

VANDERBILT UNIVERSITY MEDICAL CENTER

# HOUSE ORGAN

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October 2008

## Trauma's Impact

*A House Organ Special Report*

Trauma Survivor Hillary Coltharp  
with her mother, Shawn

## The News from Guangzhou

BY WAYNE WOOD

Three years ago this month Sharon and I began the process of adopting a child from China. At that time the total process from beginning to end was predicted to last, give or take, a year.

We spent that fall and the spring of 2006 diligently getting our application in order—we child-proofed the house ahead of a social worker's home visit, we had our doctor fill out forms indicating we were fit enough to adopt, we gathered all our financial data to prove that we could support a child, we pulled our birth certificates and marriage license, we got letters of reference, and then we had to get most of these documents notarized, approved by the Tennessee Secretary of State, authenticated by the Secretary of State of the U.S. (we have several examples of Condoleezza Rice's "signature" on our documents), and then approved by the Chinese consulate in Washington, D.C. We had to go the Criminal Justice Center and get a clearance form from Metro Police to certify that we had no criminal record. We went to our local immigration office (a part of the Department of Homeland Security) and were fingerprinted. This was for a criminal background check with the FBI, which is part of applying for the form from Immigration that acts as a "license" from the U.S. government to adopt a child from overseas. And we took a mandatory international adoption class at our local adoption agency.

I'm simplifying here. It was actually more complicated than this sounds.

But in the end, we were approved, and our paperwork was accepted by the Chinese adoption agency on June 15, 2006. In the adoption world, this is called the "log-in date," and it means you are in the queue to get a child.

We were very excited.

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Our region has hundreds of people who are alive today because of the extraordinary care of Vanderbilt's Trauma Unit. A look at the unit's first 10 years through the eyes of the people who fight on the side of life every day.

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Learn how to get a wellness credit for next year with Go for the Gold. Learn about how to join a group of walkers around campus every Wednesday at lunch. And then there's Latin salsa dancing...



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# TRAUMA'S

# IMPACT

*A House Organ Special Report*

# 10 Ten Years of TRAUMA

*The worst trauma cases in the 65,000-square-mile area around VMC end up in this 31-bed unit. If you are one of those cases, you wouldn't want it any other way.*

**BY JOHN HOWSER  
PHOTOGRAPHS BY NEIL BRAKE**



LifeFlight lightly touches down onto the rooftop skyport of Vanderbilt University Hospital with a 59-year-old Kentucky man who was badly injured in an automobile crash.

At this moment, this man's spinal fractures, collapsed lung, multiple rib fractures, severe scalp laceration and hip fracture are the center of the world for the team of trauma professionals treating him. He is the most important person in the world to them.

But in another way, his case is routine, another one of LifeFlight's more than 3,000 annual transports from within Vanderbilt's Level 1 Trauma Center's 65,000-square-mile catchment area.

In the Emergency Department another team of professionals assesses his injuries and starts basic treatment. After that, he is transported to the hospital's 10th floor to spend several weeks in treatment in the Trauma Center.

His injuries are devastating, a defining event in his life and the life of his family, but to those not involved in the treatment of these extreme injuries, it can be hard to fathom how many trauma patients survive such terrible injuries. Yet, 10 years on, all of this seems routine for Vanderbilt's Trauma Center veterans.

### A decade of difference

Vanderbilt's Trauma Center opened with public fanfare on Aug. 13, 1998, and a decade later remains the centerpiece of Middle Tennessee's trauma system. The bricks and mortar physical space of the 31-bed unit may be largely unchanged since '98, but the people who work there have done anything but let time stand still.

Since its opening, the Trauma Center's admissions have nearly doubled from just over 2,000 per year to almost 4,000. "This increase in the volume of patients is due to the growth in our referral community, and because we've lowered our length of stay," said John A. Morris Jr., M.D., director of Vanderbilt's Division of Trauma and Surgical Critical Care. "Due to efficiencies we've increased patients by a factor of two, while the increase in hospital days has increased only by a factor of 1.7."

More than 18,000 motor vehicle accident victims, more than 3,600 gunshot victims, 1,500 stabbing victims, 4,000 fall victims, and a significant volume of other injuries from categories such as farm implements, industrial accidents, pedestrians hit by cars and injuries



(above) Lesley Ann Smith, care partner, and Jamie Spyhalski, R.N., are among the members of the dedicated trauma team that sees patients through a terrible time.

caused by animals have passed through the unit's doors.

If a patient can survive his or her injuries long enough to make it through the doors of the Trauma Center they have a 92 percent chance of survival.

Morris is a pioneer in the field of trauma medicine, which he says, "wasn't even a specialty at the time I started." He was recruited to Vanderbilt in 1984 by former associate vice chancellor for Health Affairs Joseph C. Ross, M.D., and has been VUMC's Trauma director since. At the time of his arrival Vanderbilt wasn't readily able to systematically care for large numbers of critically injured trauma victims.

In addition to his responsibilities as administrator, clinician and researcher, Morris is a strategist whose approach to the care and delivery of trauma medi-

cine has helped lead to the integrated trauma system in place at VUMC today. This system includes LifeFlight with its components of rotor-wing, fixed wing and ground transportation, Flight Communications, The Trauma Center and Vanderbilt's Regional Burn Center.

"The Trauma Center has its origins in the fundamental concept that if you aggregate patients into the hands of a small number of professionals who only deal with that disease process they will learn over time how to deal with it better. Quite honestly, there are things about trauma patients that make them very different from other patients in the hospital," Morris said. "You can call those differences problems, you can call them challenges, you can call them whatever you want to call them. But trauma patients and their families require unique care."

Out of this requirement for unique care came the administrative momentum to physically aggregate Vanderbilt's growing volume of trauma patients into one location, which led to the birth of the 10 North Trauma Center.

"By having a facility to put these patients where there is knowledge, expertise and protocols in place to handle their problems, it's no longer a problem," he said. "Trauma becomes a disease like any other."





