

# Careforce Chronicle



YOUR JOURNAL FOR WORK & LIFE AT CHILDREN'S

SEPTEMBER/OCTOBER 2011

| **Creature Comfort**

| **The Faces Behind the Numbers**

| **Yes, It's All About You**



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Sally takes a quick break from her duties as resident therapy dog at Children's at Egleston to pose for the camera.

# Simply Put



At the end of August, we held our annual Children's Leader Day. It was a day filled with learning and camaraderie—and, during one special presentation by a former patient's father, a few happy tears, too.

Four years ago, Steve Karasick and his wife Brittany welcomed a healthy baby boy to the world. They named him Brent. As they watched Brent grow during those first 10 months, they experienced a joy they'd never known before. If you're a parent like me, you know that joy I'm talking about. It's indescribable.

In July 2008, that joy was replaced with anxiety when Brent's two-day fever turned into a visit to the Children's at Scottish Rite Emergency department. They arrived at 8 p.m., and, within a half hour, they got the diagnosis no parent wants to hear. Brent had leukemia. By the following morning, the already bleak diagnosis got even worse: Brent's particular type of leukemia had a less than 50 percent chance of survival.

In just one day, the Karasicks' whole world turned upside down, and they now faced the most important decision of their lives: Where should they take Brent for his treatment? From their initial call to the Children's Nurse Advice Line to their visit to the Emergency department, Steve and his family had witnessed the genuine care our employees showed each family, including theirs. They understood that it takes more than medicine to cure a child—it takes people, too. The Karasicks knew they wouldn't want their son to be anywhere but Children's.

And, we didn't let them down. The Karasick family got to know our staff and our hospital well during the 150 nights they spent at Children's. At the end of his presentation, Steve had a laundry list of staff members he wanted to thank, including the nurses who gave his son such amazing care and the environmental services tech who joked and laughed with his son each night. Each of them made a difference to this family, and each of them contributed to the fact that, today, Brent is a happy, healthy 4-year-old.

Simply Put: So many patients come and go through our doors each day—little Brent is a great reminder that, even in the face of seemingly impossible odds, we pull together as a team to ensure every child has a fighting chance. That's what you do for these kids. And I couldn't be prouder.

A handwritten signature in red ink that reads "Donna".

## Children's Named a 2011 Working Mother 100 Best Company

We love our working moms, and it shows! For the seventh year in a row, *Working Mother* has named Children's one of the Working Mother 100 Best Companies. We are one of three organizations in Georgia on the list and one of only two pediatric hospitals in the country to earn this honor.

"Being a mom, while also having a career, is one of the toughest jobs out there," said Donna Hyland, President and CEO. "I'm so proud Children's continues to be recognized by *Working Mother* as one of the '100 Best Companies' because it means we are being the company that our working moms need us to be."

*Working Mother* selected companies for the 2011 Working Mother 100 Best Companies list based on an extensive application with more than 650 questions. For this year's 100 Best, particular weight was given to benefits, flexibility and parental leave.

## Children's Launches Pulmonary Hypertension Program

Children's recently launched a Pulmonary Hypertension (PH) Program. The PH Program is a comprehensive, multidisciplinary program that provides in-hospital and outpatient care to patients with pulmonary hypertension. Led by Director Usama Kanaan, M.D., the team comprises five physicians (four pediatric cardiologists and a pediatric pulmonologist) with expertise in pulmonary hypertension, as well as a dedicated pediatric nurse practitioner.

While Children's has cared for children with PH in the past, this new program allows our patients and families to benefit from a multidisciplinary team devoted to providing focused care for this progressive and life-threatening disease.

## Can You Find the Answer to the Chronicle Quiz?

One of our former patients recently received a scholarship to Berry College. Who is it? Submit the correct answer to internal.communications@choa.org by Oct. 31 for the chance to win a prize. Good luck!

## Help Us Celebrate the Memory of the "Mayor" of Scottish Rite

Walk the halls of Children's at Scottish Rite on the 29th of each month, and you'll notice many employees are decked out in red. Ask someone why, and you're likely to get a story regarding Brody Cole. Dubbed the "mayor" of Children's at Scottish Rite, the former patient's favorite color was red, and employees are raising funds for a new playground at Children's at Scottish Rite in his memory.

To honor Brody's memory and all his wonderful caregivers, his mom, Kristi, is raising funds to build Brody's Playground at Children's at Scottish Rite. Help Kristi's cause and celebrate Brody's memory by wearing red on the 29th of each month. Visit [www.brodysdream.org](http://www.brodysdream.org) to learn more about how you can help.

# Celebrations & Appreciation

So many great things happen every day at Children's. Whether you're demonstrating one of the five points on the Star, characterizing one of our core Values, or keeping the Employee Promise, Careforce Chronicle wants to celebrate your effort and dedication. Take a look at some of the great things you are saying about each other through our Celebrations program—and keep up the great work.

## Values: People

**To:** Lisa Warren, Staff Nurse-Resource, Renal Dialysis, Children's at Egleston  
**From:** Stephanie Byrd, Manager, Clinical Operations, Transplant Services Administration, Children's at Egleston

Thank you so much for coming in on your day off to help staff the dialysis unit. This is only one of the many times you have been willing to step in at a moment's notice and help out. Thank you so much for always being willing to help—you are so very appreciated!

