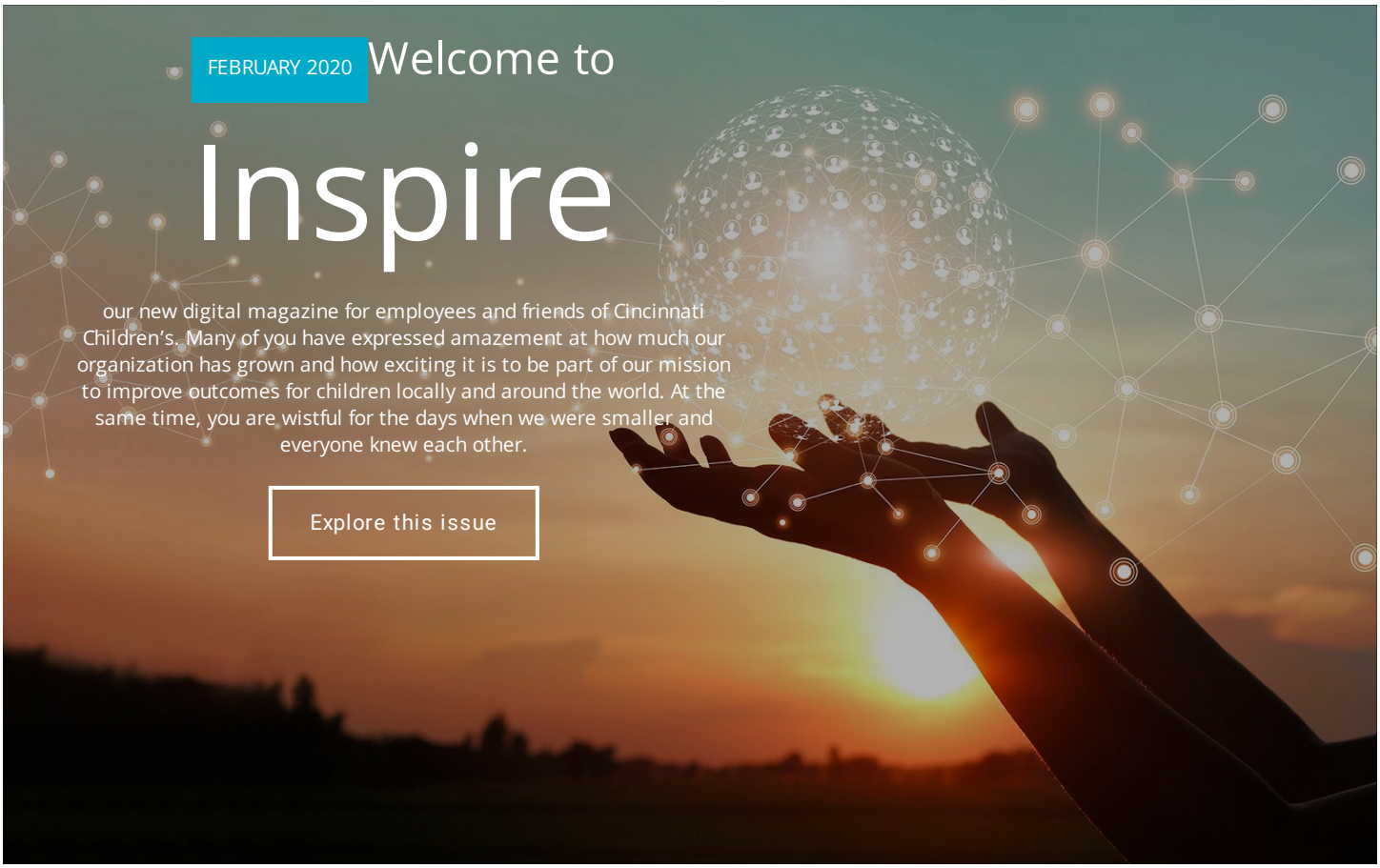


FEBRUARY 2020

Welcome to

Inspire

our new digital magazine for employees and friends of Cincinnati Children's. Many of you have expressed amazement at how much our organization has grown and how exciting it is to be part of our mission to improve outcomes for children locally and around the world. At the same time, you are wistful for the days when we were smaller and everyone knew each other.

Explore this issue

Dear reader,

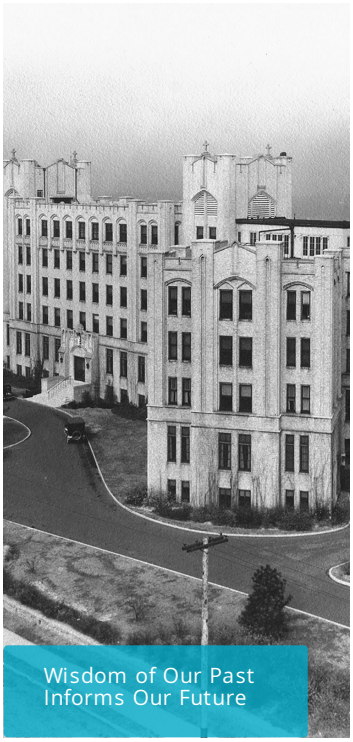
"Inspire" aims to promote the best of both worlds by celebrating the incredible work we do and sharing stories of how and why we do it. Within these pages, you will find in-depth explanations and explorations of our strategic priorities, shown through the lens of you—the people who bring our vision to life. You'll also find vignettes about individuals and teams who are passionate about their work and how they make a difference for our patients, families, our community and each other.

The goal is to highlight all the ways we are united in a common cause—one that connects us on more levels than we realize—and to build the sense that we are all in this together.

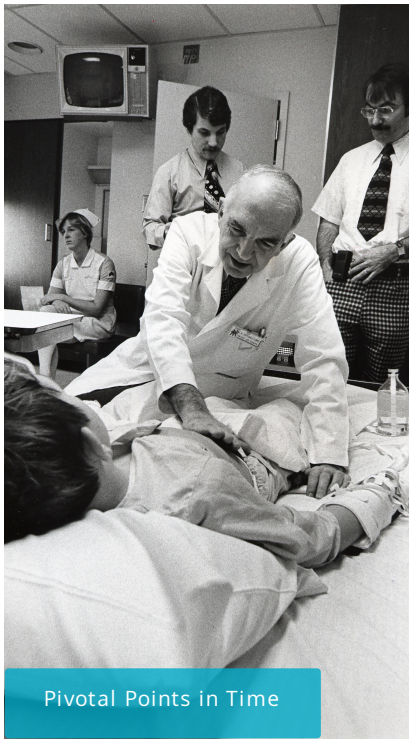
In addition, we will delve more deeply into the complexities of what differentiates Cincinnati Children's as a leader in improving child health.

With this inaugural issue, we also introduce our new digital magazine platform, Foleon, which is accessible from your laptop, desktop or mobile device. Or if you're old school, like some of us, you can print it out as a PDF. Whatever your preference, we'd love to hear your feedback—good, bad or ugly—conveyed constructively, of course! We're also open to your story ideas. Feel free to drop us a line at employee_communications@cchmc.org.

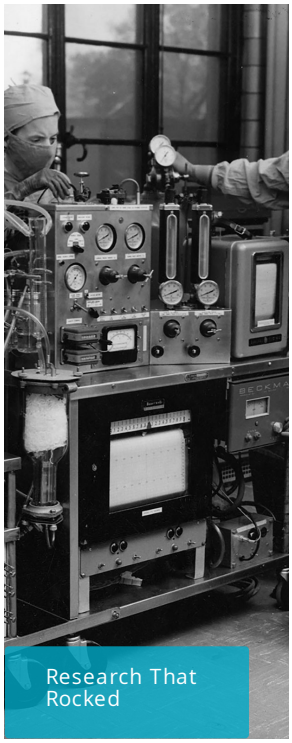
Cindy Duesing, editor



Wisdom of Our Past Informs Our Future



Pivotal Points in Time



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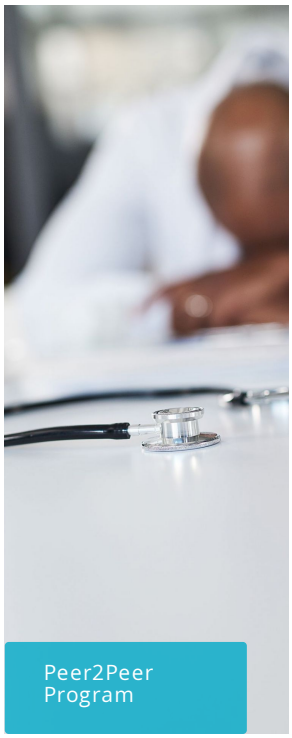
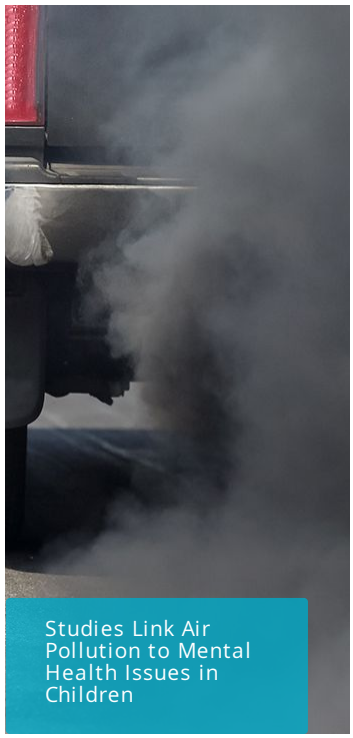


Peer2Peer Program



Studies Link Air Pollution to Mental Health Issues in Children

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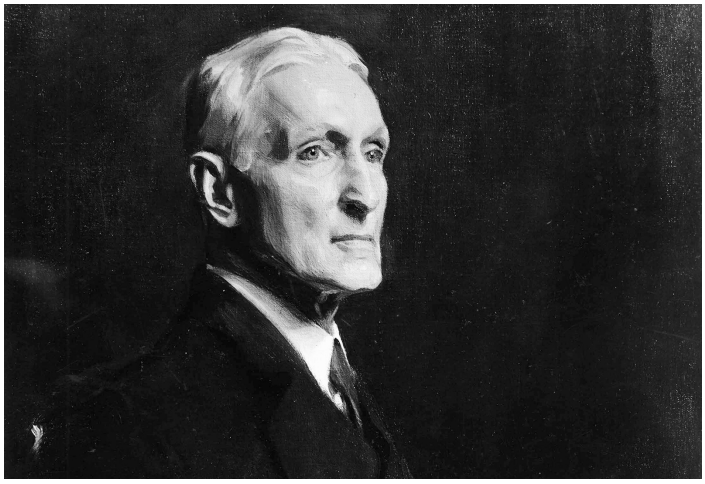
Wisdom of Our Past Informs Our Future

In 1920, the Hospital of the Protestant Episcopal Church in the Diocese of Southern Ohio was at a crossroads. Established in 1883 by a group of church ladies to care for Cincinnati's children, the hospital was at capacity and in need of expansion. There was talk of building a pavilion, but the annual report that year said the project had been relegated to "the far distant future."

Hospital leadership required that all important projects be approved by two committees—the Board of Trustees, led by William Cooper Procter (see photo right), and the Board of Lady Managers. But the two groups had different philosophies about what constituted the care of children.

The Lady Managers defined care as tending to the patients' comfort. They were proud that the hospital had no affiliation with medical schools or colleges, believing that they were sparing parents from "the distressing dread that their dear ones ever are used for the purposes of clinical demonstration."



A Children's Hospital nursing class, circa 1916.

The Board of Trustees held a different view. Medicine was becoming more scientific. The Flexner Report on medical education, released in 1910, stated that physicians must go to college for two years before medical school to get training in the sciences; medical students needed experience in a hospital, and the hospital should be controlled by medical school faculty.

Feelings were strong on both sides, but the Board of Lady Managers eventually realized they could not prevail. After nearly 38 years of service, they relinquished their role in October 1921.

As a result, the superintendent and the nurses began reporting to the medical board. Meanwhile, a newly formed executive committee changed the institution's name to "Children's Hospital."

Embracing Future Challenges

Cincinnati Children's is already looking ahead to 2033 when we will celebrate our 150th anniversary. We've begun asking important questions about who we are and where we want to be as an institution. And we've realized that to become an even stronger organization, we need to focus not just on performance but also on our people and how we work together.

Understanding the history of Cincinnati Children's will be more important than ever. "Knowing where we've been and the obstacles we've overcome provides the context that helps us feel like we're part of a greater purpose," said **Mike Farrell**, MD, former Chief of Staff and chair of the Medical Executive Staff History Committee.

"It will be imperative that we remain focused on our vision and mission. We say we want to be **the** leader, not **a** leader, in improving child health. When we crafted that statement, one word was deliberately left off —'care.' We recognized that child health involves more than just medical intervention and that the kid who goes to bed hungry every night is not well-positioned to learn, which affects everything."

As we pursue our potential together, the emphasis will be on how to promote a caring and collaborative culture, one of curiosity and connections. It will be important to focus more on the bigger picture and how our individual goals align so we can meet the continually growing need for our services.

Our obligation to humanity is to send children into adulthood in the best possible condition—while also taking care of our people," he said. "It's going to take the wisdom of the past and the ability to project into the future to figure it out."

