Facility dog, Farley, and Vice President for Human Resources, Sue Wilburn.
Each day in healthcare, we are faced with opportunities to grow and improve. Children’s Hospital met new challenges and exceeded expectations in 2016. We worked hard to keep families and patients at the center of our focus as we expanded our care facilities.

In November 2016, we opened the Scripps Networks Tower with a focus on improving family-centered care. The new facility boasts a beautiful new 44-bed Neonatal Intensive Care Unit. It encompasses many innovative features found in no other hospital. The art and light creates a wonderful environment for our families and the ability for both mom and dad to stay the night promotes family bonding. My favorite change is allowing sibling visitation throughout the week.

The Endocrinology Center and specialty clinics have made it convenient for our families to receive care from a multispecialty team. These teams will be even more accessible in March 2017 with the opening of our new state-of-the-art Perioperative Center.

The Care Coordination team developed systems to better assist families with medically complex children and created a multidisciplinary record for all team members. Through their efforts, we have seen a 10 percent decrease in hospital readmissions and are now looking to expand the program.

To provide continuity in clinical care, the Organizational Development and Learning office partnered with nursing leadership to develop ETCH Days. This quarterly program provides a consistent format to roll out new initiatives and strengthen core competencies.

Finally, the Children’s Hospital family welcomed its first four-legged employee this year. Farley earns her pay, and biscuits, Monday through Friday as an animal assistive activities dog. Farley is named after an oncology patient who led policy changes here at Children’s Hospital. She reminded us that interaction with dogs provides moments of respite and comfort to patients experiencing pain and isolation during illness. Farley compliments our robust group of volunteers and their H.A.B.I.T. dogs in creating an environment that reminds our patients of home.

Change is not always popular but is necessary for our continued success in serving the children of our community. Knowing that change is inevitable, I am proud of the many accomplishments that this team has had over this last year. There is nothing that we can’t tackle together.

‘Believe with all your heart
Dream with all your mind
Achieve with all your strength’

No matter the challenges, we must keep our eye on the future.
Who we are

East Tennessee Children’s Hospital is a not-for-profit, private, independent pediatric medical center. For the past 79 years, Children’s Hospital has been the primary provider of pediatric care in East Tennessee and offers care regardless of a family’s ability to pay. Our 152-bed facility is certified by the state of Tennessee as the only Comprehensive Regional Pediatric Center in East Tennessee and is accredited by the Joint Commission.

As a regional referral center for East Tennessee, Children’s Hospital has a mobile state-of-the-art intensive care unit, Lifeline, available 24 hours a day, seven days a week to transport critically ill and injured newborns and pediatric patients from outlying hospitals.

Our professional practice model

Our schematic visual, a pinwheel, signifies how clinical staff at Children’s Hospital practice, communicate and collaborate to provide the highest quality of care. The pinwheel represents clinical staff in action as we continually respond to the needs of our patients and the environment. The core of the pinwheel represents the patient and family with all components of our professional practice model moving in concert around the patient. The pinwheel is supported by the strong philosophy of family-centered care.

Hospital admissions
5,799

Emergency department visits
68,859

Outpatient visits
168,458

Surgeries
10,862

Nursing demographics
Total number of nurses
660

Average length of employment
10 years

Percentage of bachelor’s degree in nursing
64%
In November, Children’s Hospital opened a new 245,000-square foot expansion project, the Scripps Networks Tower, adjacent to the main hospital building. The building is named for national media company Scripps Networks Interactive. Headquartered in Knoxville, Scripps Networks Interactive donated $10 million to the project, the largest single corporate gift in the hospital’s 79-year history.

The Scripps Networks Tower houses:

• A multispecialty clinic featuring an updated diabetes/endocrinology center
• A new Neonatal Intensive Care Unit (NICU) with 44 private rooms and a rooftop garden
• A new inpatient/outpatient surgery center
• Light-filled pedestrian walkways
• Two levels of parking
• An art collection featuring artists from across the state of Tennessee
At Children’s Hospital, patients can receive visits from special volunteers, therapy dogs. This year, Children’s Hospital took this innovative idea even farther to develop a program for a facility dog. The program is supported by the Volunteer Services department and in partnership with PetSmart™.