## Values: Teamwork

**To:** Yolanda Clemons, Multidisciplinary Clinic Leader, Finance & Administration, Children's at Hughes Spalding  
**From:** Sondra Brooks, Senior Volunteer Coordinator, Community Outreach, Children's at Hughes Spalding

Thank you for volunteering at our table at the Atlanta Dream game on Sept. 6. I know you were on your feet all day—to come out in the evening and stand for hours representing the hospital was a sacrifice, and I really appreciate your help. Also, thank you for lending us your daughter for the pre-game performance. We all worked as a team, and everything turned out wonderfully!

## Values: Teamwork

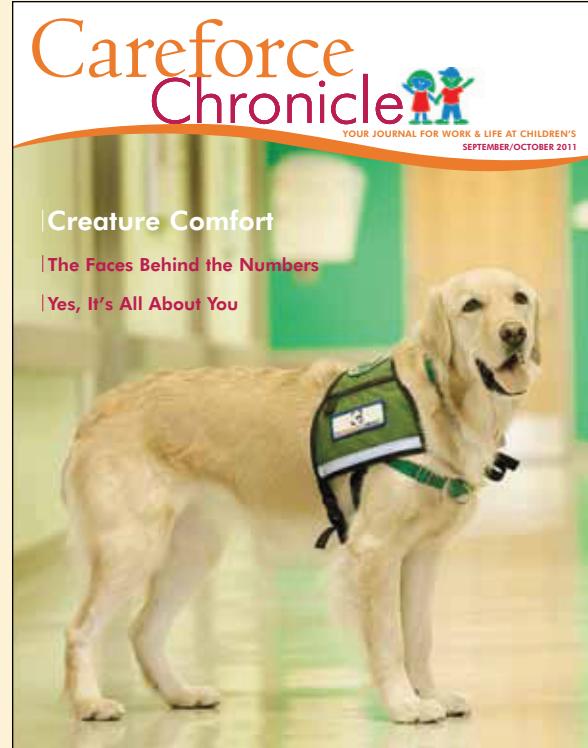
**To:** Sunita Joshi, Behavior Data Analyst, Language/Learning Clinic, Marcus Autism Center  
**From:** Lauren Shibley, Behavioral Clinical Specialist I, Language/Learning Clinic, Marcus Autism Center

Thank you so much for your help with entering my client's data. You're always quick to look for ways to help out when you're free. It was so helpful that you figured out how to resolve a data collection issue with one of his protocols. Thanks again for your help!

## Values: Teamwork

**To:** Becca Barlow, Staff Nurse-Novice, Three B, Children's at Egleston  
**From:** Diane Henley, Staff Nurse-Colleague, Three B, Children's at Egleston

Thank you so much for staying to help me get my kids settled at the end of a long day for you and the beginning of a busy night for me. You selflessly went above and beyond to make sure our patients were getting good care and to help me stay on top of things. Thank you so much—you are an amazing nurse!



Share your thoughts on this issue with us at [Internal.Communications@choa.org](mailto:Internal.Communications@choa.org).



# Creature Comfort

*Children's resident therapy dogs add another dimension of care for patients—and for staff*

It's not easy to put into words, the uplifting effect an animal can have. There's an indefinable comfort, an easy joy, that comes from watching one of our three resident therapy dogs amble down the hospital hallway, unaware that, with each step they take, they are leaving an imprint on the day of every patient, staff member and visitor they pass.

But, what is easy to put into words are the benefits our dogs Casper, Sally and Bella provide patients. They help minimize the stress being in a hospital environment can have on children, and support their overall social, physical and emotional development. They reduce anxiety, and provide a welcome distraction from a patient's illness and hospitalization. They help patients overcome the loss associated with being separated from their own pets. And, most importantly, they offer unconditional love and acceptance.

when patients first arrive at the Center. Many come in for evaluations of suspected sexual or physical abuse, so Klein brings Bella to calm the child's nerves and minimize stress.

Patients can then request to have Bella in the room with them as Klein conducts the exam.

Klein recalls that one child refused to have her examination done without Bella lying on top of her on the exam table.

"She didn't know that I witnessed this, but I later saw her saying to Bella, 'I couldn't have done it without you,'" Klein said.

Anitra Holley, Guest Services Liaison at Children's at Egleston, says that although our newest facility dog Sally is still acclimating to her new job, she's already a joy to have around. "People's faces just light up when we walk in," she said. Like Bella, Sally's job at Children's at Egleston is to soothe patients, but she does more than that: She also motivates them with animal-assisted therapy.

Kara Klein, Child Life Specialist at the Stephanie V. Blank Center for Safe and Healthy Children, knows first-hand the positive impact of having a therapy dog around, especially

"Sally could help a child who needs encouragement to do physical rehab," explained Holley. "If a child needs therapy for his arms, the therapist could ask the child to pet or brush



Therapy dog Sally, just doing what comes naturally.



Sally visits with patients and staff on the third floor at Children's at Egleston.



Sally or throw her ball. If the child needs motivation to get up after surgery, the therapist can tell the child that Sally needs someone to walk her."

