

Cardiothoracic chief named

Christopher J. Knott-Craig, MD, has been named chief of cardiothoracic surgery at Le Bonheur Children's.



Chris Knott-Craig, MD

A practicing heart surgeon for almost 20 years, Knott-Craig has great experience in complex neonatal heart surgery and has made significant advancements in the care of children with Ebstein's Anomaly.

He comes to Le Bonheur from The Kirklin Clinic at the University of Alabama at Birmingham, where he served as chief of pediatric thoracic and cardiovascular surgery.

"Dr. Knott-Craig is an innovative surgeon with a passion for giving hope to children with congenital heart defects," said Le Bonheur Children's President Meri Armour. "Under his leadership, Le Bonheur's Heart Institute will implement cutting-edge techniques while continuing to make contributions to the field of pediatric health care."

In his new role, he'll also serve as chief of the Division of Pediatric Cardiothoracic Surgery at the University of Tennessee Health Science Center.

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Please submit comments or story ideas by calling 287-6030.

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Bedside reporting improves family, nurse satisfaction

Study success spurs leaders to look for ways to expand family involvement

Nurses at Le Bonheur Children's have been able to increase patient and family satisfaction by moving their shift change reporting to the bedside.

The six-month research study on the effects of nurse-to-nurse bedside reporting at Le Bonheur – where the family was encouraged to participate – showed increased satisfaction, both with families and nurses.

"We have found that bedside reporting ensures accurate information for the patient, adds to the accountability of our care and increases patient and family involvement," said Tracy Tidwell, APRN, a leader of the bedside reporting study.

Le Bonheur launched the study on its neuroscience floor last fall, and has since expanded it to two additional floors, with plans to initiate later on other floors.

Nurse-to-nurse bedside reporting occurs when the outgoing nurse and the oncoming nurse discuss the patient's condition and care plan while in the patient's room. Family members are encouraged to ask questions and share concerns during the process as well.

Before the study, the oncoming staff listened to the outgoing staff report on each patient on the floor – even though each nurse only cared for three or four patients. Interruptions during the report often resulted in fragmented, lengthy and disorganized reporting.

"Bedside reporting has changed the way Le Bonheur is doing things," Tidwell said.

During the period that the study was underway, patient survey scores increased in most areas – especially on questions regarding how well nurses kept families informed about the patient's condition and treatment, whether the staff respected the family and their child's needs

and the overall teamwork of the hospital staff.

Similarly, nurse satisfaction increased significantly – especially on survey questions about satisfaction with the current system of report and whether the length of the report was an effective use of their time.

Finally, Tidwell said the study also showed that bedside reporting decreased the amount of time nurses stayed "over shift."

Now that the first phase of the bedside reporting study has wrapped up, nurses on Le Bonheur's neuroscience unit hope to expand it to consider the effectiveness of allowing parents to set schedules for medication administration and rehabilitation therapy.

"We want to further study the impact of true parent/caregiver and patient involvement in their child's care, which is why we're preparing the new study," Tidwell said. "This study will encourage caregivers and patients to schedule their regular medications and therapy times when best suits their needs. This design is again targeted to improve both satisfaction and patient outcomes."



Le Bonheur neuroscience nurses have found bedside reporting improves patient and family satisfaction. At left, James Wheless, MD, talks to the patient and family while nurses Christy Zarski and Karla Asburn discuss the patient's progress. Families are encouraged to participate in bedside reporting.

Patients, family provide vital input for new hospital

The phrase patient- and family-centered care is used a lot in children's hospitals around the country. At Le Bonheur Children's, it is more than just a phrase. It has become a way of life.

As the hospital builds a 12-story, \$327 million patient tower, the patient and family are at the center of all decisions. Two groups are helping guide those decisions – the Family Partners and Teen Advisory councils.

Le Bonheur's Family Partners Council is made up of parents of longtime and frequent patients, who provide input on the design of new hospital, serve on hospital committees and advocate on a state and national level about issues important to children's health care.

The Teen Advisory Council consists of teenage patients, siblings and friends of Le Bonheur. The group plans activities for patients and siblings, guides the hospital's teen activities and provides input on issues of importance to teenagers, like hospital food quality.

Current family friendly amenities include a family resource room, Dining On Call for patients, Care Pages, open doors on patient care units and activities for parents on each patient floor.

Moreover, the hospital's NICU and CVICU are designed so parents can stay with their children at all times.

