

# Interaction

## Research News

Seattle Children's Research Institute

September 2010 vol.6 no.8

### Special Interest



#### **Clinical Observations Coupled With Research Investigations Yield Huge Results for Respiratory Care** [Page 2](#)

Test that again! Seattle Children's Respiratory Therapy Department's researchers consider themselves "skeptics" and it's a good thing they do. Because of their enthusiasm to bring a clinical inquisitiveness to the lab, to test manufacturers' claims, and to measure the performance of devices, the delivery of respiratory care is being positively impacted nationwide.



#### **The Joy of Compost** [Page 4](#)

What are those bins? Garbage cans? Recycle cans? Nope – compost bins. Seattle Children's Research Institute recently initiated a composting program at Building 1. Next time you finish lunch, stop to think, what goes where - garbage, recycle or compost – and help the institute improve its "green" practices.



#### **All About the OSR** [Page 5](#)

The Office of Sponsored Research – the gateway office to the research institute for grants and contracts – is getting a makeover. Plenty of new faces, new ways to assign work, a retooled database, and a bit of fun, are just a few of the changes. If you ever wondered, 'Who ARE those people signing for research contracts and grants, and what IS THE OSR?', read on.



#### **RSDC IMPACT Plan and Focus Group Report Out** [Page 7](#)

With the end of the fiscal year approaching, the Research Staff Development Committee shares results from their institute-wide IMPACT Plan to enhance communication, solicit issues of importance to staff and advocate on their behalf through means of focus groups. Learn common themes that were revealed, how focus group feedback is being handled and next steps.

#### **Did You Know?**

...that as of Sept. 1, the new Institutional Review Board's (IRB) forms and process for new, full-review studies are in effect? The forms and process were posted July 1 for optional use and trial. To learn more, [read the full article](#) and visit the [IRB Web site](#).

#### **Also in this issue...**

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## SPECIAL INTEREST - PRINCIPAL INVESTIGATOR FOCUS

### Clinical Observations Coupled With Research Investigations Yield Huge Results for Respiratory Care

Research inquiries are often ignited from clinical questions and frequently follow the pattern bedside to bench to bedside. This process is familiar to Seattle Children's Respiratory Therapy (RT) department which uses applied research to answer some of their most burning clinical questions.

Led by Director **John Salyer**, RRT-NPS, MBA, FAARC, the RT team has consistently conducted research since 2001. Respiratory therapists have examined numerous clinical questions yielding results that have helped children with respiratory illnesses nationwide. Their research revolves around medical devices and clinical operations, focusing specifically on 1) performance testing of ventilators and aerosol delivery devices, and 2) practice change.

The RT department often uses the principles of metrology, which is the science of measurement; specifically determining degrees of uncertainty in the displayed values of various clinical devices used by respiratory therapists. In a 2008 study, Seattle Children's **Robert DiBlasi**, RRT-NPS, **Jay Zignego**, **Dave Crotwell**, RRT-NPS, **Peter Richardson**, PhD and John measured the accuracy of displayed tidal volume (i.e. the volume of gas inhaled and exhaled during one respiratory cycle) on two brands of neonatal ventilators. During performance testing, important differences were found between devices as well as large inspiratory to expiratory tidal volume errors in one brand which caused unreliable bedside data to be displayed. The research team shared their evidence-based data with the ventilator's manufacturer and as a result, the manufacturer developed a completely different approach to sensor calibration. This protocol was tested at Children's by respiratory therapists, approved by the Food & Drug Administration and is now available for every ventilator of this brand in the country. The RT team's dedication to test intended versus actual performance, is changing the way this particular ventilator is used nationwide and greatly improved the accuracy of the device in low birthweight populations.

In addition, between 2002 - 2005, respiratory therapists at Seattle Children's evaluated the performance of various mechanical ventilators to determine which product was best suited for infants and larger children as well. Following extensive bench and clinical performance testing, the entire ventilator fleet at Children's was replaced. But the RT department's research work is never done as John elaborates, "Even after buying the ventilators, we continue to test them and work with the manufacturer to make incremental improvements which leads to better performing devices."