*Renee Kopp, CCRN, one of the reasons that a patient who makes it through the doors of the Trauma Unit has a 92 percent chance of survival.*

football player, who were both critically injured in auto accidents; members of Middle Tennessee’s law enforcement community injured in the line of duty; a real estate mogul whose personal airplane went down in a cornfield; a rodeo cowboy gored by a bull; a teenager who nearly had his head severed from his body as he was garroted by a wire fence while riding an all-terrain vehicle; an elderly man who suffered a traumatic brain injury after falling from a horse and then having the horse, in turn, fall on his head, and a teenager who had both feet severed by an amusement park ride.

“What I find most gratifying is that the Trauma Center has helped change the culture of the institution as far as going out into the community. The Trauma program has expanded the institution’s reach, and helped change the culture of the institution away from being known only as a quaternary referral center,” Morris said. “We’re much more about meeting the community’s public health needs than we were years ago. The Trauma service, the Emergency Department and LifeFlight have been fundamental catalysts in initiating this change.”

### Memories of Jordan

For most health care workers, treating patients who suffer such violent injuries may be a once in a year, or even once in a career experience. But after a decade with the Trauma Center there is a core group of highly experienced professionals who relish the daily task of bringing these patients back from the brink. As

### The disease of trauma

What is different about the disease of trauma other than the nature of the injuries? Well, the disease happens 24 hours a day, seven days a week. In fact, late night between 11 p.m. and 2 a.m. is the peak time for admissions to the Trauma Center. Many patients who are victims of violence come attached with security requirements. A percentage of trauma patients’ injuries are self-inflicted. Those with traumatic brain injuries require specific protocols as they begin to regain awareness and exhibit behavioral problems.

“The aggregation of these patients allows us improve clinical care, and to do that in a scientific fashion. This is part of the mission of the enterprise,” Morris said.

Not only is clinical care improved by the aggregation of trauma patients, but by treating all these patients in one place also significantly reduces cost. “What we have seen is that creating these efficiencies, which includes lots of little efficiencies, if you aggregate them our length of stay is about 30 percent less now, and therefore we have lowered cost by 30 percent,” he said.

This increase in efficiency has so far allowed Vanderbilt to continue to treat a growing population of uninsured or underinsured patients. “Under different circumstances this patient population might have led to a reduction or the demise of our trauma program,” he said.

While systems and process for treat-

ing VUMC’s trauma patients may be routine by now, many of the patients’ injuries, and how they sustain them, are anything but ordinary. Things that happen to trauma patients—Morris does not call these accidents—are myriad, and frequently hard to believe. The Trauma Center has a history of treating a broadly diverse patient population from all walks of life.

Among the more visible patients in recent years: a rock musician seriously injured in a motorcycle accident; a major country music star and a professional



*While work continues on one patient, Timothy Nunez, M.D., answers a page about another.*

Morris says, the location of 10 North may comprise the bricks and mortar, but the team of 16 physicians, 108 nurses and 42 staff make up the Trauma Center's heart and soul.

With their all-black scrubs and T-shirts which say "The Good Guys Wear Black" the staff of the Trauma Center is a breed apart. In ways that challenges and frequent stress can drive people apart, it can also bring them closer together. The veterans of the Trauma Center are a deeply committed group.

Shannon Godby, R.N., CCRN, has been taking care of trauma patients since 1995. She was there the day the Trauma Center opened in 1998 and is now a charge nurse with the unit.

"It's been really nice to have our own space," she said. "We've outgrown it now, but because of this space we've been able to do better for the public, to be able to take care of more patients, and take care of them better with the technology and resources."

"This can be a hard place to work for some people. We have a high turnover rate for staff, even though we have a lot of people who have stayed a long time. It's a hard balance to maintain because of what can be an overwhelming volume of patients. But we've been good about finding that balance. I've stayed because of the teamwork, the camaraderie, the way we work together. We're a family and that's what keeps me here."

Godby notes the care of trauma patients has changed significantly over the decade. "The way we take care of patients has gone with the technology and gone with the statistics. We've changed a lot of our practices based upon those things we have found in the past about what works and what doesn't," she said.

Among the tens of thousands of patients treated, the Trauma Unit staff has patients from over the past decade who stand out. For Godby the one that stands out is a young man named Jordan, a 17-year-old who was critically injured in a car wreck with some friends.

"He wound up being here for about six weeks. His family and I bonded. Jordan was the same age as my son and his mother and I are the same age," she said. "It was a long struggle with lots of ups and downs, but Jordan died. I am still in contact with his family and will forever be connected with them. He will forever stand out."

Jordan was dying. But Godby and the



*Milton Higginbotham, R.N., has worked in the Trauma Unit since its opening in 1998.*

staff was able to help the family by performing dialysis and by reducing some of Jordan's medications so that his mind was clearer and he was able to communicate with his family during his last week. "His family, even to this day, has thanked us for giving them a little bit more time to be with him, interact with him, and say goodbye," she said.

### **"God Bless the Trauma Nurses"**

Melissa Eudailey, R.N., CCRN, an interim assistant manager, actually started her nursing career at VUMC the day the Trauma Center opened in 1998. Hired as a new graduate from nursing school, she was there in her brand new black scrubs the first night the Trauma Center was opened.



Mario Ramirez, M.D., center, working with one of the more than 4,000 annual patients who come to the Trauma Unit.

"It was very intense because it seemed like there were hundreds of us in black scrubs working that night," she said. "All of the staff who came from 9 North or the SICU were intensively taking care of our patients, while the rest of us new staff were walking around open-mouthed and not really knowing what was going on," Eudailey said. "As new graduates or new staff I don't think we realized how difficult it was for those people who had already been here and were experienced to take on a new unit. It was a steep learning curve and a tumultuous time. But I wouldn't change a thing. I'll probably be here forever."

Eudailey's most memorable patient is Barry, a patient on the Trauma Unit during the very first year.

"He had terrible injuries. He was a grade-five liver laceration, which is usually carries a near 100 percent mortality rate. He was in a car wreck. We did everything we could for him, basically just trying to keep him alive until his family could get here. We had drips going and everything. It was so hot and sweaty, and everyone was working as a team. It kind of gives me chills just thinking about it now.

