

# Careforce Chronicle

YOUR JOURNAL FOR WORK & LIFE AT CHILDREN'S

JULY/AUGUST 2011



| Leading the Pack

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JULY/AUGUST 2011 | VOLUME 7 ISSUE 4



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## ON THE COVER:

Getting kids back in action is the core of the new Children's Concussion Program, taking the cross-disciplinary approach to a new level by aligning many pediatric specialties.

# Simply Put



One of the things I love about Children's is how much our employees truly care about what they do. The level of passion each of you shows and the way you go above and beyond for our patients and families inspires me every day.

Some of you may have seen the incredible video about Myra Rolfes and the Children's at Egleston NICU team. It's a great example of why we're deserving of Magnet recognition and how our employees go the extra mile for our patients. Myra and her co-workers in the NICU believed patients and families would benefit from kangaroo care, or when a parent holds their newborn skin-to-skin. But, they didn't have the appropriate chairs in the unit. Based on research by the NICU's Developmental Care Council, and through advocating, networking and plain old hard work, they were able to secure the proper chairs required for this technique.

The pay off? Watching a father hold his 2-pound baby daughter Riley for the very first time, and seeing the benefits of kangaroo care come to life. Riley's heart rate settled. Her oxygen saturation started going up, and her caregivers were able to turn down her oxygen. But, the words of the ecstatic dad, whose hands almost covered the tiny infant, truly said it all: "I'm pretty much in heaven right now."

People who aren't a part of Children's might ask why the NICU team would put so much extra effort into bringing this technique to their unit. It wasn't part of their job descriptions. No one asked them to do it. But, if you work at Children's, you understand. They did it because, like you, they genuinely care about the kids and families we treat. For Myra and her co-workers, it wasn't an option not to.

This pursuit of doing what's best for kids doesn't stop inside our walls. So far in 2011, we've made great strides in taking our special, kid-focused care out into our communities. We've successfully advocated for stricter child passenger safety restraint laws in Georgia. Through Strong4Life, we're working to give our state's kids and families the tools they need to lead strong, healthy lives—and we've already seen amazing results. And, through the groundbreaking research we're doing with nanotechnology, we are on our way to discovering the cure for pediatric diseases.

Simply Put: At Children's, we do whatever it takes to care for the patients and families inside our walls. Together, let's carry that passion and commitment to the kids in our communities as well. As the leading voice for Georgia's kids, how can we not?

A handwritten signature in blue ink, appearing to read "Hanna".

## New Strong4Life Teaching Garden Gives Patients and Families Ideas to Grow on

Last month, the Strong4Life Teaching Garden debuted at Children's at Scottish Rite with healthy cooking demonstrations, garden tours, activities for patients and their families and an inaugural planting.

The Strong4Life Teaching Garden is a place where patients and their families can go to relax and learn about nutrition and organic gardening. Child life and rehab specialists will lead classes and activities for patients throughout the year. Children's collaborated with Farmer D Organics, an environmentally friendly company that creates farms, gardens and organic products throughout Atlanta, to create the garden.

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

What is the only disease medical science has cured to date? Find the answer somewhere in this issue, and submit your answer to [internal.communications@choa.org](mailto:internal.communications@choa.org) by Aug. 31. If your answer is correct, your name will be entered in a drawing. Five lucky winners will get a prize. Get searching!

## Children's Flourishes in Forsyth

With the recent opening of our northernmost location, Children's Healthcare of Forsyth, Children's is bringing our specialized care to patients and families in Forsyth County and beyond. The new, 20,000-square-foot space provides outpatient services, including immediate care, rehabilitation, sports medicine, orthotics and prosthetics, X-ray and laboratory services. The location is also home to pediatric specialists for orthopaedics, hand and upper extremity, general surgery, allergy and asthma, otolaryngology (ENT) and ophthalmology.

With 118,000 pediatric residents and a projected growth rate double that of Atlanta, expansion into Forsyth County was a natural fit for Children's. Children's Healthcare of Forsyth is one of 17 neighborhood locations in the Children's System. Located off Peachtree Parkway, the new location will also serve families in Cherokee, Dawson, Gwinnett, Hall and Lumpkin counties.

With extended hours and 15 exam rooms in its Immediate Care Center, Children's Healthcare of Forsyth was designed to ensure shorter wait times. The space also includes a rock climbing wall and several specialized gyms, including a sensory gym with a pediatric zip line and swings.

## New Health Sciences Research Building Breaks Ground

On June 15, construction of a new Health Sciences Research Building on the Emory University campus kicked off with an official groundbreaking. More than half of the new facility on Haygood Drive will focus on pediatric research through the Emory-Children's Pediatric Research Center, a partnership between Emory and Children's.

A two-story working bridge will connect the new building to the Emory-Children's Center. In addition to pediatrics, the new research building will include investigations in cancer, immunology and drug discovery. The building is expected to be completed by April 2013.

# 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: Teamwork

**To:** Melissa Downs, Clinical Staff Development Coordinator, The Park

**From:** Betty Fitzpatrick, Clinical Staff Development Coordinator, The Park

I can't thank you enough for the exceptional teamwork you showed during my many weeks preparing for the Nursing Research Symposium. When you helped with Patient Care Provider Orientation, even when it wasn't "your" week, it lightened my load. I know I can always count on my partner to have my back. Your good humor and positive attitude lift me up more than you could know. I feel so blessed to call you my friend and colleague.

## Values: Teamwork

**To:** Joshua Martinson, Behavior Data Analyst, Marcus Autism Center

**From:** Danny Conine, Behavior Clinical Specialist 2, Marcus Autism Center

Last week you were pulled off the after-school schedule to help with assaultive training, yet when you were finished helping with assaultive, you came to check in on your after-school case and offered to finish out the remainder of your client's session anyway. That kind of great teamwork really helps out everyone, and it's always great to see people who are willing and eager to work hard right through the end of the day!