Another focus of the RT department's research is to analyze practice change within a clinical setting. In a study published in *Respiratory Care* in 2008, John, Rob and Dave, as well as collaborators at the University of Washington Drs. **Charles Cowan** and **Edward Carter**, examined the success of switching from Small-Volume Nebulizers (SVNs) to Metered-Dose Inhalers With Valved Holding Chambers (MDI-VHCs) to administer aerosolized bronchodilators to patients suffering from asthma or bronchiolitis. At the time of conversion, there was evidence-based research that reported MDI-VHCs were as effective as SVNs while positively impacting supply costs, labor costs and total number of treatments. Furthermore, patients and families preferred using MDI-VHCs to SVNs for convenience and ease of use.

John and his collaborators, along with support from nursing, hospital leadership and advocate Dr. **Ted Carter**, medical director of RT, promoted the conversion across the organization and measured how strongly the conversion took root. Initially, about 90% of bronchodilators were administered using SVNs. Today, over 90% of all inhaled bronchodilators used at Children's are delivered using MDI-VHCs. Seattle Children's was the first pediatric hospital to publish the results from its conversion and now, other hospitals are following suit and converting from SVNs to MDI-VHCs.

So, why the need to measure the success of the conversion? The continuing quest for standard, clinical work.

[Continued on Page 3](#)

## SPECIAL INTEREST - PRINCIPAL INVESTIGATOR FOCUS

### Clinical Observations Coupled With Research Investigations... [Continued from Page 2](#)

John explains, "We craft our research in an attempt to decide what the best therapies are, decide what the best equipment is, and in as much as we can, provide a standardized approach to clinical work. We see our work as very much aligned with the technical side of creating standard, clinical work." And by creating standardized work, clinicians ensure quality care for our patients and families.

In 2009, RT researchers from Seattle Children's Hospital and Research Institute were honored by the American Respiratory Care Foundation with the Annual Allen Devilbiss Award for Best Research Paper published that year in the journal *Respiratory Care*. The paper, entitled "*The Impact of Imposed Expiratory Resistance in Neonatal Mechanical Ventilation: a Laboratory Evaluation*," established a new methodology for determining expiratory resistance of mechanical ventilators. This research was made possible through a collaboration of researchers from the hospital's RT department and investigators at the research institute.

One of the current areas of interest for RT researchers is testing the performance of various aerosol delivery devices both within and between brands. Their goal: Optimize the delivery of inhaled medications to patients by finding the most effective and efficient devices.

How does the RT department's research ultimately affect children with respiratory illnesses? Patients and families are assured their

respiratory care team is using the best, most accurate medical devices available on the market and is following a standardized, evidence-driven approach to provide the utmost care. In other words, they are assured they are in good hands.

Below is a sample of the RT team's research contributions:

Ballard J, Lugo RA, Salyer JW. A survey of albuterol administration practices in intubated patients in the neonatal intensive care unit. *Respir Care*. 2002 Jan;47:31-8. <http://www.rcjournal.com/contents/01.02/01.02.0031.cfm>

Salyer JW. Neonatal and Pediatric Pulse Oximetry. *Respir Care*. 2003;48(4):386-96. <http://www.rcjournal.com/contents/04.03/04.03.0386.pdf>

Salyer JW, DiBlasi RM, Crotwell DN, Cowan CA, Carter ER. The conversion to metered-dose inhaler with valved holding chamber to administer inhaled albuterol: a pediatric hospital experience. *Respir Care*. 2008;53(3):338-345. <http://www.rcjournal.com/contents/03.08/03.08.0338.pdf>

DiBlasi RM, Crotwell D, Geiduschek JM, Gibson R, Salyer JW. Therapeutic bilateral lung lavage in a child with pulmonary alveolar proteinosis. *Pediatric Critical Care Medicine*. 2010;11(3):e28-e37. [http://journals.lww.com/pccmjournal/Abstract/2010/05000/Therapeutic\\_bilateral\\_lung\\_lavage\\_in\\_a\\_child\\_with.33.aspx](http://journals.lww.com/pccmjournal/Abstract/2010/05000/Therapeutic_bilateral_lung_lavage_in_a_child_with.33.aspx)

DiBlasi RM, Salyer JW, Zignego JC, Redding G, Richardson P. The Impact of Imposed Expiratory Resistance in Neonatal Mechanical Ventilation: a Laboratory Evaluation. *Respir Care*. 2008 Nov; 53(11):1450-60. <http://www.rcjournal.com/contents/11.08/contents.cfm> **lrn**