In order to provide a calming, more healing presence during moments of stress, this special employee of the hospital will be able to visit with not only patient families but employees, too. Often, employees face difficult circumstances, and the facility therapy dog program is designed to help provide comfort during these situations.

In December, Children’s Hospital adopted Farley, a golden retriever puppy who will train to be a comforting presence within the organization. She is named after a former patient who loved and valued interaction with animals during her treatment at Children’s Hospital. Farley will begin her training process within the next year before she sets out to make the tough moments on Children’s Hospital floors a little brighter. She will be escorted by a core group of Children’s Hospital staff members Monday through Friday.

Farley visits with Vice President for Human Resources Sue Wilburn, left, and Jamie Pate, R.N.

**Kristyn’s Law**

Farley is named in memory of Kristyn Farley, a young girl whose big love of animals caused Children’s Hospital to rewrite the rule book on therapy dogs. Because of Kristyn, dogs are now allowed to sit with children in their beds (a connection that brought Kristyn comfort as an oncology patient at Children’s Hospital).

“The whole policy changed because of Kristyn,” says Volunteer Services director Cheryl Allmon. “We came to call it Kristyn’s Law.” With the new policy in effect, many families have Kristyn to thank for that extra level of nurturing from facility dogs.
New expansion focused on family-centered care

Specialty Clinic

The new and improved clinic space at Children’s Hospital was meticulously planned to provide more convenient patient care. The specialty clinic in the Scripps Networks Tower features a comfortable, spacious playroom for patients to remain occupied while waiting. Our clinics are designed for outpatient needs, and many of those patients attend the specialty clinic weekly or monthly. Clinic patient families can park in the new tower’s parking garage and take the elevator straight to the clinic floor.

Neonatal Intensive Care Unit (NICU)

Our tiniest patients in the NICU have many needs, but one thing is clear – healing while surrounded by their families is what is best for both the patient and family. As Children’s Hospital leadership began planning for our expansion, the Scripps Networks Tower, they kept this important need in mind. The new space includes 44 private NICU rooms to ensure each baby will have space to heal with his or her parents, siblings and other family members surrounding them. Families and siblings contribute to the healing process. The space also features a rooftop garden to provide patient families an opportunity to retreat from the tense moments in the NICU. Patients can spend weeks or months in the NICU, so private rooms create consistency and a sense of home.

Our NICU’s focus is on brain development, and the new NICU’s layout allows nursing staff to enhance the care of our NICU patients. This new NICU expands a comprehensive program focused on neuro-protective components, including natural lighting to facilitate growth, temperature control for thermoregulation and sound barriers to protect hearing.
Cooling transport

Often, if a baby experiences a traumatic birth, he or she is at risk for a brain injury. To keep the baby's brain healthy, Children's Hospital NICU staff turn to cooling technology to allow our smallest patients to heal. Previously, the NICU used cooling caps on location at Children's Hospital. While this treatment was incredibly effective, our pediatric experts there determined cooling blankets would allow babies born across East Tennessee to receive treatment more quickly. Children's Hospital's transport team can now place a patient on the cooling blanket while the patient is transported to Children's Hospital's NICU by Lifeline, our custom-made ambulance equipped like a mobile NICU.

The cooling blanket lowers a baby's body temperature to about 91 degrees (normal is 98.6 degrees), allowing the patient's neurological system to heal without having to compete with other vital systems. Using the cooling blanket is a 72-hour process. During this time, the patient is kept in a separate room that remains dark and quiet so these patients can avoid any stimulation. After the 72-hour cooling process, the NICU staff can begin the warming process to increase the baby's temperature back to normal.