With two years of service under his collar, Casper was our first full-time facility dog. While Casper was originally supposed to benefit the patients at Children's at Scottish Rite, Lisa Kinsel, Manager, Volunteer Services at Children's at Scottish Rite and Casper's handler, says that his presence has been an unanticipated gift for the staff at the hospital. "So many staff members come down to see him," she said. "He's an unexpected pleasure for the patients who come to our hospital, but for the staff, they have really gotten to know him."

Sometimes, all the kind words in the world can't make a child feel better, or bring comfort to a staff member who's having a bad day. Sometimes, you need care of another dimension. Thankfully, at Children's, Casper, Bella and Sally are here to provide that special, intangible kind of care only an animal can. ☺



# The Faces

*Thanks to you,  
our patient safety  
stats for 2011 aren't  
just good. They are  
phenomenal.*

"I helped reduce preventable codes outside the ICU, with just 1 so far in 2011."

- Otobong Udoudoh



"I helped reduce reportable events related to transfer of care by about 50 percent."

- Amanda Grindle

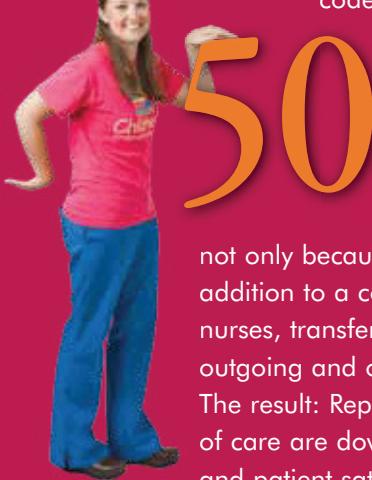
# Behind the Numbers

"I helped reduce blood stream infections in my unit to zero for 165 days straight."

- Stacie Spicer



**Faster response.** As a member of the Rapid Response Team (RRT) at Children's at Scottish Rite, critical care nurse Otobong Udoudoh participated in an initiative to make the RRT more effective. After reviewing data and gathering feedback from inpatient floors, the group established a family-activated rapid response and instituted training to help team members work more cohesively with floor staff. The result: decreased delays in RRT calls, with improved patient outcomes and decreased mortality rates. In fact, there has only been **1** preventable code outside the ICU so far in 2011.



50

**Smoother transfers.** Amanda Grindle, Assistant Nurse Manager, PICU, Children's at Scottish Rite, is a true believer in the new standardized patient transfer process, and not only because she was part of the team who developed it. In addition to a comprehensive, computer-based report between nurses, transfer of care now includes Safe Start—when the outgoing and oncoming nurses visit the bedside together. The result: Reportable events related to transfer of care are down by about **50** percent and patient satisfaction scores are up.



**Reduced infection rates.**

To help caregivers become more aware of—and personally invested in—infection control, Stacie Spicer, Staff Nurse-Leader, CICU at Children's at Egleston, held a songwriting competition. The winning song, "Scrub the Hub," (sung to the tune of "Row Your Boat") lasts 25 seconds, the new recommended time in the CICU for scrubbing and drying a patient's IV port before drawing blood or giving a medication. She also created visual reminders at the bedside with standardized protocols for dressing changes. The result: The unit's BSI rate, typically at least one per month, dropped to zero for **165** straight days. →

**BSI: Implemented 2006. In the past five years, we have reduced central line-associated blood stream infections(CLA-BSIs) by 77 percent, saved 131 lives and experienced a cost savings of \$24 million.**

Halfway through the July patient safety meeting, Gary Frank, M.D., was so excited by the news he heard, he had to stifle the urge to bolt for the door. “One of our patient safety team coordinators, Robin Warnick, had just presented a summary of incredible Systemwide results, and I couldn’t

wait to get to my computer to share them,” said Dr. Frank, Medical Director, Quality and Medical Management. “It was a real ‘ah-HA!’ moment based on tremendous work from the front line, and a cause for celebration.”

Those remarkable improvements were no fluke. They were the direct result of a systematic approach—dubbed the “One Is Not Zero” campaign—aimed at decreasing preventable harm. John Zetsche, Vice President, Quality and Medical Management, explained: “The One Is Not Zero campaign acknowledges that, despite the complex and risky treatments we offer, we believe no child should be harmed while under our care.”

But just what was Dr. Frank so excited to share? Here’s a sample of our impressive 2011 patient safety stats:

- One preventable code has occurred outside the ICU so far this year. In past years, we’ve had as many as five preventable codes in a month.
- We’ve avoided more than 500 blood stream infections since 2006.
- Since implementing Epic and several Systemwide patient safety efforts, our actual versus expected mortality rates are down more than 10 percent.

“Thanks to the commitment of our nurses and clinical staff, we’re saving lives,” said Dr. Frank. “We won’t rest until



Lynette Farmer, Jessica Mayer and Oscar Segovia proudly display some of Children's impressive 2011 safety stats.

**PUPS: First training class held March 2010. Since then, 100 PUPS have been trained in the System, and more than 800 nurses have taken the CBT on pressure ulcer prevention.**

**FOAM UP:** Implemented 2007. We have sustained staff compliance of greater than 95 percent since implementation and contributed to the overall reduction in all healthcare infections Systemwide.



we've reached zero on all measures, but by working together toward the same clear goals, we're making great headway."