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Pivotal Points in Time

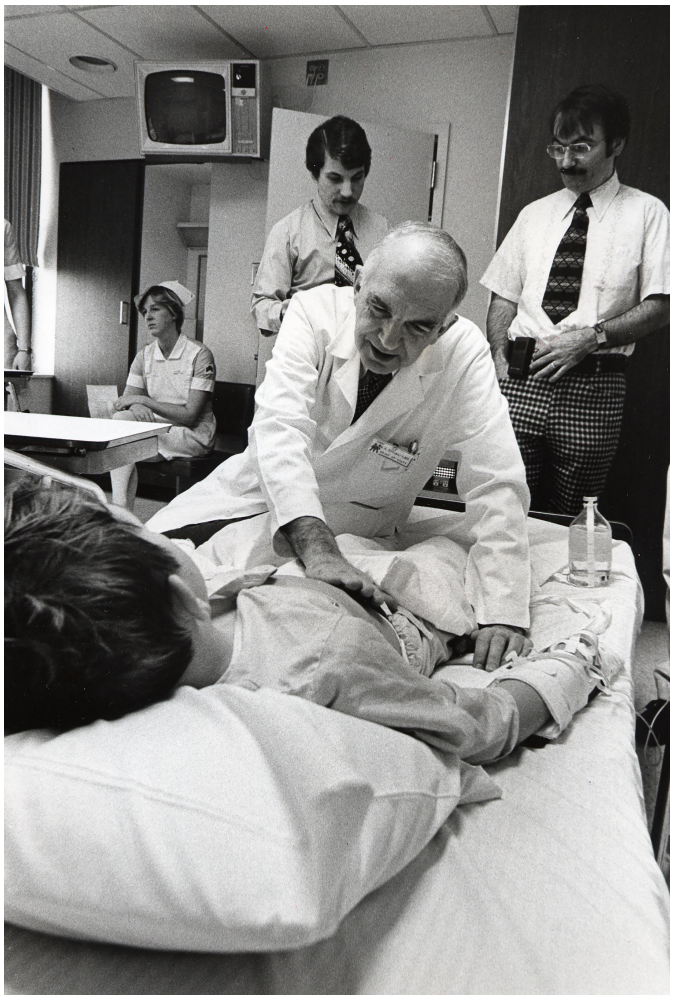
This story is just one example of important decisions that changed the course of Cincinnati Children's history and led us to global recognition as a leader in child health. It's also an example of our long tradition of attracting innovative thinkers to our team who are able to imagine possibilities and transform them into reality through collaboration, talent and a deep passion for helping children.

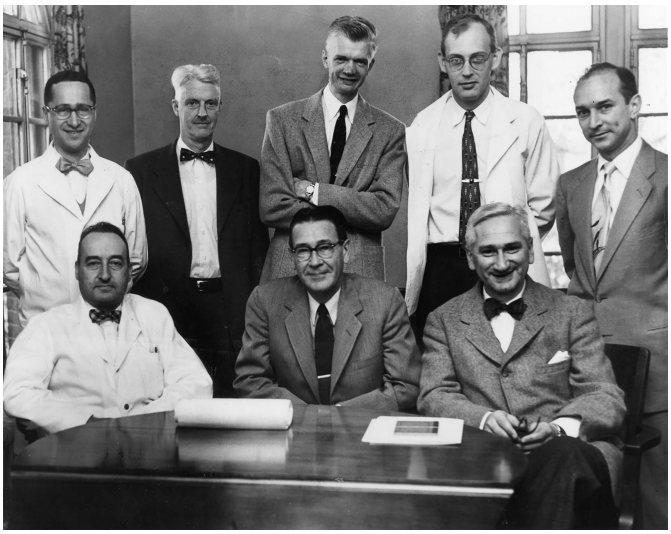
- Procter cemented the academic orientation of the hospital when he stipulated that 1) the third hospital structure, built with his help in 1926, be located near the University of Cincinnati College of Medicine, and 2) the physician-in-chief of the hospital would also serve as the university's chair of the Department of Pediatrics. This type of connection was uncommon for children's hospitals at that time. Most operated in isolation.

- The Research Foundation opened in 1931, endowed by Procter with $2.5 million. It was the first pediatric-focused research foundation in the country, and it is the oldest building on our campus. Procter required that proceeds from the endowment be reinvested in research and could not be used for operating expenses. His gift enabled our long tradition of intradisciplinary collaboration and cooperation.

- Procter also required that our scientific production be reviewed periodically. The first review happened in 1938 when select faculty members met with the Scientific Advisory Committee in New York. One of the committee's recommendations was that we should invest in virology, as the study of viruses was becoming important. It proved to be wise advice.

  What followed was a "Golden Age" of research at Cincinnati Children's, with the likes of **Josef Warkany**, MD, Human Genetics; **Albert Sabin**, MD, Virology; **Clark West**, MD, Nephrology; **Fred Silverman**, MD, Radiology; and **Sam Kaplan**, MD, Cardiology, serving on a dream team of investigators. Their discoveries and innovations dramatically improved pediatric care and brought Cincinnati Children's to the world's attention.





- That same year, Children's Hospital leadership agreed to become the area's only pediatric hospital, which meant taking on the care of all children, regardless of the family's ability to pay. Previously, most of the unpaid cases had gone to General Hospital (now University Hospital). This decision led to an annual budget deficit of roughly $3.5 million. To make up for this gap, Schubert requested funding from Hamilton County. In June 1976, a tax levy passed at the polls, and for the first time, Children's became a partially tax-supported institution.

  With the passage of the levy, General Hospital agreed to close all of its pediatric services, except for its newborn nursery. Good

Samaritan Hospital also ended its pediatric services and merged its residency program with ours. In return, we provided faculty for their newborn intensive care unit. This marked the consolidation of all pediatric care in the Greater Cincinnati community.

- World War II had a deep impact on the hospital as many of our physicians were called to serve in the military. Sabin was sworn in as a lieutenant colonel with the Board of Investigation of Diseases, where he developed a vaccine for encephalitis. **Merlin Cooper**, MD, director of Bacteriology, did research on dysentery. **Samuel Rapoport**, MD, with the help of Paul Hoxworth, MD, perfected a preservative solution for whole blood, which was used by the U.S. Army and Navy. With this spate of research developments, post-war competition to recruit physician scientists was fierce. Fortunately, Children's reputation, facilities and endowments were very attractive. In 1950, we added a new research and laboratory wing in Procter's memory, expanded the number of departments and added thousands of research discoveries and therapeutic programs to our list of achievements.

(See Research That Rocked)

- **Edward Pratt**, MD, chair of Pediatrics (1963-1979), and Chief of Staff **Bill Schubert**, MD, worked to consolidate five independent pediatric care organizations in the area with our own Children's Hospital and the Research Foundation. They were: the Adolescent Clinic, the Dental Clinic, the Convalescent Hospital, the Cincinnati Center for Developmental Disorders and United Cerebral Palsy. Each existed for its own purpose and often competed for the same resources. Getting them to unite under one medical staff and one administration was no small feat. Together, they became Children's Hospital Medical Center in 1973 and offered families one place to access comprehensive medical and psychosocial services for their children.

- In June 1987, we opened Children's Outpatient North, known today as Mason Campus. It was our first foray into the community and the first time we offered surgical services apart from the main hospital. We proved we could do it without sacrificing quality or safety, and it was much more convenient for patients and families.

- In the '90s, we recognized that research wasn't just about basic science. We began to delve into quality improvement and healthcare delivery and made them into genuine academic enterprises. In April 2002, Cincinnati Children's received a Robert Wood Johnson Foundation grant for Pursuing Perfection—the only pediatric facility to be awarded one. The grants were given in response to two reports from the Institute of Medicine that suggested the healthcare system was failing America because it was poorly designed. The grants helped formalize our quest to transform healthcare through a family-centered approach, breaking down silos and building up our infrastructure to support and sustain our work. On September 1, 2010, the James M. Anderson Center for Health Systems Excellence was established to expand our quality improvement efforts. **Uma Kotagal**, MBBS, MSc, was named executive director.

- In 2010 we re-dedicated ourselves to building a culture of safety by empowering all staff to speak up if they had a concern about a patient and reinforcing the concept of 200-percent accountability. This behavioral shift, which initially thrust many employees outside their comfort zone, paid off in reduced serious safety events. We quickly broadened our scope to eliminate all serious, preventable harm, including precursor events, e.g., blood stream infections, ventilator-associated pneumonia, surgical site infections and serious pressure ulcers. Soon after, we added employee safety to the mix. In 2012, we started the Ohio Children's Hospitals' Solutions for Patient Safety—a collaborative that allowed us to share learnings about safety at the national level.

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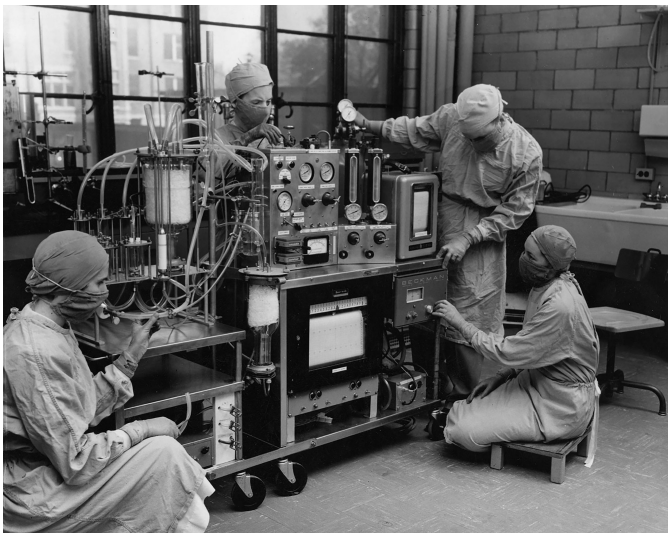
Research That Rocked

Many scientific discoveries and innovations that changed the course of medicine originated at Cincinnati Children's. Here's a sampling.

Information and documents for this article came from the Cincinnati Children's Archives. Founded in 1980 and housed in the historic Mitchell-Nelson Library (R3), the Archives' mission is to support, chronicle, and promote the ongoing mission and heritage of Cincinnati Children's.

- **Bubble-defoam oxygenator heart-lung machine—Leland Clark,** PhD, director of the Division of Neurophysiology, invented the technology that allowed the Cardiology team at Cincinnati Children's to perform the first open-heart surgery in 1952. The machine took unoxygenated blood from the heart, oxygenated it and returned it to the body.



Heart-Lung Machine

- **Oral polio vaccine—Albert Sabin,** MD, developed a live-virus oral vaccine against polio that was famously distributed to thousands of families on "Sabin Sunday," April 24, 1960. Since then, this devastating disease has nearly been eliminated worldwide. For his work, he received the Presidential Medal of Freedom and the Daniel Drake Award, which is the highest honor the UC College of Medicine gives.

Sabin Sunday

- **PKU screening—Helen Berry,** MS, did pioneering research on phenylketonuria (PKU), a genetic inability to metabolize an amino acid in protein, resulting in severe mental retardation. Berry helped develop a test to detect PKU and was a proponent of

- **Sickle cell screening—Marilyn Gaston,** MD, began the sickle cell disease program at Cincinnati Children's in 1972. Later she became assistant surgeon general and rear admiral in the U.S. Public Health Service. In 1986, she published a sickle cell study that led to nationwide newborn screening.

- **Human surfactant—In 1988, Jeffrey Whitsett,** MD, who co-directs the Perinatal Institute, announced that he and his research team had identified and cloned two proteins essential to the production of human surfactant, a substance that keeps lungs pliable so they can easily expand and contract as one breathes. Whitsett's discovery revolutionized care for premature newborns around the world.

- **Rotavirus vaccine—Richard Ward,** PhD, and **David Bernstein,** MD, developed and conducted early clinical trials of a successful rotavirus vaccine. It was first licensed in Mexico in 2004, and it received FDA approval in 2008 for use in the United States. It is now used worldwide. The disease, which is usually not fatal in the U.S., previously caused 500,000 deaths per year in undeveloped countries.

- **Gene therapy for sickle cell anemia—Punam Malik,** MD, a physician-scientist in the Cancer and Blood Diseases Institute, has done promising research on a new treatment for sickle cell anemia that reverses symptoms of the disease. Preliminary data from a pilot Phase 1-2 clinical trial was presented at the American Society of Hematology's annual meeting in December 2018.

- **Stem cell and organoid medicine—Jim Wells,** PhD, graduate student Stephen Trisno, and other scientists at Cincinnati Children's Center for Stem Cell and Organoid Medicine (CuSTOM) have been working to bioengineer the entire human gastrointestinal system in a laboratory, using pluripotent stem cells (PSCs). Their efforts are leading to new personalized diagnostic methods and focused in part on developing regenerative tissue therapies to treat or cure GI disorders. Also collaborating on this study are the divisions of Developmental Biology; Oncology; Allergy and Immunology, and Endocrinology at Cincinnati Children's, as well as the Gladstone Institutes in San Francisco.

early screening. She spent years developing a dietary supplement that made it possible for PKU patients to eat a less restrictive diet, the first major improvement in treatment of PKU in 30 years.

