St. Jude insider

A biweekly internal publication for St. Jude employees

Monday, April 12, 2010

St. Jude Children's Research Hospital
ALSAC • Danny Thomas, Founder
Finding cures. Saving children.

Research points to possible new strategies to combat colitis

ANN-MARGARET HEDGES

Thirumala-Devi Kanneganti, PhD, Immunology (at left) is senior author and **Md. Hasan Zaki**, PhD, Immunology (seated) is first author of a study which points to possible new strategies for combating colitis. Colitis is a chronic inflammatory disease associated with colon damage, resulting in abdominal pain, bleeding and other symptoms.

Scientists report a protein made by a gene already associated with a handful of human inflammatory immune diseases plays a pivotal role in protecting the intestinal tract from colitis.

St. Jude investigators led the research, which points to possible new strategies for combating colitis. Colitis is a chronic inflammatory disease associated with colon damage, resulting in abdominal pain,

cont'd on back cover

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St. Jude faculty honored for excellence as newly appointed endowed chair holders

SETH DIXON

(from left) **Joseph Laver**, MD, clinical director; **Dr. William E. Evans**, St. Jude director and CEO; and (at right) **James Downing**, MD, scientific director, welcomed three St. Jude senior faculty members into the elite pool of existing endowed chair holders at St. Jude. Honored were (center left) **Sean Phipps**, PhD, St. Jude Endowed Chair in Behavioral Medicine; **Andrew Davidoff**, MD, St. Jude Endowed Chair in Surgical Research; and **David Ellison**, MD, PhD, St. Jude Endowed Chair in Neuropathology.

It was a special milestone in the professional careers of three St. Jude senior faculty members. To rousing applause from faculty and peers from St. Jude and the University of Tennessee Health Science Center, **Andrew Davidoff**, MD, chair of the Department of Surgery; **David Ellison**, MD, PhD, chair of the Department of Pathology; and **Sean Phipps**, PhD, chair of the Department of Behavioral Medicine, were honored as members of an elite pool of existing endowed chairs at St. Jude. **James Downing**, MD, scientific director, and **Joseph Laver**, MD, clinical director, presented the trio with commemorative plaques at a faculty gathering in the Danny Thomas/ALSAC Pavilion.

An endowed chair appointment is the highest honor that can be bestowed upon a faculty member for outstanding academic accomplishments. St. Jude endowed chairs are nominated by the St. Jude director, scientific director and clinical director, and approved by the St. Jude Board of Governors. The first such appointment was awarded in Tumor Cell Biology to **Charles Sherr**, MD, PhD, in 1986. Sherr, co-chair of Genetics and Tumor Cell Biology, currently holds the Herrick Foundation Endowed Chair.

Congratulations to the newly appointed St. Jude endowed chair holders for achieving excellence in their clinical and research programs at St. Jude:

Andrew Davidoff, MD, chair of the Department of Surgery and recipient of the St. Jude Endowed Chair in Surgical Research, joined St. Jude in 1997 and has risen through the ranks from assistant faculty member in 1997 to full member and chair of the Department of Surgery in 2009. Davidoff has played a significant role in the management of children with advanced neuroblastoma and Wilms tumor. He has a well-established research laboratory funded by several RO1 NIH grants that focus on angiogenesis in tumor development and gene therapy for hemophilia.

David Ellison, MD, PhD, appointed chair of the Department of Pathology in 2009, received the St. Jude Endowed Chair in Neuropathology. Renowned across Europe and the United States, Ellison's vast expertise in neuropathology and pediatric neuro-oncology has been invaluable to the hospital's Neurobiology and Brain Tumor Program since his arrival in 2006. As chair of the Department of Pathology, Ellison is responsible for managing the department's clinical, research and educational activities. His research interests include the diagnosis and classification of childhood nervous system tumors and the identification of molecular markers in these tumors that are predictive of their biological and clinical behavior.

Sean Phipps, PhD, was appointed St. Jude Endowed Chair in Behavioral Medicine. He came to St. Jude in 1989 as a junior faculty member in the Division of Psychology. He was promoted to associate member in the Division of Behavioral Medicine in 1997 and rapidly established a research program and grant-funding structure for the division. He became a full member in Behavioral Medicine in 2005 and after a national search Phipps was named in 2009 the inaugural chair of the newly established Department of Behavioral Medicine. As chair of the department, he is responsible for the department's clinical, research and educational programs. His research interests include psychological effects of bone marrow transplantation, coping and adapting styles in children facing serious illness, and personality factors in health and illness.

St. Jude awards new subspecialty posts to UT physicians

St. Jude Children's Research Hospital has partnered with the University of Tennessee Health Science Center (UTHSC) to appoint six distinguished physicians to St. Jude chairs in subspecialty areas that have been identified as key to continuing the advancement of treatment and research at St. Jude. The chairs will be administered by St. Jude executive management and UTHSC's College of Medicine. All six chair holders have academic appointments at UTHSC.

The selection process included a review of recommendations submitted by a joint clinical steering committee comprised of St. Jude, UTHSC and Le Bonheur Children's Medical Center officials. A portion of funds from each chair will be used to advance the academic program of the chair holder.

