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Everything Matters In

# Patient Care

## Fostering Wellbeing in Patients and Staff

*The wellbeing and safety of Nationwide Children's Hospital employees and patients alike is vital on our journey to Best Outcomes.*

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*Pictured left: The Nationwide Children's Critical Care Transport Team makes more than 2,000 trips each year. Read more about the team and its commitment to patient care and safety on page 10.*

# What a Year!

**Linda Stoverock DNP, RN, NEA-BC,** Senior Vice President, Patient Care Services, Chief Nursing Officer

As we begin 2016 on our Journey to Best Outcomes, all I can say is thank you for a terrific 2015. **Truly, our values were at play as we worked as One Team to care for the many, many patients who needed our services.**

In 2015, our transport team set new records of both neonatal and pediatric transports. The inpatient volumes surpassed budget with new growth in all areas by 13 percent. This means the Emergency Department, Urgent Cares and perioperative areas were also busy. We have completed our first year of the inpatient psych unit with successful licensing as well as expanding the youth crisis beds. This has been a huge need for our community.

Our effort to improve outcomes for children has created a drop in pressure injuries and medication errors. Teams continue to work with Solutions for Patient Safety, with 80 other children's hospitals to share best practices in order to improve the outcomes. Many staff participated in quality improvement work to improve the care and outcomes on interdisciplinary teams.

We continue to work on transforming how we work with each other and our patients and families. More than 360 staff attended the Pebble Effect program to create a better teamwork environment. The Safety Attitude Questionnaire (SAQ) administered in May shows our efforts to change the safety culture are working, with 80 percent of the respondents stating they could speak up about safety and that safety was a high priority among teammates and administration. The threshold for having a high reliable organization is 80 percent. Nursing Congress and Nursing Senate continue their efforts to reduce bullying and collaborated with medical staff leadership on agreed upon behaviors to work effectively as a team. Family centered care has been advanced with more parent members collaborating in our quality improvement work. All of these efforts are the underpinning of the American Hospital Association awarding Nationwide Children's Hospital with a McKesson Quality Award Citation of Merit.

When this much growth occurs, one thing is for sure that staff feel the burden of additional work. Our recruiters and managers have worked hard to hire additional staff. More than 1,600 staff have been hired as of September 2015. Our preceptors and educators have been striving to keep up with the demand and ensure staff is well prepared to work in an ever changing environment, where innovation and accountability of each member is key. Managers have worked diligently to engage staff on work environment issues during this challenging year. Incentive programs aimed to proactively add staff to the schedule helped create work life balance in anticipation of higher census. Who would believe that just one short year ago we were concerned about enough work for the staff!

The commitment to all staff from senior leaders is to continue to make this the best place for employees who want to drive the best outcomes for children. We thank you for the compassion and spirit you show as you engage on a one to one basis with patients or as you work in teams to find new solutions to problems. We continue to work at being a magnet for the best and brightest health care providers. It is only when we work together, keeping our values of teamwork at the forefront that we can achieve this. Thank you all. I wish you and your family peace, good health and happiness in 2016.



# YOU Matter Program: Promoting Resilience and Emotional Wellbeing in Employees

**Lois Stepney, MSW, LISW-S,** Critical Incident Coordinator and ED Social Worker
**Suzanne Vickers, MSW, LSW, LMT,** Staff Support Clinician

**The YOU Matter program exists to help you as a Nationwide Children's employee to remain committed, focused, engaged and resilient in your work.**

Think back to what inspired you to come work for Nationwide Children's Hospital. Was it a personal experience where your child or someone you loved was treated and had a positive experience? Was it the mission of our institution to provide the highest quality of care to all children and their families, regardless of their ability to pay? Was it possibly the innovative research conducted at our institution, or the chance to work with world-renowned colleagues who are passionate about their line of work? Regardless of what your reasons were then, now that you are here, the YOU Matter program exists to help you as a Nationwide Children's employee to remain committed, focused, engaged and resilient in your work.

The YOU Matter program connects with Nationwide Children's 2013-2018 Journey to Best Outcomes strategic plan in everything we do, by supporting the best people who are the driving force behind this collective vision. Just as the one size fits all approach does not work well in patient care situations, employees also have different needs to feel supported in their resiliency building efforts. These efforts help manage work related stress, burnout and traumatic experiences encountered in the work environment.

The YOU Matter program has multiple resources in place to provide an overarching umbrella of support for staff's mental and emotional wellbeing. The pillars of the program consist of the Second Victim Peer Support Program, Critical Response Team, Stress Trauma and Resilience (STAR) program, and Schwartz Center Rounds®.

The Second Victim Peer Support Program is the largest intervention supported by the YOU Matter program. Initiated in the pharmacy department in November 2013, approximately 5 percent of Nationwide Children's employees have volunteered or been selected to train and become peer supporters.

**YOU Matter Program**

- **Second Victim Peer Support Program**
- **Critical Response Team**
- **Stress Trauma and Resilience (STAR) Program**
- **Schwartz Center Rounds®**

The Second Victim Peer Support Program provides a natural support mechanism by giving peers special training to more effectively provide crisis intervention to colleagues while also raising awareness of the professional mental health support that is a part of the YOU Matter program. As such, it capitalizes on powerful factors that result in a healthy, engaged and supportive workplace. Having strong, cohesive working teams where employees are trained to support their peers in adverse situations or crisis is truly beneficial. Individuals have expressed feeling more comfortable talking with their peers and/or manager or supervisor compared to outside resources.

For events that impact multiple staff members or several work units/departments, the YOU Matter program's Critical Response Team can be activated. The Critical Response Team is a multidisciplinary team of Nationwide Children's employees who have been trained in Critical Incident Stress Management (CISM) for groups. This team is trained to respond to a variety of events affecting staff across our institution including:

- Line of duty deaths
- Suicide of a colleague
- Serious work related injury
- Multi-casualty/disaster/terrorism incidents
- Events with a high degree of threat to the personnel
- Significant events involving children
- Events in which the victim is known to the personnel
- Events with excessive media interest
- Events that are prolonged and end with a negative outcome
- Any significantly powerful and overwhelming distressing event

The Critical Response Team is managed by the hospital's critical incident coordinator and can be accessed by calling the **YOU Matter hotline 24 hours a day, seven days a week at (614) 722-5005.**

The STAR program lends individual crisis support or on the job coaching by master's level social workers, psychologists and chaplains. These professionals are unit based and provide The Ohio State University Wexner Medical Center's Stress Trauma and Resilience (STAR) program interventions. A team of STAR-trained clinicians have been hired in the Emergency Department (ED) as staff support clinicians, providing support to all ED staff including patient care attendants, nurses, physicians, social workers, environmental services workers, security officers, medics, personnel and other patient transporters. Staff support clinicians are typically on shift from 4 p.m. to 12:30 a.m., a time where trauma volume is high and encompasses shift change for many staff. Staff members trained in the STAR model are available when the efforts to provide crisis support to a peer escalate beyond the training of the second victim peer supporter, who is not a licensed therapist, psychologist or trained chaplain.