"We pulled that man back from death," she said. "It was unbelievable. And he's now back to work. He's a vibrant, contributing member of society. He has a wife and five children. Every year now he comes back with a different T-shirt with sayings like, 'God Bless the Trauma Unit,' 'God Bless the Trauma Nurses,' or 'I Wouldn't be Here Without Vanderbilt.' He's a big proponent of what we do here.

"This is the hottest, hardest work I have ever done. This is the hardest, most intense, most mentally draining, most physically draining job and I wouldn't change a minute of it. There is nothing in the world like the adrenaline rush when someone comes back, who turns the corner. There is just nothing like it."

### Like a family

Assistant manager Jamie Wiggs, R.N., B.S.N., is another 10-year veteran of the

Trauma Center. "Working here means teamwork, cohesion, and pride in the job we're doing," she said. "It is nice to go home in the afternoon and know that you've done everything you can for your patient and for their family."

Wiggs says that staff of the Trauma Center can't continue to do the job without some levity from time to time. "You can't do this job day in and day out and not have fun with the people who you work with because with all the tragedy that goes on if you don't like who you're working with, and if you can't cut up and joke around to some extent, you can't make it from one day to the next," she said. "This job is hard to do on a good day, but near impossible on a bad day. But it's a great place to work and I feel blessed."

Wiggs recalls caring for an Amish man who suffered a very serious facial laceration from a saw blade. "These folks had never been to a big hospital. They were just blown away by everything. But they've actually come back to visit us several times to show us how he's doing and to thank us," she said.

Wiggs remains close to Kaitlyn Lasitter and her parents. Lasitter is one of VUMC's more famous trauma patients in recent years. She is the teenager who had both feet severed in a tragic Kentucky theme park accident in 2007. VUMC sur-



John Morris, M.D., director of Vanderbilt's Division of Trauma and a pioneer in trauma medicine, conducts rounds.





*A Trauma Center has to be able to field a large staff 24 hours a day to deal with any emergency.*

geons were able to successfully reattach one of Kaitlyn's feet.

"She came back to visit the unit a couple of months ago. No one could believe how well she is doing," she said. "She walked onto the unit, took a spin, and no one could believe it."

Unit clerk Joyce Stallworth is another 10-year veteran who gets particular satisfaction when patients recover and return to visit.

"It doesn't seem like 10 years. It's been great. I've enjoyed every minute of it. I enjoy getting to know the families and watching the patients come back made up and looking like new," she said.

"There have been a lot of sad moments from the ones who didn't make it, but the ones who come back to visit make up for it. It's like a family up here. I look forward to coming to work every morning."

Sarah Hutchison, B.S.N., C.C.R.N., is the unit's manager. She has been in this role since four months after the unit opened in 1998. Managing 108 nurses and 42 staff members on one of the hospital's busiest units is a huge responsibility.

"It's challenging. It's exciting. I've been able to see a lot of miracle cases at the same time I'm continuing to work on system problems because we outgrew the unit's physical space at a very early

stage. This issue and issues with family support have been my biggest concerns," she said. "But it's been very fulfilling."

Hutchison says that nearly doubling patient volume within the same physical space has stressed the system, but the staff has risen to the challenge.

"That's where we pride ourselves, because with Dr. Morris' leadership we've come up with a great way to efficiently care for more patients," she said. "Overall, I think we have done a good job and I think the patients' survival outcomes and feedback from patients' families have shown this."

**More than 18,000 motor vehicle accident victims, more than 3,600 gunshot victims, more than 1,500 stabbing victims, more than 4,000 fall victims, and a significant volume of other injuries from categories such as farm implements, industrial accidents, pedestrians hit by cars and injuries caused by animals have passed through the unit's doors.**

# ROOM 1810

*A longtime Emergency Department staff member finds that one room in the “old” ER can still stir up some ghosts*

**BY KEVIN HIGH**

*Authors Note: This essay is about a room that is now in the “B-pod” of the Adult Emergency Department and was once the hub of the original ED.*

I pass by there often. It is a nondescript room in the adult emergency department. The room and I go way back. As I walked by the other day curiosity got the best of me and I stepped inside.

As I said earlier, the room and I go way back. I began my relationship with the room in 1989 as an Emergency Department nurse; it was the “trauma room.” There was a small blue sign outside the door to the room that said “T-2.” It was the room where all the badly injured trauma patients were placed. The room was the hub of activity of a new and burgeoning trauma center.

Since I was a young, eager clinician it was where I wanted to be. Every acutely injured or ill adult or child from within the region would pass through there. The frenetic pace and tempo of the room was intoxicating. I learned so much there.

Our relationship grew and blossomed when I became a flight nurse in 1993. I began delivering patients to the room and on occasion assisted the ED staff performing procedures and caring for patients.

People from all walks of life have passed through the room; some walking through on a tour, some seeing a friend or family member, and some lying on a stretcher. I’ve seen a U. S. president pass through the door, as well as country music stars, athletes, celebrities, criminals—just about any and everyone. The room and I are a lot alike: we try not to judge and we take all comers. If you’re

really injured badly or really sick, we’re your best friend.

I’ve developed some of the best professional relationships I’ve ever had there. Within those four walls I’ve worked side by side with some of the most brilliant people in health care.

I’ve learned lifesaving skills in the room. I learned to focus and compartmentalize when stressed, I learned to always do the right thing for the patient there regardless of how I felt, what a policy says or what conventional wisdom would allow me to do. I learned that it is usually basics over brilliance that saves lives, that consistency matters and that I should trust my own instincts. I became adept at working 12 hours without a meal or bathroom break. I’ve been hugged, nearly mugged, spat upon, congratulated and have felt every emotion imaginable within those four walls.

I saw things in the room that have stayed with me for all these years. The room and I have seen a lot of death. On many occasions I’ve seen the housekeeper’s mop bucket water turn red from all the blood shed on that floor.

The room has had many a documentary, news piece and reality TV event filmed there. It is somewhat of a star that is a little older and faded.

Hundreds of people have died in the room. At times it’s almost seemed like the hungry spirit of death was in the room. The heaviness of all that has happened in that room overwhelms me if I let it. My stepfather was treated in the room and died shortly thereafter in VUH.