### RT Team Members Who Have Contributed Their Time to Research Since 2001:

**Ruth Barker**, RRT, Respiratory Therapist

**Ted Carter**, MD, Respiratory Therapy Medical Director

**Dave Crotwell**, RRT-NPS, Respiratory Clinical Coordinator

**Rob DiBlasi**, RRT-NPS, Research Coordinator (former respiratory therapist; currently works full-time in the Center for Developmental Therapeutics)

**Don Foubare**, RRT, Supervisor of Respiratory Care

**Carol Franzen**, RRT, Discharge Planner

**Leslee Hill**, RRT, Discharge Planner

**Tess Hunt**, RRT-NPS, Respiratory Therapist

**Kevin Jacques**, RRT, Respiratory Therapist

**Tien My-Tran**, RRT, Respiratory Therapist

**Debra Vandiver**, RRT, Respiratory Therapist

**Jim Weatherbee**, RRT, Respiratory Therapist

## RESEARCH BITS

### The Joy of Compost

Recently, Seattle Children's Research Institute started a composting program, placing compost bins and buckets throughout Building 1. The 2.2 gallon "Ecosafe Kitchen Catchers" and biodegradable liners are supplied by Cedar Grove Composting and are approved by the Greater Seattle Household Organic Waste Diversion Program. The research institute embarked on this program not only in response to intra-company suggestions from the Research Staff Development Committee's (RSDC) "Suggestion Box," but also to follow the City of Seattle's lead in instituting new composting ordinances.

The City of Seattle started a voluntary curbside composting program in 2005. In the spring of 2009, Seattle launched a new composting program to reach more customers and moved to a mandatory collection of food and yard waste. Phase I of this new ordinance placed a ban on the use of expanded polystyrene (EPS, sometimes called "Styrofoam"), making Seattle the first city in King County to mandate residential food and yard waste collection.

In 2010, Phase II started with the creation of new and improved ordinances regarding restaurants and food packaging. The City of Seattle now requires all food service businesses to find packaging alternatives to throw-away food service containers, cups and other products. As of July 1, all food service products designed for one-time use must be either recyclable or compostable. A temporary exemption is in place for utensils, straws, small portion cups, and foil faced, insulated wrap until July 1, 2011.

Building 1 has three food service tenants in place – A-Pizza Mart, Taco Del Mar and Motore Coffee – and each is required to conform to the new waste ordinances. As the landlord, the institute has placed composting bins in the shared trash/recycle room for their use. With these new, required compost bins in place for the tenant businesses, it was an excellent opportunity to start the research institute's own in-house program for composting.

Some may ask, what is composting? The answer: Composting is the decay of organic materials derived from plant or animal matter that occurs largely through aerobic decomposition. The breakdown creates a useful and nutrient rich material that improves soil structure. The



Example of Compost Bins at Building 1

Greeks, Egyptians and Romans all practiced composting to enrich their lands. Modern day organic farming began in 1940 after Sir Albert Howard published his research on composting called, "An Agricultural Testament".

Why should we compost? Composting reduces the amount of material sent to landfills by 15% to 20%, and reduces waste transportation, conserving energy and natural resources such as fuel. Composting also returns valuable nutrients to the soil and help maintains soil quality and fertility for food production.

**What items can be composted? According to the City of Seattle's guidelines: Leftover food, greasy pizza boxes, fast food bags, teabags, coffee grounds and filters, kitchen paper towels, kitchen napkins, and shells and bones. Items NOT allowed in the composting container include: Styrofoam containers, plastics, utensils, grease, fats, facial tissue and/or toilet tissue.**

Please help Seattle Children's Research Institute and the City of Seattle by utilizing the compost bins located at Building 1, floors five to 10 in the south kitchens. **lrr**

#### Resources:

1. <http://www.seattle.gov/util/Services/Yard/CommercialCompostCollection/index.htm>
2. <http://www.epa.gov/osw/conserve/rrr/composting/laws.htm>
3. [http://www.seattle.gov/util/Services/Yard/Yard\\_Waste\\_Collection/index.asp](http://www.seattle.gov/util/Services/Yard/Yard_Waste_Collection/index.asp)
4. [http://www.seattle.gov/util/Services/Yard/Yard\\_Waste\\_Collection/WhatsAccepted/index.htm](http://www.seattle.gov/util/Services/Yard/Yard_Waste_Collection/WhatsAccepted/index.htm)
5. <http://www.gogreenscene.com/>