In the ED and pediatric intensive care units, STAR-trained clinicians have sought to provide emotional support and resiliency building support through new employee orientation, shift change meetings and through informal conversations that occur when STAR clinicians round on the units. As this program continues to develop at Nationwide Children's, the STAR program hopes to add additional components to interventions offered to staff including aromatherapy and chair massages.

YOU Matter program supports are aimed at contributing to the promotion of a compassionate health care environment for all staff. This includes the addition of one of our newest interventions, Schwartz Center Rounds®, started in May 2015. Schwartz Center Rounds® are a jointly sponsored effort by the YOU Matter program and the Center for Pediatric Bioethics at Nationwide Children's. These sessions focus on the psychosocial impact of caring for patients and their families. We know that providing patient/family care in a system where Everything Matters involves both benefits and costs to the caregiver. These multi-disciplinary rounds provide a consistent forum to come together and discuss cases in order to learn from and support each other on our Journey to Best Outcomes. Initial evaluations from participants at our Schwartz Center Rounds® suggest that these forums are serving to improve communication among teams and enhance the preservation of our health care system that both values and honors staff who are providing excellent care to our patient/family systems.

The YOU Matter program umbrella also includes our Employee Assistance Programs (EAP) through Matrix Psychological Services and The Ohio State University Wexner Medical Center's EAP, as appropriate, to staff who may benefit from ongoing counseling to support their emotional and mental wellness efforts. Just like the physical body benefits from regular, yearly check-ups with a primary care physician, a mental wellness check-up with our EAP provider is a great preventative measure for many staff.

The YOU Matter program, as part of the continuum of employee wellness opportunities here at Nationwide Children's, continues to seek and expand its reach by joining forces with Pastoral Care. In the summer of 2015, the Tea for the Soul program was instituted on the Pediatric Intensive Care Units up to twice a month. Tea for the Soul is a Pastoral Care best practice that was brought to Nationwide Children's by Lynnette Schroeder in our neonatal intensive care unit to provide a moment of rest and a cup of tea. There have been ideas and plans to expand this opportunity to other areas throughout the hospital. Simple practices are sometimes the most powerful in reminding all of us of our collective humanity, our need to both care for others and at times to be cared for ourselves as busy, health care professionals.

The YOU Matter Program invites you to think about what other supports may be needed to promote staff resilience and emotional wellbeing. Please contact Lois.Stepney@NationwideChildrens.org or Suzanne.Vickers@NationwideChildrens.org with your ideas.

**Visit ANCHOR and search the keywords YOU Matter**
to delve deeper into the program and learn more.



# Protect Your Physical and Mental State with Self-Care

**Kari DuBro, MS, RD, LD, CWWS** Employee Wellness Program Manager, Human Resources

Just like our cars need fuel, our energy reserves need regular refueling and recharging. To be present, you need to continually replenish and refuel through self-care. Practicing self-care safeguards your physical health and also protects your mental wellbeing so you can be present. Employee Wellness provides many opportunities for employees to practice self-care as well as programs to help staff integrate self-care into their daily life.

## Self-Care Practices to Protect Your Physical and Mental Wellbeing

1. **Eat healthy and nourishing foods.** Focus on natural, unprocessed foods like fruits and vegetables, nuts, beans, lean meats and whole grains. Eat meals through the day and listen to your body's cues of hunger and fullness. Hydrate with water often.
2. **Be physically active every day.** Aim for at least 30 minutes of moderate intensity activity most days of the week. Include strength training in your routine as it will prevent injury and maintain your body's ability to perform daily tasks as you age.
3. **Sleep seven to eight hours every day.** Try to go to bed and wake up around the same time daily. Limit computer and TV time before bed. Quality sleep helps your body repair and boosts your immune system.
4. **Nourish positive relationships.** Find time to connect with family and friends and spend time by yourself too. Spiritual connections and involvement with groups (school, church, temple, PTA, book club, etc.) provide valuable opportunities to connect with people.
5. **Move often.** Avoid sitting for long periods of time. Get up to refill your water bottle, stretch your arms and legs, take a lunch break or go for a five minute walk.
6. **Find time to relax and unwind.** Practice deep breathing. Laugh. Practice some yoga. Read something you enjoy. Take a bath. Journal your thoughts. Get a massage. Do something that you find relaxing.

By practicing self-care, we give ourselves a daily dose of compassion and can continually approach our lives with a clear and happy mind.

### Employee Wellness Program Resources

The Employee Wellness Program offers resources to employees who need help integrating these self-care practices into their lives including:

- Wellness Classes: stress management, mindfulness, cooking demonstrations, financial wellness
- Support Groups: Caretaker Support Group, Diabetes Support Group
- Health Coaching (i.e. nutrition counseling, fitness assessments, disease management) provided by a registered dietitian, athletic trainer or a nurse (in person or by telephone)
- Online Wellness Workshops on the Wellness Matters Portal: **https://wellnessmatters.nationwidechildrens.org**
- Group Fitness Classes: offered at main hospital and several offsite locations. See **ANCHOR/HR info/Employee Wellness/Monthly Events**
- 24-Hour Access Fitness Center in the Outpatient Care Center
- Smoking cessation programs: see **ANCHOR/HR info/Employee Wellness/Health information/Tobacco Cessation**
- Matrix, our Employee Assistance Program, can help with stress coping and burnout prevention and provide individual counseling. **(614) 475-9500; www.MatrixPsych.com**

**If you would like further information about the Employee Wellness Program or our services, please contact Kari DuBro at (614) 355-4154.**

# Critical Care Transport Team: Creating an Environment of Safety

**Amy Haughn, MBA, RN, CMTE,** Transport Team, Program Manager

The Critical Care Transport Team was first established in 1972 at Nationwide Children's Hospital. Over the past 43 years, the Critical Care Transport Program has experienced tremendous growth. As one of the few dedicated Neonatal/Pediatric Transport Teams, we make more than 2,000 trips each year, caring for patients throughout Ohio and across the nation. Our teams are available seven days a week, 24 hours a day, providing transport capability in three modes of transport – ground, rotor wing (helicopter) and fixed wing (jet). Our Mobile Intensive Care Units and aircraft are specially outfitted to meet the unique needs of our pediatric and neonatal patients and their families. The team has flown to many states, including New Mexico, Arizona, Oklahoma, South Dakota, Texas, Nebraska, Indiana, Kentucky, West Virginia, Florida, Pennsylvania and Massachusetts, transporting patients that need the specialized care that Nationwide Children's can provide.

**Modes of Transportation**


Each year, the Critical Care Transport Team makes more than

**2,000 TRIPS**

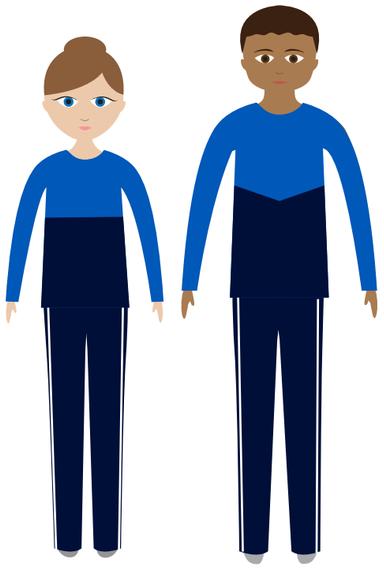
**Available 24/7**

In 2013, we were excited to add Monarch 1 to our program. Because Everything Matters, Nationwide Children's invested in a Eurocopter 145, one of the fastest and safest helicopters available. Having Monarch 1 enables our team to more rapidly meet the needs of our patients and referral facilities. Since the addition of Monarch 1, the program has seen more than 26 percent growth in transports. While we are busier and bringing more patients to the hospital for care, we continue to strive to be the best Neonatal/Pediatric transport team possible using the latest evidence-based transport protocols and participating in life-saving research. We continue to seek out opportunities to bring innovative approaches to meet the needs of the specialized programs and services at Nationwide Children's.