Cooling blankets are "shown to make a big difference in the outcome of these babies," Children's Hospital neonatologist John Buchheit, M.D., said. "It makes sense to start [the process] as soon as possible." Applying the blanket while on transport to Children's Hospital just 30 minutes earlier can make a massive difference in the outcome for the child. "All of our babies are born someplace else," Dr. Buchheit said. "We are servicing babies all over the region. We had to take these important treatments out into the community."

Supporting patient health through EMR expansion

Children's Hospital has many medical practices across six counties in the East Tennessee region. Depending on a patient's needs, he or she may visit multiple practices, such as primary care or a specialty. In an effort to streamline processes for our patient families, Children's Hospital successfully implemented eClinical Works electronic medical record (EMR) system at the practice locations. Our dedicated providers, clinical staff and patient service representatives are already seeing the benefits of utilizing an electronic patient record integrated throughout the practices.

Our EMR system has a patient portal feature where providers can choose to send lab and radiology test results for families to view. Families can also receive patient visit summaries and educational materials and can request medication refills through the patient portal. The eClinical Works system consolidates the various forms and information requested from our patient families. It also gives them one resource to look up their child's health information. Most of all, it simplifies processes and saves time for our patient families.
PROFESSIONAL GROWTH

“I can better both myself and the care I deliver to patients.”

2016 Certifications

Certified pediatric nurse

- Tennille Kent, B.S.N., R.N., C.P.N.
- Allison Grubb, B.S.N., R.N., C.P.N.
- Katelyn Harvey, B.S.N., R.N., C.P.N.
- Rachel Jones-Tackett, B.S.N., R.N., C.P.N.
- Kelly Savich, B.S.N., R.N., C.P.N.
- Genna Scalf, B.S.N., R.N., C.P.N.
- Beverly Simpson, B.S.N., R.N., C.P.N.
- Kaitlin Williams, B.S.N., R.N., C.P.N.

Certification in flexible endoscopy processing

- Rosemary Bright
- Karen Conley

Certified wound, ostomy and continence nurse

- Charla Purkey, R.N.C.-N.I.C., C.W.O.C.N.

2016 Presentations

- “Saf-ER Pediatric Care” presentation at the 15th annual Update on Pediatric Emergency Medicine conference - Director of Emergency Services Christy Cooper, M.S.N., R.N., C.E.N., C.P.E.N., E.M.T.-P.
- “Common Symptom, Uncommon Reason – Cases from the Pediatric ED” UT LIFESTAR luncheon - Director of Emergency Services Christy Cooper, M.S.N., R.N., C.E.N., C.P.E.N., E.M.T.-P.
- “Prevention of VP Shunt SSI’S” presentation at the Tennessee Hospital Leadership Summit – Shelley McClure, B.S.N., R.N.
- “ED Sepsis Bundle” presentation for CHAT – Kelly Filyaw, B.S.N., R.N., C.P.E.N. and Jana Harris, B.S.N., R.N., C.P.E.N.
- “Competency vs. Education” for nursing leadership at Children’s Hospital – Jana Harris, B.S.N., R.N., C.P.E.N.
- “Neuro in the Pediatric Population” presentation at the Region II EMS Director’s Conference – Kelly Filyaw, B.S.N., R.N., C.P.E.N.

REACH

Recognizing Excellence at Children’s Hospital (REACH) is a program that encourages and rewards the professional development of nurses. REACH offers four levels of achievement containing various required skill and educational requirements.

The levels are:

Level I – Entrance Nurse
Level II – Proficient Nurse
Level III – Skilled Nurse
Level IV – Outstanding Nurse

Participants include:

- Lauren Baumgardner, B.S.N., R.N., R.N.C.-N.I.C.
- Tomica Bellamy, B.S.N., R.N., C.P.N.
- Arminda Carter, R.N., C.P.N.
- Megan Davis, R.N., C.P.N.
- Katelyn Oakley, B.S.N., R.N., C.P.N.
- Rebecca Troutt, B.S.N., R.N.
- Karen Beeler, B.S.N., R.N., C.P.N.
- Debra Brady, R.N., C.P.N.
- Christina Curry, B.S.N., R.N.
- Liza Graves, B.S.N., R.N., C.P.N.
- Katrina Quist, B.S.N., R.N., C.P.N.
- Aimee Zemke, B.S.N., R.N., C.P.N.
New degrees

Master of Science in Nursing
- Christen Aikens, M.S.N., Nursing Education
- Chase Holt, M.S.N., P.N.P.
- Stacy Loy, M.S.N., Nursing Education
- Kerri Powell, M.S.N., P.N.P.
- Hannah Schmidt, M.S.N., C.F.N.P.
- Leslie Shoemaker, M.S.N., F.N.P.