## Promise: Balance

**To:** Susanne Hanada, Staff Nurse-Resource, Children's at Egleston

**From:** Charlene Cunningham, Clinical Nurse Specialist, Children's at Egleston

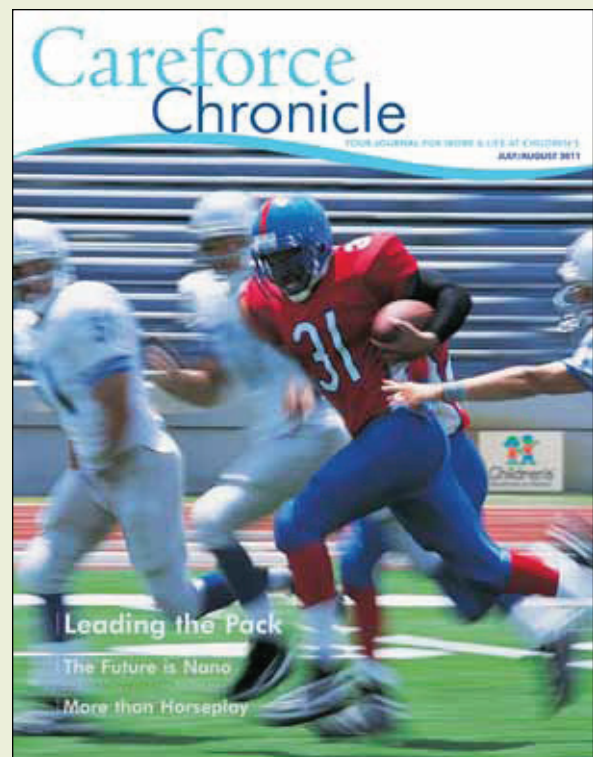
You did such a good job recognizing your patient's changes and possible strategies for intervention yesterday in report. You demonstrate strong PICU nursing skills in patient care and transfer of care interaction with your colleagues. Strong work!

## Promise: Balance

**To:** Karen Harrison, Staff Nurse-Resource, Children's at Scottish Rite

**From:** Libby Cardina, Staff Nurse-Colleague, Children's at Scottish Rite

Thank you so much for your help yesterday! You did an outstanding job of handling a very unhappy and upset mom so that I could take care of the patient. Your compassion and understanding was just what she needed to calm down and feel at home in the TICU. You went out of your way to set up the room for the transfer and then made the difficult situation so much better. Thanks for your time and your concern for the mom; she now feels great about her daughter being in the TICU. Thanks!



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

# Leading the Pack

*Children's new Concussion Program is a game changer for treating pediatric head injuries*



After taking a hard hit to the head at football camp, 9-year-old Adam\* and his mom visited their local pediatrician, just to be safe. Meanwhile, across town, 17-year-old Morgan\* collided head-on with another player during soccer camp, so she paid a visit to her doctor. Using the new Children's concussion assessment tool, both physicians diagnosed concussions.

Morgan's injury was mild, so the doctor gave her mom the Children's concussion protocols to follow at home, with instructions on when she could return to her team. But

Adam was displaying more alarming symptoms, causing his pediatrician to contact the Children's concussion nurse coordinator and arrange for Adam to be seen in our Emergency department. There, our caregivers followed new standardized guidelines for concussion patients. And, upon follow up with his pediatrician, Adam was referred to the Children's Concussion Program, where caregivers created a plan to help him return to school and sports.

Today, both kids are safely back in action. But, if either accident had happened before we established the new Children's Concussion Program, their stories might have been very different. Adam's experience with Children's would have depended on the location he visited, if he'd even been referred here; and Morgan might not have benefitted from Children's concussion protocols at all. And, both might have returned to the field or classroom too soon, putting them at greater risk for complications and future injury.

## **Nation of hard knocks**

A glance at alarming national headlines confirms it: Morgan and Adam are far from alone in their head injuries. In the United States, as many as 3.8 million Americans are concussed each year, many of them active, athletic kids. High school football players alone sustain 100,000 full blown, diagnosed concussions a year. Equally concerning are the thousands more concussions that are overlooked by coaches and parents alike.

While football is responsible for more than half of team sports-related concussions, soccer, lacrosse, wrestling, basketball and even volleyball can't escape blame, either. Then, taking into account skiing, snowboarding, skateboarding, bicycling, it should be no surprise our kids are getting so many head injuries. Unfortunately, one hard knock often leads to another.

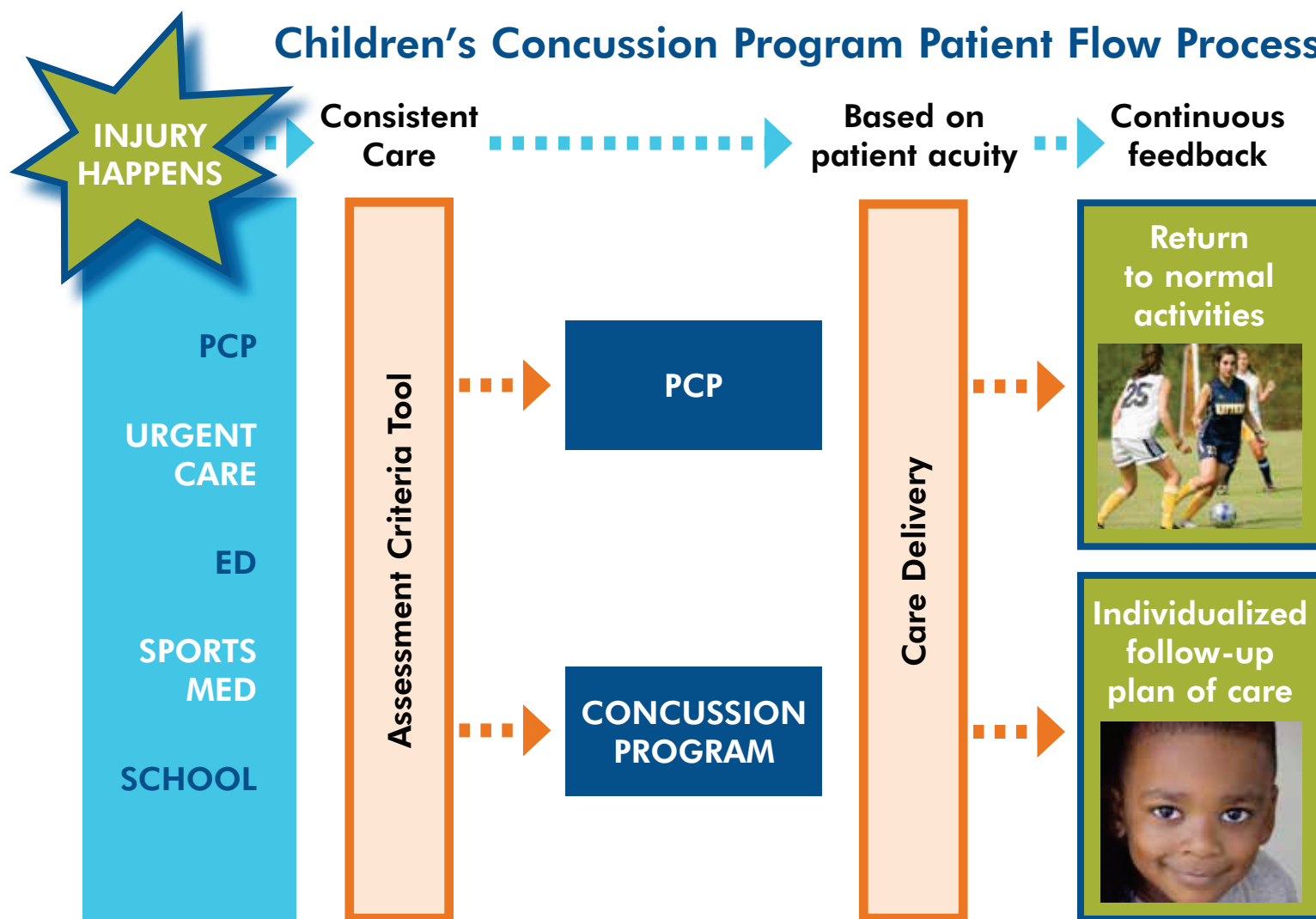
"It's been shown that children who suffer one concussion have a three-to-four time higher risk of suffering a second concussion," said David Marshall, M.D., Medical Director, Children's Sports Medicine Program.