SETH DIXON

Officials from St. Jude and the University of Tennessee Health Science Center (UTHSC) recently honored six UTHSC subspecialty division leaders. The division leaders are the first to be named St. Jude chairs in pediatric clinical subspecialties essential to St. Jude. The six chair holders are: (standing with plaques) **Thomas Chin**, MD, St. Jude Chair in Pediatric Cardiology; and (at right) **Matthew Wilson**, MD, St. Jude Chair in Pediatric Ophthalmology; (front row, sitting) **Dennis Stokes**, MD, St. Jude Chair in Pediatric Pulmonology; **Kanwaljeet (Sunny) Anand**, MBBS, DPhil, St. Jude Chair in Pediatric Critical Care; **Frederick Boop**, MD, St. Jude Chair in Pediatric Neurosurgery; and **Max Langham**, MD, St. Jude Chair in General Pediatric Oncological Surgery.

on the horizon
With St. Jude Leadership — Dr. William E. Evans

From the day St. Jude opened in 1962, we have had partnerships with the University of Tennessee Health Science Center (UTHSC), Le Bonheur Children's Medical Center and other health care providers in Memphis to provide subspecialty care to our patients. We have the world's best team of health care providers on our full-time clinical staff at St. Jude, but there are certain subspecialties, such as pediatric cardiology, pediatric nephrology, orthopedic medicine and neurosurgery, that must see a broad spectrum of cases to maintain their clinical expertise. For this reason, St. Jude has always funded subspecialists at neighboring institutions such as UTHSC, Le Bonheur and Semmes-Murphy to provide the consultation and specialized services that our patients need.

We recently took an important step to further strengthen these relationships by establishing eight St. Jude chairs that will be administered by UTHSC and awarded by St. Jude and UTHSC to outstanding leaders in pediatric subspecialties that are critically important to St. Jude. Six of the chairs were named recently. *(See companion article on page 1).*

The purpose of these chairs is to assist UTHSC in recruiting and retaining outstanding leaders in these subspecialties; to support the academic engagement of these subspecialists and their colleagues at St. Jude; and to publicly recognize the partnership among St. Jude, UTHSC and Le Bonheur. These chairs were enthusiastically supported by our Board.

While we continue to foster our partnerships with local institutions to provide the very best for our patients, our research partnerships will be global and determined by what is needed to work at the forefront of emerging science and medicine. Our collaboration with Washington University in St. Louis on the pediatric cancer genome project is but one example.

As the complexity of patient care and research increases, these partnerships will grow in importance. We will continue to focus on being world leaders in pediatric cancer, sickle cell and other catastrophic diseases, but our institutional agility and our ability to form meaningful partnerships are important ways to accelerate our progress going forward.

Dr. William E. Evans
St. Jude Director and CEO

Navy supports hearing loss research at St. Jude

Representatives from the Office of Naval Research (ONR) made their first visit to St. Jude after awarding a five-year, $4.75 million grant to Jian Zuo, PhD, Developmental Neurobiology, to support his research on drug-induced hearing loss, a common side effect of some anticancer treatments. Zuo and researchers in his laboratory are comparing the regeneration of hair cells in non-mammals with what happens in the mammalian ear to determine how humans can regenerate hair cells after damage. His research will provide crucial evidence for treatment of Noise-Induced Hearing Loss in navy servicemen. This is the first grant that the ONR has awarded to a St. Jude investigator.

SETH DIXON

from left) Kurt Yankaskas and Lieutenant Commander Matthew Swiergosz, both of the Office of Naval Research, get an overview of research at St. Jude from **Jian Zuo**, PhD, Developmental Neurobiology, and **James Downing**, MD, scientific director.

Grant Awards

Congratulations to the following investigators for grants awarded **March 16 through March 31:**

Patricia Flynn, MD, Infectious Diseases, new one-year, $130,790 from the National Institute of Child Health and Human Development/Westat, "ATN 093: Evaluation of SMILE in Caring for Youth"

Amar Gajjar, MD, Oncology co-chair, sixth-year, $29,999 from Musicians Against Childhood Cancer, "Musicians Against Childhood Cancer"

Amar Gajjar, MD, Oncology co-chair, fourth-year, $39,999 from Tyler's Treehouse, "Comprehensive Molecular Analysis of Tumor Samples"

Julia Hurwitz, PhD, Infectious Diseases, new five-year, $3,187,282 from the National Institute of Allergy and Infectious Diseases, "Influence of Maternal Antibodies on a Sendai Virus-vectored RSV Vaccine"

Michael Kastan, MD, PhD, Cancer Center Administration, second-year, $5,973,490 from the National Cancer Institute, "Cancer Center Support Grant (CCSG) Composite"

Kirsten Ness, PhD, Epidemiology and Cancer Control, second-year, $664,060 from the National Cancer Institute, "Motor Proficiency and Physical Activity in Adult Survivors of Childhood Cancers"

Beatriz Sosa, PhD, Genetics and Tumor Cell Biology, eighth-year, $301,538 from the National Institute of Diabetes and Digestive and Kidney Diseases, "Role of Prox1 in Murine Pancreas Development"

Joseph P. Taylor, MD, PhD, Developmental Neurobiology, sixth-year, $321,732 from the National Institute of Neurological Disorders and Stroke, "Pathways of Neurodegeneration in SBMA"

Russell Ware, MD, PhD, Hematology chair, new five-year, $80,701 from Alexion Pharmaceuticals, "Paroxysmal Nocturnal Hemoglobinuria"

Grant tip of the week:

When submitting the National Institutes of Health (NIH) Progress Reports, remember that the All Personnel Report (Form Page 7) collects information on all personnel who participate in the project for at least one person month or more. The All Personnel Report also implements a new NIH requirement that each person with a postdoctoral role with one person month or more of measurable effort must have an eRA Commons user ID (see NIH Guide Notice OD09140). For details, visit *http://grants.nih.gov/grants/forms.htm.*

COMPLIANCE COMPASS

What is the function of the Compliance Office?