Bachelor of Science in Nursing
- Emily Baker, B.S.N., R.N.
- Kailey Chadwick, B.S.N., R.N.
- Katie Davis, B.S.N., R.N.
- Nicole Garton, B.S.N., R.N.
- Tanda Montgomery, B.S.N., R.N.

Other
- Debi Dobbs, B.S.N., R.N., C.P.N., Sigma Theta Tau, International
On the move

Children's Hospital's clinical and operational leadership faced a challenge in November with the opening of the hospital expansion: the NICU was required to move from its current location to the new tower. Moving these fragile patients was something the clinical staff did not take lightly, collaborating with departments across the hospital to begin preparations and planning the logistics of moving the babies several months prior to the move date.

Our leaders were confident it could be completed efficiently and safely. “We move babies all the time with our transport team,” NICU nurse manager Tracie Savage explained. “They’re experts.”

Nursing leadership determined the highest acuity patients would be moved first. The risk was great because critical patients in our NICU can be affected by stimulation. Moving the highest acuity babies first would allow the clinical staff to get patients situated before moving to the next patient.

Savage and her team wanted to keep the patients, families and staff comfortable throughout the transition process. The clinical leaders created moving manuals and a care plan for each patient that stayed by the bedside and throughout the move of the patient and any accompanying equipment.

The NICU’s move was a collaborative effort between multiple departments to ensure a safe, smooth transition. The day of the move, four transport teams comprised of two nurses, a respiratory therapist and transport technician alternated transporting all 26 NICU patients to the new unit. “We disrupted them minimally,” Savage said. “We really had no issues.”

The benefits of the new facility were seen almost instantly with families like the Toledos, whose son was born 12 weeks early. Before the move, parents were not allowed to stay overnight with their baby. The private rooms in the new NICU make overnight, and even sibling, visitation possible. “We’ll be able to stay with him,” says Manuel Toledo, “and that means a lot.”

Shared governance

After Children’s Hospital’s nursing councils examined their goals in 2015, the councils recognized the value to shift its support structure to include all clinical staff in decision making. This revamped shared governance structure provides a more inclusive model and way for nursing to partner with the many other departments involved in patient care. The new structure went into effect at the beginning of 2016.

The new council structure includes four primary councils that report to the Coordinating Council. The councils include Clinical Performance Improvement Council (CPIC), Professional Engagement Council (PEC), Evidence Based Practice and Research Council, and Informatics Council; Clinical Practice and Standards Council reports to CPIC. Coordinating Council has representation from leadership in all clinical areas and council chairs to ensure that information is reviewed, communicated and disseminated in a timely manner. The benefits of the new process are a de-siloed, succinct approach to projects, and ensure support from all key stakeholders.

The primary goal is to decrease the amount of change introduced to the frontline staff in all clinical areas by utilizing a coordinated approach to all projects, education and initiatives. The Coordinating Council manages a calendar that includes upcoming projects so employees are aware of all projects ahead. These projects are managed through the Project Planning Process, which incorporates continuing nursing education accreditation and LEAN principles to serve as a guide to effectively plan and roll out projects that affect clinical staff.

“Projects and initiatives are better organized. It provides a more succinct approach that includes adequate support. We’ve seen decreased stress because fewer projects are hitting our staff at one time.”

– Nursing Director of Support Services Karen Burchfield, M.S.N., R.N., C.P.N.
benefits for Children’s Hospital clinical staff, and employees have been willing to adapt these new processes, too. “It’s a multi-disciplinary team sitting around the table,” Burchfield said. “This is an integrative approach to project management.”