### Taking a team approach

Up until now, the management of head injuries in pediatrics has been very disjointed, variable and confusing to doctors, nurses and even patients, according to Andrew Reisner, M.D., Pediatric Neurosurgeon and Medical Director of the Children's Concussion Program.

"In the past, concussion management typically fell within individual specialties—sports medicine, neurology or neurosurgery," explained Dr. Reisner. "What we needed was a physician-led, Systemwide initiative to build a coordinated, evidence-based program for all of our concussion patients."

## Children's Concussion Program Patient Flow Process



The Concussion Nurse coordinates care across the continuum and serves as a resource for community providers.

After five years of hard work and research, a Children's guiding team developed diagnosis and management guidelines built on recommendations from the American Academy of Pediatrics, the American Academy of Neurology, the American College of Sports Medicine and the Center for Disease Control.

"By engaging multiple specialties, we've brought a wealth of expertise to bear on the program—and on each patient we see," said Larry Hall, Orthopaedic Strategy Project Manager. "Many children's hospitals treat concussions, of course. But we've put together the most comprehensive program in scope and size that we know of. We're definitely leading the nation with this level of coordinated care."

"I am very proud of this team effort," said Dr. Reisner. "Throughout the last five years, we've introduced evidence-based guidelines for managing patients with severe brain injuries. Now, we've replicated that model for concussion patients. The result is not only less confusing instructions for caregivers, but undoubtedly better care for patients."

### The game changer

Launched June 9, our groundbreaking Concussion Program takes an interdisciplinary, cross-service approach so caregivers across the delivery system are equipped to give patients the care they need. And, accessing our Concussion Program is the vital first step.

"The major emphasis in designing this program has been quick, easy access for children who have sustained a concussion," said Dr. Reisner. "Every patient should be able to make initial contact with Children's within 24 hours."

**Throughout the last five years, we've introduced evidence-based guidelines for managing patients with severe brain injuries.**

Now, we've replicated that model for concussion patients. The result is not only less confusing instructions for caregivers, but undoubtedly better care for patients.

Making that possible is our Children's Concussion Nurse Coordinator, who organizes—and communicates—each child's care across the delivery system. "Assuring children with concussions receive seamless, individualized care is

my priority," said Mary Thacher, Children's Concussion Nurse Coordinator. "The Children's Concussion Program has developed tools enabling community physicians to provide consistent concussion assessment and follow up. When providers would like their patients seen by one of our concussion specialists, I work with them to coordinate care."

In addition to providing standardized concussion assessment tools to community physicians, the Children's Concussion Program is targeting teachers, trainers, coaches and parents. "Program leaders are giving numerous community presentations about the importance of concussion and the potential dangers of returning to activities too soon," Dr. Reisner said. Families treated through the Children's Concussion Program are given individualized treatment plans to carry with them and share with school and coaches.

Looking ahead, we're advocating for state laws to further protect children from this injury, and capturing patient data via Epic will serve as a baseline for further concussion research.

As long as there are active children, there will be injuries. Nothing personal against the blown knee or wrenched ankle, but the brain is literally command central—it merits all the protection and TLC we can give it. Children's is here each step of the way to provide that vital care so kids, like Adam and Morgan, can get safely back in the game. 🏀

*\*Patients' names have been changed.*



# Are You Ready?

A concussion can happen anytime, anywhere—on the field, on the playground or at home. And, with the fall sports season gearing up, make sure you and your family know what to do in case of a head injury.

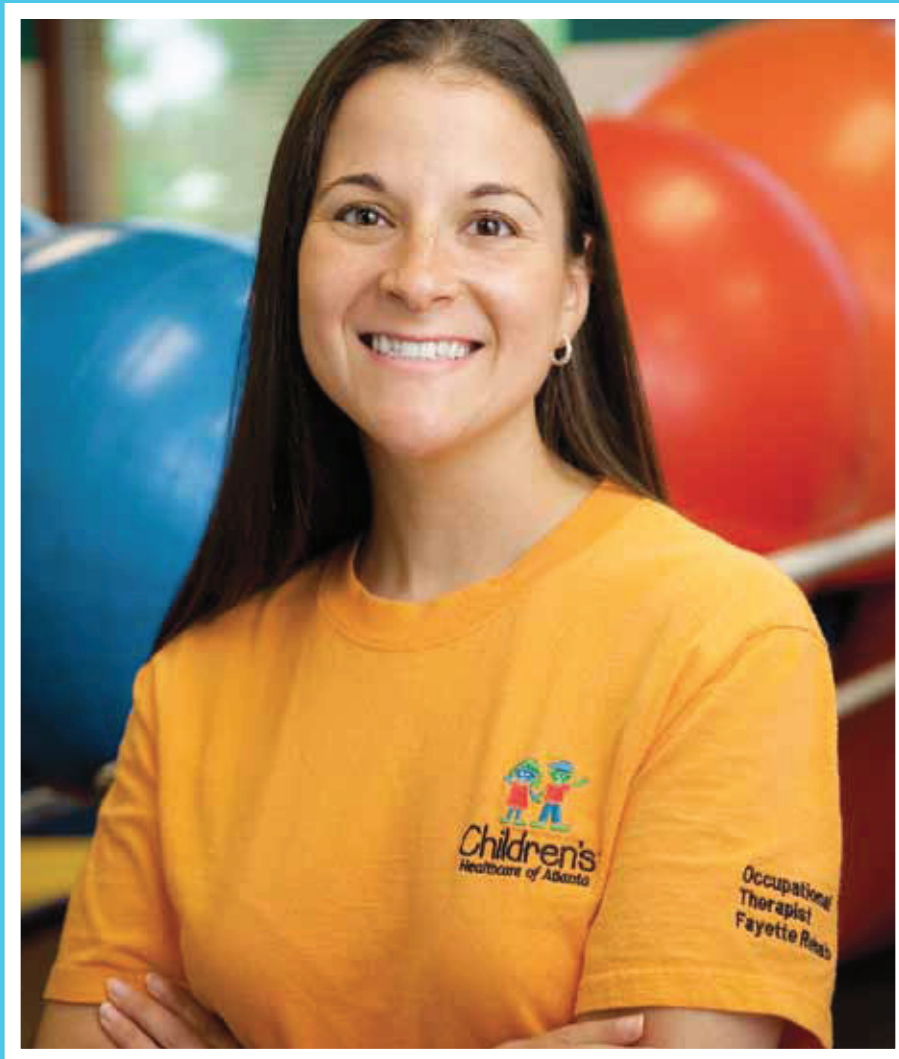
Your child does not have to lose consciousness to have a concussion. There are many signs associated with a concussion, and your child may not show any symptoms until a few days after the injury. Symptoms may include:

- Confusion
- Clumsy movement or dizziness
- Headache
- Nausea or vomiting
- Memory loss
- Tiredness
- Upset stomach
- Vision problems
- Sensitivity to noise and light
- Numbness or tingling anywhere on the body
- Loss of balance or trouble walking
- Feeling mentally foggy, cannot think clearly or remember things
- Slurred speech or other changes in speech
- Acting differently than normal (does not play, acts irritable or fussy, or seems confused)
- Feeling more emotional, like very sad or nervous
- Change in sleeping patterns



Children's pediatric-trained team is experienced in treating babies, children and teenagers with mild to severe head injuries. If you suspect your child has a concussion, bring him to one of Children's Immediate Care Centers or Emergency Departments.

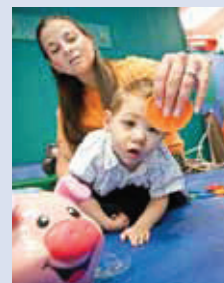
Visit [www.choa.org/concussion](http://www.choa.org/concussion) for more information on Children's Concussion Program.



## Meet Jamie Lesser

### About Jamie

At work, she's a "'Jamie' of All Trades," trained in general OT, specializing in orthopaedics and feeding therapy—working in both inpatient and outpatient settings. At home, she's either cooking or planning her upcoming wedding. Jamie also admits to a true guilty pleasure, one you might not expect...



# A Day in the Life...

## of a Children's Occupational Therapist

*A pediatric occupational therapist works with children and infants who have problems with cognition, movement and coordination, helping them with their ability to participate in daily activities.*

**5:30 a.m.** – No alarm clock for this early bird. She's up, dressed and driving from Atlanta to the Children's at Fayette outpatient rehab satellite, where she works most of her hours. The rest of the week, she provides inpatient therapy at Children's at Eggleston.

**6:33 a.m.** – Reviewing today's list of eight patients, Jamie develops treatment plans. "Plans are vital, but so is flexibility," she says. "If a technique isn't working, you have to be ready to try something different."

**7:23 a.m.** – Last month, Josh, 11, had tendon repair to his hand; he now sees Jamie for weekly therapy. She's made a splint to help position his hand. Josh's stretches and exercises are challenging, but he's all smiles. "I try to make therapy fun, with tattoos for splints, putty for exercises and various games," she says. Josh's laughter fills the therapy room as he accomplishes a goal, and Jamie sings a silly song, as promised.

**7:59 a.m.** – Jamie reviews the home program with Josh's mom. "Parental involvement is imperative," Jamie says. "I consider parents just as much my patients as their kids."

**9:07 a.m.** – Madison, 3, has developmental delays and sensory issues. She's also highly distractible and in constant motion. First stop, a therapy swing. "Madison's body runs on overdrive," Jamie explains. "Swinging helps calm and prepare her body for therapy." But Madison doesn't want to stop swinging—and a meltdown ensues. "Transitions can be hard. My job is to determine whether she needs more sensory input, like swinging, to calm her or whether this is

simply behavior." It was the latter. The tantrum quickly passes and the pair move on to eye-hand coordination activities.

**10:11 a.m.** – Between patients, Jamie documents sessions and sanitizes equipment.

**11:43 a.m.** – Like many kids on the autism spectrum, 2-year-old Gabrielle eats very few foods. After ruling out medical problems, therapy will help decrease her sensory aversions to new foods.


**12:35 p.m.** – Lunchtime includes returning parents' calls, updating physicians on patient progress, and ordering equipment.

**1:32 p.m.** – Last month, Jamie treated baby Jake as an inpatient following traumatic brain injury. Today, he's here for comprehensive evaluation of motor, visual and cognitive functioning. "We take a true interdisciplinary approach," Jamie says. "Our outpatient team includes speech, audiology, PT, OT, management and front office. Together, we treat the whole child to help restore function and quality of life." The team will use the evaluation to develop goals and treatment plans.

**5:45 p.m.** – After spending the rest of her afternoon seeing patients, developing home programs and writing evaluations, Jamie heads home. "I love my job," she says. "These kids need our help, and we're very thorough about giving them what they need."

**7:30 p.m.** – Finally, it's time for Jamie to indulge in her guilty pleasure—watching Wheel of Fortune. From her couch, she wins the bonus round, bringing a rewarding day to a satisfying end.

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



**Poem by Douglas Rodriguez that he posted  
on our Facebook page to honor nurses for  
National Nurses Day:**

*You give your all every day  
To give the best to those that come your way  
You lift spirits when they're feeling down  
Outside you smile, while inside you frown  
You help the sick and the weak  
You give a voice to those who cannot speak  
Caring for the weary and the frail  
You do your job without fail  
I appreciate what you do every day  
The words "THANK YOU" are all I can say*

# Permission to Play

In July 2009, 23-month-old Audrey Rodriguez wandered out of her home in Wrightsville, Ga., and accidentally fell into a swimming pool. Emergency personnel resuscitated her and rushed her to Fairview Park Hospital in Dublin. After they inserted a breathing tube, they transported Audrey to Macon Children's Hospital, where she spent a month before transferring to Children's at Scottish Rite.