The smallest patient to fly in Monarch I was only **.5 kilos (1.1 lbs)**


Monarch I has transported patients from **75 different referral facilities from 5 different states**

One such opportunity was the need for transporting patients to Nationwide Children's that are currently on extracorporeal membrane oxygenation (ECMO) at referral facilities. Collaborating with the Heart Center and Perfusion Services, the Transport Program created a Transport ECMO program using both air and ground modes of transportation. Nationwide Children's Hospital Critical Care Transport Team is now one of very few programs able to transport pediatric ECMO patients via both ground and air. This service ensures patients will be able to receive the care and services they need here at Nationwide Children's.

At the heart of the success of the program are our Critical Care Transport Team Members. Our staff is comprised of highly trained Registered Nurses (RNs), Registered Respiratory Therapists, Paramedics, Emergency Medical Technicians (EMTs) and pilots. Many of these staff members come from critical care units at Nationwide Children's, bringing years of experience caring for sick children and neonates. Our drivers are EMTs and Paramedics. Our pilots have thousands of hours of flying experience. The clinicians receive extensive specialized training and are qualified to perform advanced skills such as intubation, UAC (umbilical arterial catheter) and UVC (umbilical venous catheter) insertion and IO (intraosseous) placement; X-ray interpretation and needle decompression of pneumothorax. For our patients and families, we are generally the first interaction with Nationwide Children's. Everything Matters for our families and we take that responsibility seriously. We are honored to help bring the specialized knowledge and skills of the world renowned clinicians of Nationwide Children's Hospital to our sickest patients even before they reach the bricks and mortar of our hospital.

# Understanding the Health Effects of E-cigarettes

**Henry A. Spiller, MS, D.ABAT, FAACT,** Director, Central Ohio Poison Center

E-cigarettes have become increasingly popular and widely available. Within 10 years they are expected to outsell tobacco-based cigarettes. They are already more popular with adolescents than traditional cigarettes. While they have been marketed as safer than tobacco cigarettes, whether they are truly safe remains open for debate. Since 2010, more than 2,000 cases of poisoning from E-cigarettes have been reported to poison centers with more than 90 serious cases and two deaths.

So what are E-cigarettes? The technical answer: They are electronic devices that heat up and vaporize liquid nicotine. The battery-operated devices do this on demand, one puff at a time. E-cigarettes were initially designed as an aid to help quit smoking, similar to nicotine patches and nicotine gum. To make it more attractive and enhance the experience, manufacturers began adding flavors to the liquid nicotine. They are now widely marketed on TV and by celebrities, and there is added concern they are being marketed to adolescents. E-cigarettes can often be used indoors because what is exhaled is water vapor, not smoke (hence the term vaping). The liquid nicotine for E-cigarettes comes in more than 300 flavors including bubble gum, chocolate, amaretto, gummy bears, strawberry and even peanut butter.

There are two major concerns. First, nicotine is highly addictive — it's one of the most addictive substances available. A recent study by the University of Michigan of eighth, 10th and 12th grade adolescents found more than twice as many adolescents used E-cigarettes than smoked cigarettes and 17 percent of the high school students in the survey had used an E-cigarette in the last 30 days. Because they are perceived as safe, harmless and even cool, there is concern adolescents may be starting a lifetime of addiction to the nicotine.

A much more dangerous and immediate concern is young children getting into the E-Juice used to refill the E-cigarette cartridges. E-Juice comes in simple small bottles, many with no child resistant closures. And the

amount of nicotine available in the little refill bottles is frightening — as much as 100 mg in a teaspoon of the liquid. That's more nicotine than an entire pack of tobacco-based cigarettes, and more than enough to cause seizures in a small child. Drinking one small half-ounce bottle has been fatal in a toddler. To make matters worse, these refill bottles have very attractive flavors and aromas to a small child. These new products should be kept out of reach of your children, like high off the ground and in a locked cabinet. If you think your child has ingested do not make them vomit, however, they may vomit spontaneously. Call the poison center to speak with an expert immediately. Initial symptoms may be nausea, vomiting, headache, dizziness and weakness. As the dose increases, the symptoms can get worse including muscle weakness, seizures, bradycardia (low heart rate), hypotension (drop in blood pressure) and eventually death.

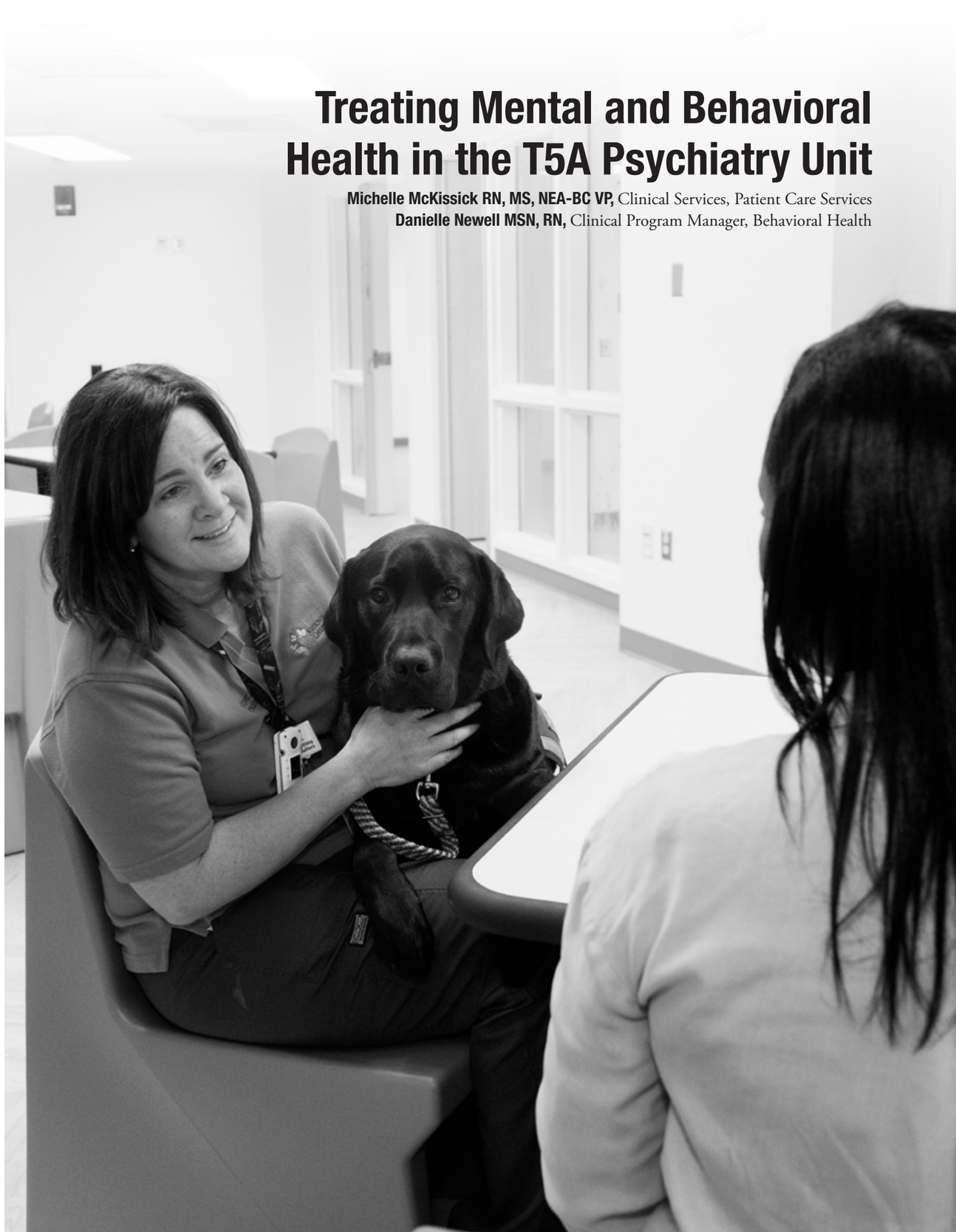
If you have small children in the home, remember that wonderful curious nature may sometimes get them into trouble. If you have questions call the poison center at (800) 222-1222. Save the number in your cell phone or call for a free magnet with the poison center number and an information packet how to poison proof your home.