#### How'd This Happen?

A number of new processes—including Foam Up, the Pediatric Early Warning

Score, computerized physician order entry and changes to the Rapid Response program—support safer care. But the real force for change had to come from staff.

"There's a saying in the Quality world: 'Culture eats process for lunch,'" Dr. Frank said. "If our culture hadn't embraced process changes, these advances in patient safety wouldn't have happened."

Fortunately, our employees quickly warmed to the campaign and gave it their all. "We sought practical approaches to improving patient safety," said Zetsche. "And, ultimately, we have top-notch caregivers who want to do the right thing."

For many, culture change was driven by data. "One Is Not Zero had real meaning for the nursing staff because it's quantifiable," said Joyce Ramsey Coleman, Chief Nurse

**MEDZONE:** Established late 2008. We've seen a 69 percent drop in serious reported medication events.

Executive. "Having measurable goals, clear improvement metrics and the authority to make changes—that really helped nurses embrace new ways of thinking and working."

#### Closing in on Zero

"Thanks to the daily work of our frontline staff, we've made major gains," said Dr. Frank. "Our staff has not only embraced patient safety, but they've made it a point to understand their individual role in creating a safer environment."

To help staff better understand their role and spark even more data-driven safety improvements, visual tracking

boards on every unit will soon display at-a-glance performance measures. "When an employee glances up and sees a red dot next

to a certain measure on the board, he or she immediately knows we've missed our number," said Coleman. "It's a real motivator to find ways to change that score to green."



And, as Dr. Frank said, we won't rest until we reach zero on all measures. Looking ahead, our call to action is this: Continue to speak up. And know that what you're doing is making a real difference. ☐

**Transfer of Care/Safe Start:** Rolled out September 2010. Since implementation, there has been a 16 percent drop in care failures related to handoffs.



I love Children's.  
Everyone really cares  
about the children—  
and the parents as well.

# A Home for a Hero



Anaiah Rucker, 9, has been hailed as a hero since saving her sister's life in February. As their mother Andrea Taylor watched from the front porch, Anaiah and 5-year-old Camry crossed a street to wait for the school bus, but the girls didn't see a truck headed in their direction until it was too late. Anaiah had just enough time to push her sister to safety, but she wasn't so lucky herself. The truck hit her, breaking her neck and both of her legs, and damaging her spleen and one kidney.

"She was too young to get hit like I was," Anaiah said of Camry. "I just love her so much."

Anaiah was rushed to Children's at Egleston, where doctors stabilized her and later had to remove one kidney and amputate the lower half of her left leg. When Anaiah moved to the rehabilitation unit at Children's at Scottish Rite, she began intensive physical therapy and her doctors fit her for a custom prosthetic leg.

Six weeks after her accident, Anaiah returned to her hometown, but not to her home. That house could not be made accessible for someone with a wheelchair or a prosthetic leg. So the family moved into a rented house, paid for by a community fundraiser. But there was a bigger plan in the works.

Community members told Anaiah's story to producers of the popular TV show *Extreme Makeover: Home Edition*. The producers decided to build Anaiah a home, with the help of more than 1,000 volunteers. Colleen Coulter-O'Berry, physical therapist; Rebecca Hernandez, orthotist and prosthetist; and Dr. Joshua Vova, physiatrist, are among the Children's employees who volunteered and offered suggestions to the designers to make the home customized for Anaiah. The episode featuring Anaiah's home aired Oct. 9.

"I am grateful there are such loving people to come out and build Anaiah a home where she will be safe and happy," her mother Andrea said. "Children's staff members were wonderful to volunteer and tell the builders what Anaiah needs. I love Children's. Everyone really cares about the children—and the parents as well."

Although Anaiah will face challenges, life at home will be easier thanks to her new ADA-accessible house—and her future is bright with promise. She will be awarded a four-year, \$140,000 scholarship to Berry College in North Georgia. She wants to be an orthopaedist or prosthetist and help other kids who are amputees. 



## Meet Adam Karcz

### About Adam

Challenge? Yes, please. After a few years as a wine salesman, Adam took the leap and went back to school to get his Masters in Public Health. Now, between his job here as an epidemiologist and training for his first half-Ironman triathlon, Adam is in constant motion, which is perfectly fine with him.



# A Day in the Life...

## of a Children's Epidemiologist

*An epidemiologist helps identify and prevent infections by studying the patterns of communicable diseases or infections in hospitals and the community. At Children's, epidemiologists collaborate with nurses, physicians, staff and service line leaders to prevent patients from developing or transmitting infections.*

**4:45 a.m.** – Up before dawn, Adam has a quick bite to eat before heading to the gym. He trains six times a week, hoping to complete his first half-Ironman triathlon later this year. “In 2004, I saw the Ironman World Championship on television, and it inspired me. I’ve been doing triathlons ever since,” he says.

**6:58 a.m.** – At the start of the workday, Adam meets with OR physicians and leaders at Children’s at Egleston. As one of seven epidemiologists at Children’s, Adam’s primary responsibility is in Surgical Services. “I’m in contact with the ORs daily,” he says. “We talk about successes, establish protocol, find opportunities for improvement—whatever we can do to keep our patients safe from infection.” Today, they discuss surgical guidelines for antibiotics.