St. Jude established a Compliance Program to assist employees with compliance issues. The Compliance Office, which recently celebrated its first anniversary, is charged with ensuring that the hospital meets legal and regulatory requirements and industry codes as well as ensuring that institutional policies and procedures are met.

In recent years, health care regulations have become so complex that St. Jude has dedicated a staff of professionals to keep the hospital compliant in all aspects. In addition, the office has established a site on the intranet to aid employees. Go to the St. Jude Intranet homepage, click on "Compliance Office," then click "Compliance Guide" on the right navigation bar.

The Compliance Office was established as an independent department to identify, assess, advise, monitor and report on the hospital's risk of incurring legal or regulatory sanctions, or loss to reputation due to compliance violations.

Compliance is responsible for:

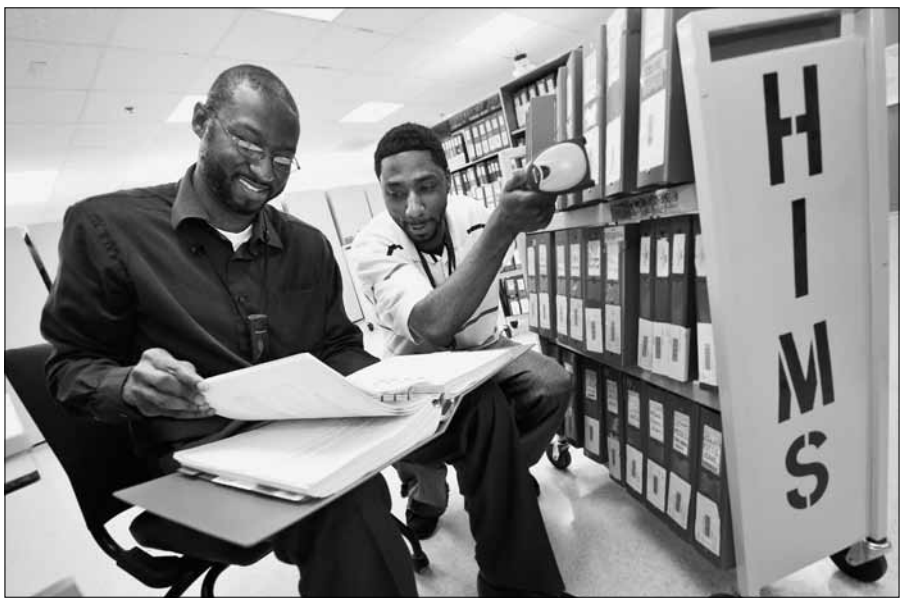
- Assisting employees in developing policies and procedures to comply with legal and regulatory requirements;
- Assisting employees in developing training that addresses legal and regulatory requirements;
- Assisting employees with day-to-day legal and regulatory issues as they arise;
- Developing and administering monitoring systems to detect potential breaches of legal and regulatory requirements and assisting staff to correct them;
- Investigating reported breaches of legal and regulatory requirements;
- Assisting employees with filing various submissions with regulators; and working with regulators in relation to certain regulatory matters.

Because there is significant overlap between compliance and legal, the Compliance Office works closely with the hospital's General Counsel. Both functions share responsibility for ensuring that St. Jude complies with legal and regulatory obligations, often working together to undertake the responsibilities listed above.

Though the two departments work closely, Compliance does not act as a legal representative for the organization and therefore does not draw up contractual documentation, act in litigation or give formal legal opinions. On the other hand, Legal generally serves in a representative or advisory capacity and ordinarily does not get involved in administration aspects of systems and procedures or in monitoring. Together, the two departments bring balance to the hospital's compliance efforts.

The Compliance Office also works closely with other St. Jude departments responsible for legal and regulatory compliance, including Human Resources (legal and regulatory requirements relating to employees); Environmental Health and Safety (legal and regulatory requirements relating to employee safety and the environment); and the Research Integrity Office, the Institutional Review Board and the Animal Care and Use Committee (responsibility to ensure the responsible conduct of research).

ANN-MARGARET HEDGES



From left, health record specialists **Tobias Towers** and **DeWayne Cleaves** scan documents into a medical record. HIMS health record specialists file all medical record documents that are received by the department in patients' medical records daily.

— How We Fit In —

Health Information Management Services (HIMS)

The day starts early for health record specialists in the Health Information Management Services (HIMS) department at St. Jude as they begin their rounds at 5 a.m. to deliver patient medical charts to researchers and clinicians around campus. Inside each 3-inch binder they deliver is the story of a patient's medical journey.

HIMS (officially merged with Clinical Informatics) is a branch of Information Sciences. **Patti (Gust) Hoard** is the department's director. HIMS is responsible for managing what is called the hybrid medical record, as portions of the medical record are electronic and portions are still in paper.

The 38 HIMS employees perform different functions including coding, collecting, processing, analyzing, releasing, storing and retrieving patient information contained in the medical record. HIMS employees' role is to also assure that all medical record documents are accurate, complete and secure.

When an employee needs a medical record, they are assisted by health record specialists who deliver medical records for review for surgery, clinic visits and research.