Before the accident, Audrey could walk, talk and feed herself. Now the 4-year-old cannot do any of those things. But thanks to a devoted dad and dedicated medical professionals, Audrey is receiving therapy that gives her every opportunity for recovery.

"Children's has done so much starting her on the road to getting better," said Audrey's father, Douglas Rodriguez.

When Audrey transferred to Children's at Scottish Rite, she could not swallow without choking. After a month in intensive therapy, she learned to swallow liquids. Today, she can eat stage 3 baby foods, though she still requires a feeding tube.

Audrey continues to make progress. She receives speech, occupational and physical therapy from a center near her home, and she has periodic appointments with Children's therapists, cardiologists and a neurologist. She does not communicate, but she seems to understand words like "drink" or "eat," and she recently waved "hi" to a therapist without any prompting.

She suffers from seizures, but medicines are helping. Doctors at Marcus Autism Center, where she is also a patient, hope to eliminate her seizures completely.

Douglas, who spends 24/7 taking care of his daughter, relies on doctors, nurses and therapists to teach him everything he needs to know for Audrey's sake. "It wasn't just learning to do her therapy and mastering the feeding pump. I even had to re-learn how to play with her," he said.

Before the accident, Douglas would swing Audrey around and drop her on a bed. As Audrey progressed, her therapists encouraged Douglas to continue the mild horseplay while supporting her head. The game still brings smiles to Audrey's face.

When a tragic accident changes everything, a parent needs guidance—including permission to play. 🌟

# The Future is Nano

## *The Children's Center for Pediatric Nanomedicine will forever change how we are able to treat disease*

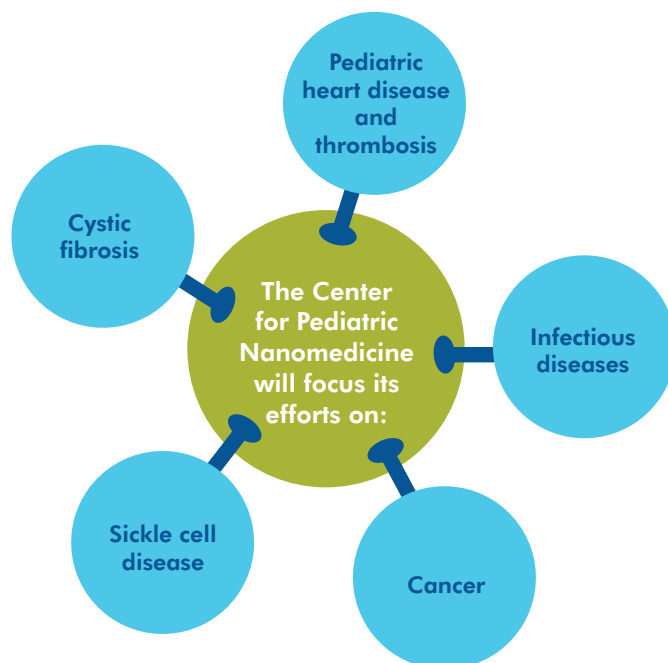
Kevin Maher, M.D., Pediatric Cardiologist and founding member of the Children's Center for Pediatric Nanomedicine, said the application of nanotechnology to the medical field will be as profound as the invention of the light microscope was more than 300 years ago.

"Microscopes opened up a whole new world at that time because physicians could suddenly see the bacteria that were causing various illnesses and diseases," said Dr. Maher. "Now, by applying nanotechnology to medical research, we can study and manipulate biologic systems at the sub-cellular level. Nanotechnology goes well beyond the limits of the light microscope, working at the scale of cellular machinery and molecules."

Traditionally, basic science has approached atoms and molecules in bulk. However, nanotechnology attempts to manipulate individual atoms and molecules in ways that create new materials and functionalities. Another distinction is that medical research has, until now, relied on the expertise of clinicians and basic scientists, such as microbiologists and physiologists. In nanomedical research, engineers play a critical role as well. It's a collaborative approach that will have far-reaching effects.

"Our teams will investigate the dynamics of cellular processes over time and detect disease in its earliest, most easily treatable stages," said Gang Bao, Ph.D., Director of the Center for Pediatric Nanomedicine and Professor of the joint

Georgia Tech-Emory biomedical engineering department. "Through these efforts, we'll identify new non-invasive, early diagnosis methods for various diseases and create better treatment strategies through more precise medical devices."



### **A far-reaching impact**

So how will all of this look once it's available for prime time? One foreseeable application is delivering chemotherapy drugs only to cancer cells (rather than the neighboring healthy cells too), which will drastically reduce the harsh side effects cancer patients experience. Dr Bao is working on nanotechnology that will allow for the repair of the gene defect that causes sickle cell disease, curing this chronic, debilitating disease. This would represent a major advance in medical science, and a wonderful improvement in the lives of tens of thousands of children with sickle cell disease. "The

only disease that medical science has cured to date is small pox," said Dr. Maher. "Nanomedicine will bring new opportunities for the diagnosis and treatment of pediatric disease, with the real chance to cure some diseases."

Paul Spearman, M.D., Chief Research Officer for Children's and Vice Chair for Research in the Emory University Department of Pediatrics, agreed, adding that the Center for Pediatric Nanomedicine will be a research center like no other. "This is an area where we can really be out on the research forefront," he said. "There are other areas where we're getting up to speed, but in this instance, we will be in the lead right away."

# How Small is Small?

## A new hub

Although nanotechnology still is very new, Atlanta already is emerging as a hub for leaders in the field. Georgia Tech has 140 nano-researchers on staff and Emory and Georgia Tech oversee two of the country's 17 National Institutes of Health-funded adult nanomedicine centers.

"We're doing very well in developing nanotechnologies for medicine," said Dr. Bao. "Combining these efforts with those of the pediatric experts at Children's is a natural extension of that."

Engineers and physicians at the Center for Pediatric Nanomedicine will focus on five specific areas including: pediatric heart disease and thrombosis, infectious diseases, cancer, sickle cell disease and cystic fibrosis.

"The field of pediatric nanomedicine did not exist last year; we are in a unique position to develop this field of medicine and harness its potential. Children's is very fortunate to have a world leader like Dr. Bao help us in this endeavor," said Dr. Maher. "For me personally, it is very exciting. It will change the way we investigate, diagnose and treat pediatric disease."