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Seeing the Bigger Picture

By Jessica Canterbury

After 20 years, the International Adoption Center continues to help parents—some of them Cincinnati Children's employees—see the possibilities of opening their arms to children across the world.

Click here to see the video about the International Adoption Center

Adoption-center

DeCastro Family

Vicky deCastro, RN, talks about her 8-year-old daughter in a way that many moms talk about their third-grade daughters. Mila is active, feisty and determined. She loves unicorns, mermaids and testing her mother. "Anything I challenge her to do, she does," says deCastro. The fact that Mila has cerebral palsy is but one physical descriptor, one for which deCastro was well prepared when she adopted her from Jiangsu, China, six years ago.

Read more

Decastro-family

Sparling Family

It was **Karen Sparling**'s own experience with the IAC that prompted her to pursue a job opportunity in finance at Cincinnati Children's in 2004. Under the guidance of the team at the IAC, her husband Paul and she adopted Natalie and Kenneth from an orphanage in Ufa, Russia, the year prior. She initially discovered the IAC by attending a local conference on adoption and a presentation by Staat on medical issues to consider when adopting internationally.

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Sparling-family

Eldridge Family

Paula Eldridge, APRN, CNP, a nurse practitioner in the Acute Care Cardiology Unit, has worked at Cincinnati Children's for nearly 19 years, the last six of which she has spent caring for complex patients. The challenge of the population is her favorite part of her job, and she has firsthand experience with difficulty. Her husband and she adopted two boys from South Korea, with assistance from the IAC.

Read more

Eldridge-family

IAC by the Numbers

In 2018, families in the United States adopted

4,058 children

from other countries. (travel.state.gov)

Since 1999, the IAC has cared for

3,300 children

In the past 2 years

64 countries

have partnered with the IAC

291 families

have been assisted with adoptions

1,700 mental health visits

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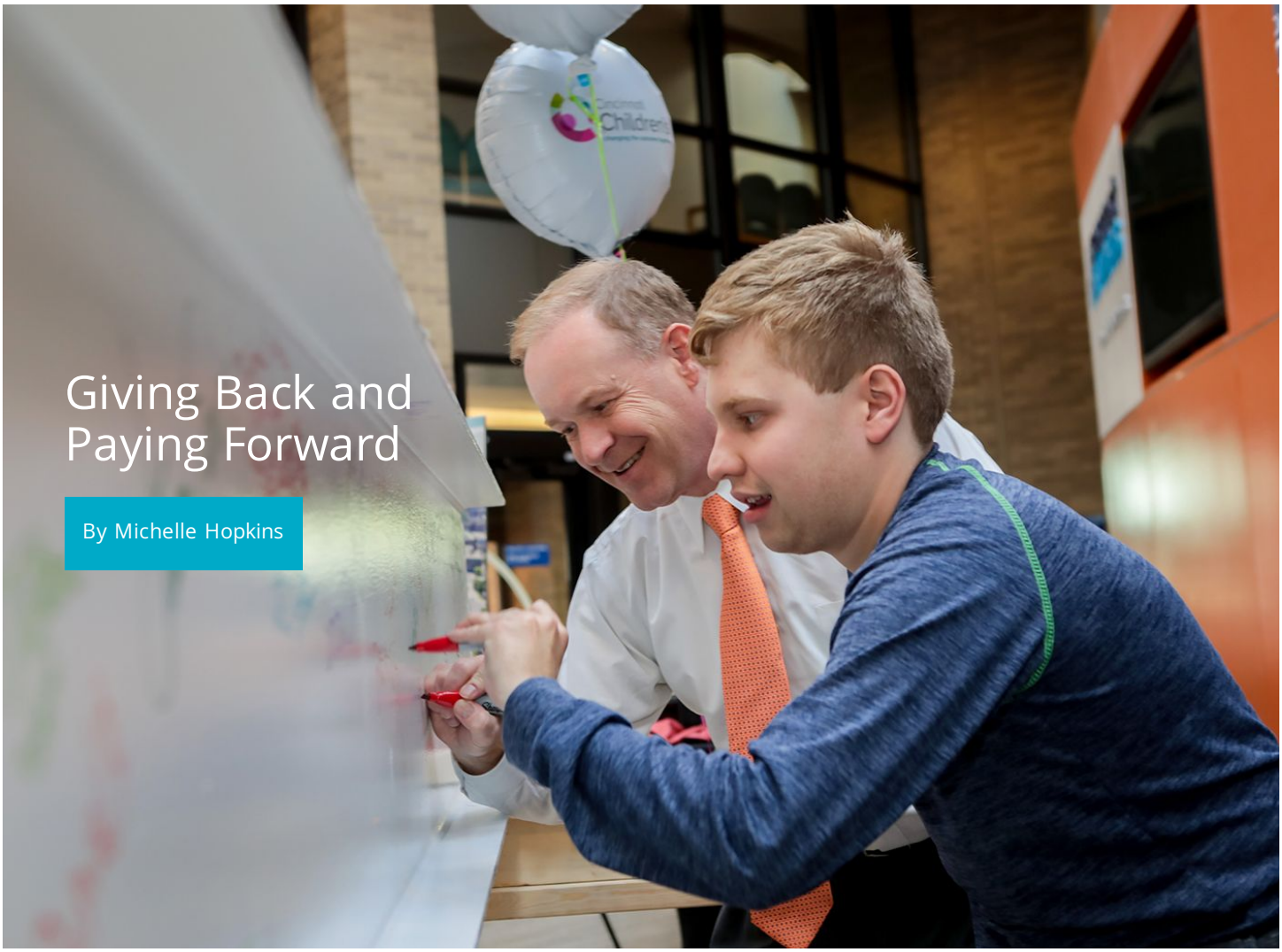


Giving Back and Paying Forward

By Michelle Hopkins

Bryan Osterday and his son Reece sign the beam that was placed in the new Critical Care Building.

There are few parents who can say Cincinnati Children's helped save their child's life, not once, but four different times. Bryan Osterday is one of them. His son Reece, now 16, was born with multiple health challenges including cerebral palsy, epilepsy, autism and a feeding disorder. He spent countless hours at Cincinnati Children's that included life-saving surgeries and therapies.

Osterday credits top-notch care from Cincinnati Children's doctors and nurses. "They turned him around to be a productive, outgoing, smart and happy child. He wouldn't be alive without the care; they saved his life over and over and over."

They turned him around to be a productive, outgoing, smart and happy child. He wouldn't be alive without the care; they saved his life over and over and over.

Osterday realizes the debt he owes will never be paid back, but he can pay forward to make the future care of Cincinnati Children's families the best it can be.

"Once Reece was out of the danger zone and stable, I felt like I had the time and wherewithal to contribute to the place that helped him get through," he said.

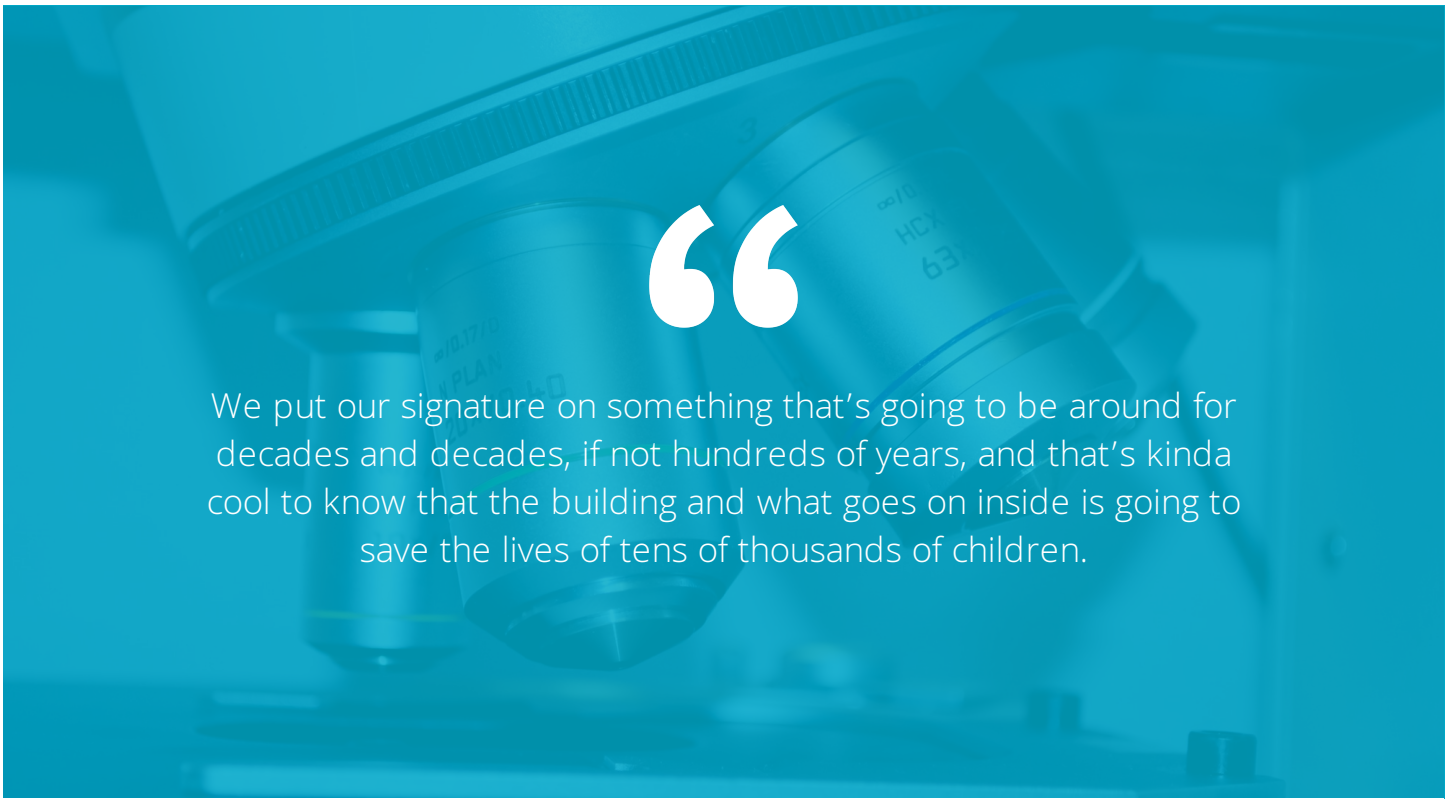
So, for the last three years, Osterday has put his medical background as a dentist and his experience as a patient family to work with parent groups that give advice and make recommendations to leadership. He serves on the hospital's Patient Advisory Council and the parent councils for developmental disabilities as well as the autism parent group.

Whether it's a decision on a new visitor smoking policy or the CAREN mobile scheduling application, Osterday feels like he's an important part of Cincinnati Children's. His work not only benefits the hospital, but he believes it's helped him cope with the challenge of raising a son with special needs.

"I feel less helpless. I feel like I've gained some of that power back," he said. And for parents like him, who are in an advisory role, that power is very real. "If a problem arises in the hospital, they come and ask our opinion. The CEO of the hospital was at our meeting, the division heads come to our meetings. If they're going to come listen to a bunch of families talk, there's a reason, and they're taking it seriously," he said.

Osterday says he's seen proof that when the parent groups weighs in, leadership not only takes it seriously, they take action. He recalls a time when he had the opportunity to give his opinion on new feeding tubes and how to best communicate a change in policy to patient families. This hit especially close to home for him. His son had spent 5 years on a feeding tube.

I feel less helpless. I feel like I've gained some of that power back.



> We put our signature on something that's going to be around for decades and decades, if not hundreds of years, and that's kinda cool to know that the building and what goes on inside is going to save the lives of tens of thousands of children.

Now, Osterday looks to the future of Cincinnati Children's and the new Critical Care Building. As he watches the different phases of construction, he knows all too well that the building represents the collaboration of hundreds of staff, patients, families and community partners to transform how families will experience care at Cincinnati Children's. From the physical layout to the color scheme, he and others provided key advice from a parent perspective.

A piece of the future building—a 250 lb., steel beam is part of the hospital's history. Osterday and Reece recently had the opportunity to sign it.

"We put our signature on something that's going to be around for decades and decades, if not hundreds of years, and that's kinda cool to know that the building and what goes on inside is going to save the lives of tens of thousands of children," he said.
Osterday has seen first-hand the life-saving work at Cincinnati Children's. He's just glad to be able to offer something in return. "I feel like I have a voice to help make things better for everyone now and into the future."

It's his way of giving back and paying forward.

> I feel like I have a voice to help make things better for everyone now and into the future.