"Wherever our charts go, we go," said **Eric Chester,** lead health records specialist. "We take responsibility for anything within that chart."

Health record specialists file all medical record documents that are received by HIMS in the patient's medical record daily. When patient documents are received from other health care facilities, they are indexed, scanned and validated to ensure accuracy before being placed into the patient's electronic medical record, which is viewable in PowerChart.

Records are viewable in the Health Informatics review area, in Room BP-046, located in the plaza level of the Patient Care Center. The department's file room and document imaging areas are both located in Room BP-025. Inactive, permanently discharged, ACT and expired patient volumes are located in the Brunner Building at 567 Danny Thomas Place.

Two employees handle the release of information for patients and parents seeking information from medical records.

"With HIPAA laws, there are certain procedures we have to abide by concerning the release of information," said **Cynthia Brown-Conley**, who handles release of information.

Staff members in the coding area assign codes to diagnoses and procedures for research purposes and for financial reimbursement from insurance companies and government agencies based on documentation within the medical record.

"Other facilities don't code to the degree that we do," said **Leslie Kiblietski,** who oversees coding and reporting. "We code every sign or symptom that a patient has because the research piece of it is so critical."

Five employees in the Quality Improvement area of HIMS look to identify opportunities for improvement throughout their areas of responsibility as well as monitor both electronic and paper-based deficient and delinquent documents in the medical record.

"I like the variety of the work I do and the fact that I'm continuously improving the processes and the documentation for the institution," said **Jessica Choe,** quality improvement specialist.

Memphis high school students experience science at its best

St. Jude postdoctoral fellows and *Cure4Kids* hosted the senior class from the Memphis Health Careers Academy for a memorable experience at St. Jude. The high school students have the opportunity to obtain certification in allied health-related fields while earning their high school diplomas. Their visit to St. Jude during the school's annual Career Day outing was an important part of their hands-on learning curriculum.

"We had the opportunity to not only observe numerous aspects of St. Jude Children's Research Hospital and gain hands-on knowledge and experience. We also gained valuable insights into the types of research that are so valuable to finding cures for our children, our communities and the world," said Brenda Thompson, principal of the Academy.

The Postdoctoral Association hosted the group during its annual Postdoctoral Professional Development Event, a weeklong training and career development program for basic science and clinical fellows at St. Jude. Postdoctoral fellows **Wilda Orisme**, PhD, and **Racquel Collins-Underwood**, PhD, and **Aubrey Van Kirk** of the International Outreach Program organized the event, which included hands-on science activities, visits to career stations and research areas, and a lunch-and-learn with St. Jude clinicians and postdoctoral fellows.

"This experience was beneficial to the students but also to postdocs. It gave us an opportunity to exhibit our mentoring and teaching skills," said Orisme, who works in the lab of **Michael Taylor**, PhD, Chemical Biology and Therapeutics.

"These students are about to embark on a new phase of life—college—and we wanted to give them as much information as we could to help them choose the career path best for each of them," added Collins-Underwood, PhD, who works in the lab of **Charles Mullighan**, MD, Pathology.

ANN-MARGARET HEDGES

(right) Postdoctoral fellow **Crystal Burke**, PhD, who works in the lab of **Charles Russell**, PhD, Infectious Diseases, and students at Memphis Health Careers Academy watch the process of DNA separation on agarose gel. The experiment was one of several research activities that the students participated in during their Career Day at St. Jude.

ANN-MARGARET HEDGES

Julianne Bryan, Chemical Biology and Therapeutics, explains the high-tech functions of "Tobor," "Saver" and "Billy the Robot" in the High Throughput Screen Core. The robots are used to screen large collections of small molecules for the discovery of therapeutic agents.

Committed physicians + technology = new hope for young cancer patients worldwide

Ibrahim Qaddoumi, MD, Oncology

Motivated clinicians and an Internet connection combined with computers and e-mail access have the power to transform pediatric cancer treatment in the most remote corners of earth, according to a St. Jude investigator writing in *Lancet Oncology*.

"A successful teleoncology program does not require a lot of expensive equipment. The most important element is having committed people," said **Ibrahim Qaddoumi,** MD, St. Jude Oncology and telemedicine director of the St. Jude International Outreach Program (IOP). He co-authored the recent report on telemedicine as a tool for improving worldwide cancer treatment.

Like other telemedicine efforts, teleoncology initiatives range from e-mail exchanges or educational seminars available through Web sites like the St. Jude *Cure4Kids* to real-time videoconferencing. Such activities unite providers worldwide to review pathology and radiology images and other important clinical data in hopes of improving cancer diagnosis and treatment. Qaddoumi said that regardless of the technology, successful teleoncology programs take into account the priorities, needs and resources of health care providers working in developing nations or underserved regions of the United States.

Those needs are expected to grow in the next 20 years when the global incidence of cancer is predicted to jump 50 percent, with most new patients living in developing nations, the researchers noted, citing the work of a 2007 Institute of Medicine committee and other researchers.

Meanwhile the childhood cancer survival gap remains stubbornly wide. With the right diagnosis and treatment, cancer is curable in as many as 70 percent of young patients, yet the disease remains the second leading killer of children in many Latin American countries.

"Teleoncology is not a panacea for global oncology problems," the authors note, but Qaddoumi said he hopes to create greater awareness of how teleoncology can be used to improve childhood cancer treatment worldwide and to prompt more institutions to get involved. "At St. Jude we are lucky; outreach is part of the culture," Qaddoumi added, citing the St. Jude IOP. "St. Jude is truly a hospital without walls."