## DEPARTMENT HIGHLIGHT

### All About the OSR

Several major improvements are coming to the Office of Sponsored Research (OSR). Most of the staff in the OSR are new to the department. The dynamics of a primarily new staff has allowed the OSR to transition to new processes and devise innovative solutions to some of the classic challenges of sponsored research administration. The Manager of the OSR, **Cynthia Bellas**, three Sponsored Projects Officers (SPOs), **Gregory Yandl**, **Galyn Bunnell**, **Abram Vinikoor**, the OSR's Administrative Assistant, **Bethany Northquist**, Intern **Mason Remy**, and Data Specialist, **Neil Berkowitz** began working within recent months.

Managing complex workflows in an office as busy as the OSR is challenging. Previously, work assignments were made largely based on principal investigator (PI) center affiliation. Under Cynthia's direction, a new system divides the work by the task, which allows for more specialized, skill-based training and documentation. Incoming federal awards or subcontracts are subdivided alphabetically using the last name of the PI performing the research to maintain work load balance between the SPO's. Bellas states, "We learned a great deal from the over burdening of tasks that came before us. We are grateful to the hardworking SPOs that bore the brunt of the previous system and are hopeful that the new assignments will provide equanimity." For a complete list of the work assignments in the OSR, please contact [Bethany Northquist](#).

Part of the work assignment revision also consists of the integration of the grants and contracts groups. Bellas explains, "Through dedicated cross-training and increased collaboration amongst team members, there is a departmental-wide enhanced intelligence around all the projects for which we are responsible." One of the ways that the collaborative approach is being demonstrated is through departmental sharing of the task of processing Confidential Disclosure Agreements (CDA). Each teammate is internally assigned the responsibility of CDAs on a rotating schedule to ensure that everyone has the experience and training it takes to complete the agreement.

Another time-saving method the OSR will be implementing is an enhanced use of InfoEd. Most research institutions throughout the country use some type of enterprise software to manage and develop awards. In 2005, Seattle Children's recognized the necessity for this type of powerful administrative tool, and acquired a license for InfoEd - a 'cradle to grave' streamlined electronic grants administration tool. At its fullest potential, it can be used to search for funding opportunities, build proposals, route them for institutional approval, and submit them electronically to Grants.gov as a system-to-system transaction. During the pre-award process and after the actual award, InfoEd can track awards, generate reports, and support proper institutional compliance with sponsors and regulation. "The challenge has been that internal capacity has not matched our InfoEd capability," expresses Bellas. "We've added computer science superstar Mason Remy from the University of Washington Computer Science Engineering Department to help us forge ahead with the internal structuring of InfoEd. Additionally, Neil Berkowitz, a data base specialist, will be joining our staff roster at the end of August to cement our dedication to moving forward with internal electronic grant administration."

Perhaps the biggest change in the OSR is that the department is beginning to have some fun. Bellas decided that the department could benefit from some light-hearted endeavors to offset the serious nature of the department's day-to-day routine. Every Wednesday (projects permitting, of course) teammates participate in what they have dubbed the Great Seattle Sandwich Crawl. A Seattle Magazine article claiming to have identified the "48 Best Sandwiches" in Seattle caught the eye of Bellas and she proposed to the group that they should put the results to the OSR test. As compliance officers who are dedicated to truth and tasty sandwiches, the group decided to investigate the facts of the case. Everyone is invited to try the weekly sandwich selection and rate it using a scientifically validated ranking system. If you want to join the review effort, or want to check the "compliance" ranking this week, contact Bethany Northquist. **lrr**

## CONFERENCES & TRAINING

### Tiny Babies, Large Questions: Ethical Issues in Prenatal and Neonatal Care

The Treuman Katz Center for Pediatric Bioethics hosted its sixth annual pediatric bioethics conference: "Tiny Babies, Large Questions: Ethical Issues in Prenatal and Neonatal Care" on July 23 and 24 in Seattle. The conference featured nationally and internationally recognized speakers in bioethics and neonatology, and drew its largest audience yet - over 250 participants. Nearly half of the participants traveled from outside Washington state, coming from as far away as Australia and Israel, to learn more about the treatment of neonates, issues in preterm birth and neonatal end-of-life care, as well as the global impact of prematurity.