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Peer2Peer Program Offers Safe Place for Stressed Caregivers

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Peer2Peer Program Offers Safe Place for Stressed Caregivers

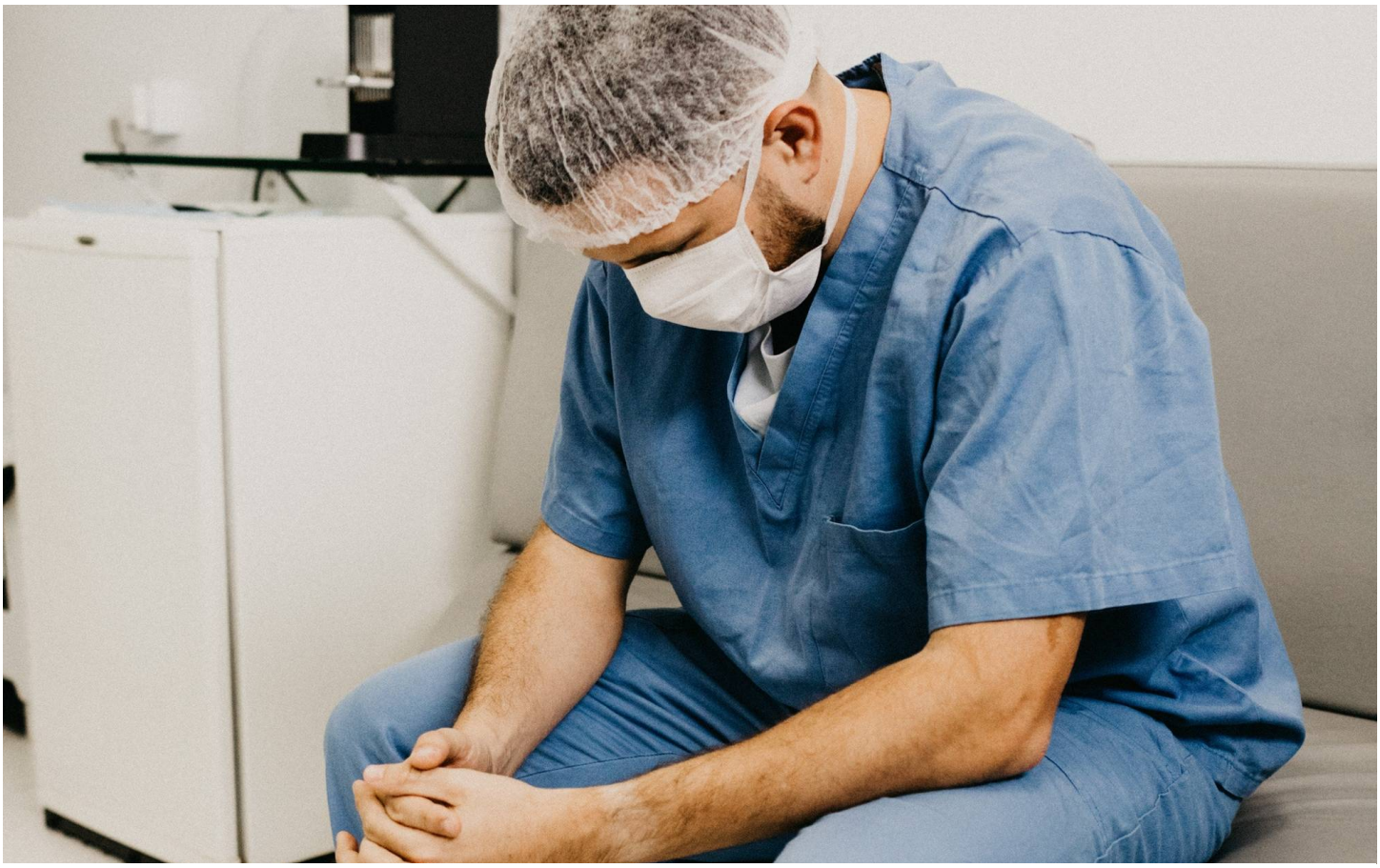
Burnout among healthcare providers is a hot topic these days—for good reason. The National Academy of Medicine reports that 35-54 percent of doctors and nurses have substantial symptoms of burnout. Some are calling it an epidemic that leaves providers feeling disengaged, apathetic and, in the worst cases, suicidal.

At Cincinnati Children's, staff are telling us via employee engagement surveys and the Maslach burnout inventory that they are experiencing similar issues. Patient acuity and complexity have increased over time, putting more stress on employees, especially frontline caregivers. In addition, administrative tasks involving the electronic medical record, productivity goals, etc., are getting more complex.

That's why Cincinnati Children's is launching Peer2Peer, a support program designed to help frontline caregivers who are struggling due to an adverse event, such as a patient injury or death, medical error or other stressors.

The program is modeled after one that was implemented at Brigham and Women's Hospital in 2009 under the leadership of Jo Shapiro, MD, director of the Center for Professionalism and Peer Support.

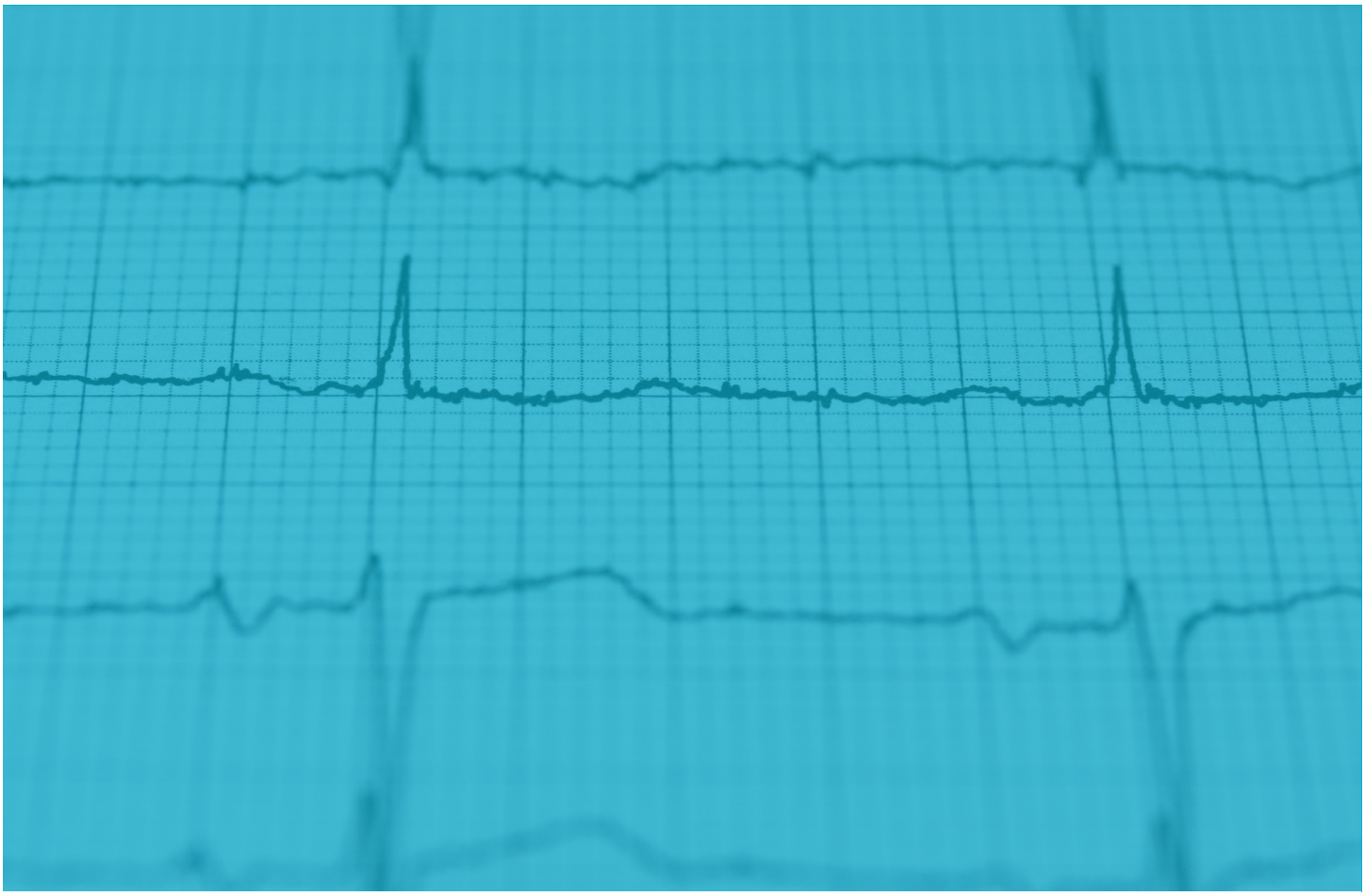
"Peer2Peer takes a proactive, thoughtful and proven approach that addresses the needs of clinicians and nurses," said **Christy White**, MD, assistant professor of Hospital Medicine, associate Chief of Staff and president of the Medical Staff. "We looked at similar programs in use at other hospitals, but this one was the best fit for us."



How It Works

Peer supporters are nominated by colleagues based on trust, approachability, communication skills, clinical excellence and emotional intelligence. They are then trained to engage in difficult conversations including how to normalize feelings that surround adverse events. They also familiarize themselves with wellness resources offered through the Employee Assistance Program, the Lindner Center of HOPE and the community. The first round of training will be led by Shapiro in February.

"Peer2Peer partners with other Cincinnati Children's entities, such as division/department leadership, Patient Services, clinical and medical directors, and Risk Management, to help identify clinicians who may be at risk," said **Paul Samuels**, MD, professor of Anesthesiology and chair of the Professional Health Committee. "Staff can also self-refer. Either way, they will be confidentially paired with a trained peer supporter based on clinical discipline, level of experience and other demographic similarities."



What It Is Not

Peer2Peer is not a long-term counseling service. It's an intervention meant to express concern for a struggling colleague and to share information about available resources. It could be a phone call or a chat over coffee, whatever feels comfortable and right. There is no requirement that staff accept the support.

In addition, Peer2Peer is not a process to evaluate what happened or why. It is completely confidential, a safe place to be vulnerable and open to asking for and receiving help from those who experience the same stressors.

Pilot Testing

Cincinnati Children's will conduct a phase I pilot with nurses and physicians (including trainees) in three high-stress areas —the Emergency Department, Periop, the Newborn Intensive Care Unit and the Pediatric Intensive Care Unit. Approximately 25-30 staff will be trained as peer supporters initially.

"It's going to be a learning process to figure out how to make Peer2Peer successful here," said White. "So, while we make some adjustments to the program, our focus will always be on our commitment to providing timely, effective and meaningful support to our staff."

If you have questions, please contact us at: Peer2Peer@cchmc.org

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Studies Link Air Pollution to Mental Health Issues in Children

Three new studies by scientists at Cincinnati Children's, in collaboration with researchers at the University of Cincinnati, highlight the relationship between air pollution and mental health in children.

A study published Sept. 25 in "Environmental Health Perspectives" found that short-term exposure to ambient air pollution was associated with exacerbations of psychiatric disorders in children one to two days later, as marked by increased utilization of the Cincinnati Children's emergency department for psychiatric issues. The study also found that children living in disadvantaged neighborhoods may be more susceptible to the effects of air pollution compared to other children, especially for disorders related to anxiety and suicidality.

The lead authors of this study are Cole Brokamp, PhD, and Patrick Ryan, PhD. They are researchers in the Division of Biostatistics and Epidemiology at Cincinnati Children's.

Cole Brokamp, PhD

Patrick Ryan, PhD

“This study is the first to show an association between daily outdoor air pollution levels and increased symptoms of psychiatric disorders, like anxiety and suicidality, in children,” says Brokamp. “More research is needed to confirm these findings, but it could lead to new prevention strategies for children experiencing symptoms related to a psychiatric disorder. The fact that children living in high poverty neighborhoods experienced greater health effects of air pollution could mean that pollutant and neighborhood stressors can have synergistic effects on psychiatric symptom severity and frequency.”

Two other Cincinnati Children’s studies were recently published that also link air pollution to children’s mental health:

A study published in "Environmental Research" found an association between recent high-traffic-related air pollution (TRAP) exposure and higher generalized anxiety. The study is believed to be the first to use neuroimaging to link TRAP exposure, metabolic disturbances in the brain, and generalized anxiety symptoms among otherwise healthy children. The study found higher myoinositol concentrations in the brain—a marker of the brain’s neuroinflammatory response to TRAP.

The lead authors of this study are Kelly Brunst, PhD, a researcher in the department of Environmental Health at the University of Cincinnati, and **Kim Cecil**, PhD, a researcher at Cincinnati Children’s.

A study published in "Environmental Research" found that exposure to TRAP during early life and across childhood was significantly associated with self-reported depression and anxiety symptoms in 12-year-olds. Similar findings have been reported in adults, but research showing clear connections between TRAP exposure and mental health in children has been limited.

The lead authors of the study are **Kimberly Yolton,** PhD, director of research in the Division of General and Community Pediatrics at Cincinnati Children’s, and Ryan.

Collectively, these studies contribute to the growing body of evidence that exposure to air pollution during early life and childhood may contribute to depression, anxiety, and other mental health problems in adolescence," says Ryan. "More research is needed to replicate these findings and uncover underlying mechanisms for these associations.

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Amy Sapsford Feeds Families a Taste of Hope

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Spotlight

Amy Sapsford Feeds Families a Taste of Hope

Amy Sapsford, RD, CSP, LD

Amy Sapsford smiles as she walks along the concourse to the cafeteria in the Sabin Education Center. For our meeting, which includes being photographed, she is wearing a gold jacket and print scarf. Her coworkers, she says, have been teasing her about being so dressed up, and they've jokingly speculated that she might be heading for a job interview at another institution.