Teleoncology often works best as part of a broader institutional partnership, the authors noted. One approach matches hospitals in the developed and developing world in long-term partnerships known as twinning programs. St. Jude is involved in twinning programs in 20 countries worldwide. "Evidence suggests that twinning improves cancer survival in low-income and middle-income countries; and the integration of teleoncology into twinning programs maximizes clinical benefits and the effective use of resources," the authors noted.

The twinning program and teleoncology that link St. Jude and King Hussein Cancer Center in Amman, Jordan, turned Qaddoumi into an advocate for such approaches. He used both when he returned to Jordan after completing his training in the United States and was asked to oversee the hospital's programs for treating brain tumors and the childhood eye tumor retinoblastoma. "I used every teleoncology method possible," said Qaddoumi, who joined the St. Jude faculty in 2007. Today, the Amman hospital is home to a state-of-the-art retinoblastoma treatment program.

Work on reprogramming stem cells provides insight into cancer

SETH DIXON

George Daley, MD, PhD, of Children's Hospital Boston, delivered the Danny Thomas Lecture March 19. He discussed how efforts to reprogram adult cells to function more like embryonic stem cells are providing new insight into cancer.

Efforts to reprogram adult cells to function more like embryonic stem cells are also providing new insight into cancer, **George Daley**, MD, PhD, of Children's Hospital Boston, told a St. Jude audience recently.

"We are discovering that the same pathways that mediate somatic cell reprogramming are the pathways that are also involved in oncogenesis," or tumor formation, said Daley, who is a Howard Hughes Medical Institute investigator and a scientist at the forefront of stem cell research. His comments came March 19 during the Danny Thomas Lecture in the St. Jude Auditorium.

Daley, a pediatric hematologist whose early research focused on leukemia, was referring to work underway in his and other laboratories to reprogram skin, blood and other somatic cells so they function like embryonic stem cells and regain the ability to give rise to any tissue in the body. The cells are known as induced pluripotent stem cells or iPS cells. Daley said evidence suggests that although some of these reprogrammed cells work no differently in mice than embryonic stem cells, differences do remain.

"Not all iPS cells are the same. There is an epigenetic memory of the tissue of origin, which in most instances is a repressive memory," he said, referring to changes made to genes to change their function, such as attaching methyl molecules to the DNA without altering the DNA sequence of the gene. "We are still learning about the differentiation reprogramming potential of tissue. For example, blood cells might be easier to reprogram than fibroblasts from an aged mouse." Fibroblasts are cells that make up the collagen and other connective tissue.

Daley spoke in the St. Jude Auditorium. His visit was hosted by the Postdoctoral Association.

SETH DIXON

Bridging the gap

The A. W. Willis Bridge is no deterrent to runners participating in the Living Well Running and Walking Training Groups. Runners included from left, **Mindy Randall**, Biochemistry; **Patricia Cathey**, Nursing-ACU; and **Tina Dieckhaus**, Nursing Administration. Organized by the Living Well Program in Human Resources, the groups of St. Jude employees set out March 23 to begin training in various skill levels: walkers, beginning runners, run/walkers and intermediate and advanced runners. Running coaches help pace and encourage the groups along the campus loop while advanced and intermediate runners hit the trail toward the Harbor Town neighborhood. The participants are encouraged to train for the Comcast Firecracker 5K for St. Jude, which is set for July 3.

Drawn to excellence: St. Jude pursues Magnet status

Nearly two years since beginning the extensive process, St. Jude is moving steadily toward acquiring nursing Magnet status. This designation from the American Nurses' Credentialing Center (ANCC) is bestowed upon hospitals that satisfy a stringent set of standards designed to help the institution attract and retain the best nurses. Fewer than 6 percent of U.S. hospitals have attained this status, which signifies that a hospital acts as a "magnet" for excellence.

The acquisition of Magnet status is a goal in the St. Jude Strategic Plan. **Sherry Johnson**, RN, director of Magnet and Quality Programming for Patient Care Services, is overseeing the long and arduous process.

Johnson says the label is not as important as the journey toward the designation.

"We are not working to obtain this recognition simply because we want to be known as a Magnet institution," she said. "We are doing it because it is the right thing for our professional practice. It is also a celebration of the great things that nurses already accomplish at St. Jude."

"Currently only 371 out of 5,000 U.S. hospitals have Magnet status," added **Susan Clifton**, RN, quality analyst for Patient Care Services. "We are making great progress toward that goal."

St. Jude nurses have been hard at work on the project since the fall of 2008. In many ways, the process of reaching Magnet status has meant making changes and has led to introducing several exciting initiatives, for instance, hammering out Nursing mission, vision and values statements. The division also has re-engineered its shared decision-making process and has begun creating a strategic plan. As part of the Magnet process, some nurses were interested in pursuing additional certifications in their unique specialties.

"Nurses are really interested in obtaining certifications, and we discovered that they just needed a little support to do that," Johnson said. The hospital hosted several review courses to assist employees in meeting their goals. As a result, the certification rate for bedside nurses has increased in the past year from 7 percent to 18 percent.

Another initiative is an emphasis on benchmarking—comparing St. Jude Nursing data with information from more than 1,000 other hospitals. St. Jude must obtain eight quarters of data before the Magnet status application can be submitted to ANCC.