The first day of the conference focused on the tough decisions parents and neonatal specialists face everyday when caring for very small, very sick babies in the United States. Invited speakers, including **John Lantos, MD** and **Norm Fost, MD, MPH**, discussed the ethical

and practical issues involved with decisions about whether or not to treat a neonate with a poor prognosis and the challenges with identifying the gray zones inherent to such neonatal resuscitation decisions. Speakers tackled difficult topics such as conflicts that arise between a mother's rights and her obligations to her fetus during pregnancy as well as decisions about end-of-life care when parents chose not to resuscitate their struggling infant.

Friday's afternoon session featured discussions about placing limits on assisted reproductive technologies when prematurity is at stake; an exciting, yet troubling look into maternal-fetal surgery; and a heart-wrenching parental perspective by Toronto neonatologists/ethicists, **Annie Janvier** and **Keith Barrington**. For many, this was a highlight of the conference as these academic neonatologists unexpectedly traded their physician roles for parent roles when their daughter, who was born at 24 weeks gestation, spent 16 weeks in the neonatal intensive care unit (NICU). One participant remarked that the presentation was, "Extremely meaningful and wonderfully presented. Best part of the conference."

The speakers on the second day of the conference broadened the conversation to include global issues relating to preterm birth in resource-poor settings. Each of the presentations offered a view into the lives of families in developing countries dealing with prematurity

and neonatal death. Drs. **Maneesh Batra, MD** and **Maureen Kelley, PhD**, both of Seattle Children's, presented evidence showing disparities in healthcare between developing countries in Africa and Southeastern Asia and developed countries like the U.S. and Canada. This information has lead Dr. Batra, Dr. Kelley and others to study how such disparities might affect outcomes in preterm birth for the child and psychosocial effects on the family and larger community.

Finally, Saturday ended with short presentations selected from a group of abstract submissions. These six presentations surveyed difficult topics including: how a prognosis of disability impacts parents' hope during prenatal counseling, psychosocial effects on families of long-term NICU stays, and what to do when parents ask the doctor's opinion in these high-stress situations. Overall, the conference was a great success, and while many of the discussions brought up more questions than answers, audience members felt invigorated by the discourse and are eager to return to Seattle again for next year's conference.

The conference sessions and related presentations may be viewed [online](#). The Center's next annual pediatric bioethics conference will be held July 22 and 23, 2011 and will address ethical issues related to the question of how to meet society's obligation to provide healthcare to children. Please check the [Center's Web site](#) for more information. **lrn**



**Dr. Maneesh Batra**

## RESEARCH BITS

### RSDC IMPACT Plan and Focus Group Report Out

Gathering ideas for improving the research institute was a high priority for the Research Staff Development Committee (RSDC) this spring and summer. In November 2009, the RSDC created a research institute-wide IMPACT plan focused on improving the Gallup Workplace Survey score for Q7: At work, my opinions seem to count. The approach taken was one of enhancing communication, soliciting issues of importance to staff and advocating on their behalf. To start, the RSDC thought it would be best to conduct a series of focus groups inviting staff from each center and research support services to participate. Staff were asked about the greatest strength or source of satisfaction at the research institute, center specific and research institute-wide issues and challenges, suggestions for improvement and ways to make them feel more connected at the institute. A total of 13 focus groups were conducted between April and June with 55 research institute staff participants from lab technicians to clinical research associates to administrative staff. The RSDC met with each center director and institute leadership to share the center specific information and general themes gathered from the focus groups.

The RSDC identified the following issues as common themes across centers and research support services:

- Little or no encouragement (and even discouragement) from managers and principal investigators to attend research institute seminars and events that do not directly pertain to their job.
- Poor communication regarding new staff joining their center or department.
- Changes that affect staff implemented without their input.
- No clear career development opportunities or retention efforts.
- Not sure how everything fits together within the research institute.
- Difficulty finding information on CHILD, using the search engine and finding key contacts.