A seed grant program is under way that initially is funding eight research projects. The Center also held a workshop in May designed to highlight various pressing child health issues and initiate dialogue among the more than 100 engineers and pediatric clinicians who attended. For details on the grant program or future workshops, visit [www.pedsresearch.org/centers/detail/pediatric-nanotechnology](http://www.pedsresearch.org/centers/detail/pediatric-nanotechnology).

Dr. Spearman said the collaboration between clinicians and nanoengineers will open up many new opportunities. "Having a formal center such as this will help direct and focus their efforts. Even now, the technology continues to evolve—and we'll be at the cutting edge of it as it moves forward," he said. "It's something that will draw a lot of attention from our peers and, more importantly, lead to incredible new discoveries." 🌱

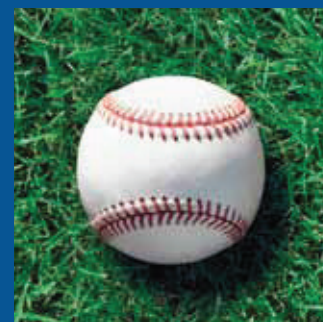
**A nanoparticle of 5-10 nm in size  
is about:**



**one thousandth  
the size of a  
red blood cell**



**one millionth  
the size of a  
ladybug**



**one  
ten-millionth  
the size of a  
baseball**



## Not in Vein

### *Children's reduces harmful IV infiltrate episodes*

In the NICU, our tiny patients rely on their caregivers for almost everything. They need us to feed them, burp them, change them, rock them to sleep and, most importantly, provide them with the proper care. And, because our youngest patients can't tell us where they hurt, we have to be proactive and diligent so we can anticipate any potential issues with their treatment, such as infiltration.

While infiltration—or leakage of IV fluids into surrounding tissue—is among the most common adverse events occurring in pediatric

hospitals, it occurs in up to 70 percent of all neonate patients. The most serious cases occur in part because they go undetected, and can damage or destroy surrounding

tissue that results in skin loss, infection, nerve damage, or even amputation.

Eileen Murray, a clinical educator in neonatal services at Children's at Egleston, said infiltrates in the NICU are viewed as a significant problem because many of their patients require numerous

IVs in arms that may be no larger than an adult pinky. Because of their small size, any fluid that leaves the vein

**Our goal is zero infiltrates, and it's helpful to discuss our struggles and successes in a global sense.**

can be a problem, and because patients cannot speak up to express pain, leakage can sometimes be severe.

Her department recognized the problem a few years ago and made an effort to reduce severe events by having IV “buddies” who could cross check IVs. They also began educating parents and family members—the individuals who are constantly at the babies’ bedsides—about what an IV should look like, and encouraging them to tell the nurse if something changed.

While her department’s changes have been successful, Murray knew they could do more. As a result, Children’s got involved in the Reducing Harm from IV Infiltrates Collaborative to further their efforts. “Through the collaborative, we have learned many things that are bigger than our own System, and have taught others about the things we do well,” said Murray. “Our goal is zero infiltrates, and it’s helpful to discuss our struggles and successes in a global sense.”

The collaborative is an initiative of the Child Health Corporation of America (CHCA), an alliance of 43 hospitals focused on increasing safety, efficiency and effectiveness within each institution.

“The whole point of all of the CHCA collaboratives is for representatives from member hospitals to ask one another how they do things, share where they are struggling and where they are succeeding, and then develop a set of best practices,” said Children’s Clinical Process Improvement Specialist Traci Antes. “As a result of the CHCA relationship, we’ve seen a significant decrease in blood stream infections and reduced codes outside of the ICU. Now we are focusing on IV infiltrates.”

**As a result of the CHCA relationship, we’ve seen a significant decrease in blood stream infections and reduced codes outside of the ICU.**

The IV infiltrates collaborative formed about a year ago when a chief nursing officer from a CHCA member hospital posted a question on the group listserv about reducing severe infiltrations during IV therapy. Antes serves on the CHCA advisory panel that developed the change package and measurement strategies each member hospital is using to reduce the number of harmful IV infiltrate episodes.

The aim of all the hospitals is to achieve that goal through compliance with four key processes: PIV maintenance, timely PIV site assessments, infiltration management and documentation of infiltration.

Antes said, “One of our big opportunities at Children’s is assessing IVs every hour

rather than every two. While it’s not easy to implement, we are coming up with creative ideas like changing staff assignments so each nurse only has two or three IV patients per shift.”

Implementation of the Reducing Harm from IV Infiltrates Collaborative began in May, and the rapid action plan will continue to roll out until its conclusion in March 2012.

Vice President of Quality and Medical Management John Zetsche said engaging in this type of proactive policy development ensures Children’s is up to date with the latest technological advances in healthcare and contributes to a continued ability to provide top-notch care.

“The proactive assessment of our policies and procedures allows us to continually ask whether our work is as effective as it can be,” Zetsche said.

And, when it comes to patient care, it’s imperative we are as effective as possible. 🌐



# More than Horseplay

*Children's Orthotics and Prosthetics patients find therapy with some fine four-legged friends*

Horses, hugs and high-fives ruled the day for Children's Orthotics and Prosthetics patients at McKeever's First Ride, but there was more going on than mere horseplay. Horseback riding is therapeutic, offering improved strength, balance and coordination to horse-crazy girls and future cowboys who face physical challenges.

In April, Children's hosted McKeever's First Ride at Chastain Horse Park to introduce their young patients to the healing power of the horse. The event, named for respected O&P pioneer Dan McKeever, is one of the Orthotic-Prosthetic Assistance Fund's "First Clinics," which provide exposure to sports not commonly promoted in the O&P community.

Children's O&P staff members volunteered at the 2010 event and knew it was a perfect fit when Children's was invited to host this year.

"We like to encourage children who come to us for treatment to participate in activities they may not have thought possible," said Janet Lombardo, Manager of Orthotics and Prosthetics and Scoliosis Screening. "We also expose our patients to wheelchair basketball, triathlons for challenged athletes, and family camp at Camp Twin Lakes, where they can take part in a variety of sports."

Horseback riding provides physical and emotional benefits to kids with limb deficiencies, such as improvements in core strength, balance and mobility, plus the confidence gained from overcoming challenges, Lombardo said.

Samantha Fraser, a 7-year-old Children's patient with congenital limb loss, gave a riding demonstration to show off what she learned from Ed Dabney of Dabney Gentle Horsemanship, who coordinates the equine activities. "She thinks she's just like anyone else, and in theory, she really is," said Susan Fraser, Samantha's mom. "She takes on any new endeavor and throws herself into it 200 percent. When Children's invited her to participate in the event, she was so excited, you'd have thought someone had given her a lifetime supply of Hershey's KISSES."