In August of 2010, the hospital can submit its application for Magnet status; St. Jude will then have one year to provide supporting documentation. The final step in the process is a site visit, followed by a decision typically within three to six months.

Magnet status is known throughout the nursing field as the gold standard for hospitals and nursing care.

"We believe we have the best nurses in the world at St. Jude," said **Pam Dotson**, RN, chief nursing officer and senior vice president of Patient Care Services. "By working toward Magnet status, we are celebrating that excellence and creating an even stronger work environment for nurses in all areas of the hospital."

Moving Toward Magnet

Plans for achieving Magnet status are as follows:

- **August 2010:** St. Jude submits application officially announcing interest in pursuing Magnet status.
- **August 2010–July 2011:** Hospital gathers supporting data and stories of excellence from staff.
- **August 2011:** St. Jude submits "resume of excellence" to ANCC for review.
- **November or December 2011:** Magnet Recognition Program appraisers conduct site visit.
- **Three to six months after site visit:** Decision for Magnet status will be announced.

Building a legacy…one bead at a time

Everything's coming up red-and-white polka dots for the hospital's Legacy Beads Program this month. Through this creative activity, patients collect beads that represent their experiences at St. Jude. Children net one bead for each event. Every "No Mo Chemo" party yields a silver bead; every dressing change, a round, yellow bead; every birthday, a red-and-white polka dot bead. The program celebrates its first birthday this month. During the past year, Child Life has purchased 90,000 beads for participants in the program; if strung end-to-end, those baubles would extend farther than 12 football fields.

Lindsey Hadley collects the bead on behalf of her 22-month-old son, Tyler. Thus far, she has collected 219 beads, signifying operations and procedures; chemotherapy treatments and hair loss, bad days and good days, needle sticks, inpatient admissions, platelet transfusions and scores of other treatment milestones. Lindsey eventually plans to hang the strings of beads in her son's bedroom, as a visual symbol of his treatment and a celebration of strength and bravery. The beads also help her explain Tyler's medical journey to family members who are unable to accompany them to the hospital.

"I can take the beads and say, 'This is how many transfusions he's had; this is how many procedures and surgeries he's had.' They're just amazed when they look at what he's been through," she said.

Cara Sisk, Child Life, says her department created the program specifically to meet the needs of the families. All children participating in the program receive special beads emblazoned with the hospital's logo, as well as beads that spell out their names. Then they begin amassing their unique collections.

Although Child Life provides the beads, staff in individual clinics and procedure areas are responsible for distributing them. For instance, every clinic visit yields a bead. "If they visit the clinic three times in one day, they get three beads," Sisk said. "Eventually they can say, 'This is how many times I went to the clinic.'"

Some patients fashion long strings that can be hung from the ceiling; others craft necklaces or bracelets. Walk through the hospital corridors and you may see strollers and purses decorated with strands of the brightly colored beads. Teenagers say the beads give weight and heft to their stories, providing a tactile method for demonstrating the breadth of their experiences.

"It gives them a concrete way of actually sharing their story," Sisk said. 'It helps bridge that gap back to home, as they talk with people who don't know what they've been through."

Sisk praises the hospital's employees for the support they have given the Legacy Beads Program and encourages staff to offer the beads to patients.

"We know that people get busy and sometimes forget about offering beads," she said. "We've posted signs to remind patients to ask for their beads as they leave the clinic areas. That may also serve as an extra reminder to staff."

JUSTIN VENEMAN

Child Life specialist **Jessika Morris** hands out a legacy bead to Dayton Nunez. The Legacy Beads Program was introduced by Child Life in April 2009 and allows patients to collect beads that mark different treatment milestones.

As one of 500 current participants in the program, Lindsey Hadley is proud to show off her collection of beads.

"I not only do this for Tyler, but also for me," she says. "The beads have sentimental value to me. Someday, I'll tell him, 'You were so strong and you fought so hard, and this is everything you went through.'"

NEWS ROUNDUP

JERE PAROBEK

Entertainer Daisy Fuentes toured the hospital recently to visit the patients of St. Jude. Fuentes has served as the ambassador for the FedEx/St. Jude Angels and Stars gala events since the late 1990s. During her visit, Fuentes also met with patients at Target House and inpatients at the hospital as well as participating in a video and photo session.

ANN-MARGARET HEDGES

A group of NATO parliamentarians from 27 countries, including United States Congressmen and Congresswomen, were on the St. Jude campus March 29 to learn more about the mission of St. Jude. While on campus, the group toured the hospital, visited several labs and attended a luncheon.

ANN-MARGARET HEDGES

The SoundMasters show choir from Atchison County Community High School in Effingham, Kansas performed for patients and families April 2 in the lobby of the Chili's Care Center.

ANN-MARGARET HEDGES

The Professional Excellence Council at St. Jude presented the 13th annual Bettye Arnold Seminar March 23 in the St. Jude Auditorium. Pictured, Matthew Kelly, the founder and president of Floyd Consulting, spoke on "Passion and Purpose: The Keys to Achieving Your Best Self." Kelly's speech took participants beyond traditional time management theory to discover that energy is an individual's most valuable resource. The seminar is named for the late Bettye Arnold, who was a registered nurse at St. Jude for 30 years.

Working Smarter

Direct deposit saves hospital time and money

In September 2009, the Payroll department instituted a change in the way most St. Jude employees receive their paychecks. First, it became a requirement that all new hires receive their paychecks via direct deposit. Then, Payroll discontinued the distribution of direct deposit pay stubs to all employees. Both measures took place to help Payroll work more efficiently.