**If you have questions, call the Poison Center at (800) 222-1222.**



# Treating Mental and Behavioral Health in the T5A Psychiatry Unit

**Michelle McKissick RN, MS, NEA-BC VP,** Clinical Services, Patient Care Services
**Danielle Newell MSN, RN,** Clinical Program Manager, Behavioral Health



**An estimated 13-20% of children in the U.S. experience a mental disorder**

**Of these children only 25-50% will receive treatment**

According to the Centers for Disease Control, an estimated 13 to 20 percent of children living in the United States experience a mental disorder. More troubling is that only 25 to 50 percent of these children will receive treatment for their disorders. On December 10, 2014, we made Nationwide Children's Hospital history by opening the doors and admitting a patient to our first inpatient psychiatry unit. This unit was created in alignment with the strategic plan to expand behavioral health services and improve access to high quality mental health programs in central Ohio.

The journey started in 2013, when the facility design team met with the architects to start laying out the floor plan for patient rooms and clinical space. In order to design a quality product, the architects chosen for this project had previous experience designing mental health units. The design goal was to maximize the number of patient rooms in the existing structure of the Tower Building. T5A is located in the Tower Building on the fifth floor, where you will find the large, wooden snail animal friend. Patients on T5A experience the same level of comfort and beautiful aesthetics as patients throughout the hospital with a few modifications to increase safety. In keeping with the hospital's strategic plan, the primary consideration for each design aspect was patient and employee safety.

*T5A floor plan*

T5A is a locked inpatient child and adolescent psychiatric unit, with a maximum capacity of 16 patients who range in age from 3 to 17 years. All patients are assessed to determine the appropriate level of care and need for admission by an attending psychiatrist. Patients are often admitted from the Emergency Department or transferred from another inpatient unit. However, there are occasionally direct admissions as well. This very specialized unit does not accept any overflow from other inpatient units.

*Sally Port entrance*

Visitors, patients and families enter T5A using the sally port, a secure entryway that consists of a series of doors, located at the front of the unit. Once in the sally port, the unit coordinator offers assistance and provides education related to the nuances of the unit. Following the sally port is an entrance hallway consisting of private consult rooms, which then leads to two patient hallways holding eight private rooms each. Also off the entrance hallway sits the main activity room, classroom and group rooms. The activity area is always busy with group programming, dining and even has an Xbox Live to play. The classroom can be found full of patients studying and keeping up with their school work with a teacher from Columbus City Schools who provides instruction for school-age patients consistent with their individualized treatment plan. Next to the classroom are two group rooms used for group programming and activities facilitated by occupational therapy (OT) and therapeutic recreation (TR). A quiet room is also located on the unit where patients can have alone time or play with staff on the gymnastic mats. In addition, a seclusion or restraint room is located on the unit to maintain safety.

*T5A patient room*

The patient rooms are beautifully painted with calming colors and feature a bathroom, patient bed, built-in desk, chair, built-in storage for personal belongings, a chalkboard for personalization and space for a parent to stay overnight when appropriate. The interior designers worked with the leadership team to incorporate the Nationwide Children's butterflies while using a more calming color palette to provide a safe and therapeutic environment for the patients. Parents are allowed on T5A 24 hours a day, seven days a week, which is a unique feature to an inpatient psychiatric unit. Six of the patient rooms are designed to also care for patients who have an associated medical condition which does not require telemetry or intensive care. This gives Nationwide Children's the distinctive ability to safely care for psychiatric patients who may also need minor medical interventions.

**A teacher from Columbus City Schools is available to provide instruction for school-age patients**

All of the patients are an active part of the unit milieu. Milieu is defined as a therapeutic, structured group environment in which the group provides a setting for other group members to work through their psychological issues. On T5A, we see every interaction with a patient and family as a potentially healing or teaching opportunity. In July, we rolled out our "T-pod programming," or "pods" system. This is the unit approach to provide the most developmentally appropriate programming for each child and increase the therapeutic impact of the services provided.

**Milieu is defined as a therapeutic, structured group environment in which the group provides a setting for other group members to work through their psychological issues.**

Upon admission, each child's age, developmental level and presenting problem is evaluated to determine their pod for the remainder of their stay. The pods consist of kids with similar abilities and functioning levels, so the material they are being taught can be customized and best tailored to their needs. On T5A, one pod of patients may be primarily those experiencing low mood or high anxiety, but are able to participate in group discussions, longer therapeutic intervals and can tolerate having more of their peers around. Another pod may be much younger kids who can't sit still for long, do not learn well by having in-depth group discussions and need to have more adults and fewer peers to be successful. There are four total pods on T5A at any given time and the number of staff and the content of the programming changes based on the pod to promote the highest level of success. Although every pod gets a custom approach, we make sure that everyone focuses on the same important core issues by having daily themes for the programming content. For instance, while every pod is learning about managing family conflict or helpful communication, the approach and the environment looks a little different based on each individual pod's needs.

Much of the patient's day is scheduled based on their individualized treatment plan, taking into account their diagnosis and developmental level. All patients have a scheduled time to wake up, eat meals and go to bed. Similar to the Rehabilitation Unit, most patients will spend the majority of their time in communal areas on the unit within their pods until it is time to sleep. Individual therapy sessions, OT and TR sessions and school and group programming is also part of the daily schedule.