But Sapsford isn't going anywhere. She loves her work as a registered neonatal dietitian and certified specialist in pediatrics in the NICU—the place where she's cared for the most fragile of babies since 1990. Prior to coming to Cincinnati Children's, she worked as a registered dietitian in the NICU at Dayton Children's, starting in 1983.

> My colleagues and I are so lucky because the attendings see us as a vital part of the team, and that doesn't happen everywhere.

"The field of neonatal nutrition started in the late 1970s, so as the profession goes, I've been around for quite a bit of it," she said.

Sapsford's role is to provide nutrition care for high-risk infants. By "high risk," she means not only preemies but infants born with other conditions who, thanks to advances in fetal care, would not previously have survived. Nutrition care, she explains, involves five categories—assessment (i.e., intake, output and growth), diagnosis, intervention, monitoring and evaluation.

"We round with a multidisciplinary team so we get the whole picture of the baby—respiratory status, pharmacy, lactation, therapy—everything," she said. "We work with the residents, the nurse practitioners, the attendings and fellows. My colleagues and I are so lucky because the attendings see us as a vital part of the team, and that doesn't happen everywhere. There are still so many dietitians out there who are fighting to establish their positions as respected specialists, but we accomplished that here a long time ago."

Sapsford has certainly proven herself as an expert through her years of working at the bedside; numerous presentations she's given on a national level; multiple published papers, including her contributing authorship of the first neonatal nutrition book for registered dietitians in the field of NICU nutrition; and the many awards she's received.

> Hope is what families need to be able to put one foot in front of the other and come in here every day. It's probably the most important ingredient we can offer as we walk this part of their journey with them.

Rewarding Role

Sapsford hopes to restart the mentorship program that allows freshly minted dietitians from outside Cincinnati Children's to come in and shadow seasoned veterans.

"There are some things you can't learn in school, like how to prioritize your work, how to interact with attendings or what issues matter most when a baby is very ill," she explained. "Someone who is brand new to the profession wouldn't necessarily pick up on those nuances."

And while Cincinnati Children's NICU is fortunate to have five full-time dietitians, other hospitals may only have one. For those situations, you don't want to leave someone floundering, she says. "I like to give them hands-on experience where I take them on rounds and teach them the basics, like how to write a note or how to translate medical jargon into language that parents can understand."

Sapsford especially loves watching parents grow into their role as their child's advocate. "We encourage parents to participate in rounds, and we always begin with their concerns," she said. "Their concerns have to be resolved one way or another by the end of rounds. Sometimes, families find it too difficult to speak up, so our nurses are really good at speaking for them. But I love seeing a family go from quiet observers to active participants on the team because we've empowered them. It's a skill they will use for the rest of their lives."

What makes Sapsford happiest is seeing a patient with a poor prognosis improve to the point where they're able to go home with a really good outcome.

"A baby can be as sick as can be, and if the family hasn't given up, I don't give up," she said. "I give it my all, no matter what. Hope is what families need to be able to put one foot in front of the other and come in here every day. It's probably the most important ingredient we can offer as we walk this part of their journey with them."

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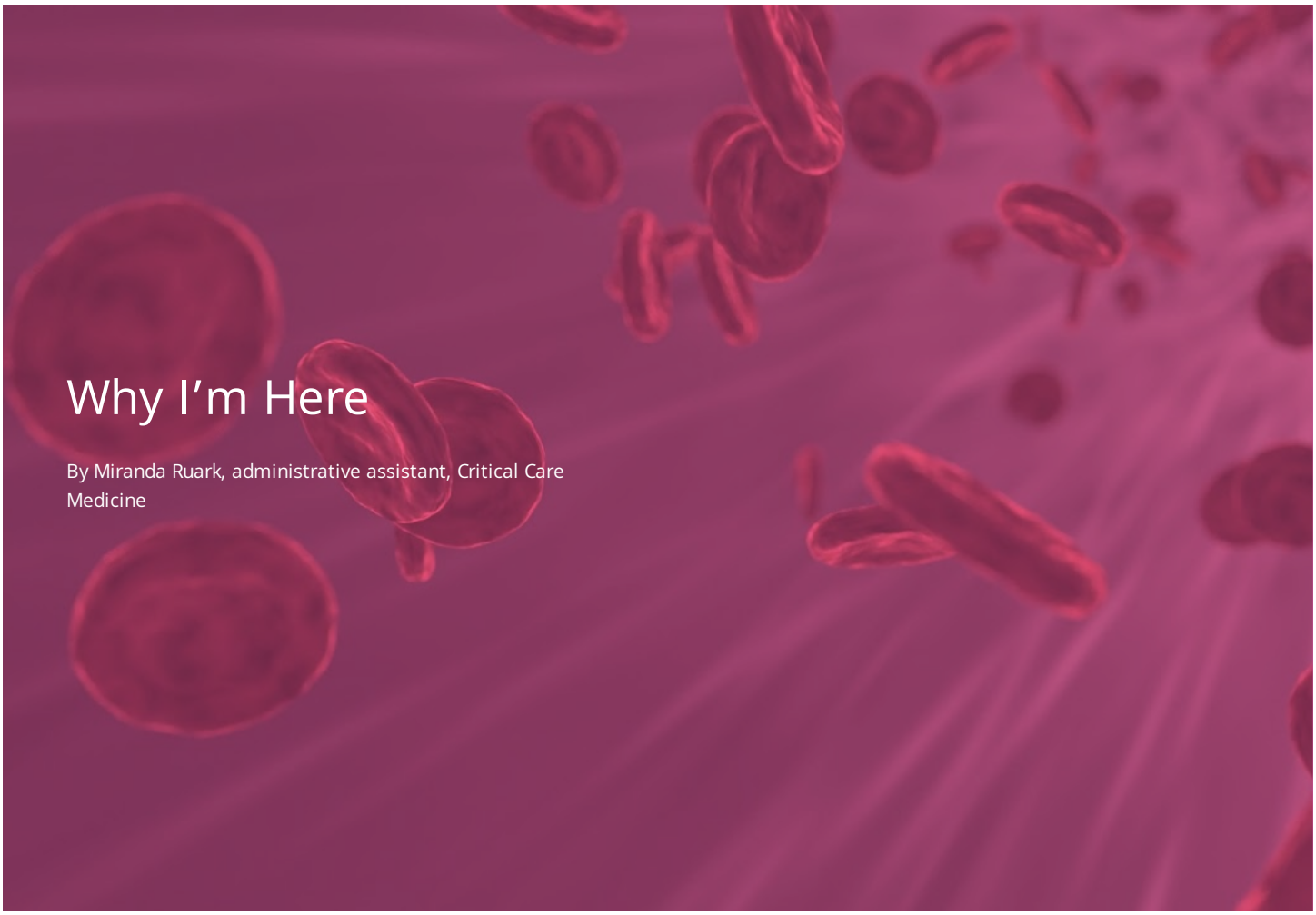
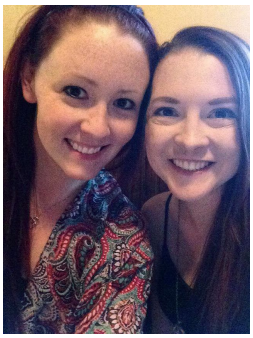


Why I’m Here

By Miranda Ruark, administrative assistant, Critical Care Medicine



Miranda Ruark (l) and Sam Jameson

For as long as I can remember, making a difference in the world has been my driving force. With a biology background, I knew I could make this difference through science, but I didn't know exactly how—until I met a girl named Sam. Sam was diagnosed with cystic fibrosis when she was a toddler and had a rare type of bacteria in her lungs. She was told that eventually she would need a double-lung transplant to survive. When I met Sam, I had no idea she was battling CF until she told me. She could breathe on her own, and I couldn't see her ever needing a transplant.

As the years went on though, Sam's lung function began to rapidly decrease, and her lips were a permanent shade of blue. She went from being able to go out whenever she wanted to being restricted by an oxygen machine named Penelope. Through it all though, Sam's faith and spirit never wavered. She spoke and volunteered when she could at LifeCenter and became a hometown celebrity who was frequently interviewed by news outlets. I quickly began to see just how badly Sam needed a new pair of lungs and worried they wouldn't arrive in time. Then one day, Sam got the call.

Sam was flown to Cleveland where she underwent a double-lung transplant. After an extensive recovery, she was able to do things she hadn't done in ages. She could run, travel out of the country and even got to marry the love of her life. Sam had two magical years before the complications began.

First, she was diagnosed with skin cancer near her eye. She was scheduled to have the cancer removed but instead got pneumonia. She was admitted to the hospital and placed in a medically induced coma to let her body rest. By the time Sam was strong enough for surgery, the cancer had spread, and she had to have her eye removed. Afterward, she underwent radiation to ensure that the cancer was fully eradicated. We all prayed that Sam would recover and live happily ever after. Unfortunately, life isn't a fairytale.

The pneumonia had taken its toll on Sam's lungs, and her doctors informed her that she would need another lung transplant to survive. Also, she would have to be cancer-free for at least a year before she was even eligible for a transplant. But the cancer returned, and everything went downhill.

“

Through it all though, Sam's faith and spirit never wavered.

I held her hand and said my goodbyes, thankful to be able to tell her how much she meant to me.

On August 15, 2017, I drove to Cleveland to see my dying friend. Sam had decided she was done fighting. I held her hand and said my goodbyes, thankful to be able to tell her how much she meant to me. The next day, Sam was taken to the Hospice in Maysville, Kentucky, where she passed away surrounded by her parents and husband.

When Sam died, I was lost and angry. After everything she had been through, Sam didn't even get to see her 30th birthday. About six months after Sam passed, I began looking into careers related to organ donation and cystic fibrosis research. Unfortunately, because I had been out of the science field for a few years, finding a science-related position was proving difficult. So, I began looking for administrative assistant positions at science and health-based companies. I figured with my experience as an executive assistant, it was a good way to get my foot in the door.

I figured with my experience as an executive assistant, it was a good way to get my foot in the door.

After months of job searching, I finally accepted a position with Cincinnati Children's as an administrative assistant in the Division of Critical Care Medicine. During the interview process, I met with the doctors in our department and found out that the PICU works very closely with LifeCenter due to the number of organs that come from the unit for transplants. Some of the doctors had even met or heard about Sam! I knew this was where I needed to be, where Sam wanted me to be.

Working at Cincinnati Children's has already opened so many doors for me in the 4 short months I've been here. I've been able to attend the LifeCenter Community Breakfast with one of our doctors to watch Sam's parents present the Samantha Jameson award to one of their staff members and have even identified my next potential position within the department. I plan to get my Masters in the near future and hope to continue towards a path of clinical research.

Cincinnati Children's was Sam's home away from home for many years. She loved the staff here, and I know that made a huge difference in her life of struggles. I hope that by working here, I, too, can make a difference in someone's life, in honor of the difference Sam made in mine.

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Making Rounds

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Changing the Outcome

Speaking Up for Patient Safety

An important part of maintaining a safety culture is feeling empowered to express concern when something doesn't feel quite right.

Mishael Appling, RN, who works in the Specialty Resource Unit, recently changed the outcome for a child admitted from the Emergency Department to A3 North with urinary stones. She was scheduled for surgery the following morning.

Although the patient was alert and interactive when she arrived on the unit around 3:30 pm, Appling, who was there to assess her, had a hunch that this child was at risk for sepsis. The patient had persistent fevers and tachycardia, declining blood pressure, slow capillary refill and cool extremities. Appling reported his assessment and raised his concern to the care team several times, but they did not immediately agree. Appling persisted, however, and finally called the Medical Response Team (MRT).

The MRT evaluated the patient and determined that she was indeed at risk for sepsis and needed to go to surgery immediately. By 7:30 that evening, the patient was on her way to the operating room. There, the doctors discovered and removed an infected stone and significant drainage.

Appling's keen assessment skills, his confidence built from ICU experience and his willingness to speak up and call the MRT made a huge difference for his patient.

Said **Victoria Hickey**, RN, clinical director, A3 North, "Mishael serves as an excellent role model for all nurses and demonstrates how training and ICU experience promote a strong voice for patient safety on a surgical unit."

Making Rounds

Congratulations to the following employees on their recent promotions.