With input from the Family Partners Council, each room in the new hospital will include areas for two parents to stay, while giving them an unobstructed view of their child.

Playrooms and gathering space, as well as lactation rooms for parents and staff, are being designed on each patient floor. The facility will feature many play

areas, a mini-movie theatre and a large parent resource center with access to learning materials, the Internet and patient educators.



Workers at the new Le Bonheur construction site have begun building the frameworks for concrete pillars to support the first several floors of the hospital. The hospital has been designed with input from families.

Programs to help families deal with trauma, serious behavior problems

Two new evidenced-based programs at Le Bonheur Children's are helping families deal with trauma and troubled relationships.

The programs specifically target children who are dealing with traumatic stress or are part of a troubled relationship with their parents. Clinicians hope to use therapies to help children as early as possible, and reduce the chances of more severe problems as they grow through adolescence into adulthood.

"We have a unique opportunity at Le Bonheur to help children and families continue the healing process after they are discharged from our hospital. We selected these new treatment programs because we want to implement strategies that have been shown to achieve good results," said Sandra Allen, director of the hospital's Center for Children and Parents (CCP).

The first program, Trauma-Focused Cognitive Behavioral Therapy, is designed to help children 4 years of age and older deal with traumatic stress by giving the children and their parents tools to cope with the aftermath of a traumatic event.

Children can be traumatized after they are seriously injured, see someone else injured or die, or are threatened with injury or death.

The therapy provides children and their parents with relaxation techniques to manage anxiety and activities to help children who blame themselves for an event or have other inaccurate thoughts about the trauma. Parents are involved to support the child and address their own stress reactions to the child's trauma.

The second program, Parent Child Interaction Therapy, helps treat serious behavior problems in children ages 2-7. It targets children who are described as negative, argumentative, disobedient, aggressive, or resistant to parental direction.

Therapists provide "on the job training" for parents as they interact with their children in structured activities while a therapist observes through a two-way mirror. The therapist provides live coaching through an electronic "bug" – giving parents immediate prompts while they interact with their children. Parents learn specific skills to

help them build positive relationships with the child and establish consistent approaches to discipline.

"We feel strongly that implementing these types of services at the onset of problems is the most beneficial for the child and the family," said Susan Steppe, program director of clinical programs for the CCP. "Too often, we see children whose problems grow more severe over time, possibly resulting in poor school performance, more troubling behavior, and extremely troubled parent/child relationships. Instituting the right type of therapy at the right time can be the key to supporting a child throughout the stages of development."

Both programs fall under Le Bonheur's Center for Children and Parents, which provides services to children and families who are at risk for physical, psychological or developmental problems resulting from difficult family situations.

Cardiologist shows love for Le Bonheur

Personal car becomes moving ad for the hospital

Pediatric cardiologist Rush Waller, MD, has taken his love for Le Bonheur Children's Medical Center to a new level. Waller recently unveiled his new Le Bonheur Utility Vehicle (LUV) – his new personal car that has been transformed into an ad on wheels for the hospital.

The brightly colored Dodge Nitro is Waller's brain child and something he wanted to do to share the excitement he feels about the new hospital, scheduled to open in 2010. Waller approached the hospital's marketing team and volunteered his car to be a traveling billboard.

"I'm excited and happy about the new hospital. It's my life. I want people to know that Le Bonheur is Memphis' children's hospital," he said.

It was a crazy idea, but Marketing Manager Julie Ashby couldn't refuse the offer. "All of us who work at Le Bonheur believe this is a special place, but I don't know many who would volunteer to do something like this," she said.

Waller's wife, Clara Gwen, and sons Benjamin and Wilson, were equally surprised by the idea. "At first, I thought he was joking

and then I wondered what the neighbors would think. I'm really happy that his heart is so into the hospital," Clara Gwen said.

Waller, who has worked at Le Bonheur since 1999, currently serves as the president of the Methodist Le Bonheur Healthcare Medical Staff and is the medical director of Le Bonheur's Catheterization Lab.

Waller has a long history with Le Bonheur Children's. His late grandmother, Virginia Waller, was a member of the original Le Bonheur Club in the 1950s that raised money to build the first hospital in 1952. Also, he was a patient in the '70s when he was diagnosed with pneumonia. Waller did his medical training at the University of Tennessee Health Science Center and his residency at Le Bonheur Children's. After



Cardiologist Rush Waller, MD, wanted to show his love for Le Bonheur by turning his personal vehicle into a moving advertisement for the hospital.

completing a fellowship in South Carolina, Waller returned home to Memphis in 1999.