T5A is fortunate to have a diverse staffing mix which includes the following roles: registered nurse (RN), mental health technician (MHT), unit coordinator, psychiatrist, behavioral health therapist, OT, TR, teacher from Columbus City Schools, psychologist, clinical leader, therapy dog named "HUD II," education nurse specialist, clinical program manager, behavioral health manager, parent partners and advanced practice nurses. T5A has recently added a behavior specialist, summer school teacher, additional clinical leader and a care coordinator. Since the unit is locked and general employee and visitor access is restricted, a unit coordinator is at the front desk 24 hours a day. The MHT is a new role to the hospital and works under the supervision of the RN. Nursing staff, including MHTs, provide holistic care including but not limited to observation and monitoring of patient behavior, changes in mental status, safety, reaction to the treatment plan, facilitation of therapeutic group programming, education assistance with self-management skills, individualizing and updating the patient care plan and management of the milieu.

The T5A leadership team includes Clinical Program Manager Dani Newell MSN, RN; Clinical Program Manager for Behavioral Health Dr. Nicole Powell PsyD, BCBA-D; and Medical Director Dr. Richard Gilchrist, MD, all of whom are responsible for the 24-hour-a-day unit operations. Dr. Nicole Powell is responsible for the behavioral health therapists as well as the behavioral specialist on the unit and the parent partners. Dani Newell is accountable for all of the nursing staff and the nursing care given to patients while on the unit. The unit nursing leadership team also includes an education nurse specialist and two registered nurse clinical leaders.

While mental health nursing is part of the core curriculum for all nursing Bachelor programs, RNs and MHTs on the unit have additional unit-based education on de-escalation, crises prevention, trauma-informed care, therapeutic interventions and unit-based protocols. The Crises Training Institute of Western Psychiatric



Institute has provided train the trainer sessions for crises prevention and intervention, stress management, suicide intervention and the mental health component of disaster response. This training is designed to develop the confidence and intervention skills of staff in crises situations. Employees from all of the disciplines on T5A have been given this training with the goal to maximize team effectiveness and minimize the impact of traumatic stress on individuals involved in a crises response. There is also specific unit protocols and training on reduction of restraint and seclusion in alignment with the Zero Hero program and to keep our patients and staff safe.

T5A provides comprehensive assessment and treatment services to children and adolescents with significant psychiatric difficulties as well as to their families using a multidisciplinary approach. Intensive individual and family therapy along with other therapeutic activities are provided to support skills acquisition, effective family interaction, symptom management, resource development, recovery and a safe reintegration into their home community. This is accomplished using trauma-informed care, which recognizes the dynamics and impact of trauma on children and adolescents while also providing culturally sensitive care.

Trauma-informed care means recognizing that people often have many different types of trauma in their lives, which in return can affect the way they cope. Trauma includes but is not limited to community and school violence, child abuse, neglect, sexual abuse, serious injuries or natural disasters. Patients who have been traumatized need support and understanding from those around them. Often, trauma survivors can be re-traumatized by well-meaning caregivers and community service providers, which is why the staff on T5A utilize Universal Trauma Precautions with all patients. An example of this would be asking permission to enter a patient's room or closely paying attention to our own nonverbal communication. Understanding the impact of trauma is an important first step in becoming a compassionate and supportive community. The various disciplines working on T5A all have trauma-informed care training.

There has been so much support given to T5A, as it truly takes a village to open a new unit. The ultimate goal of T5A leadership is to increase the quality of child and adolescent psychiatric care nationally. We believe our hard work and progressive thinking, along with our intense dedication to this extremely vulnerable population, will pave the way for other organizations to provide a better quality of care as well. It has been exciting and inspirational to see the progress that T5A has made on our journey to Best Outcomes.

**Download the T5A Safety Tip sheet from ANCHOR** for helpful tips for working with patients.

# Mental Health: From a Parent's Perspective

**Tameika Graham,** parent

My first experience with acute health care was in 2001 when my daughter received care from the Oncology Team. While the medical crisis was terrifying, my perception of care was very positive. I felt my observations were valued and our care was prompt. The empathy shown by the entire treatment team was palpable. This became my perception of the standard of care.

Seven years later, I once again found myself in what I considered an acute health care crisis, yet my experience was very different. The wait for care was often long and lonely. One memorable occasion left me sitting in a hallway, next to the nurse's desk, with my daughter for approximately eight hours. She was in the midst of a psychotic break. I felt helpless, unimportant and shamed. Something began to change that day. I realized that the mental health care system was very different from the medical system. I would need to learn to advocate and maneuver in a foreign system that was not always family friendly.

We did eventually receive the help we needed. We often found ourselves piecing together parts of the mental health system to form a plan which would work for our family. I will forever be grateful for the care which allowed my daughter to resume life, albeit with a new normal. I also allowed my experiences to fuel my passion for advocacy.

I began working at Nationwide Children's Hospital three years ago as a Parent Partner. A Parent Partner is an advocate for parents seeking crisis mental health treatment for their children. We provide many services including emotional support and direct advocacy. We often assist parents with obtaining both formal and informal services. We also strive to empower parents to advocate for their child's mental health needs.

During my time working as a Parent Partner, I have seen Nationwide Children's take great strides toward providing family-centered care for families during a mental health crisis. The system has begun a movement towards understanding that when parents come in with a child in a mental health crisis, the parent should not be treated as the patient or the cause of the crisis; instead, the parent needs to be respected as an expert on their child and an integral part of the solution.

*"I realized that the mental health care system was very different from the medical system."*



# Evolving a Culture of Mutual Respect: The Pebble Effect

**Cathleen Opperman DNP, RN, NEA-BC, CPN,** Professional Development Nurse Specialist, Professional Development

## Background

In late 2013 in response to the Annual Learner Needs Assessment, the Clinical Educator Forum developed the Pebble Effect Workshop. The Needs Assessment of nurses from all over the system identified "work environment and relationships" as the second most important group of topics needed for continuing education.

Three units purchased the Kathleen Bartholomew Ending Nurse Hostility DVD series, requiring their staff to watch the 3.5 hours of defining incivility, describing deviant behaviors, storytelling and creating an action plan. Each area had varying degrees of discussion in small groups following viewing. These units reported to the educator planning group that the content was excellent and the participants valued the viewing, but left feeling they needed more practice using the communication skills in simulated situations. The Pebble Effect Workshop was created by the educator group using a blended learning approach (DVD, lecture/slides, interactive activities).

This day-long workshop develops awareness of deviant behaviors both overt and covert, knowledge of how the incivility affects others in the areas of turnover, lowered staff satisfaction and increased preventable errors and skills to hold yourself and others accountable for their behaviors.

Since fall of 2013, approximately 1,600 employees have participated in 19 offerings of this program. The targeted participants were nurses in all settings because the DVD content and facilitator of the workshop are nurses giving nursing examples. After the initial groups of nurses completed the workshop, other disciplines asked if they could participate. A few interdisciplinary members piloted the workshop reporting that all the examples and scenarios can easily be applied to their own disciplines. At this point, about 25 percent of the 1,600 participants are non-nurses.