I’ve heard many a prayer lifted in that room and many a cuss word said. I’ve seen both good and evil, tragedy and triumph but most of all I’ve seen great people doing the right thing for people in need.

The room is now a larger part of the Emergency Department; trauma and acutely ill patients normally go to another set of rooms down the hall. The room has more of a quiet and sedate side to it now. It has mellowed.

The room has changed over the past 20 years; a few coats of paint, new countertops and some basic remodeling have changed its appearance slightly. Same thing with me—I’ve changed. I no longer work as an ED nurse or as a flight nurse. I’m still a part of what has been going there for years, I’m just not at the tip of the spear. The core mission of the room stays the same. It’s always here ready to receive someone that is ill or injured. The room and I are much the same, we change, we evolve—but we remain here.

**I’ve been hugged, nearly mugged, spat upon, congratulated and have felt every emotion imaginable within those four walls.**





# Surviving a whirlwind nightmare

BY LESLIE HAST PHOTOGRAPHS BY JOE HOWELL

*Trauma Survivors Network brings people together to battle dark days*

Despite a traumatic brain injury and extensive memory loss, Hillary Coltharp's story has remained remarkably consistent: After she was ejected from her convertible at 75 miles per hour, she says she felt three angels come to her rescue. Two female angels sat on her left and right and lifted her up while a male angel pressed a hand to her back. Their spirits spoke to hers, she says, telling her God had sent them and they were there to give her peace and she was going to be all right.

Just as the angels promised, Hillary survived, and now a different group is arranging itself around her and other trauma survivors, providing the resources and support they need to recover.

The Trauma Survivors Network (TSN), developed by the American Trauma Society and launched by Vanderbilt in July, helps trauma patients and their families navigate the road from crisis to recovery.

"The moment trauma happens, you're doing the most normal things, but suddenly you're in a whirlwind nightmare. No one knows what they're going to go through with trauma, but TSN tries to eliminate some of that nightmare," said Hillary's mother, Shawn Coltharp.

The moment of Hillary's trauma, Shawn, her husband Paul and other family members were sitting in a Paducah, Ky., restaurant with an appetizer that was getting cold. They had spent the 2007 Labor Day holiday on Kentucky Lake and were waiting for 26-year-old Hillary to join them for dinner.

When she didn't arrive, her father, Paul, and brother-in-law, Billy, went out

to look for her. They noticed that Interstate 24 was backing up with cars.

"I told Billy the good news was she was coming eastbound and all the traffic was westbound," Paul recalled. They didn't know then that Hillary's car had flipped at least three times and crossed over to the westbound lanes, her body landing 75 feet from the car in the emergency lane.

The first person on the scene was a policeman, who noticed a cloud of dust rising on the road ahead. He immediately called an ambulance, and they called for Vanderbilt's LifeFlight helicopter. By the time Paul and Billy got to the scene, Hillary had already been taken to Western Baptist Hospital.

After Hillary was loaded into the helicopter for transport to Vanderbilt, Shawn overheard one nurse say to another, "She'll never make it there."

"I gave her up to God in the helicopter," Shawn said, "but when we got to Vanderbilt, I took her back because the doctors gave us hope."

Hillary had broken bones and a subdural hematoma that would require a craniotomy, but she was still breathing and had good vital signs.

In the coming weeks and months, as Hillary transferred from the Trauma Unit to a rehab facility to home care, the Coltharps struggled through their whirlwind nightmare. Initially, they wondered where to shower and what some of the terms they heard swirling around them meant. Then they worried about choosing the right care facility and how to clean a feeding tube.

Shawn, who now works with the Trauma Survivors Network, hopes to use her personal experience to help other families survive the trauma nightmare.

The Division of Trauma and Surgical Critical Care's implementation of TSN is a direct response to the Vision 2020 goal to extend the walls of the Medical Center.

"It's fine to save a patient's life, but our real goal is to return them to a functional lifestyle in their home community," said John Morris, M.D., director of the Division of Trauma and Surgical Critical Care. "The Golden Hour slogan says 'Give us an hour, we'll give you a lifetime.' We're expanding on the concept of lifetime by moving into the post-hospital environment."

Morris said TSN is made possible by Vanderbilt's expertise in informatics and builds on the concept of family rounds established by Rick Miller, M.D., professor of Surgery in the Division of Trauma and Surgical Critical Care.

"Families could hear the discussion and see the magnitude of resources brought to the patient, and they had the ability to ask questions," Morris said. "But rounds were often early in the morning, and we needed the ability to do that education in a time frame tailored to the needs of the family rather than the medical staff."

So, building on content already developed by the American Trauma Society, the Division of Trauma and Surgical Critical Care established [www.mytsn.org](http://www.mytsn.org), a Web portal with links providing support



*Hillary Coltharp, left, is led by LifeFlight nurse Tom Grubbs as her mother Shawn Coltharp follows LifeFlight nurse Joseph Brentise off the helipad.*

and resources through all phases of trauma recovery.

"Trauma is a disease just like cancer or heart disease. It has predisposing factors; it's not random or accidental. We needed to think about trauma in the same ways as other diseases and put an infrastructure in place to help families cope," Morris said.

The first phase of trauma recovery is immediately after the trauma occurs. The patient is in medical crisis and the family is in social disarray. During this phase, TSN mainly targets the family, providing information about the hospital and the patient's care.

"The family goes through the crisis as a disjointed unit," Morris said. "We want to send the message 'You are not alone. There is a process, and we can help you navigate it.'

"There's a whole new set of information you need in an immediate crisis," Shawn said. "You might not know where to take a shower or access e-mail or find a place to eat."

The Web site offers information on restaurants and lodging, as well as information on what to expect in the hospital, including descriptions of various medical staff, the procedure for rounds and a narrative of a typical day in the trauma unit.

There is also "traumapedia," an online encyclopedia of injuries and procedures free from medical jargon.

"We had stuff told to us in the first 24 hours that I still have no idea what it was," Paul said. "On the Web site, you can do your own research when you're ready."

At this time, families also need to start investigating the next destination for the patient, so the Web site offers information and recommendations for rehab facilities and home care.