Samantha, a patient since she was almost 2, had been on a horse only once or twice before her lesson with Dabney.

"I could tell Samantha was a little nervous because she was going to be in front of a lot of people, but it didn't hold her back," Fraser said. "She took it very seriously and showed how she'd learned to get the horse to do exactly what she asked it to do."

Fraser said she enjoyed networking with other families and seeing her daughter try something new.

"I often forget that Samantha only has one natural leg because we encourage her to try everything that our four older children tried," Fraser said. "But some kids or their parents may think 'I can't,' or 'that isn't possible for my child.' Having a program like this introduced to us by Children's, where we feel comfortable and familiar, opens our eyes to everything that is possible for our kids." 🌟

# The Eyes Have It

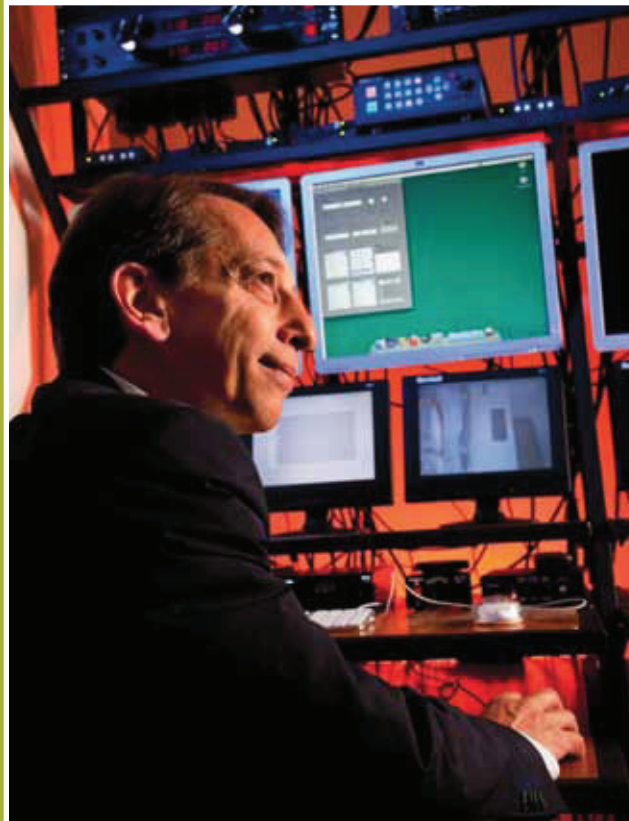
*Researchers use eye-tracking technology to develop an early diagnostic tool for autism*

When it comes to autism spectrum disorders, early intervention is critical to helping children cope with their disabilities. Today, the median age of diagnosis is about 4 years; early diagnosis can occur at 18 to 24 months. However, a group of researchers at the Marcus Autism Center is working to create a tool that could diagnose autism in the first 6 months of life.

Ami Klin, Ph.D., and Warren Jones, Ph.D., are leading the group, which moved from Yale University earlier this year. Dr. Klin is Director of the Marcus Autism Center and Chief of the Division of Autism and Developmental Disabilities at Emory University. Dr. Jones is an Assistant Professor of Pediatrics at Emory and Director of Research at the Marcus Autism Center.

For more than 10 years, Drs. Klin and Jones have mapped the way children with autism spectrum disorders look at the world. They use special infrared cameras and eye-tracking software to measure eye movement while children watch video scenes. They've created short videos of social interactions—such as scenes of children at play or scenes of a mom looking directly into the camera—and then measured how children with autism pay attention to these scenes.

“The time a child spends looking at the eyes of people is predictive of social ability or disability,” Dr. Jones said. In comparison with typical children, children with autism look



Dr. Ami Klin uses special infrared cameras and eye-tracking software to measure a child's eye movements and attention span.

less at other people's eyes and more at mouths and background objects.

The researchers will continue to study the eye movements of patients at the Marcus Autism Center, but they will also begin working with pediatricians to collect large sets of data on what typically developing children pay attention to, starting in the first months of life.

During the next few years, they will collect enough data to turn their research measures into an objective, clinical tool for diagnosing autism. “Essentially, we're developing growth charts for social engagement,” Dr. Jones said. By comparing the eye movements of children with autism to those of typically developing children, Drs. Klin and Jones will be able to pinpoint the age at which an autistic child's social development begins to diverge from that of typical children.

development begins to diverge from that of typical children.

Noting those divergences will allow doctors to diagnose autism at an earlier age, according to Drs. Klin and Jones. “The earlier the diagnosis, the earlier we can start treatment and the better a child's outcome will be,” Dr. Klin said.

Just as a pediatrician charts a child's height and weight today, future well-child visits could include an eye-tracking evaluation for social development. The eyes truly are windows—and, with the help of technology, our doctors can see right through to the inner workings of a child's brain. ☕

# Your Total Rewards

## Working Mother and Father of the Year: What Are Their Parenting Secrets?

Lisa Davis, Medication Safety Officer, and Eddie Fagan, Physical Therapist, have more in common than simply being this year's Working Mother and Father of the Year. First, they share a passion for fitness. Lisa takes part in Children's Weight Watchers at Work and You4Life programs, and she regularly attends Strong4Life fitness classes at The Park. And, an athlete outside of work, Eddie uses his athletic prowess each day at Children's when he helps young athletes recover and return to play.

Lisa and Eddie also share the same overriding parenting principle: When they get home each evening, their sole focus is their kids (and, of course, their spouses). *Careforce Chronicle* recently met up with Lisa and Eddie—and their children—at a local park to take some fun family photos and learn more about how they are each able to achieve work/life success at Children's.



**CC:** Eddie, your wife Jessa nominated you for Working Father of the Year without you knowing. How did you react when you found out? And, what do your kids think about you winning?

**EF:** The kids are cute about it. (Kell is 6, Shea is 5 and Dev is 3.) They frequently discuss it amongst themselves, and will argue over the specifics of the award. Like, is the award for the best dad in the world, or just for Atlanta? I was very flattered, and surprised, that Jessa nominated me. She never hinted at it or mentioned it.

**CC:** With three young kids, it has to be hard making time for everyone and everything. How do you do it?

**EF:** I couldn't do it all without the love and support of Jessa, who works full-time at Children's at Scottish Rite. We have different shifts—she works early, and I work late—which allows each of us to spend more time with the kids. Children's helps me and Jessa in many ways, too. We frequently utilize the back-up care service when our nanny is sick or cannot be there.