## Content of Workshop

Whether it is called "incivility," "horizontal hostility," "lateral violence," "deviant behavior," or a derivation of "bullying," it exists whenever a person perceives it exists. Both overt (sarcasm, bickering, gossiping, intimidation) and covert (eye-rolling, refusal to help, sighing) isolation behaviors are recognized in scenarios discussed in small groups. The first step to stopping the deviant behaviors is recognizing them in yourself and others. Self-reflection activities throughout the day offer opportunity for the individual to examine their own behaviors and how they affect others.

There are psychological, physical, emotional and social impacts of incivility including burnout, decreased job satisfaction, employee disengagement, poor morale and increased intent to leave. The literature is flush with health care institutions grappling with problems of incivility. Between the employee turnover and orienting of new staff and the "coma of complacency" of those that remain in the job, preventable errors increase and poor quality of care results. The culture of respect in all relationships and communication between any dyad (patient, nurse, physician, family, therapist, etc.) must be mutual for everyone to be psychologically safe.

Martha Griffin describes use of "cognitive rehearsal as a shield for lateral violence" in her article and gives many scripted examples that are discussed during the workshop. Therapeutic use of self and building social capital are strategies described to build mutual respect with peers and patients. Since communication — both verbal and non-verbal is the basis for all relationships — the DESC Communication Model (Describe, Explain, State, Consequences) is used to help script the opening of a difficult conversation.

### What is the Pebble Effect?

Evolving a culture of mutual respect to change the workplace culture and eliminate negative behaviors.

EXHIBIT A

## DESC Communication Model

| Describe | Explain | State | Consequences |
|---|---|---|---|
| Lead with the facts | Let them know the impact (pause, pause, pause) | What you want, be descriptive | Describe the impact (individual, social and work environment) |

### EXAMPLE of DESC Statement

| | | | |
|---|---|---|---|
| *I noticed today you felt bothered by my questions and I felt in the way.* | *I understand your workload is heavy, but when you ignore me, I feel unimportant and get the message that you wish I wasn't here.* | *I need to find some way or some time to connect with you. I really want to learn and be the best nurse I can be.* | *If you continue to ignore me, I can't learn and I won't stay.* |

One learning activity incorporated throughout the workshop is writing "I cans" and "We cans" on little Post-it® notes and placing them on the walls for others to read and be inspired. By the end of the day, each individual creates an action plan for themselves and their workgroup. Many of the actions are drawn from the small group activities and the "I cans" and "We cans." For example "I CAN spend less downtime on the computer and more time getting to know and listen to my coworkers." See Exhibit B for more examples.

EXHIBIT B

| I Can | We Can |
|---|---|
| Acknowledge all coworkers with a smile | Assume innocence when confronting people |
| Ask for help, I do not need to do it all for my patient | Be aware of other perspectives |
| Be a better listener and not talk about myself first | Continue to celebrate birthdays |
| Be more active and less reactive | Decrease ambiguity |
| Come to work with a servant's heart | Get to know new coworkers better |
| Have that tough conversation that I am avoiding | Laugh with each other more |
| Help educate less experienced staff | Learn everyone's name in my department |
| Listen openly without judgment | Not be judgmental |
| Refuse to listen to gossip | Stop normalizing deviancy |
| Stop giving abrupt responses | Talk positively about others |

## Impact of the Workshop

After the initial 300 participants, a survey was sent for feedback regarding how they were incorporating the workshop content and skills into their work. Some minor adjustments were made to the workshop and it was opened up to all disciplines interested in the evolution of this culture. In June 2015, nearly 900 workshop participants were surveyed with a 43 percent response rate. The results are summarized on the two graphs (Exhibits C and D).



EXHIBIT C

### Impact of the Pebble Effect Workshop Responses

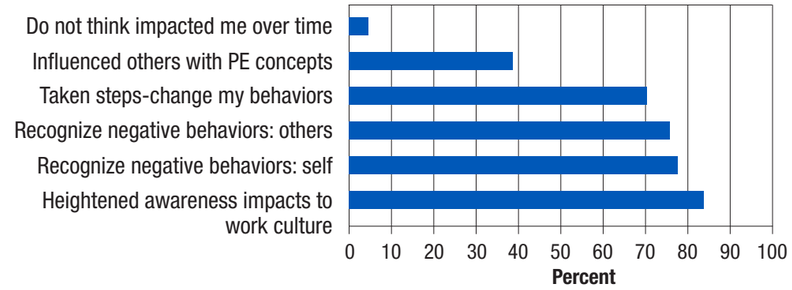



EXHIBIT D

### Actions Incorporated Into Daily Work

- Listened to others' perspectives **99%**
- Celebrated others' successes **98%**
- Asked if I can help others **96%**
- Was honest with others **95%**
- Complimented others at least once a day **92%**
- Reached out to support new staff **91%**
- Included others socially **86%**
- Did NOT assume ill intent **85%**
- Took care of myself (physical and emotional) **81%**
- Walked away from gossip **74%**
- Encouraged team social capital **70%**
- Resolved a conflict **68%**
- Used DESC statements **49%**

Evolving a culture of mutual respect is the strategy to eliminate these negative behaviors. It is a challenge to change behaviors that are normalized to a group, but each individual, like a pebble thrown strategically into the pond, can contribute to changing the work place environment. Will you be a pebble?

**Search Pebble Effect on ANCHOR for a list of 2016 dates.**

# Preventing Injury While Participating in Winter Recreation Activities

**Lee Ann Wurster, MS, RN, CPNP,** Trauma Coordinator, Trauma Program

Winter can be a fun time of year if you choose to get outside and participate in winter recreational activities such as sledding, snowboarding, skiing and ice skating. But these winter time activities do not come without risk. Injury risk while participating in winter recreational activities are comparable to those during summer, such as bicycle riding. But when you think about it, these winter activities can be a lot scarier. You have little to no control over direction, no awareness of what is under all that snow and several nature or human-made barriers that may be in your path. As with bicycle riding, sleds can attain high velocities. In fact, sleds can reach high speeds of up to 20 to 25 mph. Unfortunately, the frequency of helmet use during these winter recreational activities has lagged behind use compared to riding a bicycle.

There were 47 children admitted to Nationwide Children's Hospital for injuries related to a winter recreational activity from 2012 to 2014. Of these 47 patients, four were treated with severe head injuries (Injury Severity Score {ISS}>15). Five patients reported wearing a helmet. Four of these five patients were at a recreation center where helmet use is typically encouraged if not required.

The risk of head injury and the effectiveness of wearing a helmet while riding a bicycle is well documented. As a result, there is wide acceptance of helmet use while riding bicycles. In fact, it is legally required in many states. Since the risks of injuries are similar to bicycle riding and winter recreational activities, the same prevention strategies should be used for both activities.

Currently, there is no certified winter recreational helmet available. However, there are a couple of children's helmets to consider when choosing which helmet is most effective at reducing the risk of injury in these activities. These include the ice hockey helmet, the cycling helmet and the alpine helmet. The ice hockey helmet performs best on multi-impact collisions with lower-velocity impacts, i.e. ice skating. The cycling helmet performs best on single impact collisions and is designed to manage higher-velocity impacts, i.e. sledding. The alpine helmet is generally used in an environment where there is a high risk of falling as well as the possibility of sliding into objects on a hill, i.e. snowboarding and skiing. However, the alpine helmet has been shown to be the least effective at both high and low-velocity impacts. A disclaimer is that none of these helmets is rated for specific snow sports.