**8:35 a.m.** – In his office at Children’s at Egleston, Adam uses Infection Prevention and Control software to review lab cultures. “Any time a Children’s patient has a positive culture—community- or hospital-acquired—we log it in our computer system. We look at every culture, observing trends, verifying that a patient is placed on the proper isolation precautions, and looking for opportunities to be more proactive,” he says.

**11:37 a.m.** – Adam spends his lunch break reading journal articles and studying for his Certification in Infection Control exam. The exam, which Adam will sit for later this year, will test his understanding

of infection prevention, infection control and epidemiology. Adam also recently earned his Certification in Public Health. “I’m always looking for ways to improve my training,” he explains.

**1:12 p.m.** – Adam meets with the Surgical Infection Prevention Committee, which includes a group of service line leaders and administrators. The group looks at the month’s surgical site infections, antibiotic timing, sterilization and hand hygiene, discussing findings and opportunities for improvement.

**2:50 p.m.** – Adam receives a phone call from the epidemiologists at Children’s at Scottish Rite: A patient tested positive for chicken pox and the Infection Prevention and Epidemiology staff need to conduct an exposure investigation. “A patient can spread chickenpox prior to breaking out in a rash. We need to find all areas of the hospital that this patient visited, verify immune statuses, check vaccination records, discuss the situation with our physician epidemiologist for guidance, and monitor for any signs of further infection,” he explains.

**5:23 p.m.** – With the exposure investigation under control, Adam is ready to call it a day. But, before leaving, he makes his “to do” list for tomorrow. “I have a pretty hectic schedule,” he says. “Making a list of priorities helps keep things organized.”

**6:39 p.m.** – Adam enjoys a 30-mile bike ride and unwinds with his wife and their two dogs, Scout and Louis, before calling it a night. “Work will start early tomorrow. It’s a fast-paced day, but it’s a day well spent,” he says.

“All of the work we do at Children’s makes it possible for patients to be safer and get better faster—that feels pretty great.”

What  
job/function  
would you like to  
see spotlighted?  
E-mail Internal.  
Communications@  
choa.org.

# Yes, It's All About You

*Why your stories are the stuff awards are made of*

We all know that Children's is a special place for kids. But, what is it that makes Children's such a special place to work? Each year, when we apply to *FORTUNE* magazine's "100 Best Companies to Work For" list, we answer this question by sharing information about our programs, our benefits and our culture—demonstrating how we strive to be an exceptional employer for our extraordinary staff.

It's the stories from our employees that truly steal the show in our entry. Here's what three of our employees had to say, in their own words, about what makes working at Children's so special.



## Pigtails and Happy Endings

By Jennifer Althausen, Staff Nurse

**I am one of nine children** and the granddaughter of two nurses, so when I announced that I wanted to go to school to become a pediatric nurse, my family wasn't surprised. It seemed only natural. And, after I got my nursing degree, I knew exactly where I wanted to work—at Children's.

As much as they try to warn you in nursing school, nothing can really prepare you for the fast pace and constant demands of working in a children's hospital. You never know what each day will hold, or what emotional or physical needs your young patients will have.

Children's offers a lot of great ways to help new nurses become comfortable and confident on the floor, but I decided that what I really needed was to spend more time with patients. I began volunteering at the hospital during my off hours.

One day while volunteering, I visited with a little girl named McKenna and her mother Amanda. McKenna had been in

the hospital for several weeks with a disorder that causes extreme vomiting. Her mom had been at the hospital every day, and I could tell she was having a hard time.

I came back the following day, this time armed with a bouquet of flowers for Amanda and some fun activities for McKenna. McKenna and I spent the afternoon making jewelry, coloring and just goofing off. She loved it when I put pigtails in her hair, or "Jen tails" as she called them.

Because of my time with McKenna, Amanda recently nominated me for a "Nurse of Excellence" award through our local paper. I was extremely touched and honored by her recognition, but I don't see what I did for McKenna and Amanda as any different from what the rest of the staff at Children's does every day.

Since starting my job here two years ago, I have watched my co-workers—from the staff in the cafeteria to my fellow nurses—go out of their way each and every day for our patients and their families. And, they aren't doing it just because it's their job. They are doing it because, like me, they believe in what they do.

I'm thankful that Children's allows me to be the type of nurse I have always wanted to be. Even though I've only been a nurse for a short time, I know I am living out my true calling. I can't imagine doing anything else—anywhere else.

## More Than Medicine

By Debbie Eutsey, Assistant Nursing Manager, NICU

**As a nurse in the NICU, I take care of some of our most fragile patients.**

While our primary focus is treating sick babies, we also have to care for their parents—who are scared,



uncertain and emotional. This is exactly how Joey's mom felt when we admitted her little boy to the NICU for surgery.

When complications kept her from seeing her son, Joey's mom dropped to the floor. I sat down next to her and held her as she cried. I assured her that our doctors and nurses were taking great care of her son, and that he was going to be just fine.