"Medical care is a continuum that can take multiple pathways," Morris said. "We want families to understand that the patient won't be in the hospital until they are well. We recommend a group of post-acute care providers with capabilities for managing the unique needs of the trauma

patient. Now TSN can offer more information to families and travel with them to whatever their next destination point is on their journey to recovery."

Shawn said she was reluctant to leave the incredible care offered in the Trauma Unit, but having these recommendations from TSN will make families feel like they are still part of the "Vanderbilt fold" after they leave.

In this first phase, families are also introduced to one of the most important components of TSN, peer visitation. This program organizes trauma survivors and their families to talk with patients and families with similar injuries. They can discuss what to expect with the injury and get support from someone who has experienced the same trauma.

"It helps to have someone call to say 'Here's what happens and here's when it happens.' Just to say 'Oh yeah, we've been there. Hang in there. What you're facing is hard but you can do it,'" Shawn said.

Peer visitation continues into the sec-

**Trauma is a disease** just like cancer or heart disease. It has predisposing factors; it's **not random** or accidental. We needed to **think** about trauma in the same ways as other diseases and put an infrastructure in place to **help families cope**.

ond phase of recovery—reintegration, when patients transition from the hospital back to their home community. Because Vanderbilt serves a wide regional area, TSN hopes to eventually have an extensive network of peer visitors that can continue to offer support in their hometowns.

“Someone told me that the most alone day you will ever feel is when you’re waiting for LifeFlight to take your child to Vanderbilt. But the second most alone day you will ever feel is when your child is coming home. None of us are prepared for the next steps,” Shawn said.

Shawn had a personal friend who provided the support she needed on that first day home, but peer visitors will also be able to fill this role.

Hillary has already made a peer visit to another family.

“The reason I want to keep visiting patients who have been severely injured like I have is so I can show them how far they have come since my terrible accident. I also can see how far I have come when I see them, since I can’t remember much about being in the hospital when I was in such a long coma,” Hillary said.

Resources for the reintegration phase focus mainly on emotional healing. Next Steps, a program distributed nationally by the American Trauma Society, helps patients and their care givers accept life after trauma, including lessons on setting goals, coping and managing pain and anxiety.

“Next Steps helps individuals begin to manage their own pain and depression and their many individual challenges,” Shawn said. “It is also for families. There’s a second trauma to every trauma—the family—and it’s a way to do a self-directed journey through your new life now.”

Shawn says Hillary still has “dark

days,” and her frustration with her injury is evident when she calls her wheelchair a “stroller” and says she feels like a child who has to have a babysitter. But through Next Steps, Shawn says Hillary is close to accepting her trauma and embracing her new life.

The third phase, advocacy, seeks to create an informed, focused and active constituency to improve public health.

“We want to create an army of advocates who have been impacted by trauma and who are educated about it,” Morris said. “We can inform people in the network to contact their legislator when pieces of trauma-related legislation are proposed, and through that, we can lower the impact of this disease on society.”

Shawn says she hopes patients and their family and friends will dive deep into this third phase.

“1.4 million people are diagnosed with cancer each year, but there are also 1.5 million trauma cases. We’ve got to do something to get ahead. We’ve got to educate about prevention and support and promote advocacy,” she said.

Hillary is already working on the advocacy phase—her mantra is “Wear your seatbelt,” and she repeats it to everyone she meets.

Morris also hopes the third phase will jumpstart the philanthropy effort around trauma. Because TSN is not supported by insurance, the program relies wholly on funding from donations and grants.

Students at Harpeth Hall in Nashville donated seven laptops for families to use to connect to the TSN Web site. They hope to have students volunteer occasionally to help less tech-savvy visitors navigate the site.

Since its launch in July, TSN has had a warm reception, but organizers insist it will continue to grow with time. Focus groups are currently evaluating the web-



site and changes will be made based on their feedback. Traumapedia content will be expanded, including interactive help files, and groups are forming to serve as advocates or peer visitors.

“I hope it ends up being a resource and connecting link where we remain part of the patient’s and family’s lives and they remain in ours,” Shawn said. “Vanderbilt has clearly shown that they don’t want to let go of a family when they leave the hospital.”

It’s been more than a year since Hillary’s car accident, and she is still steadily recovering. Because her right brain was injured, she has movement issues in her left arm and leg, and she is hoping to transfer to Stallworth for better rehabilitation with those extremities. She is slowly reconnecting her memories and rebuilding her personal history.

“She’s a hairdresser, and she just washed my hair at a professional salon. She’s never hit a plateau. She continues to improve every day,” Shawn said.

On a visit with her LifeFlight nurses, Hillary freely offered hair advice and chapstick.

“I was always happy helping people feel better and look better,” she said.

Hillary’s son, Max, 6, who splits his time between her and his father, is now crazy for helicopters. He watches for them in the sky, has helicopter toys and received his “wings” on a recent visit to the helipad. He thinks he might want to be a LifeFlight pilot or nurse when he grows up.

Shawn says they owe all Hillary’s success to the LifeFlight and Trauma Unit staff.

“Those are the people who propped us up in the darkest days of our life. We still feel such a closeness and bond to those nurses and doctors. In spite of our crazy family, they became our family. We’re never going to let them go,” she said.



*Hillary Coltharp returns to VUMC to meet her LifeFlight nurses and visit the Trauma Unit.*

## Health and Wellness offers walking, dancing, more

### Walk like you mean it

Join Health Plus for eight weeks of 30-minute walks each Wednesday. Meet at the Medical Center North shuttle drop-off at noon, rain or shine (if it rains the group walks in the tunnels). Two groups will be led by Health Plus each week, one for fast paced walkers and one for slower walkers. No pre-registration is required.

Contact Lori Cowan at [lori.l.cowan@vanderbilt.edu](mailto:lori.l.cowan@vanderbilt.edu) or 343-6576 with questions.

### Start! challenge runs through October

The Start! initiative, the partnership between Vanderbilt and the American Heart Association, continues to walk briskly along, improving employee health all the way. Health Plus and Vanderbilt Heart are providing this physical activity program for faculty and staff and encouraging everyone to participate in reaching the goal of 1,000 participants and an updated goal of 1 billion combined steps by Oct. 31.