"It would take a day and a half to print and sort checks, " explained **Page Pruitt**, Payroll disbursements director. "Payroll employees would come in before 6:30 a.m. on paydays. We would start handing out checks and direct deposit advices at 6:30 a.m. at the guard's desk in the Danny Thomas Research Center."

According to Pruitt, the time spent assembling and printing paychecks was valuable time Payroll employees could have dedicated to performing other tasks.

With direct deposit, there is no need to distibute checks. Instead of dedicating one and one-half days to preparing paychecks, the entire process now takes two to three hours, according to Pruitt. Payroll still prints checks for Food Services, ARC and Environmental Services because these employees have limited access to computers. Regardless, the labor time has been dramatically reduced. Direct deposit has also reduced supply costs. When printing checks for the hospital, Payroll had to order a special paper stock.The department would have to reorder the costly check stock every three to four pay periods. Before the new process, Payroll used roughly five boxes of check stock per pay period; now, one box is sufficient. During the pay period that ended September 5, 2009, Payroll printed 220 checks and 3,378 direct deposit pay stubs. With the pay period that ended March 20, 2010, Payroll only printed 106 checks. On average, the department now prints 250 checks and pay stubs per pay period versus more than 3,600 before going paperless.

"Every area of Financial Services that produces a check is working toward going paperless and using direct deposit," Pruitt said. The push to go paperless is not only beneficial to Payroll and other areas that produce checks, but to all employees because of the Employee Self Service (ESS) system.

"ESS played a big role in pushing for direct deposit,"Pruitt said. With ESS, employees have access to current and past paychecks, which can be printed at an employee's convenience. Employees can print the last seven pay stubs and view the past 12 months of paychecks.

Accessing your check stub on the intranet:

1) From the St. Jude Intranet home page, click "Enterprise System."
2) Log in with your network username and password.
3) Under the "Employee Self Service" tab, click on "Pay Check and Taxes."
4) Click on "Recent Pay Stub."
5) Click on the printer icon in the upper left-hand corner of the image to print.

For more information on Payroll, visit the intranet under Financial Services at *http://home.web.stjude.org/financialservices/dept_payroll.shtml.*

Security studies show limiting hours of certain gates to be beneficial

Statistical research by the Security department in recent months has revealed that limiting the hours of operation for two hospital entrance gates will save the institution money without impacting the level of campus security.

Beginning Monday, April 19, the hours for Gate No. 2—located at the intersection of Overton and Third—will be closed from 10 p.m. to 6 a.m., seven days a week, and Gate No. 5—located at the intersection of St. Jude Place and Gene Logan Blvd.—will close at 7 p.m., Monday through Friday.

The decision follows the department conducting its standard method for monitoring traffic and parking utilization, which involves the manual counting of parking spaces and the tracking of inbound vehicles to campus through an automated visitor management system. The system, which was implemented in April 2009, consists of a database which includes all the visitors to campus who enter through a security gate.

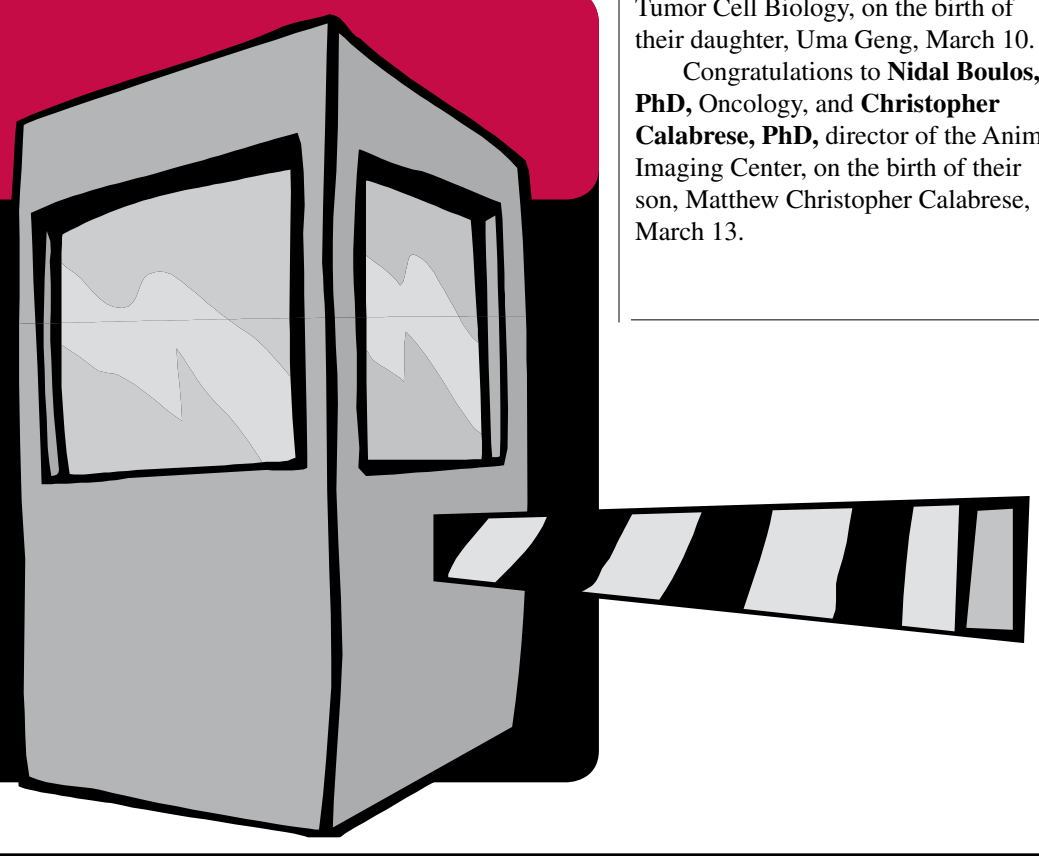
"With the automated visitor management system, we've been able to fine tune where most cars are coming in and how many cars are coming in. Then we are able to get a good picture of how the gates are being utilized," said Security director **Mike Hogan.**