Joey was in the NICU for several more weeks, and she'd call each night to check in. I gave her detailed reports and always included that I had kissed Joey for her. I knew it was important for this mom to know that her son was being more than cared for—that he was being loved.

It's been more than a year since his surgery, and Joey is growing and thriving. His mom was so touched by the care we gave to her that she sent my supervisor a letter. She said she survived the nightmare because nurses like me took care of more than just our patient—we healed a mother more than medicine ever could.

After receiving the letter, my supervisor nominated me for a DAISY Award, a nationally recognized program to honor nursing excellence. Nursing can be a mentally and physically taxing profession at times, and I was both thrilled and surprised when I found out she had nominated me. It meant the world that she not only appreciated the hard work I was doing, but she also took the time to recognize me for my efforts.

I had one more surprise when the DAISY committee presented the award to me: Joey and his mom were there. Joey's mom read her letter, and tears welled in her eyes—and mine—as she explained how I "dragged a heart-broken, terrified mom back from the brink and gave her the strength to keep going."

Taking care of Joey was my job, but so was taking care of his mom. What makes my job at Children's different from other places is that I'm the one who feels thankful at the end of the day—thankful for being able to make a difference in the lives of patients and their families and thankful that others notice.

## Camp Crusader

By Terri Weinzierl, Advice Line Nurse, Call Center

I first became aware of Camp Kudzu through my son David, who was diagnosed

with Type 1 diabetes 14 years ago at the age of 3. Every time we went to the endocrinologist, he would look through the photo albums from Camp Kudzu, a camp for children living with diabetes, wishing he was old enough to attend. Finally, at the age of 8, he went to his first camp—he was immediately hooked.

David started attending camp each summer. One year, the camp founder shared how much they needed medical volunteers for the camp, so I signed up. I was immediately hooked, too. As a medical volunteer, I am responsible for the care of two cabins of campers, monitoring their blood sugar values and insulin dosing, but I also get to have fun with the campers and help them adjust to life with a chronic illness. The best part of camp for me is watching a camper's confidence increase as they learn how to manage their disease.

I have many stories about Camp Kudzu and the great campers I've met, but the most poignant story is about my own son. When he was in middle school, I read an essay he had written that said camp was his favorite place because, at camp, he does not have to think about his diabetes. At Camp Kudzu, everyone understands why he checks his blood sugar, why sometimes he needs a snack and why he wears his insulin pump.

It means so much to me to be a part of the Camp Kudzu experience, and Children's has provided tremendous support to me over the years as a volunteer. Children's has a camp policy that allows employees to take paid time off from work to volunteer, so I've been able to volunteer each summer without using my vacation leave. My manager even writes me a thank-you note each year for how I represent Children's.

Camp Kudzu is a magical place, and I am privileged to be a small part of it. I feel blessed to work for an organization that supports me both as a Children's nurse and as a volunteer. ☐



# One Is Not **ZERO**



## When Accidents Happen

*The Children's Just Culture initiative learns from medical errors to create a safer environment for our staff and patients*

When medical errors happen, sometimes with tragic consequences, how we respond to our clinicians involved in the event is just as important as how we fix the problems that led to the event in the first place.

"At Children's, we have good people coming to work every day who do the very best they know how. When a serious event happens, it can change everything," said Traycee Newton, Children's Patient Safety Officer. "They need our support."

"We know the majority of serious events that occur are actually process issues, not people issues. It's rare that a situation resides solely with the individual," Newton added.

So what's the best way to handle serious patient events? With Children's new Just Culture initiative, we are using these occurrences as opportunities to improve our understanding of risk and identify changes that need to take place. The aim: to foster a safe, equitable environment for reporting incidents and a staff that knows they are accountable for their actions.

### **Finding middle ground**

A "just culture" was founded on the basis of two previous prevailing cultural foundations that both had their faults—punitive and "blame-free" cultures.

Before the 1990s, healthcare providers attempted to manage risk by telling employees to work carefully and

by retraining, counseling or disciplining anyone involved in a serious event. The threat of disciplinary action was thought to maintain high attention to proper safety, and in many cases, the severity of the event determined the severity of the disciplinary action. However, this threat simply encouraged people to hide their mistakes, so no improvements in care could be identified.

By the mid-1990s, workplace cultures shifted completely in support of a “blame-free” response to errors. It was considered that even the most experienced, vigilant and caring workers could make mistakes resulting in patient harm. These employees who made

honest errors were not blameworthy, nor was there much benefit to punishing them. But, this idea fails to address those individuals who willfully make unsafe, repeated behavioral choices, knowingly disregarding a substantial and unjustifiable risk that is likely to lead to a bad outcome.

### A multi-layered program

Championed by Newton, the Just Culture initiative, launched in early 2011, has been researched, discussed and created by a group representing several disciplines at Children’s, including Patient Safety, Quality, Operations and Human Resources.

“A Just Culture is important because it addresses the basic structure of how we operate,” said Pat Wagner, Director of Human Resources at Children’s at Egleston. “We will improve the effectiveness of our learning process by using incident reports across all Children’s campuses to identify trends and fix issues in our processes and procedures. Both our patient population and clinical staff will benefit from the shared knowledge.”