Theresa Alenghat, VMD, PhD, to associate professor, Immunobiology;
Ellen Allgeier, to patient representative III, Registration Services;
Marisa Almaguer, to clinical research coordinator IV, The Heart Institute;
Emily Anderson, RN, to registered nurse, A6 South;
Susan Anderson, to vivarium support technician II, Veterinary Services;
Paritha Arumugam, PhD, to assistant professor, Translational Pulmonary Center;
Christina Banks, RN, to registered nurse II, Adolescent Medicine;
Krystle Barnard, to fetal sonographer, Fetal Cardiology Program;
Samuel Barsoum, PharmD, to lead pharmacist, Pharmacy;
Christopher Bauer, to animal care technician II, Veterinary Services;
Elizabeth Baugher, RN, to registered nurse II, Liberty Campus/LA4-2;
Christopher Baute, RN, to registered nurse II, Proton Therapy;
Meredith Bechtle, RN, to registered nurse II, Specialty Resource Unit;
Danielle Bering, to animal care technician II, Veterinary Services;
Allison Blackburn, PhD, to staff psychologist II, Developmental and Behavioral Pediatrics;
Zachary Bowling, to vivarium support technician II, Veterinary Services;
Lauren Boxell, RN, to registered nurse III, Fetal Cardiology Program;
Amy Brauch, RN, to registered nurse II, Specialty Resource Unit;
Kristin Brausch, RN, to registered nurse II, Surgery Center;
Amanda Bremer, RN, to registered nurse II, B4/Newborn Intensive Care Unit;
Preston Caldwell, RN, to registered nurse, B4/Newborn Intensive Care Unit;
Jody Caldwell-Kurtzman, to clinical research coordinator III, Communication Sciences Research Center;
Gabriela Caraza Moreno, RN, to registered nurse, A7 North and South/Neurology and Neuroscience;
Kimberly Carpenter, RN, to registered nurse II, Liberty Campus/LA4-2;
Brendan Chestnut, to research assistant III, Developmental Biology;
Zackary Cleveland, PhD, to associate professor, Pulmonary Medicine;
Courtney Covert, to clinical research coordinator IV, Adolescent Medicine;
Alyxis Coyan, to genetic counselor II, Human Genetics;
Jennifer Crofford, to administrative supervisor, Anesthesia;
Kaitlyn Curry, RN, to registered nurse II, A3 South;
Richard Czosek, MD, to professor, Cardiology;
Shannon Darnell, to physical therapist II, Occupational Therapy/Physical Therapy;
Tony De Falco, PhD, to associate professor, Reproductive Sciences;
Dominick DeBlasio, MD, to associate professor, General and Community Pediatrics;
Lyna Denham, to lead patient representative, Access Services;
Kylee Denker, RN, to registered nurse II, Specialty Resource Unit;
Hope Dennis, to resident and fellowship coordinator, Psychiatry;

Rachel Dickman, RN, to registered nurse II, Operating Room/The Heart Institute;
Molly Dirr, to advanced ultrasound technician, Radiology;
Paul Ejiofor, RN, to registered nurse, A2 South West/Neurobehavioral Unit;
Allison Ellinghausen, RN, to registered nurse II, A3 South;
Lori Essell, to senior administrative assistant, Every Child Succeeds;
Victoria Evers, RN, to registered nurse II, A4 Central;
Rachel Felts, RN, to registered nurse II, Liberty Campus/LA4-2;
Julia Foster, LISW-S, to social worker III, Psychiatry;
Melissa Foti-Hoff, PsyD, to staff psychologist III, Developmental and Behavioral Pediatrics;
Susan Frazier, APRN, CNS, to clinical director, Advanced Practice Providers;
Julie Fugazzi, RN, to registered nurse III, B6/Heart Institute;
Mark Gaydosh, to mental health facilitator, Specialty Resource Unit;
Gabrielle Geraci, to mental health facilitator, Behavioral Safety Team;
Junell Gertz, RN, to registered nurse II, B4/Newborn Intensive Care Unit;
Jason Gillespie, to senior security officer, Protective Services;
Alexander Godsey, to supervisor, Clinical Laboratories;
McKenzie Graham, RN, to registered nurse II, Operating Room;
Abby Gross, RN, to registered nurse, Specialty Resource Unit;
Eric Gulley, to manager, Budget and Finance Analysis;
Scott Hale, LISW, to lead social worker/clinical counselor, Social Services;
Terri Hall, to lead patient representative, Surgery Registration;
Kristina Hamons, to training coordinator, Professional Billing;
Tara Haskell, to business development manager, The Heart Institute;
Molly Haycraft, RN, to clinical manager, B4/Newborn Intensive Care Unit;
Elizabeth Heckenmueller, to business director, Dentistry;
Katherine Herdzik, RN, to care manager, Cancer and Blood Diseases Institute;
Garick Hill, MD, MS, to associate professor, Cardiology;
Rebecca Hoerst, to accounts receivable manager, Home Care Authorization;
Jeffrey Hofmann, to supervisor, Materials Management;
Jamie Hon, to lead facilities technician, Building Maintenance;
Nicholas Hopkins, to business intelligence analyst, Scheduling Center;
Stephanie Hotze, to senior EMR analyst, Office for Clinical and Translational Research;
Jason Huff, to senior director, Transplant Services;
Sean Huitger, to senior application developer, Biomedical Informatics;
Jasmin Jenkins, to supervisor, Sterile Processing and Distribution;
Kira Jones, RN, to registered nurse II, Patient Services/Anesthesia Imaging;
Regina Jones, RN, to registered nurse II, A4 Central;
Kirandeep Kaur Kang, to operations director, Mental Health;
Zachary Kincaid, to research assistant III, Cancer Pathology;
Adeleine Koterba, to animal care technician II, Veterinary Services;
Paige Krack, to senior quality improvement specialist, Anderson Center;
Kelli Krallman, RN, to research nurse III, Nephrology;
Stephanie Kreiger, RN, to registered nurse II, Liberty Campus/LA4-2;
Mary Jo Larkin, to animal care technician III, Veterinary Services;
Kyra Laupp, RN, to registered nurse II, Bone Marrow Transplantation;
Sang Hoon Lee, MD, to assistant professor, Emergency Medicine;
Lorria Lewis, RN, to registered nurse, Private Duty Nursing;
William Lindsey, to lead surgical technician, Operating Room;
Christopher Lineback, to safety consultant, Occupational Safety and Environmental Health;
Carolyn Lipchik, MSSA, to senior program management specialist, Pulmonary Medicine;
Anna Lohman, to clinical research coordinator II, Infectious Diseases;
Thomas Long, to business manager, Patient Services Finance;
Ashley Luebrecht, PsyD, to staff psychologist II, Developmental and Behavioral Pediatrics;

Behavioral Pediatrics;
Emily Luksic, RN, to registered nurse II, Liberty Campus/LA4-2;
Stephanie McCoy, RN, to registered nurse II, A4 Central;
Claire McKeone, to physical therapist II, Occupational Therapy/Physical Therapy;
Michael McNaughton, to business director, Cancer and Blood Diseases Institute;
Gary McPhail, MD, to professor, Pulmonary Medicine;
Dennis McWhorter, RN, to clinical manager, B4/Newborn Intensive Care Unit;
Jared Mendez, to technician II, Pharmacy;
Kenna Merrifield, to customer service representative III, Aerodigestive and Sleep Center;
Ashley Meyer, RN, to registered nurse II, Liberty Campus/LA4-2;
Chelsea Meyer, RN, to registered nurse II, Specialty Resource Unit;
Erin Miller, MS, CGC, to associate professor, Cardiology;
Robin Mouis, to technician II, Pharmacy;
Gregory Myer, PhD, to professor-faculty, Sports Medicine;
Kathryn Newsom, RN, to registered nurse II, Operating Room;
Paige Orick, to research assistant III, Molecular Cardiovascular Biology;
Sandip Patil, to lead systems analyst, Biomedical Informatics;
Jaclyn Phillips, RRT, to respiratory therapist II, Respiratory Care;
Gail Pitts, to business process analyst I, Scheduling Center;
Samantha Poliskey, to child life specialist I, Child Life and Integrative Services;
Nicole Prewitt, to technician II, Pharmacy;
Joseph Qualls, PhD, to associate professor, Infectious Diseases;
Meredith Reiman, PhD, to staff psychologist II, Behavioral Medicine/Clinical Psychology;
Rebecca Rengering, RN, to clinical director, Renal/Liver Transplant;
Patrick Roberts, RN, to registered nurse II, B6/Heart Institute;
Victoria Rosen, to clinical research coordinator III, Psychiatry;
Hope Rowden, to research assistant III, Center for Autoimmune Genomics and Etiology;
Tara Schafer-Kalkhoff, to senior clinical research coordinator, Adolescent Gynecology;
Rebecca Schmidt, RN, to registered nurse II, Liberty Campus/LA4-2;
Amy Schubert, RN, to registered nurse II, Liberty Campus/LA4-2;
Meredith Schuh, MD, to assistant professor, Nephrology;
Carolyn Serbinski, to genetic counselor, Human Genetics;
Alyssa Shuber, RN, to registered nurse II, Liberty Campus/LA4-2;
Crystal Shula, to research assistant III, Neurosurgery;
Elizabeth Smith, LISW, to clinical manager, Social Services;
Teresa Smolarek, PhD, to professor-faculty, Human Genetics;
Kassadi Snoke, RN, to registered nurse II, B4/Newborn Intensive Care Unit;
Jodi Souders, to representative II, Emergency Services;
William Spires, to lead developer, Perioperative Services;
Anthony Spitznagel, to quality improvement specialist II, Anderson Center;
Jane Stanberry, RN, to registered nurse II, Same Day Surgery;
Kassandra Stenger, RN, to registered nurse II, Specialty Resource Unit;
Shelby Stoeppel, to mental health facilitator, Behavioral Safety Team;
Megan Stone-Heaberlin, PsyD, to staff psychologist II, Developmental and Behavioral Pediatrics;
Ethan Tanner-Edwards, to quality analyst II, Anderson Center;
Jenifer Tierney-Robinson, RN, to registered nurse II, B5/Critical Care;
Shannon Trevino, RN, to registered nurse III, B5/Critical Care;
Charles Varnell Jr., MD, to assistant professor, Nephrology;
Claudia Velez, RN, to registered nurse II, Specialty Resource Unit;
Chet Villa, MD, to associate professor, Cardiology;
Charles Viox, to lead facilities technician, Building Maintenance;
Madison Volk, to lead service representative, Emergency Services;
Emily Wakefield, MS, LGC, to genetic counselor III, Human Genetics;
Olivia Walter, to clinical research coordinator III, Psychiatry;
Erin Watters, to clinical research manager, Pediatric Surgery;

Kaitlin Whaley, to assistant professor, Gastroenterology;
Akil Wilder, to animal care technician III, Veterinary Services;
Beatrix Wong, to genetic counselor II, Human Genetics;
Zoe Wright, to research assistant III, Developmental Biology;
Na Xu, PhD, to research associate, Molecular Cardiovascular Biology;
Lacey Yeager, RN, to graduate intern, Advanced Practice Providers.

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Milestones

Congratulations to the following employees who celebrate milestone service anniversaries in February:

40 Years

Alan Oestreich, MD, Radiology
Brenda Shutts, RRT, Center for Simulation and Research

35 Years

Julie Ventus, Specialty Resource Unit

30 Years

Rosanne Cahill, Social Services
Deborah Stephenson, Clinical Laboratory
Carolyn Thompson, RRT, Respiratory Care
Carol Weinel, Ophthalmology

20 Years

Joseph Alward, Otolaryngology
Katherine Cox, Human Genetics
Jennifer Dill, Radiology
Stephanie Edwards, Registration Services
Thomas Fox, Transport
Douglas Grote, Building Maintenance
Susan Putnam, RN, B5/Critical Care
Mary Lou Raby, Human Resources
Tammy Rowan, Materials Management
Marcelyn Titgemeyer, Dentistry
Kandale Watts, A7 North and South/Neurology and Neuroscience

15 Years

Jeremy Baioni, Revenue Cycle Compliance
Bradley Cooper, Health Information Management
Allison Corcoran, RN, A3 South
Lesley Doughty, MD, Critical Care
Amy Elam, Operating Room
Robin Felty, Information Services
Michelle Fox, RN, Drug and Poison Information Center
Paula Kelch, Scheduling Center Operations
Stephanie Kristy, APRN, CRNA, Anesthesia
Bridget McKibben, RN, A4 North
Mary LynnePerkinson, Audiology
Julia Schenk, Design-Construction-Space Management
Kristine Staley, RN, Nephrology
Lisa Trout, RN, Anderson Urgent Care
Lisa Ulland, Radiology
Laura Werts, Continuing Medical Education
Leslie Wynn, Scheduling Center

10 Years

Melissa Arrington, Human Resources
Kimberly Beutel, APRN, CRNA, Anesthesia
Sharon Burchfield, Employee Health
Lili Ding, PhD, Biostatistics and Epidemiology
Richard Jackson, College Hill
Jonathan Jennings, Building Maintenance
Sean Jones, RN, Managers of Patient Services
Cynthia Maltry, B4/Newborn Intensive Care Unit
Janine Martin, Cancer and Blood Diseases Institute
Leah McCray, Cardiology
Jeremy Metz, Transport
Yuya Ogawa, PhD, Reproductive Sciences
Akiyo Ogawa, Reproductive Sciences
Grace Onuoha, Specialty Resource Unit
Carolyn Powers, Biostatistics and Epidemiology
Jose Rodriguez Chappell, Hematology/Oncology
Andrea Santich, RN, Orthopaedics Center
Stacey Schaible, APRN, CRNA, Anesthesia
Brittany Shepherd, RN, Post Anesthesia Care Unit
Davy Vanhoutte, PhD, Molecular Cardiovascular Biology
Walter Weishaupt, Building Maintenance