## How to Choose a Helmet:

- Look for the label that says the helmet meets U.S. Consumer Product Safety Commission safety standards or those developed by ASTM, SNELL or ANSI
- Choose a helmet your child likes.
- Choose a helmet that fits comfortably and securely.
- Verify each year the helmet still fits. Growing children may need a new helmet every few years.

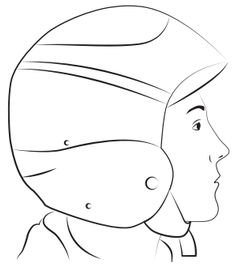


## How to Fit a Protective Helmet


### Cycling Helmet:

- Make sure the helmet is worn low and level on the forehead. The forehead should be covered, with no more than one to two finger widths between the eyebrows and the helmet.
- The side straps should form a "Y" beneath the child's ear.

Performs best on single impact collisions and is designed to manage higher-velocity impacts, i.e. sledding.



### Ice Hockey Helmet:

- Make sure the helmet fits snugly on the head (determine helmet size by measuring circumference of head about half to one inch above the eyebrow)
- A properly fitting helmet sits flat on the head and is about one half inch above the eyebrow, without tilting forward or back.

Performs best on multi-impact collisions with lower-velocity impacts, i.e. ice skating.

### All Protective Helmets:

- ALWAYS buckle the chin strap. No more than one to two fingers should fit under the strap. The helmet should be snug and should not slide from side-to-side or front-to-back when the child shakes their head.
- Replace any helmet that has been in a crash.

Alpine Helmet: Generally used in an environment where there is a high risk of falling as well as the possibility of sliding into objects on a hill, i.e. snowboarding and skiing. Least effective at both high and low-velocity impacts.

The trauma program at Nationwide Children's Hospital strives to create a safe day every day for our patients and staff. In an effort to achieve this goal, the trauma nurse leader injury prevention committee in the Emergency Department (ED) initiated distribution of bike helmets to patients seen in the ED who have been injured participating in any activity in which a helmet is recommended. We invite everyone to praise children wearing helmets when participating in these activities, start at a young age and be consistent. As one team, our goal is to make safety our personal commitment.

# Human Trafficking: An Often Overlooked Pediatric Crisis

**Corey J. Rood, MD,** Child Abuse Pediatrics, Fellow PGY-6, Child & Family Advocacy

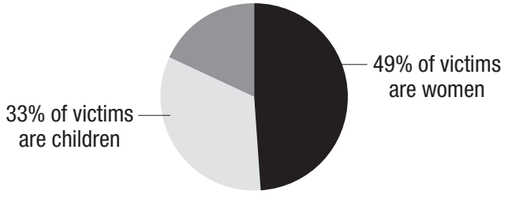
Human trafficking is a major global public health problem affecting adults and children from at least 152 different countries worldwide. The International Labor Organization recently estimated that 4.5 million people are victims of forced sexual exploitation and 14.2 million are victims of forced labor annually in the international private economy. In one global study, up to 49 percent of the victims were women and 33 percent were children. When crimes of a sexual nature are committed against children under 18 years of age for financial or other economic reasons, the crime is defined as commercial sexual exploitation of children (CSEC) and may be either domestic or transnational.

Human trafficking affects adults and children from at least **152 COUNTRIES**

**4.5 MILLION**
people are victims of forced sexual exploitation annually

**14.2 MILLION**
people are victims of forced labor annually

**Global Victims**




Current research indicates that victims of trafficking often experience severe emotional and physical effects of their victimization, including physical injuries, infections, HIV/AIDS, malnutrition, unwanted pregnancy, drug and alcohol abuse, Post Traumatic Stress Disorder (PTSD) and major depression with suicidality. Research also indicates that up to 88 percent of these victims seek medical attention at least once during their period of exploitation. Because of this, it is imperative that all medical providers and staff are aware of potential indicators of trafficking, and resources to access when concerns arise. Educated health care staff are in a unique position to identify those in need, report these concerns to appropriate government agencies, and offer services.

**RESEARCH ALSO INDICATES THAT UP TO 88 PERCENT OF THESE VICTIMS SEEK MEDICAL ATTENTION AT LEAST ONCE DURING THEIR PERIOD OF EXPLOITATION.**

Medical staff should be aware of the potential indicators that a patient, or patient's family, may be victims of human trafficking. Indicators of control may be a patient accompanied by someone who claims to be a parent, relative, significant other or friend, but on further investigation is not. This person will often control responses to health questions, will correct the patient and will not allow the patient to be alone. This person doesn't necessarily need to be male, as many pimps will use the most trusted girl in their control to accompany victims in public. A victim may not know their current address, may not know which city they are in, may provide false identification or may lie about their age. A victim may be dressed in clothing inappropriate for the weather, may not be in control of their personal identification, or may be labeled a "runaway". Be aware that transnationally-trafficked victims may not speak English, and this language barrier can unfortunately disguise victimization.

When concerns or suspicions are raised by medical staff that a patient or family could be victims of human trafficking (sex or labor), certain steps can be taken to address these concerns. The first is to have a protocol in place for a medical provider and social worker to speak with the individual(s) alone, using an interpreter if needed. This conversation is to screen for safety, domestic violence and potential trafficking. Social workers are unique members of the medical team who are trained to help guide this screening conversation. Limits of confidentiality should be reviewed with the patient, including a discussion of the provider's role as a mandated reporter. Recent literature has identified three highly-sensitive screening questions for sex trafficking.

### Screening Questions for Sex Trafficking

1. Has anyone ever asked you to have sex in exchange for something you wanted or needed (money, food, shelter, etc.)?
2. Has anyone ever asked you to have sex with another person?
3. Has anyone ever taken sexual pictures of you or posted such pictures on the Internet?

If there is a significant concern for trafficking based on these questions, or other indicators, even if the screening questions are denied, a report should be made to Law Enforcement and Child Protective Services (CPS) with as much demographic detail and contact information as possible. A social worker can help make these reports. In most cases with trafficking victims, compliance with medical follow-up is difficult to achieve once the patient leaves the current medical encounter. For this reason, involvement of CPS is imperative. Always remember that most pediatric hospitals have a Child Abuse Pediatrician (Child Assessment Team at Nationwide Children's Hospital) on staff and on call, who is available to troubleshoot any situation where there is a concern for human trafficking. Please use them as a resource in these cases, as they can help guide whether a forensic interview and evidence collection kit should be done immediately, or if a referral to the local Child Advocacy Center (CAC) for the interview and evaluation would be recommended. If a report was made to CPS, it is recommended that before discharging these patients, a social worker or medical provider involved in the case discuss the discharge plan with CPS to ensure the safest possible discharge.

With a basic knowledge of this human trafficking crisis, and an awareness of its indicators in our pediatric population, we can help not only identify these victims, but connect them with the resources they may need to escape this victimization.