So what's next? The RSDC will work with each center director and institute leadership to address the issues raised in the focus groups. Since the information gathered in the focus groups was anonymous, the response will be provided at a center wide level.

The RSDC will also work with institute leadership to triage issues (e.g., IT, communication, purchasing) as appropriate. In addition, the RSDC will use this information in combination with the Gallup Workplace Survey data to guide next year's IMPACT plan and other committee initiatives.

The RSDC hopes that staff found the focus groups useful and has an increased awareness of the role that the RSDC plays as staff advocates. [Irn](#)

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### CCTR Welcomes Dr. Tamara Simon



**Dr. Tamara Simon,**  
**Center for Clinical and**  
**Translational Research**

The Center for Clinical and Translational Research (CCTR) is pleased to welcome Dr. **Tamara Simon** to Seattle Children's. An assistant professor in the Division of Hospital Medicine, Tamara has a five-year Career Development Award from the National Institute of Neurological Disease and Stroke for her research focusing on infection in patients with hydrocephalus and cerebrospinal fluid shunts. She collaborates with investigators nationwide through the Hydrocephalus Clinical Research Network as well as the Pediatric Research in Inpatient Settings Network. At Children's, she plans to work closely with investigators and staff in the Center for Integrative Brain Research, including Drs. **Samuel Browd** and **William Dobyns**.

Tamara completed her residency and fellowship at University of Colorado in Denver and was based at Primary Children's Medical Center in Salt Lake City prior to her arrival in Seattle. Read more about Tamara and her research in the September issue of CCTR News, available on the CCTR Web page on [CHILD](#). [Irn](#)

## RESEARCH BITS

### Save the Date Reminder: RSDC's Fifth Annual Research Symposium

**Research Faculty and Staff:** You are invited to the Fifth Annual Research Symposium, sponsored by the Research Staff Development Committee (RSDC). The purpose of this event is to celebrate the accomplishments of research faculty and staff, showcase the work being done at the research institute, bring in nationally recognized scientific leaders and provide an opportunity for networking among colleagues.

**Theme:** "Coast to Coast Efforts for a Cure"

**When:** Wednesday, Sept. 22, 2010

**Time:** Noon to 4:30 p.m.

**Location:** Seattle Children's Research Institute, Building 1

Poster Presentations: Conference Room 506

Speaker Presentations: Soundgarden Conference Room

#### Agenda:

Noon to 1:30 p.m. – Poster presentations

2 to 3 p.m. – Keynote presentation by Dr. **Philip Johnson**, The Children's Hospital of Philadelphia, *Bypassing the Roadblock to an HIV Vaccine*

3 to 3:30 p.m. – Dr. **Lisa Frenkel**, University of Washington, *Have policy makers given us an effective global approach to prevent mother-to-child-transmission of HIV?*

3:30 to 4 p.m. – **Stephanie Añover-Sombke**, Seattle Children's Research Institute, *Hyper IgE Syndrome and STAT3 – A Saga From the Bedside to the Bench and Back*

4 to 4:30 p.m. - Poster presentations

The RSDC is excited to announce the keynote speaker for this year's symposium, Philip Johnson, MD, Chief Scientific Officer and Executive Vice President at The Children's Hospital of Philadelphia and Professor of Pediatrics at the University of Pennsylvania School of Medicine. In addition to his administrative duties, Dr. Johnson also directs his own research laboratory, which over the last decade, has focused on gene transfer technology for use in vaccine antigen delivery. This research culminated in the development of a candidate HIV vaccine that is now in Phase 1 and 2 human clinical trials.

For additional information or if you have questions, please contact the [RSDC](#).

RSDC Symposium Planning Committee: **Stephanie Knutzen, Courtney MacNealy, Stefanie Morris, Lisy VanHousen and Claire Wharton**

### Congrats Research Operations

#### Top Submitting CPIdeas Departments to Date:

1. Surgical Unit - 45
2. **Research Ops - 27**
3. Pediatric Intensive Care Unit- 25
4. Administration - 24
5. Greeter Services - 21
6. Transportation Management - 21

### Share Your Feedback About CHILD

Work has begun on the redesign of CHILD, Children's intranet and the Marketing & Communications department (MarComm) is inviting everyone to take an online survey between Aug. 24 and Sept. 9 to give them your feedback about CHILD and how you use it. The survey should only take a few minutes, and the more they know, the better CHILD will be. Learn more in the InHouse article, "[It Takes a Village to Raise a CHILD... and You're Invited to Help!](#)"