The collective Children’s team created the Just Culture Algorithm, a critical thinking tool for managers to use when evaluating an individual’s behavior choices regarding an

adverse event. It formalizes that process and serves as the mechanism for giving a consistent, objective response to anyone involved.

There are three categories of error: human error, risky behavior and reckless behavior. The manager response to an event, or near miss, is tied to the reason for the error via the algorithm. An isolated human error is an opportunity

to correct system weaknesses, such as unclear drug labels. The individual making the error should be consoled, rather than disciplined.

Risky behavior may also indicate a system vulnerability that should be fixed. However, the individual should

be coached so that he or she understands the risks taken. Reckless behavior may be grounds for disciplinary action. The intent is to reduce the risk of future reckless conduct.

“We are working to create an open and fair work environment and, equally as important, a learning environment,” said John Zetsche, Vice President of Quality and Medical Management. “Establishing a cultural shift is not an easy, or instant, transformation. The natural tendency is to blame people when accidents happen, especially accidents resulting in harm. We must change how we respond to those involved in accidents as well as change systems to prevent the event from happening again.”

“At Children’s, our objective is to create an environment where our staff knows they are safe to speak up for what they know is right for their patients, and that they know they are 100 percent accountable for their behavior and choices in clinical care,” Newton added.

Empowering you to make the right choices for your patients—just another step forward as we strive to achieve One Is Not Zero. 

# Your Total Rewards

## Are You Getting the Most Out of Your Benefits?

Fall has arrived, and it's time for cool weather, college football and, last but not least, Open Enrollment. Open Enrollment for 2012 benefits will take place Oct. 30–Nov. 12. Just like last year, all employees must re-enroll for benefits—even if you choose not to make any changes.

Children's is offering a number of Total Rewards Benefits Fairs during the Open Enrollment period to give you the chance to meet face-to-face with representatives from our providers, including Anthem/BCBS, Avesis, Fidelity, Aflac and MetLife Dental, Law and Auto/Home, along with other work-life vendors. Take advantage of these opportunities to get all of your benefits questions answered live and in person. Representatives from the Benefits department will also be onsite at campus locations during the Open Enrollment period to assist you with specific questions. Watch Careforce Connection for your campus schedule.

Plan to attend one of the Total Rewards Benefits Fairs, which will be held at the following times and locations:

| DATE    | CAMPUS                        | TIME           | LOCATION   |
|---------|-------------------------------|----------------|--|
| Nov. 1  | The Children's Office Park    | 11 a.m.–1 p.m. | Building 1680, Classroom 5                       |
| Nov. 2  | Marcus Autism Center          | 2–5 p.m.       | Bellsouth Room, 2nd Floor                        |
| Nov. 3  | Children's at Hughes Spalding | 11 a.m.–2 p.m. | 3rd Floor Annex                                  |
| Nov. 8  | Children's at Egleston        | 7 a.m.–1 p.m.  | Pre-function Area 1, 1st Floor Conference Center |
| Nov. 10 | Children's at Scottish Rite   | 7 a.m.–1 p.m.  | Main Auditorium Lobby                            |

Your 2011 personalized Total Rewards Statement is available now. Take some time and review your statement before Open Enrollment—you can't make an educated decision about your 2012 benefits without fully understanding the value of the benefits you have in place now. More information about this year's Open Enrollment is coming soon. Watch your mail and Careforce Connection for more details.

### Be sure to take advantage of the great benefits that Children's provides for you.

- Make a note of Open Enrollment dates.
- Attend a Total Rewards Benefits Fair to learn more about Children's benefits.
- Take time to determine which benefits will best suit your and your family.
- Once Open Enrollment opens, don't procrastinate—enroll!

# Recipes on the Run

We know you're busy, and eating healthy is not always at the top of your priority list. But, what if we told you that a healthy, hearty snack is just a few ingredients away? Wait, don't turn that page! Healthy recipes can be delicious, too. Let us prove it to you with these two easy recipes that are sure to bring a smile to your face—and your stomach. Bonus: Kids will love them, too.

Do you have any too-good-to-be-true healthy recipes you'd like to share? Send them to [internal.communications@choa.org](mailto:internal.communications@choa.org).

## Tropical Berry Smoothie



### Ingredients:

- 1 container low-fat vanilla yogurt
- ½ cup 100% orange juice
- 1 cup frozen mango chunks
- ½ medium banana
- 1 cup mixed berries (strawberries and blueberries)
- ½ teaspoon vanilla

Combine all ingredients in a blender. Cover and blend until smooth. Serve and enjoy!  
Yields 2 servings.

**Nutritional info per serving:** Calories 171, Protein 3.6 grams, Fat 0.8 grams, Carbohydrates 40 grams, Fiber 2.5 grams

## Homemade Crunchy Protein Bars



### Ingredients:

- |                                  |  |
|----------------------------------|--|
| 2 cups grapenuts cereal          | ¼ cup millet   |
| ½ cup Fiber One cereal (crushed) | ¼ cup steel cut oats                                 |
| ¼ cup ground flax seed meal      | ¾ cup peanut butter                                  |
| ¼ cup vanilla protein powder     | ¾ cup honey  |
| ¼ cup sunflower seeds            | Handful of chocolate chips or dried fruit (optional) |

In a large bowl, combine all the ingredients except peanut butter and honey.  
In a smaller bowl, microwave the peanut butter and honey for 2-3 minutes and stir.  
Add the peanut butter and honey mixture to the dry mix while still hot, and stir until evenly mixed. Pour the mixture and press well into a 2-quart baking dish. Cover and refrigerate to cool and harden. Cut into 16 bars or desired size. Yields 16 servings.