**ETCH Days**

To simplify education for our clinical staff, Children’s Hospital’s Organizational Development and Learning department collaborated with nursing to create ETCH Days. ETCH Days provides organized days of training to promote new knowledge and reinforce old information to ensure competency. ETCH Days covers topics from new products to hospital acquired condition (HAC) bundle reviews. A needs assessment is completed for each unit to determine educational needs for the year. This all inclusive approach to education for clinical staff decreases stress on the frontline by providing new equipment and education in a concise and effective way. The education roundtable, comprised of staff from Organizational Development and Learning, is essential in facilitating the planning and coordination of these projects so that there is no overlap. This team also manages the sign-in stations at events.

ETCH Days is held on consecutive days with varying hours to accommodate all shifts. The Laboratory, Respiratory Care, Pharmacy and Environmental Services have joined in on these educational sessions.

NICU staff moves a patient into a new private room in the NICU.
New building, new staffing model

The new NICU at Children’s Hospital provided the opportunity to adjust the nursing staffing model. The new unit features private rooms for patients, creating a bigger space. The NICU was designed with patient families and staff in mind, creating a neighborhood-style set up.

“We know that babies respond well to primary nursing,” NICU nurse manager Tracie Savage said. “Families do too.”

Typically, nurses work three 12-hour shifts per week, which doesn’t ensure a nurse will care for the same patient for multiple days, particularly for the 150 nurses on staff in the NICU. “We want our patient families to get familiar with the same nursing team,” Savage said.

The NICU leadership took the opportunity to create a staffing model built around the neighborhood organization. The unit is divided into four areas known as neighborhoods. Each neighborhood, depicted by a color, is staffed by the same team of nurses. The skill level of the nurses is evenly dispersed among the teams, and the most experienced nurses are specific neighborhood leaders.

This new staffing model is beneficial for the nurses as well. “Nurses can build camaraderie and trust getting to know a smaller team,” Savage explained.

Since the move in November, the NICU’s transition has gone smoothly. Most importantly, our patient families are already seeing benefits. “The babies seem to be thriving in this environment,” Savage said.

Maggie Bosley, R.N., with Ava, age 6.
**Improved perioperative processes**

Children’s Hospital has completed an exciting year of growth and expansion. While our new tower opened in November, Children’s Hospital is not finished with the transition. Our pre- and post-surgery floors as well as our operating rooms will combine into a surgery center scheduled to open in 2017 in the Scripps Networks Tower. Children’s Hospital took this opportunity to improve multiple aspects of the patient family’s surgery experience prior to this move.

Perioperative services and the LEAN department partnered to evaluate and streamline multiple processes. In the new space, preoperative surgery will be combining with the post-anesthesia care unit. This model allowed for many efficiencies. The most prominent change was to the admission processes. The team was able to reduce the number of questions asked by 62% and decrease duplicate questions by 86%. Staff also developed a patient priority board to track patients and their status. This resulted in a reduced average time to get a patient ready for surgery to 42 minutes, well under the 60-minute goal.

These departments also examined communication between multiple aspects of the surgery experience. Through improvement of communication methods, surgery increased the number of on-time surgery starts up to 75%. The department is currently developing streamlined processes focused on supply chain management.

These improvements will not only assist in streamlining the surgery preparation process but more importantly will help create a better experience for our patients and families.
Coordinating care

Children’s Hospital always strives to provide the best quality and safest care for our patients and to provide support every step of the way. The Care Coordination department was created to assist patient families in the navigation of the complexity of hospital admissions, reduce patients’ emergency department visits and reduce the frequency of patients’ re-admissions. The goal for Care Coordination is to empower parents during hospital admissions and upon their child’s discharge so they feel prepared with the proper medical knowledge and resources to care for their child going forward.

The team is multidisciplinary and consists of social workers, case managers and patient navigators.

