

Patient Gains Hand Motion With Help of Hand and Upper Extremity Center

When 7-year-old Sam Strange first came to the Hand and Upper Extremity Center at Cincinnati Children's, he couldn't hold a baseball or play basketball with his right hand. Sam was born with the middle and ring fingers of his right hand webbed together. His right index finger was also webbed to his thumb.

"We started seeing a hand surgeon when Sam was two weeks old," says Sam's mother, Melissa Strange. From that time on, Sam had a number of surgeries, some of which did not yield the results they expected.

Sam had his first operation at 6 months to free his webbed thumb. In addition to several fingers on his right hand being webbed together, Sam's index finger was curled. A surgeon put a pin in his right index finger to straighten it. When the pin came out, Sam's finger curled back down.

"The doctor said that at some point this curled index finger would keep his hand from functioning normally, and he recommended removing it," Strange says. "But Sam's father and I felt very strongly that there was the potential for medical advances in the near future that would make it possible to correct the finger. Also, if Sam decided when he was older that he wanted to have the finger removed, then that would be his decision."

Sam's parents decided to get a second opinion from a highly regarded clinic in Louisville. The doctor there presented three options:

- Remove Sam's right index finger.
- Take a comparable joint from Sam's second toe and replace the joint in his second finger that was malformed.
- Fuse the middle finger joint and insert a pin so he could open his palm and be able to pick things up.

Sam's family chose the joint fusion option,



Roger Cornwall, MD, Hand and Upper Extremity Center, examines patient Sam Strange's hand as mother, Melissa Strange, looks on

but it didn't go as well as planned. Because Sam was growing quickly, his lengthening fingers were stretching the extra webbing between his index finger and thumb too tightly.

Another doctor Sam was seeing at Cincinnati Children's recommended **Roger Cornwall**, MD, who would soon be part of a new Hand and Upper Extremity Center at CCHMC. In November 2008, Sam had his first appointment with Cornwall.

"Not only was he really friendly, but he explained everything. He took as long as we needed for us to know exactly what was going on," Strange says. "The other thing that was so important to me is that Dr. Cornwall pulled up a chair and talked to my son. He made sure we were doing the right thing for him and not just what we wanted to do."

Cornwall also confirmed Sam's parents' suspicions that the fusion surgery did not work. "So it wasn't my imagination that the index finger was bending more – it was growing sideways," Strange says.

Cornwall planned a new fusion surgery for Sam's index finger, this time featuring a screw that would stay in the hand. "Using some new technology, in particular, a smaller screw that's

now available for children's hands, I was able to straighten the index finger so it's useful and functional," Cornwall says.

To free more of the webbing between Sam's thumb and index finger, Cornwall performed a Z-plasty, or zigzagged stitch, which better allows the thumb and skin in the webbed area between the thumb and index finger to grow in different directions.

"It's pretty dramatic watching Sam use his hand now," Strange says. "We had taught him to do things with his left hand, but without this problem, we believe he would have been right-handed. Now he can play basketball and

baseball with his right hand.

"And as his mother, I appreciate the fact that Sam's hand looks normal," Strange adds. "Kids can be mean, and I'm glad that Sam won't have issues with other children because of how his hand looks. We are incredibly pleased with everything the Hand and Upper Extremities Center was able to do."

Cornwall and Sam's family are going to watch his hand as it grows and see if anything more needs to be done. So far, Sam's mom says he is absolutely thrilled. "A few nights after he got his cast off, Sam showed me his hand and said, 'Mom, I really love it.'"

Hand and Upper Extremity Center One of Few in US

Cincinnati Children's has established a Hand and Upper Extremity Center and recruited as its co-director **Roger Cornwall**, MD, one of only six full-time pediatric hand surgeons in the United States.

He joins fellow co-directors Mohab Foad, MD, a hand and orthopaedic surgeon from the University of Cincinnati, and **Kevin Yakuboff**, MD, a hand, plastic and reconstructive surgeon from Shriners Hospital and brings expertise in treating burns and holds a certificate of added qualifications in surgery of the hand. Additional team members include **Jesse Taylor**, MD, plastic, reconstructive and hand surgeon, and **Christopher Gordon**, MD, plastic, reconstructive and hand surgeon.

The Hand and Upper Extremity Center is one of a very few located at a full-service children's hospital. This location will enable the center to provide a wide breadth of experience and services. The center is unique in that it includes experts across many specialty areas.

"We're working with Orthopaedic Surgery, Physical Therapy/Occupational Therapy, Plastic Surgery, and Physical Medicine and Rehabilitation to provide coordinated care for our patients," Cornwall says.