5 Years

Rebecca Jacoby Apseloff, PsyD, Behavioral Medicine and Clinical Psychology
Laura Barreyro, PhD, Hemostasis and Thrombosis
Elizabeth Baugher, RN, Liberty Campus/LA4-2
Julie Berkowitz, RN, Partial Hospital Program
Diana Betancur, RRT, Pulmonary Bronchoscopy
Sujata Bhattacharjee, RN, Specialty Resource Unit
Lauren Capozza, DMD, Dentistry
Rachel Clark, RN, Bone Marrow Transplantation
Jorge Crespo, Language Access Services
Julie Dversdall, APRN, CNP, Advanced Practice Providers
Alexandra Dykes, RN, A3 South
Domonic Figg, Food Services
Matthew Frazier, Anderson Center
Keneth Frost, RN, B1/Emergency Department
Sarah Fuller, RN, B6/Heart Institute
Danny Geier Jr., Building Maintenance
Taleka Glenn, Pulmonary Medicine
Julie Graham, Cancer and Blood Diseases Institute
Isaiah Hairston, Mental Health
Kristen Hale, Developmental and Behavioral Pediatrics
William Heywood, RRT, Respiratory Care
Megan Hood, PA-C, Advanced Practice Providers
Octavia Kabobel, APRN, CNP, Advanced Practice Providers
Moussa Kante, Protective Services
Angela Laruffa, RN, Nephrology
Natalia Moese, RN, Liberty Campus/LA4-2
Alexandrea Pelfrey, RN, B4/Newborn Intensive Care Unit
Sarah Pluckebaum, APRN, CNP, Advanced Practice Providers
Marcelino Poplis, Patient Escort
Jacob Potts, Laboratory Support Services
Mario Pujato, PhD, Biomedical Informatics
Tiffany Puska, Liberty Campus/LA4-1
Stefanie Raab, RRT, Respiratory Care
Christine Ramos, RRT, Respiratory Therapy
Elizabeth Raphael, PharmD, Pharmacy
Tiffany Ross, Operating Room
Jennifer Schmidt, Radiology
Geraldine Schulze, Behavioral Medicine/Clinical Psychology
Melissa Scott, Pluripotent Stem Cell Core
Chanel Stevens, LISW-S, Psychiatry
William Swaney, Experimental Hematology and Cancer Biology
Molly Villari, RN, Specialty Resource Unit
Suzanne Walker, Registration Services
Mallory Webb, RN, A7 Central
Olivia Weingart, RN, Drug and Poison Information Center
Samantha Williams, Family Relations
Shirley Wise, Food Services
Kaylee Wright, RDMS, Echocardiology

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other-sentinel-moments

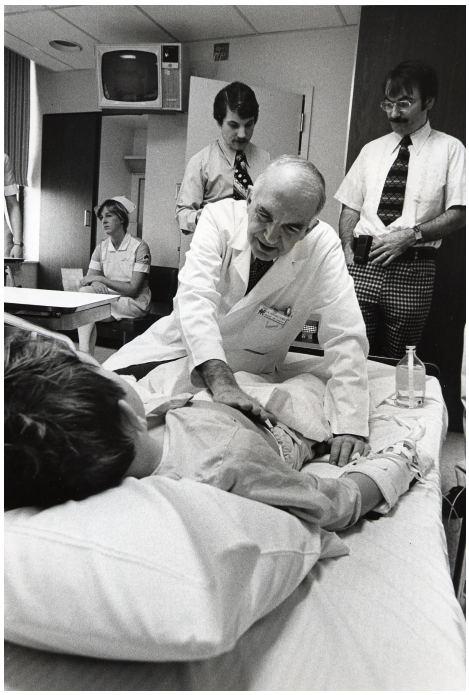
There are other sentinel moments, as well:

- Procter cemented the academic orientation of the hospital when he stipulated that 1) the third hospital structure, built with his help in 1926, be located near the University of Cincinnati College of Medicine, and 2) the physician-in-chief of the hospital would also serve as the university's chair of the Department of Pediatrics. This type of connection was uncommon for children's hospitals at that time. Most operated in isolation.

- The Research Foundation opened in 1931, endowed by Procter with $2.5 million. It was the first pediatric-focused research foundation in the country, and it is the oldest building on our campus. Procter required that proceeds from the endowment be reinvested in research and could not be used for operating expenses. His gift enabled our long tradition of intradisciplinary collaboration and cooperation.

- Procter also required that our scientific production be reviewed periodically. The first review happened in 1938 when select faculty members met with the Scientific Advisory Committee in New York. One of the committee's recommendations was that we should invest in virology, as the study of viruses was becoming important. It proved to be wise advice.

  What followed was a "Golden Age" of research at Cincinnati Children's, with the likes of **Josef Warkany**, MD, Human Genetics; **Albert Sabin**, MD, Virology; **Clark West**, MD, Nephrology; **Fred Silverman**, MD, Radiology; and **Sam Kaplan**, MD, Cardiology, serving on a dream team of investigators. Their discoveries and innovations dramatically improved pediatric care and brought Cincinnati Children's to the world's attention.



- That same year, Children's Hospital leadership agreed to become the area's only pediatric hospital, which meant taking on the care of all children, regardless of the family's ability to pay. Previously, most of the unpaid cases had gone to General Hospital (now University Hospital). This decision led to an annual budget deficit of roughly $3.5 million. To make up for this gap, Schubert requested funding from Hamilton County. In June 1976, a tax levy passed at the polls, and for the first time, Children's became a partially tax-supported institution.

  With the passage of the levy, General Hospital agreed to close all of its pediatric services, except for its newborn nursery. Good Samaritan Hospital also ended its pediatric services and merged its residency program with ours. In return, we provided faculty for their newborn intensive care unit. This marked the consolidation of all pediatric care in the Greater Cincinnati community.

- In June 1987, we opened Children's Outpatient North, known today as Mason Campus. It was our first foray into the community and the first time we offered surgical services apart from the main hospital. We proved we could do it without sacrificing quality or safety, and it was much more convenient for patients and families.

War II had a deep impact on the
hospital's many of the physicians were
ary. Sabin was
sworn in as a lieu lonel with the
Board of Investigation of Diseases, where he
developed a vaccine cephalitis. Merrill
Cooper, MD, di Bacteriology on
research on dysentery. Samuel Proctor,
MD, with the help of Paul Boxmeyer, MD,
perfected a preservative solution for whole
blood, which was used by the U.S. Army and
Navy. With this spate of research
developments, post-war competition to
recruit physician scientists was fierce.
Fortunately, Children's reputation, facilities
and endowments were very attractive. In
1950, we added a new research and
laboratory wing in Procter's memory,
expanded the number of departments and
added thousands of research discoveries and
therapeutic programs to our list of
achievements.

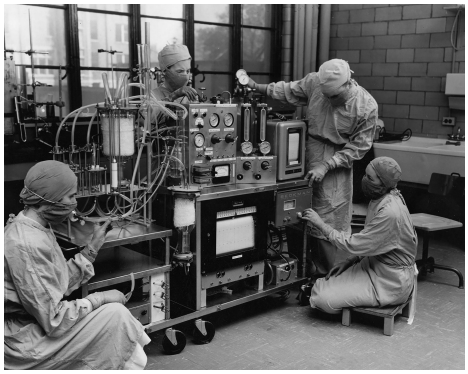
Research-that-rocked-35560043

(See Research That Rocked)

- **Edward Pratt**, MD, chair of Pediatrics (1963-1979), and Chief of Staff **Bill Schubert**, MD, worked to consolidate five independent pediatric care organizations in the area with our own Children's Hospital and the Research Foundation. They were: the Adolescent Clinic, the Dental Clinic, the Convalescent Hospital, the Cincinnati Center for Developmental Disorders and United Cerebral Palsy. Each existed for its own purpose and often competed for the same resources. Getting them to unite under one medical staff and one administration was no small feat. Together, they became Children's Hospital Medical Center in 1973 and offered families one place to access comprehensive medical and psychosocial services for their children.
- In the '90s, we recognized that research wasn't just about basic science. We began to delve into quality improvement and healthcare delivery and made them into genuine academic enterprises. In April 2002, Cincinnati Children's received a Robert Wood Johnson Foundation grant for Pursuing Perfection—the only pediatric facility to be awarded one. The grants were given in response to two reports from the Institute of Medicine that suggested the healthcare system was failing America because it was poorly designed. The grants helped formalize our quest to transform healthcare through a family-centered approach, breaking down silos and building up our infrastructure to support and sustain our work. On September 1, 2010, the James M. Anderson Center for Health Systems Excellence was established to expand our quality improvement efforts. **Uma Kotagal**, MBBS, MSc, was named executive director.
- In 2010 we re-dedicated ourselves to building a culture of safety by empowering all staff to speak up if they had a concern about a patient and reinforcing the concept of 200-percent accountability. This behavioral shift, which initially thrust many employees outside their comfort zone, paid off in reduced serious safety events. We quickly broadened our scope to eliminate all serious, preventable harm, including precursor events, e.g., blood stream infections, ventilator-associated pneumonia, surgical site infections and serious pressure ulcers. Soon after, we added employee safety to the mix. In 2012, we joined the Ohio Children's Hospitals' Solutions for Patient Safety—a collaborative that allowed us to share learnings about safety at the national level.

Research That Rocked

- **Bubble-defoam oxygenator heart-lung machine—Leland Clark,** PhD, director of the Division of Neurophysiology, invented the technology that allowed the Cardiology team at Cincinnati Children's to perform the first open-heart surgery in 1952. The machine took unoxygenated blood from the heart, oxygenated it and returned it to the body.



Heart-Lung Machine

- **Oral polio vaccine—Albert Sabin,** MD, developed a live-virus oral vaccine against polio that was famously distributed to thousands of families on "Sabin Sunday," April 24, 1960. Since then, this devastating disease has nearly been eliminated worldwide. For his work, he received the Presidential Medal of Freedom and the Daniel Drake Award, which is the highest honor the UC College of Medicine gives.

Sabin Sunday

- **PKU screening—Helen Berry,** MS, did pioneering research on phenylketonuria (PKU), a genetic inability to metabolize an amino acid in protein, resulting in severe mental retardation. Berry helped develop a test to detect PKU and was a proponent of early screening. She spent years developing a dietary supplement that made it possible for PKU patients to eat a less restrictive diet,

- **Sickle cell screening—Marilyn Gaston,** MD, began the sickle cell disease program at Cincinnati Children's in 1972. Later she became assistant surgeon general and rear admiral in the U.S. Public Health Service. In 1986, she published a sickle cell study that led to nationwide newborn screening.

- **Human surfactant—In 1988, Jeffrey Whitsett,** MD, who co-directs the Perinatal Institute, announced that he and his research team had identified and cloned two proteins essential to the production of human surfactant, a substance that keeps lungs pliable so they can easily expand and contract as one breathes. Whitsett's discovery revolutionized care for premature newborns around the world.

- **Rotavirus vaccine—Richard Ward, PhD,** and **David Bernstein,** MD, developed and conducted early clinical trials of a successful rotavirus vaccine. It was first licensed in Mexico in 2004, and it received FDA approval in 2008 for use in the United States. It is now used worldwide. The disease, which is usually not fatal in the U.S., previously caused 500,000 deaths per year in undeveloped countries.

- **Gene therapy for sickle cell anemia—Punam Malik,** MD, a physician-scientist in the Cancer and Blood Diseases Institute, has done promising research on a new treatment for sickle cell anemia that reverses symptoms of the disease. Preliminary data from a pilot Phase 1-2 clinical trial was presented at the American Society of Hematology's annual meeting in December 2018.

- **Stem cell and organoid medicine—Jim Wells,** PhD, graduate student Stephen Trisno, and other scientists at Cincinnati Children's Center for Stem Cell and Organoid Medicine (CuSTOM) have been working to bioengineer the entire human gastrointestinal system in a laboratory, using pluripotent stem cells (PSCs). Their efforts are leading to new personalized diagnostic methods and focused in part on developing regenerative tissue therapies to treat or cure GI disorders. Also collaborating on this study are the divisions of Developmental Biology; Oncology; Allergy and Immunology, and Endocrinology at

the first major improvement in treatment of PKU in 30 years.

Cincinnati Children's, as well as the Gladstone Institutes in San Francisco

Helen Berry

DeCastro-Family

DeCastro-Family

DeCastro Family

With (l-r) Heidi, Mila and Vicky deCastro, there's never a shortage of smiles.

Vicky deCastro, RN, talks about her 8-year-old daughter in a way that many moms talk about their third-grade daughters. Mila is active, feisty and determined. She loves unicorns, mermaids and testing her mother. "Anything I challenge her to do, she does," says deCastro. The fact that Mila has cerebral palsy is but one physical descriptor, one for which deCastro was well prepared when she adopted her from Jiangsu, China, six years ago.

This sense of normalcy for deCastro and Mila is precisely what **Mary Allen Staat**, MD, hoped for when she opened the Cincinnati Children's International Adoption Center (IAC) in 1999. For 20 years now, the IAC has assisted internationally and domestically adopted children and their parents, pediatricians and community doctors before, during and after adoption.

DeCastro has worked at the medical center for 28 years—24 of those she served in the Neonatal Intensive Care Unit in a variety of positions, from bedside nurse to clinical director, and the last four in Care Management as clinical program manager. She first became connected to the IAC through a colleague, Karen Sparling, vice president of the Perinatal Institute, who invited her to the IAC's annual celebration fundraiser.