**CC:** Do you have any advice for other working parents out there?

**EF:** My thing is to devote 100 percent focus to my children in the time that I have with them. Whatever it is I am doing with them, from reading a book to playing ball, I am in the moment and not distracted by an iPhone or work. As much as possible, I avoid multi-tasking and over-scheduling when it comes to my family.

**CC:** Lisa, I know you start your day early for that same reason—so you can devote your time after work to your family.

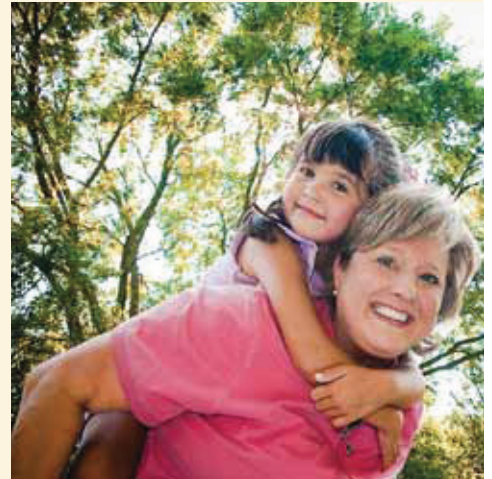
**LD:** Yes, I usually start my day at 4:30 a.m. It's early, but it's a sacrifice I'm willing to make to maximize the time I have with my husband and Maggie, who's 6.

**CC:** Wow, 4:30 a.m. That is really early.

**LD:** (Laughs) I've spent the past year really working on my health, and I like to split my exercise at The Park between early walks with a co-worker, a midday Strong4Life fitness class or an end-of-the-day walking video with colleagues before going home. This helps keep me on track, and it means that when I walk through the door at home, I don't have to kiss my family and run off to work out. Instead, I hit the door ready to spend all of my time with them.

**CC:** Besides giving Maggie and your husband your full attention when you're outside of work, do you have any other secrets to your work/life success?

**LD:** I've found that by involving my family in my work life, Maggie is more understanding—and even encouraging—of the time I spend at Children's, even though she can't always be there with me. She knows that when her mom goes to work, she's helping sick kids get better.



# CHR...ACO...OMG!

## Healthcare is Changing, so What Are We Doing to Prepare?

Working in healthcare, you know firsthand that change comes with the territory. While innovation has improved the way we care for our patients, it's also ushered in a new era of healthcare—bringing with it a myriad of acronyms and legislative reform—and questions.

Since its passage last year, the Patient Protection and Affordable Care Act (PPACA) has been a heavily discussed and much-debated topic. And not just for Children's, but for our patients and community, too. So, what are we doing to make sure we keep up with these changes?

Actually, we've been laying the groundwork for years. With Epic, our electronic health record system, we've been implementing a series of tools to give us a comprehensive view of each patient's medical history at Children's, improving quality of care and allowing you to communicate more easily and quickly.

But we're not stopping there. We're now expanding this continuum of care to pediatric practices in the community. Bolstered by PPACA, we've created a Community Health Record (CHR) so that Children's, primary care physicians and specialists can collaborate as caregivers and more effectively manage a patient's care. In the years to come, a CHR will mean that we can improve outcomes and facilitate a more seamless transfer of care for patients between their physician's office and Children's.

It's obvious that communication will help us stay abreast of change, but how do we take it to the next level and plan for the long-term future? Under the new healthcare law, hospitals and physicians are encouraged to work toward the common goal of improving quality of care and reducing costs for our patients. So we're talking with physicians and working together to determine how to better serve the pediatric community, whether being an accountable care organization (ACO) is right for us and if it's feasible.

An ACO currently exists more on paper than in reality, often being compared to a unicorn—everyone seems to know what it looks like but no one has actually seen one. However, we know that for any ACO model to be successful in our pediatric community, it will require ongoing collaboration to bring together the different components of care for the patient—from preventative to specialized to hospital-based—and ultimately redefining delivery of care.

One thing is for sure: Change is here to stay. And, Children's is working hard to position ourselves for future growth and success. Healthcare reform has established opportunities for caregivers—and Children's—to focus on providing even better care to our patients and community.

*Next question?*

What's your  
question?  
E-mail Internal  
Communications@  
choa.org.

## Finding My Purpose

*By Lesli Woodall, Physician Assistant, Rehabilitation/Physiatry Practice  
Children's at Scottish Rite*

My son Lee was diagnosed with Neurofibromatosis (NF) Type 1 and a rare congenital disorder by the age of 2. Both of these diagnoses came with learning disabilities and developmental delays, so we spent a good portion of his childhood seeing doctors at Children's at Scottish Rite or getting speech therapy at Children's Rehabilitation Center on Mansell Road. It was hard, but Lee was a trooper. The Children's staff became like extended family.

Lee remained mostly healthy for the next five years, until he came down with a bad case of strep throat when he was 7. His pediatrician sent us to Children's at Scottish Rite for an initial CT scan. Lee was referred to the Aflac Cancer Center and Blood Disorders Service, where we went regularly that summer for repeat CT scans and lab work.

Finally, his blood counts warranted a bone marrow aspirate. He was admitted to the hospital three times during the next several months, losing more than 15 pounds. At that time, he also received a diagnosis of a rare form of leukemia with no known cure.

Despite everything, Lee was stable through most of the following year, and we managed to have some fun. He enjoyed the summer at the pool and beach, and was able to celebrate his 9th birthday. It wasn't until

the night before Thanksgiving that the bottom fell out. He died at the end of the following week.

For Lee's entire life, I worked as a vice president for a local information technology firm. I did very well, and I liked my job. But, after Lee passed away, I felt like it just wasn't right. With my husband's encouragement, I decided to go back to school to become a physician assistant.

I was inspired by the Children's PAs that had been with me and my family during Lee's illness. I wanted to work with kids with special needs, just like Lee. I knew, with my past, I'd be able to connect with parents in a special way, truly serving as a parent and patient advocate.

Prior to graduating from the Medical University of South Carolina, I found out about an open position at Children's in Rehab/Physiatry. I knew I had to apply. And, in October of 2008, I walked through the entrance at Children's at Scottish Rite as an employee—not a parent—for the very first time.

People ask how I can work in the same hospital where my son died. It's not always easy, and I have had my down days. But, even so, I've never regretted my decision. I love that I get to work with incredible people who believe so strongly in what they do. And, I love that I get to feel connected to Lee by being here every day. I know I've found my purpose.

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



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