Services available at the center include both surgical and non-surgical treatment of conditions and problems of the hand and upper arm.

"About half of the children and teenagers who come to the center will have had a traumatic injury to a hand, including fractures, tendon, nerve and vascular injuries," Foad says. "The multidisciplinary staff at the center will also treat hand tumors, congenital malformations and neuromuscular problems, such as cerebral palsy."

Yakuboff says the Hand and Upper Extremity Center's partnerships with other divisions (such as Physical Therapy/Occupational Therapy) will make it a "one-stop shopping" treatment center for patients and families.

"The Hand and Upper Extremity Center provides a unique service that is offered at very few pediatric medical facilities in the country," Yakuboff says. "Here at Cincinnati Children's, patients and families will have all the care they need in one place."

For more information on the Hand and Upper Extremity Center, visit www.cincinnatichildrens.org or call the center at 513-803-HAND (4263).

Morehead Survey Offers Opportunities

Measuring employee satisfaction is an art and a science. Since 2006 Cincinnati Children's has used the Morehead survey, an evidence-based tool, to document employee engagement with and commitment to the workplace. According to **Amy Stoll**, director of organizational effectiveness, Human Resources, "We needed the ability to benchmark ourselves against Magnet organizations, children's hospitals and medical centers across the country." Offering anonymity to solicit candid input and providing in-depth analysis, Morehead was chosen by a multidisciplinary committee after "a robust selection process," says Stoll.

Managers and teams that received less than optimal survey results (a rating of Tier 2-Tier 3) were asked to create an action plan to address the issues raised by the survey. The results came out in 2008 and, "Our staff engaged in action planning at unheard-of levels...with over 90 percent reporting completed action plans," says Stoll. Teams were recently resurveyed to gauge the effectiveness of the changes they implemented, and the new results have just been released.

Communication and Recognition

In Radiology the challenge of a large staff and a breakdown in communication led to negative feelings and a lack of job satisfaction among imaging technologists. The group's Tier 3 rating prompted manager **Susan Smith** to take action. Smith convened a half-day meeting to address the reported dissatisfaction asking her staff to "Plan the perfect department—what does it look like?" Smith says she told staff, "This is your department. What works, what do we need to tweak, and what should we totally change?"

Out of that meeting came new avenues for improved communication and the development of a code of professional behavior. It's a written

document now posted in staff-only areas that serves to remind employees what to expect from one another. "We developed a saying that has become our motto: 'Is it nice? Is it necessary? Is it true? If not, don't say it,'" says Smith.

Chocolate Talks

Another tangible result of the survey was the creation of a service award bulletin board located in the department's main walkway. The board provides a space where individuals' achievements are publicly acknowledged. "I looked at what I could change as a manager," says Smith, "and realized that people weren't feeling recognized and that we needed a visible fix. And some chocolate—I've found that chocolate talks."

Smith's staff is encouraged to write recognition cards when they see a coworker go above and beyond the call of duty. The cards go up on the board and then into personnel folders with copies sent to supervisors so that positive feedback from coworkers can be incorporated into yearly performance evaluations.

Resurvey results show that improvements to communication and recognition of staff achievement contributed to a greater sense of shared mission and a sense of mutual respect. These changes led to a Tier 2 rating for the Radiography team.

Up the Road

At the Liberty Campus, survey results show a radiology staff that is happy with their new location (a shorter commute for many); who feel there is good communication between their department and those with whom they interface; and who believe that families and patients are valued. For director, **Mona Valentine**, whose staff scored a top Tier 1



Cancer survivor Keenan O'Neill (I) attended to by manager Susan Smith (in pink) and imaging technologists Erin Atkins and Jared Barker. Smith helped increase employee satisfaction in her department by getting staff input on what changes they'd like to see.

rating, the results were due in no small part to the team's ability to plan and train prior to opening and their commitment to continually make adjustments. "Together we've been able to look creatively at staffing and scheduling and make changes as we go," says Valentine. "So we now have 12-hour shifts that provide overlap at our busiest times—the end of the day shift and beginning of night."

Valentine says mutual respect within her department exists because staff members listen to one another and are part of the solution whenever there are issues. "In order for improvements to be made, I ask for their input.

The team has to be a part of the solution and be involved in the process improvement plan. They have to be engaged since they are involved day-in and day-out. They know what works and what doesn't work. Their voices need to be heard."

As new results continue to come from the Morehead survey, the Human Resources department plans to highlight areas of the medical center with improved scores. Look for more stories of success as teams across the hospital continue to meet and exceed employee expectations.