-785-7542

Holly Iftner

Manager, Wellness & Worklife

People tend to think I've always been a runner, and that is not the case! I started running in my late 20s [mid-1990s] and did not run my first marathon until 2001. My first triathlon was in 2003, and 2011 was the first year I had done a triathlon since 2005.

I never thought I'd be a runner, but I decided to give it a shot at the nudging of a former colleague. We held each other accountable and started running until we were out of breath, which for a while was little more than a football field in length. It was never competitive, and we weren't shooting for a fast time. Running just became a good excuse for us to catch up with each other.

I completed my first Ironman—a triathlon with a 2.4-mile swim, 112-mile bike and 26.2-mile run—last year at the age of 43.

In a previous role, I led global operations and corporate wellness consulting for a company located in Cyberjaya, Malaysia. I lived in Malaysia or Singapore for about a month every quarter. Part of my job was consulting with multi-national companies to localize and culturally adapt wellness initiatives and strategies for employees located in the Asia Pacific region.

While living in Malaysia, I registered to run an 8K race. My application was rejected because I wasn't a citizen.

My job is to create fun, effective and diverse programs that inspire and impact not only employees, but also the families that they go home to each day.

My husband is a true partner who supports me in all the things I like to do, like training for triathlons.

As a mom, I sometimes feel guilty for spending time away from my family for the sake of a run or time in the pool. Training for a purpose and raising funds for a good cause helps me stay motivated, and it also offers a natural way to engage my daughter in philanthropy and serve as a healthy role model for her.

In my family, we've adopted an "all foods fit" mantra. Nothing is off limits—we just enjoy everything in moderation.

I want Children's employees to know whether you haven't gone for a walk in years or are trying to improve your 10K race time, Children's is here to meet you wherever you are along your Wellness journey.

I struggled to be active after I had my daughter, Brooke. Shortly after her arrival, we moved to a new city, I started a new job and did not feel I had enough time to exercise. It wasn't until someone asked me to



help train a team of people that had never participated in a race that I saw a bigger reason to make time. My daughter and I did our first 5K together when she was in a jog stroller and 6 months old. Our pre-race picture is one of her favorite pictures now.

The best advice I'd like to give is, "Set small goals to start, keep things simple and just start."

STOP THE CYCLE

Let's stop the cycle of childhood obesity together. Use the Web address or QR code below to watch the video, take the pledge and share with friends and family.



strong4life.com/stopthecycle/staff



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

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