You can register by going to Health Plus Web site ([healthplus.vanderbilt.edu](http://healthplus.vanderbilt.edu)) and clicking on the green Start! button.

Even those who prefer a physical activity other than walking can participate. Since Start! is about being more physically active, the site allows staff and faculty to track other activities. Any activity can be converted to steps through the online tracker.

Each registered participant also receives a step pedometer, a paper tracking log for your activities, and resources to help you succeed.

Every participant who logs more than 150,000 steps by Oct. 31 will receive a T-shirt.

### Go for the Gold 2008 continues through November

The 2008 edition of Go for the Gold runs through Nov. 30. As last year, full-time active, benefits eligible staff and faculty can complete the Gold Level of the Go For The Gold Incentives Program and receive \$20/month in wellness credit in 2008. More than 13,000 faculty and staff participated in the program last year, and are being rewarded by Vanderbilt for engaging in healthy lifestyle practices. Here are the steps:

#### Step 1

Do your yearly Health Risk Assessment to learn what your health risks are and what you can do to become as healthy as possible.

#### Step 2

Do your yearly Wellness Action Log to focus on healthy actions that will help you maintain or improve your health.

#### Step 3

View the 2008 Game Plan For Your Health, which is titled "Five Keys to Financial Health."

Steps one and two are also available for spouses and domestic partners of staff and faculty, which adds a wellness credit of \$5 for each step.

All the steps can be completed at [www.vanderbilt.edu/goforthegold](http://www.vanderbilt.edu/goforthegold).

### Child and Family Center offers test prep

Tutoring and Test Preparation Resources in Middle Tennessee are available through the Vanderbilt Child and Family center, at [www.childandfamilycenter.vanderbilt.edu](http://www.childandfamilycenter.vanderbilt.edu).





### Life Phase Series goes green

The Life Phase Series showcases speakers who have ideas to help staff and faculty balance work and home responsibilities. This month's Life Phase Series is titled "Eco-Friendly Travel" and is presented by Team Green, which calls itself "Middle Tennessee's Adventure Club." The program will be held Thursday, Oct. 16, from noon to 1 p.m. in 411 Light Hall.

### Babies and You

Health Plus offers this work site prenatal health promotion program to all Vanderbilt employees, spouses and dependents. The program encourages early and consistent prenatal care and provides monthly educational opportunities on issues relating to perinatal health.

Enrollment is voluntary and free but must be completed during the first trimester of pregnancy. Call 343-8943 to enroll and learn how mothers-to-be can earn a \$100 savings bond (taxable) for their new baby. Fathers-to-be and grandparents-to-be are welcome. Door prizes are given at each program.

All classes are from noon to 1 p.m. This month's class is "Caring for your Newborn," presented by Alice Roth-

man, M.D., assistant professor of Pediatrics. The class will be Thursday, Oct. 16, in 415 Light Hall.

### Self Care classes offered

Most of the time when you get sick or injured, you'll recover without special medical care. But how do you know when medical care is necessary?

In the "Self Care Techniques" class, offered through the Occupational Health Clinic, you will learn:

- What your symptoms mean
- Helpful self-care tips for your symptoms
- When you need to seek medical help
- Valuable prevention tips to stay healthy
- How to make the most of your health care appointments

Class attendees will receive a copy of "Mayo Clinic EmbodyHealth Guide to Self-Care." The next Self Care Techniques class will take place Oct. 8, noon to 1 p.m. in 419 Light Hall.

Pre-registration is not required. For more information, contact the Occupational Health Clinic at [occhealth.vanderbilt.edu](http://occhealth.vanderbilt.edu) or 936-0955.

### Group Fitness News

**Fitness through Dance**—This class is held Mondays at 6:15 p.m. and the featured dance changes monthly or bimonthly. The dance for October is Latin Salsa. You may bring a partner who is not a Health Plus member to Fitness through Dance, however, no partner is required.

### Work/Life Connections-EAP offers tool-kit for smokers

Since the entire Medical Center is now smoke free, those who want to give support to staff and colleagues making the transition to a smoke-free life can find help with a downloadable tool-kit at [www.healthandwellness.vanderbilt.edu](http://www.healthandwellness.vanderbilt.edu).

### Health and Wellness offers Podcasts

Health and Wellness now offers weekly podcasts. Listen to brief interviews, tips and tidbits on a variety of health and wellness topics ranging from relaxation practices to protecting your child from online predators. Visit [www.vanderbilt.edu/HRS/wellness/hwpcast.htm](http://www.vanderbilt.edu/HRS/wellness/hwpcast.htm) to listen from your computer or your MP3 Player.

## Flee from flu for free

Plaza tent open through Oct. 10, other campus locations afterward

The Occupational Health Clinic has kicked off its flu vaccine campaign. Staff, faculty and medical students can get a flu vaccine in the tent on the plaza in front of the Eskind Library through Oct. 10, 7 a.m. to 6 p.m., Monday through Friday, said Valerie Thayer, R.N., who heads up Vanderbilt's flu vaccine program.

Everyone coming to get a shot should have his or her ID badge.

"Influenza is a serious disease," Thayer said. "Each year in the United States on average 5 to 20 percent of the population gets the flu, more than 200,000 people are hospitalized from flu complications, and about 36,000 people die from the flu.

"The Occupational Health Clinic does not want the faculty and staff at Vanderbilt to become flu statistics."

The flu vaccine will be available in the office of Occupational Health Clinic weekdays from 7:30 a.m. to 5 p.m. beginning Oct. 13, and at several other sites on campus:

- The tent on the terrace of the Buttrick Building on Oct. 22 and 23 from 9 a.m. to 4 p.m.
- The tent at the Commons West patio on the Peabody campus on Oct. 23 and 24 from 9 a.m. to 4 p.m.
- The lobby of the Monroe Carell Jr. Children's Hospital, Oct. 15 through 17 from 6:30 a.m. to 5:30 p.m.

There will also be several other opportunities for people whose workplace is away from campus, as well as a traveling flu vaccine cart for night and weekend staff, Thayer said. There will also be prizes awarded to faculty or staff members who get their first flu shot.

Thayer said that it takes about two weeks for your body to develop immunity from the vaccine.