In the 11-plus months that the system has been in operation, about 10,000 visitors' vehicles per month have entered the campus. In addition, Hogan said that more than 2,000 employee vehicles enter campus daily. Hogan said the studies showed closing Gate No. 5 three hours earlier each evening and Gate No. 2 during the night shift would have minimal impact when weighed against the operation costs it would save the institution. Gate No. 2 will continue to remain open during the weekend.

"From a security perspective, it has no negative impact, so the campus is in no way less safe from the change," Hogan said.

Access gate hours changing April 19

- Gate No. 2, located at the intersection of Overton and Third, will be closed from 10 p.m. until 6 a.m., seven days a week.
- Gate No. 5, located at the intersection of St. Jude Place and Gene Logan Blvd., will close at 7 p.m., Monday through Friday.
- Employees, patients and visitors will be able to access and exit campus via Gate No. 1, located on Lauderdale Street near the Danny Thomas/ALSAC Pavilion, 24 hours a day, seven days a week. Vehicles may also exit campus through the automatic gate located adjacent to the ALSAC Gift Shop.



Condolences

Condolences are extended to **April Wallace**, Accreditation and Regulatory Readiness Office, on the death of her father, Rev. James D. Wallace Jr., March 12.

Welcome St. Jude baby

Congratulations to **Jie Fang**, Developmental Neurobiology, and **Sujuan Jia**, Chemical Biology, on the birth of their daughter, **Prestina Q. Fang**, March 24.

Congratulations to **Xin Geng, PhD**, and **Rajanarayanan "Sathish" Srinivasan, PhD,** both of Genetics and Tumor Cell Biology, on the birth of their daughter, Uma Geng, March 10.

Congratulations to **Nidal Boulos, PhD,** Oncology, and **Christopher Calabrese, PhD,** director of the Animal Imaging Center, on the birth of their son, Matthew Christopher Calabrese, March 13.

Say "thanks" for all they do

Administrative professionals are the lifeblood of St. Jude, with more than 200 of them active in the Total Office and Administrative Support Team (TOAST). Several administrative employees hold membership in the International Association of Administrative Professionals and have received the Certified Professional Secretary and Certified Administrative Professional designations. Wednesday, April 21, is Administrative Professionals Day. Be sure and say "thanks" for all they do to support the St. Jude mission.

Research points

cont'd from front cover

> *"I believe if we target molecules that are part of the innate immune response, we can find cures for many diseases, including cancer."*
>
> -Thirumala-Devi Kanneganti, PhD, Immunology

bleeding and other symptoms.

The work also expands the link between the protein Nlrp3 and Crohn's disease, said **Thirumala-Devi Kanneganti**, PhD, St. Jude Immunology and the paper's senior author. **Md. Hasan Zaki**, PhD, a St. Jude postdoctoral fellow, is first author of the study, which appeared in the March 18 online edition of the journal *Immunity*.

Previous studies linked changes in the *NLRP3* gene, which carries instructions for making the Nlrp3 protein, to several auto-inflammatory diseases in which a person's immune system mistakenly attacks healthy tissue.

In this study, researchers demonstrated that in a mouse model of colitis, Nlrp3 plays a pivotal role in keeping the intestinal tract intact and preventing the damage that occurs if intestinal bacteria leak into the body. Nlrp3 works by anchoring a large, multi-protein complex known as the Nlrp3 inflammasome where the messenger protein interleukin 18 (IL-18) is made. IL-18 belongs to a family of molecules known as cytokines, which shape the body's immune response. In this study researchers showed IL-18 produced by the Nlrp3 inflammasome helped mice maintain healthy colons by triggering production of more epithelial cells to compensate for those damaged or destroyed by colitis.

"These findings might lead to new therapies for colitis and related problems," Kanneganti said.

The *NLRP3* gene is part of the body's innate immune response. That is the branch of the immune system programmed to act immediately against infectious diseases and other threats. "I believe if we target molecules that are part of the innate immune response, we can find cures for many diseases, including cancer," Kanneganti said.

In a series of experiments for this study, scientists demonstrated that the Nlrp3 inflammasome not only helps protect against chemically induced colitis in mice, but also showed how and where in the body the protection occurred. The researchers demonstrated the Nlrp3 inflammasome is activated in the epithelial cells lining the colon, where IL-18 can also be produced.

Investigators also established that IL-18 is crucial for protecting the colon from colitis. In fact, researchers reported that injecting IL-18 into mice that lacked the molecule eased colitis symptoms.

The other authors of this study are **Peter Vogel,** DVM, PhD, ARC and Veterinary Pathology Core; and **Michael Kastan**, MD, PhD, Comprehensive Cancer Center director.

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