- Social workers provide the initial assessment, counseling and connection to resources for patient families. They have specialized skills related to finding gaps in services and resources that parents need to address their child’s medical and social/emotional needs.
- Nursing case managers assist clinicians and the team to identify medical discharge needs such as medication, home health care, and medical equipment for home.
- Patient navigators are nurses that collaborate among the care team to develop comprehensive goals for care, support health literacy and provide anticipatory guidance regarding new and difficult diagnoses. Navigators prepare patient families for re-entry into the home setting, serve as a resource for education needs and assist in the navigation of the medical care system for our complex patients. Families have the benefit of having the navigators as a liaison with the hospital services once they have transitioned home.

EMPOWERED TO IMPROVE

“I have autonomy and can improve quality in patient care.”
Care Coordination collaborates with multiple departments, from Children’s Hospital Home Health Care to Respiratory Care, as well as insurance companies to provide an inclusive approach to a patient’s care, assessing all needs through the discharge process and beyond. Daily, team members host huddles among caregivers to prevent any communication barriers.

Care Coordination launched its pilot project in March 2016 before expanding the program. Our Care Coordination team strives to make a positive impact on patients’ lives. From streamlining processes and paperwork for a patient’s care, to collaborating with physicians, this new department’s goal is to increase patient families’ quality of life by helping them go home safely and navigate their continued care effectively.

**Patient safety driven**

Children’s Hospital is passionate about keeping our patients safe and partnering with other pediatric hospitals on this important goal. We value the importance of transparency with families and constantly look for ways to heighten our family engagement perspective. This year, Children’s Hospital’s Solutions for Patient Safety (SPS) Hospital-acquired conditions (HAC) leadership group partnered with Meg Wohlford, a parent who is a member of Children’s Hospital’s Family Advisory Council. Wohlford has provided a valuable perspective to the team. “My involvement is to be a parent voice,” Wohlford said. “My role is to really push hard to figure out the best ways to continue to open that communication and getting parents more involved in the safety and quality roles of their child’s care.” Wohlford wants to help patient families understand the valuable input they can have in their child’s care and safety. “When a loving family member wants to be a part of the medical care team, it can only better things for the child,” she said.

SPS HAC Leadership has led many outstanding initiatives and seen tremendous improvements. In the past year, the group credits improvement work like the research and launch of readmission discharge bundles, unplanned extubation research group, job instruction sheets, harm card real-time bundle observation audits, family engagement in HAC prevention, the Speak UP campaign; successful VTE screening trial in PICU and quarterly education of HAC bundles at organization-wide educational days. In addition, Children’s Hospital inpatient surgical nurse educator Charla Purkey, R.N.C.-N.I.C., C.W.O.C.N., has been selected as the chairman of the Pressure Injury Prevention committee within the Children’s Hospital Alliance of Tennessee (CHAT) and represents our hospital throughout the state. Children’s Hospital PICU nurse educator Bill Chesney, B.S.N., R.N., C.C.R.N., is leading the project for unplanned extubations and represents the hospital at the national unplanned extubation SPS workgroup.

“**I was impressed at the high level of care and concern they take with every single aspect of patient safety and quality care.**”

— Meg Wohlford, parent and Family Advisory Council member

**Pediatric nurse training**

Children’s Hospital’s Human Resources and Organizational Development and Learning departments partnered with nursing to develop a pediatric nursing fellowship program to attract experienced adult care nurses and nurses with limited acute care pediatric experience to join the team at Children’s Hospital. The program is designed to help alleviate the stress and anxiety nurses may have when transitioning from adult to pediatric nursing.

Children’s Hospital began by looking to our own nurses for input. The pediatric nursing fellowship program was developed by utilizing information gained from focus groups of current Children’s Hospital nurses who had recently experienced this transition. These nurses provided feedback on content needs related to the care of the pediatric patient and the needs of new nurses to have a deeper understanding of Children’s Hospital culture and patient safety initiatives. These recommendations were formulated into a curriculum that was piloted in May 2016.