"My previous car was a sports car and I enjoyed it. However, just walking up to the LUV will make me smile," he said.

SHORT SCRIPTS

Physicians win Healthcare Heroes awards

The *Memphis Business Journal* recently announced the winners of the 10th annual Health Care Heroes Awards.

Le Bonheur's first resident Emmett Bell, MD, was given the prestigious Lifetime Achievement Award. Bell, 85,



Emmett Bell, MD

spent much of his professional career at Le Bonheur, and still works as a community pediatrician five days a week.

Le Bonheur's Children Foundation Research Center investigator John DeVincenzo, MD, earned the Health Care Innovations Award for his work in developing treatment for respiratory syncytial virus, or RSV.



John DeVincenzo, MD

Thirdly, University of Tennessee Health Science Center Chancellor Hershel "Pat" Wall received the award for Administrative Excellence.



Pat Wall, MD

Researchers tackle pain

Investigators led by Le Bonheur Emergency Department physician Jay Pershad have identified the optimal, cost effective strategy to address pain management during pediatric IV insertion. The study was published in the October 2008 issue of *Archives of Pediatric & Adolescent Medicine* (<http://archpedi.ama-assn.org>).

The authors identified best practice methods combining principles of evidence-based medicine and cost effectiveness analysis, using data from published peer reviewed literature and Le Bonheur's accounting system. The primary outcome was incremental cost effectiveness ratio (ICER). In this study, ICER represented the additional cost that must be incurred by the hospital for a 10 mm reduction in self-report pain score when compared to the "no-anesthetic" option.

The study concluded that the current use of a needle-free jet injection of lidocaine device (J-Tip) and injection of buffered lidocaine with a 27-30G needle offered the most cost effective option to pediatric emergency providers.

"Our results provide additional data that I hope will convince pediatric institutions around the nation to adopt topical analgesia for needle-stick related pain as a best practice measure," said Dr. Pershad

ECMO team earns international award

Le Bonheur Children's ECMO Team has received the "Excellence in Life Support Award" from the Extracorporeal Life Support Organization, an international consortium of centers offering Extracorporeal Membrane Oxygenation for support of failing organ systems in infants, children and adults.

The Excellence in Life Support Award recognizes centers that demonstrate an exceptional commitment to evidence-based processes and quality measures, staff training and continuing education, patient satisfaction, and ongoing clinical research. Le Bonheur is one of the few centers to receive the Excellence in Life Support Award since its inception in 2006.

The Extracorporeal Life Support Organization promotes ongoing research into the most effective treatment methods by maintaining a registry of patients receiving ECMO and providing educational programs for member centers and the broader medical and lay communities.

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School-based program aims to fight childhood obesity

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A new study by researchers, physicians and educators at Le Bonheur Children's Medical Center is testing how innovative school-based activities can affect childhood obesity.

The study, which is organized by Le Bonheur Healthy Schools and the Children's Foundation Research Center, looks at whether one-on-one coaching with school nurses can affect health. The obesity prevention pilot program began in August with fourth-grade students at two Tipton County elementary schools in Tennessee. Children at both schools – Munford and Brighton – will receive health screenings and education, but only one will get special motivational sessions with school nurses and peers.

The health screenings each group will receive include tests for height, weight, body mass index, blood pressure, blood glucose and total cholesterol. The screening will be repeated at the end of the school year.

Both groups also receive special weekly in-classroom education taught by Le Bonheur

staff. The Eat Well and Keep Moving curriculum includes healthy food choices, increasing physical activity and reducing time in front of the television or computer. A family fun night will be held four times during the school year to encourage the entire family to be physically active together by playing games, exercising and learning good health behaviors.

The real test of the research study will be the role the school nurse plays in coaching children who are overweight or obese. At Munford Elementary, the students whose health screenings identified the child as overweight or obese will receive special twice monthly motivational sessions, one session will be one-on-one with the school nurse and the second session with a group of peers, led by the nurse. Sara Stender, MD, and George Burghen, MD, are working hand-in-hand with the school nurse to help deliver effective messages. Mike Christensen, PharmD, and Dennis Black, MD, of the Children's Foundation Research Center are leading the research efforts.