For more information on a site that is convenient for you, consult the flu calendar on the OHC Web site: [www.occhealth.vanderbilt.edu](http://www.occhealth.vanderbilt.edu). The site also has information on common flu



myths and a consent form that you can download to save you time when you arrive for your vaccine.

## Open Enrollment runs through October 15 *Choose health plan, PSA deduction, other choices*

This year's online open enrollment for Vanderbilt's benefits-eligible faculty and staff ends at 11:59 p.m. on Oct. 15.

Notable health plan changes are in the 'Aetna Choice' option with increased fund amounts and lower deductibles. Beginning Jan. 1, 2009, this option will be called "Aetna HealthFund." Any Health Reimbursement Arrangement balances remaining at the end of 2008 will roll to the newly named Aetna HealthFund.

"We changed the name to call attention to significant changes to this Aetna health plan option," said Jane Bruce, HR director, benefits. "Not only is Vanderbilt increasing the HealthFund dollar amount, the deductible is being lowered by more than half of the 2008 amounts. And one of the positives about the HealthFund is that remaining balances rollover to the next plan year."

Changes to the BlueCross Advantage P option include a \$5 increase to the At-Vanderbilt doctor's office visit co-pay (the co-pay will be \$20) and a deductible will be required in the At-Vanderbilt network (\$100 for employee-only coverage and \$200 for the other coverage tiers).

This year's campaign "Do the math" emphasizes the considerable difference in the annual payroll deduction amount of the three health plan options and encourages faculty and staff to spend time reviewing their health care needs.

BlueCross Advantage P is the only health plan option that will see an increase in monthly premiums in 2009. The cost of vision is increasing slightly. There is no increase scheduled for the

two dental insurance plans, however, there will be a change in the co-pay schedule for CIGNA Dental Care (DHMO) plan.

### WageWorks gone, other changes

Another change for 2009 is the spending account administrator changing from WageWorks to PayFlex. "We went out to bid on the administration of the PSA and FRA benefits and have entered into a multi-year contract with PayFlex," said Bruce.

PayFlex will administer both Personal Spending Accounts and the Flexible Reimbursement Account beginning Jan. 1, 2009. "We will provide additional details about the transition to PayFlex in the Open Enrollment materials, but faculty and staff should know that their WageWorks debit cards will no longer work after Dec. 31, 2008," said Bruce. PayFlex will manage transferring any 2008 balances, which includes the IRS grace period on personal spending accounts. The grace period allows participants to incur PSA expenses on 2008 funds through March 15, 2009. PayFlex will also take over responsibility of the FRA effective Jan. 1, 2009, taking claims through Feb. 28 on 2008 expenses.

The rates for Accidental Death and Dismemberment—14 cents per \$10,000 for employee-only coverage and 23 cents per \$10,000 for family coverage—are not changing.

Short-term Disability enrollment is handled through The Hartford's Web-based enrollment. Vanderbilt's HR Web site will have the link for Short-term Disability enrollment beginning at 8 a.m.,

Oct. 1. Enrollment for this benefit ends along with other open enrollment at 11:59 p.m. on Oct. 15.

### Online enrollment help

Enrollment labs will be set up during Open Enrollment for those who don't have a computer available for online enrollment. The enrollment lab schedule will be posted on the HR Web site in September.

A computer will be available for online enrollment in HR Express, 2525 West End Ave. on the second floor, from 7:30 a.m. to 5:15 p.m. each weekday during Open Enrollment.

The personalized enrollment form included in Open Enrollment packets in recent years is being eliminated this year, as 92 percent of faculty and staff enrolled online last year. Blank forms are available for those wishing to use a paper form. Those forms can be printed from the HR Web site ([hr.vanderbilt.edu/forms](http://hr.vanderbilt.edu/forms)) or picked up from HR Express. HR Express will be the only place on campus to drop off a paper form, and paper forms are due by 5 p.m. on Oct. 15. Paper forms should not be mailed.

Faculty and staff will need to have their VUNetID and e-password to use the Web-based enrollment. Those needing to get a VUNetID and e-password, should contact ITS or visit <https://jprod.its.vanderbilt.edu/apps1/its-epassword/main.html>.

For more information on Open Enrollment, visit the Benefits Web site at <http://hr.vanderbilt.edu/benefits>.

Information for this story was provided by Ginny McLean-Swartzell, Health Plan Communicator.

### Beginning Jan. 1, 2009, the monthly rates will be:

	Employee	Employee + Spouse/Partner	Employee + Child(ren)	Family
<b>Vanderbilt Group Health Care Plan</b>				
Aetna Standard (same as 2008)	\$41.00	\$127.00	\$102.00	\$176.00
Aetna HealthFund (same as 2008)	\$47.00	\$147.00	\$119.00	\$204.00
BlueCross Advantage P	\$64.00	\$210.00	\$161.00	\$295.00
<b>CIGNA Dental</b>				
CIGNA Dental Care (DHMO)	\$10.58	\$18.00	\$21.92	\$27.22
CIGNA Dental PPO	\$27.37	\$54.37	\$65.63	\$92.57
<b>VSP Vision</b>				
	\$7.48	\$12.32	\$12.60	\$20.24

# House Organ photo contest goes digital

Enter through Oct. 13 on House Organ Web site

This is the 27th year that *House Organ* has called on VUMC staff, students, volunteers and faculty to submit photographs to the *House Organ* Photography Contest, the winners of which will be featured, one per month, in the 2009 *House Organ* Calendar, to be included in the combined December/January issue.

For the first time this year, only digital images will be accepted for the contest. These may be shot with a digital camera or scanned from prints, but all entries must be submitted by e-mail.

We are also asking for pictures of your pets—dogs, cats, goats, sea anemones, or whatever other carbon-based organism with which you share your life. The pet pictures will be featured in the February 2009 issue in a “Pets of the Medical Center” feature.

Details:

**Calendar Photography Contest:** Open to all subject matter. Twelve winners will be selected on the basis of interest, technical proficiency and suitability, and printed in the *House Organ* Calendar.