A few years later when deCastro decided to adopt, she went to the IAC site, began researching agencies and found All God's Children. Because of her nursing background in the NICU, she was already open to children with complex medical conditions, as internationally adopted children often are, but Staat made certain to paint a realistic picture of what life would be like on the other side.

"She was on my side but was going to be very honest with me," says deCastro. "Mary not only got to know me, who I was and what kind of family I had, but also the kinds of things I liked to do so that she could tell if a situation would fit my lifestyle."

Some of the pre-adoption services offered by the IAC included researching prevalent illnesses in Xuzhou City and recommending vaccinations for Mila once she got to the United States, plus preparing deCastro for the expected developmental challenges. The new mom appreciated Staat's encouragement to look at the abilities in her daughter rather than focus on the setbacks.

Once deCastro and Mila were back in the States, the IAC team care managed their needs and helped connect them to the right services and resources at Cincinnati Children's and in the community, resources for everything from vision and hearing screenings to a baseline image of her brain.

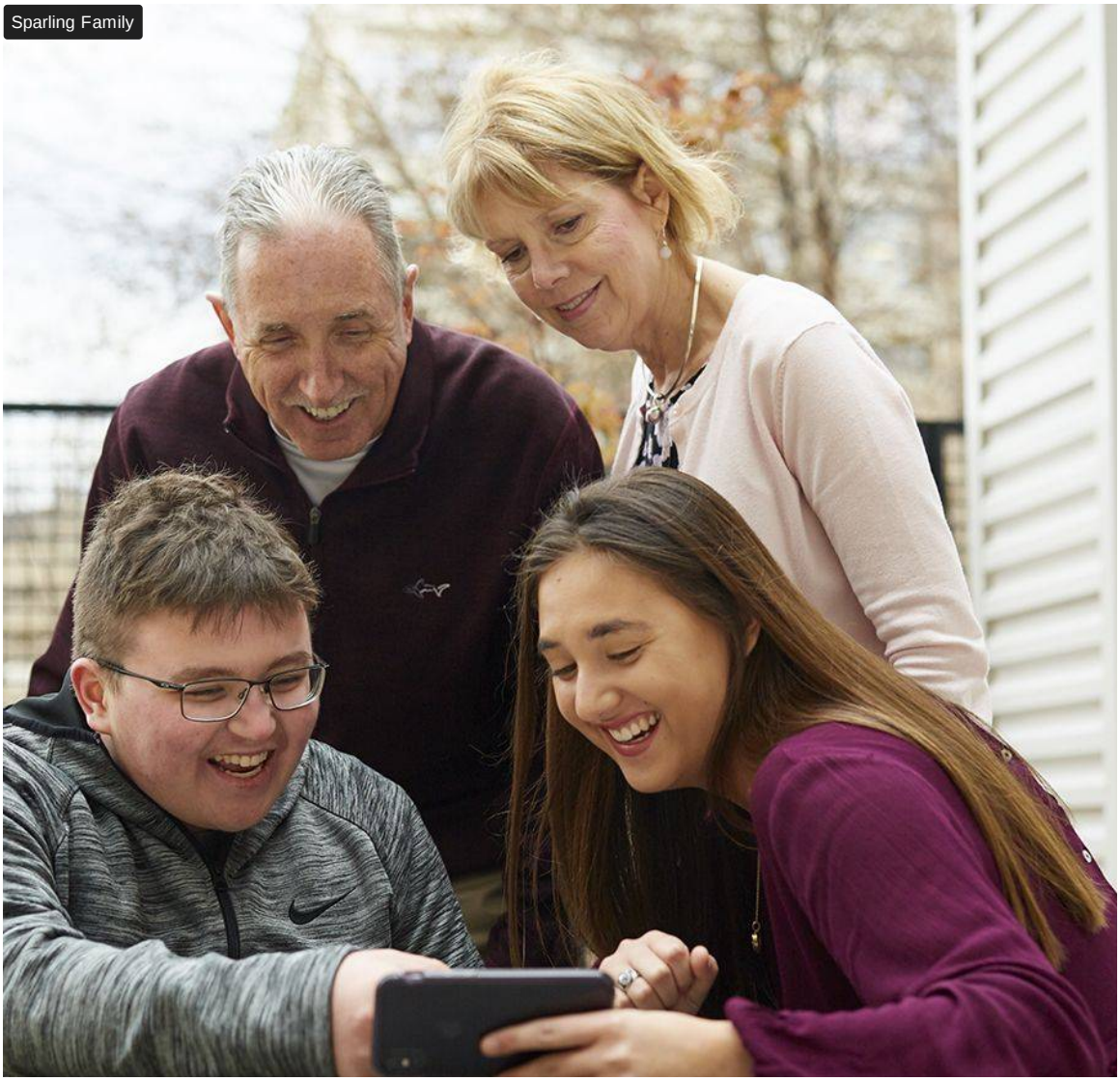
By deCastro's account, families need a care manager to navigate an often overwhelming system, especially when it involves medical complexities. "Mary helped me see the bigger picture," she says. "When parents can understand the system, they get to enjoy their child."

The coincidence, as it might or might not be, is that deCastro now serves patients and families in

"By deCastro's account, families need a care manager to navigate an often overwhelming system, especially when it involves medical complexities.

"The new mom appreciated Staat's encouragement to look at the abilities in her daughter rather than focus on the setbacks.

Care Management. Becoming an advocate for orphans came naturally, as did a position on the IAC's Advisory Board.


Sparling Family

Sparling Family

Sparling Family

Paul and Karen Sparling with their children, Kenneth and Natalie. Daughter Ashley Sparling (not pictured) rounds out the family.

It was Karen Sparling's own experience with the IAC that prompted her to pursue a job opportunity in finance at Cincinnati Children's in 2004. Under the guidance of the team at the IAC, her husband Paul and she adopted Natalie and Kenneth from an orphanage in Ufa, Russia, the year prior. She initially discovered the IAC by attending a local conference on adoption and a presentation by Staat on medical issues to consider when adopting internationally.

Natalie was 22 months old and Kenneth 14 months old when the Sparlings brought them home. This would not have been possible, Sparling says, without the support of Staat and the IAC. “In Russia, there are often bogus medical diagnoses in order to get the orphans approved to be adopted internationally.” Thus, experts, such as Staat, are crucial for reviewing and developing a plan of care to proactively address any issues. It’s common for children in orphanages to have unique and complex health, medical, developmental and psychological issues from being institutionalized, so the IAC works with adoptive parents on the transition and securing necessary intervention services as early as possible.

“In Russia, there are often bogus medical diagnoses in order to get the orphans approved to be adopted internationally.

When the Sparlings received their referral for Natalie and Kenneth, they were given just three days to respond. Staat fit them into her schedule, reviewed the records and gave feedback right away. She even made herself available while they were in Russia. Their first week home, the Sparling children underwent a thorough assessment by the IAC. Beyond the initial examination, the IAC helped the family address Attention Deficit Hyperactivity Disorder, learning issues, reactive attachment issues and several hip surgeries for Kenneth’s bilateral Legg-Calve-Perthes Disease, which causes hip dysplasia.

Today, Natalie is a freshman at Wilmington College studying business and sports management and playing on its softball team. Kenneth is a senior in high school and plans to attend a local college next year, and Karen’s 28-year-old stepdaughter is a flight attendant who lives in Philadelphia. “If it wasn’t for Dr. Staat and the IAC helping us navigate international adoption,” she says, “Natalie and Kenneth would have spent their childhood in a Russian orphanage only to age out when they turned 16, and then they would have been turned away to live on the streets.”

“I know how important it is to ensure mothers and babies get the care and support they need in our community to truly change the outcome for babies and their families.

Sparling became the assistant vice president of the Perinatal Institute in 2009, and in 2018 she became vice president, a role that affords her the opportunity to affect change for the mothers and their infants. “I know how important it is to ensure mothers and babies get the care and support they need in our community to truly change the outcome for babies and their families,” she says. “It is a privilege working with the Perinatal Institute co-directors **Jeffrey Whitsett**, **Jim Greenberg** and **Lou Muglia** and our outstanding physicians, researchers, nurses and supporting clinical and community health teams.”

Sparling is also a member of the IAC Advisory Board and co-chairs its annual fundraiser, the very event she brought Vicky deCastro to all those years ago.

Eldridge Family

Eldridge Family

Eldridge Family

Josiah Eldridge (l) knows he has a winning hand, as brother Malachi and parents Paula and Darell Eldridge look on.

Paula Eldridge, APRN, CNP, a nurse practitioner in the Acute Care Cardiology Unit, has worked at Cincinnati Children's for nearly 19 years, the last six of which she has spent caring for complex patients. The challenge of the population is her favorite part of her job, and she has firsthand experience with difficulty. Her husband and she adopted two boys from South Korea, with assistance from the IAC.

“

International adoption can feel like an overwhelming process to start, but I am so thankful that our family has been made complete with our boys.

Their oldest son, now 15, was 6 months old when he arrived home in 2004. Their youngest was 1 year old when they brought him home. He’s now 11. Their oldest son is a healthy young man without any long-term health problems. Their youngest son was born premature and quite ill, and has some vision and speech issues as a result. Fortunately, they are both involved in the school band and archery team and are both thriving in school.

“International adoption can feel like an overwhelming process to start, but I am so thankful that our family has been made complete with our boys,” Eldridge says. “Dr. Staat and the IAC team were wonderful in helping us get connected with different services and specialties for our kids, as well as ensuring they were immunized appropriately, didn’t have any health issues we were unaware of, and just generally helping us navigate becoming parents of internationally adopted children. We enjoy celebrating some Korean holidays and making and eating Korean food. We have learned a great deal about our children’s birth culture. I couldn’t imagine our family any other way.”

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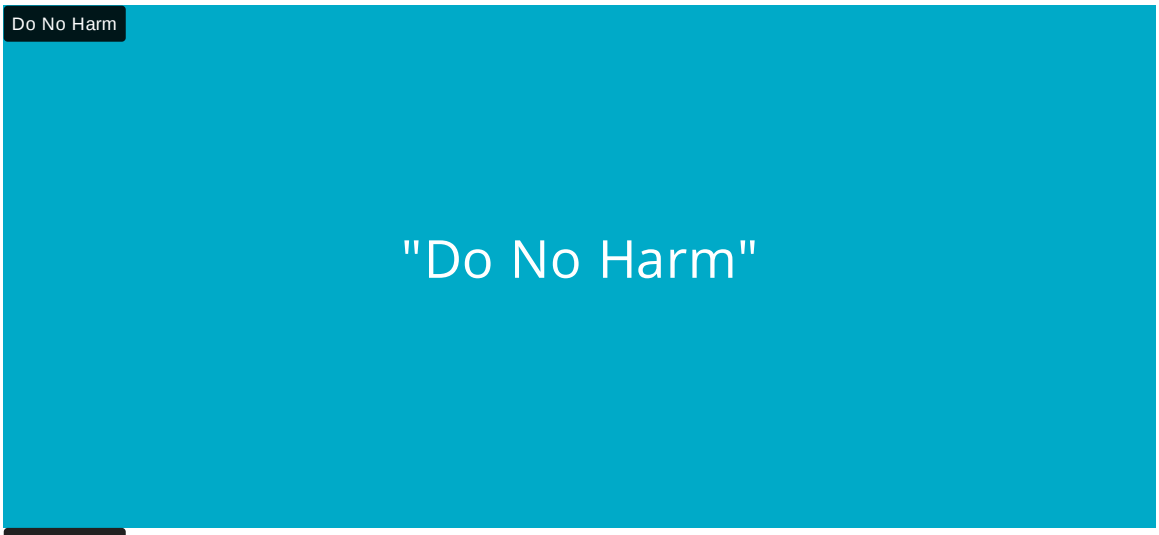
We have learned a great deal about our children’s birth culture. I couldn’t imagine our family any other way.



"Do No Harm" is a powerful new national public television documentary by two-time Emmy-winning producer Robyn Symon. The film reveals a dire medical crisis: the alarming suicide rate by doctors and medical students that ranks as the highest of all professions and nearly twice of the general population. At a time of unprecedented doctor shortage, more than one million patients lose their doctors to suicide each year, yet because of the stigma, it's often covered up...until now.

"Do No Harm" follows four families bonded by tragedy on a mission to expose medicine's secret. Enter Pamela Wible, MD, advocate and "guardian angel" leading a revolution to encourage doctors to talk about their own suffering. (Her TEDMED talk has 450,000 YouTube views.) But this hidden epidemic is a symptom of a larger medical crisis, namely the corporatization of medicine that's leading to rampant depression, drug abuse, sleep deprivation, and burnout that begins in med school with cutthroat competition and mounting student debt, and continues through residency.

This cycle can trap doctors in an assembly-line model of care that not only affects mental competency, but also leads to a compromised quality of patient care.

"Do No Harm" shines a light on this growing medical crisis while also offering possible solutions, including legislative reform, and ways to destigmatize mental health in medicine so it's safe for doctors to seek help. But what is desperately needed is to start a dialogue, ignite change and stop this epidemic in its tracks, and Do No Harm is on a mission to do just that.

Registration is required.
The cost is $20 per person.

Click here for registration

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