# In Recognition

## Publications

**Pamela Horn, Allan Beebe, Denis King:** "Superior Mesenteric Artery Syndrome," *The American Journal of Orthopedics,* September 2015

**P.T. Jensen, J. Karnes, K. Jones, K., A. Lehman, R. Rennebohm, G.C. Higgins, C.H. Spencer, S.P. Ardoin:** "Quantitative Evaluation of a Pediatric Rheumatology Transition Program," *Pediatric Rheumatology* (2015) 13:17, May 2015

**Erin Keels, Leslie Thomas, Elizabeth B. Martin:** "Nationwide Children's Hospital Small Baby Program and Small Baby Unit," *ANN Journal,* Academy News. Vol. 34, No.3, May/June 2015

**Syed Ali, Jennifer Haney, M.A. CCC-SLP, Linda Payne, MSN, CORLN, Jonathan Grischkan:** "Initial experience from a multidisciplinary pediatric salivary gland disorder clinic." *International Journal of Pediatric Otorhinolaryngology,* 2015 Sep; 79(9): 1505-09. doi: 10.1016/j.ijporl.2015.06.038.

**P.T. Jensen, J. Karnes, K. Jones, A. Lehman, R. Rennebohm, G.C. Higgins, C.H. Spencer, S.P. Ardoin:** "Quantitative Evaluation of a Pediatric Rheumatology Transition Program," *Pediatric Rheumatology* (2015) 13:17, Published in May 2015

L.L. Madhoun, K.K. Siler-Wurst, S. Sitaram, S.R. Jadcherla: "Feed-thickening practices in NICUs in the current era: Variability in prescription and implementation patterns." Journal of Neonatal Nursing. doi:10.1016/j.jnn.2015.07.004

**Jill Heathcock, Kathleen Baranet, Rachel Ferrante, Sarah Hendershot:** "Daily Intervention for Young Children With Cerebral Palsy in GMFCS Level V: A Case Series," *Pediatric Physical Therapy,* Fall 2015. 27(3): 285-292. July 2015.

**Mitchell Selhorst, Brittany Selhorst:** "Lumbar manipulation and exercise for the treatment of acute low back pain in adolescents: a randomized controlled trial," *Journal of Manual & Manipulative Therapy,* 2015

## Presentations

**Elizabeth Badowski:** "Orthopedic Clinical Care Model in a Pediatric Orthopedic Setting Outcomes of a 1:1 Model — Orthopedic Surgeon and Nurse Practitioner," Nurse Practitioner Symposium, July 2015

**J. Sisson, C. Joyce:** "Comorbidities of dyslexia: Depression, anxiety and self-esteem issues," Central Ohio Branch of the International Dyslexia Association Seminar, September 2015

**Teresa Gueth, Stephanie Stack-Simone, Kelly Tanner:** "A toy cleaning process for inpatient therapies," Ohio Hospital Association Quality Institute, June 2015

**Elizabeth Halpin, OTR/L, Kathleen Cianca:** "Picky Eaters with the Preschool Age Population," Dublin Close to Home, June 2015

**Elizabeth Halpin, OTR/L, Kathleen Cianca:** "Picky Eaters with the Preschool Age Population," New Albany Close to Home, July 2015

**Caitlin Beggs:** "Making an Impact on Infant Mortality in Guyana: Development of an Innovative Nurse Education Program," Sigma Theta Tau 26th International Nursing Research Congress, July 2015

**Marci Johnson:** "The Why and How of Psychosocial Care in Pediatric IBD," ImproveCareNow Community Conference, September 2015

**Katherine Eastman:** Panel presentation for "A Healthy You and 22q Conference"; Nationwide Children's Hospital, Sept, 2015

**Tanica Jeffries:** "Psychosocial Programs that benefit Patients and Families affected by Sickle Cell Disease" The New Albany Country Club, Faith Thomas Foundation Red Diamond Gala-fundraiser to benefit Hematology/Oncology/BMT Division at Nationwide Children's, September 2015

**J. Sisson, C. Joyce:** "Comorbidities of dyslexia: Depression, anxiety and self-esteem issues," Central Ohio Branch of the International Dyslexia Association Seminar, September 2015

**Lauren Justice, Diana Hinton, Kathleen Cianca, Kelly Tanner:** "Cue-Based Feeding in Infants with Congenital Heart Conditions," Ohio Occupational Therapy Association Annual Conference, September 2015

**Nancy Batterson, Sara O'Rourke, Monica Dawicke, Kathleen Cianca, Kelly Tanner:** "Best Practice Evaluations for Use by Occupational Therapists with Children and Adolescents with Cerebral Palsy in a Hospital Clinic Setting," Ohio Occupational Therapy Association Annual Conference, September 2015

**Elizabeth Halpin, Nancy Batterson:** "Managing the Complex Picky Eater Occupational and Behavioral Strategies for Success," Ohio Occupational Therapy Association Annual Conference , September 2015

**Jill Tonneman:** "Follow-up for children with or at risk for developmental problems," Ohio Occupational Therapy Association Annual Conference, September 2015

**Teresa Gueth, Kelly Tanner, Lindy L. Weaver:** "Writing EPIC Goals Using Occupational Performance Language," Ohio Occupational Therapy Association Annual, September 2015

**Peg McGrath, Corrie Frey:** "The Growth and Development of an Inpatient Pediatric Oncology Massage Therapy Program; Working with even the most Fragile Patient," 2015 World Congress of Psycho-Oncology, August 2015

**For a full list of graduations, awards, certifications and more, visit ANCHOR/In-Recognition**

In Memoriam:

## *Celebrating Nanette Spence*

For more than 23 years, Nanette Spence loaned her time and infinite energy to shaping this publication. Fellow board members could always count on her to arrive a few minutes late to the meeting with a salad and a smile. If she sat down near you, you knew there would be amazing stories and shared laughter. Nanette brought the perfect balance of professionalism and fun to each meeting. From brainstorming content, to coordinating with authors and editing articles, Nanette's contributions have been invaluable and her camaraderie will be dearly missed.

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# Daisy Award

## Beth Havens, RN

The 11th Nationwide Children's Hospital Daisy Award was presented to Beth Havens, RN, of H11B. The Daisy Award is given in appreciation of the important difference our nurses make in the lives of the patients and families at Nationwide Children's.

Beth was nominated by Tess Coakley, her manager, for suggesting an alternative plan of care for a patient who was a planned admission for a clean out and scope. The plan will now be implemented for future use on H11B. "Beth did a great job serving as a patient advocate, educator and team leader during this experience. She worked with both the family and physician team to develop a clean out plan that worked for [the patient].

Since this admission we have discussed the case with other staff and will consider this as an alternative treatment for patients that cannot tolerate our routine clean out protocol."

EVERYTHING MATTERS: IN PATIENT CARE, previously published as *Heartbeat*, is a quarterly publication of the Patient Care Services Division of Nationwide Children's Hospital, Inc., Columbus, OH. Comments regarding the content of this publication are welcomed. References for articles are available by calling (614) 722 -5962.  Send all inquiries and material for publication to EVERYTHING MATTERS: IN PATIENT CARE in care of Rosetta Gordon, Administration, Nationwide Children's Hospital, Inc., or call (614) 722-5962. Nationwide Children's Hospital is an affirmative action, equal opportunity employer. 

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