Christy Cooper, Nursing Director of Emergency Services and one of the program’s initiators, said, “Many of our fellowship attendees tell us that they would never go back to adult nursing.”

During the program, nurses attend specially designed courses and participate in a unit-specific orientation with a preceptor. These courses are designed to help build on the skills from a nurse’s past acute care experience and apply those skills to the pediatric setting. Participants spend valuable time training in the Children’s Hospital Simulation Center to integrate these concepts into realistic scenarios. After completion of orientation and fellowship program classes, individual cohorts of nurses will continue to meet until the end of the first 12 months to provide ongoing support.

Brittany Collins, a nurse on the 2nd floor who participated in the program, said that the course offerings were invaluable to her move into pediatrics. “The classes have made the transition so much easier,” she said.
ACHIEVEMENTS

Daisy award

The Daisy Foundation honors the work nurses do at the bedside every day with the Daisy Award for Extraordinary nurses. Daisy Awards are presented monthly to an extraordinary nurse at Children’s Hospital.

2016 Daisy award winners
- January: Lindsey Bernstorf, R.N.
- February: Jamie Pate, R.N.
- March: Lacy Turner, R.N.
- April: Carol Segroves, R.N.
- May: Nancy Parnell, R.N.
- June: Rachel Walker, B.S.N., R.N.
- July: Shelby Stott, R.N.
- August: Cody Davidson, R.N.
- September: Lauren Fielden, R.N.
- October: Melissa Guzman, R.N.
- November: Katelyn Oakley, R.N.

Sunflower award

The Sunflower award is presented to extraordinary patient care assistants, technicians and transporters.

2016 Sunflower award winners
- Karen Meyers, P.C.A.
- Rachel Peterson, P.C.A.
- Hannah Welch, P.C.A.

Lily award

The Lily award is presented to exceptional health unit coordinators.

2016 Lily award winner
- Tracie Ailey
Bryson, age 3.
Kenneth, age 8.
Hearing from our families

More than anything, we value the comfort and care of our patients and their families. Receiving satisfactory feedback tells the story of our hospital. Here are a few highlights.

“Every person who entered our room, from housekeeping to CNA to RN and doctor to volunteer were extremely courteous and considerate. The staff was constantly asking if either of us needed anything and were glad to assist as needed. I would proudly recommend our Children’s Hospital. The nurses and staff went out of their way to assist us and make our stay comfortable.”

“We all felt at home and loved by all. Everyone was so caring.”

“Physicians, nurses, CRNAs were all welcoming and made me feel like my child was important and a high priority.”

“When a child is sick stress levels are high, Children’s Hospital is a blessing in these times of need.”

“Our experience was excellent. Starting in the ER all the way up to the discharge from the floor, we could not have asked for better care.”

“This is the only hospital that my child actually looks forward to because how great the staff is. When we leave home my child asks what hospital we are going to and smiles because there are kids like him with the same diagnosis. ... I can’t say enough from my heart: Thank you for what you do!”

“The staff interacted with my non-verbal child and demonstrated concern for his comfort during procedures.”

“The nurses were very attentive to my daughter’s needs and my own. I couldn’t ask for better care.”

“Both my husband and myself have worked in health care for a great number of years. Neither of us had any experience with Children’s Hospital. I cannot speak highly enough of your staff and facility. We are both very grateful for your services and glad we decided to choose Children’s Hospital that day! Please extend our gratitude to the staff and departments.”

“Having worked in health care for more than 25 years, this has been my first real experience on the other side of the process. We are so glad to be going home but will always be grateful for every single person that made our time here such a positive experience. Giving this tiny boy a place to begin his life where he could get a healthy start by treating his unique needs and helping him to grow, thrive and ready to face the world is truly a blessing.”

“I have the highest respect for Children’s Hospital. I want to thank the NICU for everything they did to get my baby home.”
Nothing puts a smile on a child’s face quicker than getting a gift.

The Clinical Excellence Annual Report is a publication of the Marketing Department at East Tennessee Children’s Hospital.

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Farley, Children’s Hospital’s facility dog.