**Pet Photography Division:** Photographs of pets of Medical Center staff, faculty and students are welcomed. Photographic skill matters less than pictures that show the personality of the pets. It's OK for people to be in the pictures, too. *At the discretion of the judges, pet pictures may be considered for the calendar.*

Those who want to include some information about their pets, such as age, or the fact that she was picked up as a stray, or that he howls when a fire truck goes by, are encouraged to do so. At the very least, tell us the pet's name and the names of others in the pictures.

**General rules (please read and follow carefully to avoid the disqualification of your entry):**

*Who may enter:* The contest is open to Medical Center staff and faculty, volunteers, nursing students and medical students. People who work in News and Public Affairs and the Medical Art Group are not eligible for the calendar competition. The photo must have been taken by the person entering it.

*What type of photography is suitable?*

Anything—studio portraits, still lifes, landscapes, art photographs, aerial photography, pictures of children, pictures of adults and pictures of pets have all won in the past.

*What formats are acceptable?* The images must be saved as .jpg images, and must be at least 300 dpi. (That means no cell phone photos or other low-resolution images; they just won't work for print).

*What information should be included with each entry?* Your name, department or school, an address and a phone number should be written on or attached to each entry. Again, with the pet photographs, include the name of the pet and the names of any people in the photograph with the pet.

*When is the deadline?* Midnight on Monday, Oct. 13. No entries received afterward will be considered.

*How do I enter?* Go to the *House Organ* Web site at <http://www.mc.vanderbilt.edu/houseorgan/> and click on the pet photo to enter, or send photos by e-mail to [house.organ.photo@vanderbilt.edu](mailto:house.organ.photo@vanderbilt.edu), saved as .jpg images, and at least 300 dpi.

## Cribs of Fun

As part of its observance of Environmental Services Week, staff and faculty of Monroe Carell Jr. Children's Hospital at Vanderbilt held their second annual Crib Cleaning Contest last month. Below left: Neal Patel, M.D., and Kevin Churchwell, M.D., participated in the festivities. Center: Margaret Brown, Norris Horton and Casandra Lewis celebrate their win in the contest. Right: Lee Ann Parker and Barbara Joers put forth a good effort.



There was pretty much nothing to do but wait. So we waited. Sharon went on a trip to China in the fall of 2006 with a professional group. I didn't go, on the theory that we would be returning soon to pick up our child.

While we waited, our adoption form from U.S. immigration, which was only good for 18 months, expired, so we had to get another one—which meant another police clearance (we still hadn't committed any crimes) and another session of fingerprinting (since the FBI threw away the first set, as apparently is their policy).

But while the U.S. government was putting up annoying roadblocks, the Chinese government was making things difficult in a more profound way: it was around the time of our log-in date that the Chinese state adoption agency began reducing the number of referrals it made each month. There are theories about why this occurred, but the truth is nobody outside the Chinese bureaucracy knows. So there are a lot of guesses, but no known facts—to those of us in the U.S. anyway—as to why this happened.

Whatever the reason, this is the

effect: the "one year" wait extended and extended before our eyes. After two years in the queue, we were farther away from adopting than we thought we were on the day we started the process. It is like running forward on a moving sidewalk going the opposite direction, always pushing you back faster than than you can run.

Sharon and I are both in our early 50s, and another two or three years before the adoption happens would mean that we would likely be about 70 before our daughter would be grown and leaving for college.

So we have made the decision to take ourselves out of the line and out of the limbo. We will not be adopting.

I can't tell you how much we appreciated all the excitement, well-wishes, and goodwill that have come our way since we began this. Everybody we know has been wonderful. Our families were excited (even an uncle who jokingly asked if we were crazy, to which we happily responded, "yes!"). My Mom and Dad would spot Chinese children in public and wonder if their new granddaughter would be as cute as that child. My brother and sister-in-law were collecting

clothes and baby equipment. Not a day passed without friends asking for an update. People at our church, some of whom had adopted Chinese children before us, were practically already passing around a babysitting sign-up sheet. This was going to be one beloved child.

It feels weird to invest so much effort and emotion and *life* into something that just falls apart. We will be fine, but that's not to deny that it's a loss and there is grief. Sometimes I see a father with a child and I think that, even one year ago, I expected that someday soon that would be me. Now I know it won't.

All along Sharon and I had been talking about baby names, and somewhere along the way we settled on Helen Li. Sharon put a post-it note on the refrigerator with the name on it, and wrote under it, "when she is in trouble, we can say 'Helen Li' sternly." The note stayed there for the better part of a year. A few weeks ago, she took it down.

[wayne.wood@vanderbilt.edu](mailto:wayne.wood@vanderbilt.edu)

## New House Organ Web site

Check out the new and improved *House Organ* Web site at [www.mc.vanderbilt.edu/houseorgan](http://www.mc.vanderbilt.edu/houseorgan). E-mail your favorite articles to friends, listen to the *Watching the Wheels* podcast, or enter the photo contest with one click. Or check out links to Health and Wellness activities and the latest Employee Discount Program offerings. *House Organ* Online is your home for VUMC Staff and Faculty information.

## HOUSE ORGAN

VANDERBILT UNIVERSITY MEDICAL CENTER

The screenshot shows the homepage of the House Organ website. At the top, it features the title "HOUSE ORGAN" and "VANDERBILT UNIVERSITY MEDICAL CENTER". Below this, there are several article teasers with images and text:

- Watching the Wheels:** "The News from Guangzhou" (October 2008)
- A Beads of Different:** "Cholesterol has been shown to play a role in the development of Alzheimer's disease. A new study from the University of Michigan suggests that a diet rich in omega-3 fatty acids may help reduce the risk of developing Alzheimer's disease." (Image of a person)
- News 1010:** "I caught the flu once again. It's the flu season and I'm not the only one. It's time to get your flu shot." (Image of a person)
- Thomas Gardner's Notebook:** "It's a busy season for the organization of a conference. There's a lot to do and a lot of people to meet." (Image of a person)
- Health and Wellness:** "There have been a lot of headlines about the flu. Let's take a look at how to stay healthy and avoid the flu." (Image of a person)

At the bottom of the page, there are navigation links: "Home", "Search", "VUMC Search", "VUMC News", and "VUMC Events".