**Nutritional info per serving:** Calories 207, Fat 8 grams, Saturated Fat 1.5 grams, Carbs 30.5 grams, Fiber 3.5 grams, Protein 8 grams

## Explain It

# Dollars and Sense: What Are We Doing with the \$3 Million Donation to the Child Protection Center?

More than a decade ago, Stephanie Blank, longtime Children's Trustee and passionate advocate for children, made a visit to the Child Protection Center at Children's at Hughes Spalding on her first tour of Children's.

"From day one, it was obvious that the Center was a place that she was passionate about," said Gene Hayes, President, Children's Foundation. "Even seeing it in the early stages, she was struck by the Center's mission and was instantly committed to building a better future for children of abuse and neglect. She knew they deserved better."

That visit marked the beginning of Blank's support of the Center—and the rest is history. She soon began serving on the Children's Foundation Board of Trustees, which she went on to chair for five years. And, this April, the Arthur M. Blank Family Foundation announced a \$3 million gift to the Center in honor of her dedication and advocacy.

Although it's already recognized at a state and national level as an advocacy center for child abuse and neglect, we know there's more we can do. With this gift, Children's intends to make the newly renamed Stephanie V. Blank Center for Safe and Healthy Children a model for other pediatric healthcare systems.

"Children's wants to create new programs and enhance those already in place to achieve a full complement of offerings—clinical services, telemedicine, education, training, research, prevention and advocacy," said Emily VanderWiele, Director, Physician Practice Operations.

Strongly motivating these goals are the sobering statistics: Every 15 minutes in Georgia there is a new confirmed victim of child abuse or neglect. And experts estimate that one in four girls and one in six boys are sexually abused before their 18th birthday.

Tackling this epidemic head-on will require more than just growing our point-of-care services at Children's. It will mean bringing our expertise to rural communities through the expansion of telemedicine and training.

"Telemedicine will ensure health providers can give informed pediatric exams, so law enforcement and the Division of Family and Children Services can properly assess and prosecute cases of child abuse and neglect," said Jordan Greenbaum, M.D., Medical Director, Child Protection Center.

Through the establishment of a new fellowship program, Children's will also train the next generation of medical professionals in child protection. And doing so will increase community capacity to treat and prevent abuse and neglect throughout the state and Southeast.

"This gift has really allowed us to dream big and accomplish things for children that we might not have been able to do otherwise," said VanderWiele.

And dreaming big means we can make a real and lasting difference—helping give the kids in our communities a safe, happy future.

*Next question?*

What's your  
question?  
E-mail Internal.  
[Communications@  
choa.org](mailto:Communications@choa.org).

# Inspiration

## When I Grow Up...

By Ansley Tolbert, age 11, former Children's patient

When I grow up, I want to be a courageous nurse.

I want to become a courageous nurse for children who have disabilities and don't believe in themselves because of that disability. I won't just give them medicine. I will also change the way they think of themselves and their future.

When I was in second grade, I started to realize that I wasn't hearing as well as I should in class and at home. I had a visit with my ear doctor and discovered that I had a Cholesteatoma in my left ear. Cholesteatoma is a tumor that wraps around the hearing bone until it crushes it, and you can't hear anymore.

After two years and four ear surgeries, the doctor was able to remove the entire tumor. If we hadn't found the Cholesteatoma in time, I could have lost all of my hearing forever. Although the tumor was gone, I still needed to wear a hearing aid.

When I first started using my hearing aid, I believed everyone would think of me differently, and that I would no longer be able to play the guitar, water ski, play softball or do many other things I love to do. I lost confidence in myself and became discouraged. My grades started to drop, and I no longer wanted to chase my dreams.

The courage of my family, friends and nurses got me through my hard times. I soon started to realize that just because I had a hearing aid didn't mean that people would think of me differently in a bad way, and that I could still do all the things that I wanted to do if I put a little effort into it.

My grades started improving. I began to play my guitar. I learned how to water ski. I continued doing what I love to do. I no longer think of my hearing aid as a reminder of my hearing disability. Instead, I think of it as a reminder of courage. I even chose a rainbow-colored hearing aid to show that I was not ashamed to wear it.

This gift of courage has opened my eyes to the knowledge that I can do anything I want to as long as I just push myself a little harder and believe I can do it. I have the same opportunities as everyone else and know I can accomplish anything.

I want to be a courageous nurse to not only give medicine and make others well, but to give kids with a disability the courage to be the best they can be. My goal for the children is to make sure they don't make the same mistake I did. They should chase their dreams forever—and I will do the same.

What inspires you? E-mail [Internal.Communications@choa.org](mailto:Internal.Communications@choa.org).



Comments?

Suggestions?

Questions?

E-mail [Internal.Communications@choa.org](mailto:Internal.Communications@choa.org).



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