## RESEARCH BITS

### Pay For Performance: In Full Swing

It is once again Pay for Performance season at Seattle Children's Research Institute. Aug. 9 through Oct. 18 is the period during which most employees of the research institute will receive their annual performance evaluation. (There are a small number of employees whose evaluations are scheduled for a different time during the year.) All the evaluations that are due in October must be received in Research Human Resources (RHR) by Monday, Oct. 18. Completed evaluations can either be mailed to C9S-9 attn: RHR or hand delivered to the folks in RHR at one of their offices at Building 1 (946, 949, 950).

The research institute will once again convene a panel to calibrate Leading and Top Performer ratings. The panel has been expanded this year to include: Dr. **Jim Hendricks**, **Erik Lausund**, **David Cullen**, and new members, Dr. **Jerry Zimmerman** of the Center for Clinical and Translational Research, and **Donald Chaffin** of the Center for Infections and Prematurity. Any Leading or Top performer rating must be reviewed and approved by the panel. Evaluators must submit proposals to RHR via a Calibration Form, no later than Sept. 15, in order to be considered by the panel.

RHR has also been presenting information about Pay for Performance to various employee groups. If you would like to request that RHR attend one of your meetings, or if you have questions about Pay for Performance, or would simply like to review the Calibration Form, please visit the [RHR Web page](#) on CHILD.

### Sandra McNutt Retires

Research Facilities says goodbye to longtime employee and friend, **Sandra McNutt**. After 20 years of service to Seattle Children's, Sandie is hanging up her glasswashing hat and retiring on Sept. 3. Sandie has been an amazingly positive presence at Children's and has consistently adapted to the institute's unprecedented growth and change.

She has gone from servicing two floors at 307 Westlake to six floors at Building 1 over the last three years. Not only has she effectively tripled her routes and increased her customers 5X, but she has done this in a new facility.

She has successfully integrated Continuous Performance Improvement (CPI) into the Glasswash process to the point that the facility was recently recognized as a 'leader of 5S implementation at the research institute'.

Sandie will be missed by many and the institute wishes her the best in her future endeavors. Thank you for your contributions, Sandie!

### "Saving Kids With Science: Stories From Seattle Children's Research Institute"

**Friday, Sept. 17  
8 to 9 p.m.  
KOMO-4 TV**

Join KOMO-TV anchor, **Molly Chen**, on a one-hour journey from the petri dish to the patient as the world of science at Seattle Children's Research Institute is explored. Meet the people behind the lab coats and hear how they are finding new ways to look at and treat diseases, such as cancer and arthritis. Get to know some patients who are benefiting from discoveries made at the institute, and hear how children around the world stand to benefit from others. See how some researchers are using music, humor, and a one-of-a-kind mobile lab to



introduce science to young people across the state.

**Note:** If you are unable to view the program on Sept. 17, there will also be a brown bag viewing of the program at the institute. Bring your lunch and enjoy the show.

**Monday, Sept. 27  
12:30 p.m.  
Building 1, Conference Room 506**

## RESEARCH BITS

### New IRB Process and Forms Effective Sept. 1

Following on its Continuous Performance Improvement (CPI) workshop in March, Seattle Children's Institutional Review Board (IRB) made several improvements in the process and forms for new, full-review IRB applications. These changes should streamline the IRB approval process through elimination of the inherent re-work of the pre-review sub-process.

Part of the charge to the CPI workshop team was to design a system that would replace the pre-review portion of the process with a consultation service, a specific change recommended by the Special Committee on Research Operations. The workshop team determined that in addition to the consultation service, a revamping of the IRB application and the supporting tools and templates available on the IRB Web site was necessary to support the proposed changes. Based upon prior experience, the consultation service - which will be face-to-face or by telephone - is expected to be a more effective means of communication regarding studies prior to their submission. It is intended to provide education and guidance as well as to increase collaboration. The revised documents are more transparent about what is needed and why it is needed for IRB review, and include sample answers and investigator help content. Through all of these efforts, more resources were provided in order to enable researchers to initiate the process more effectively.

The new forms and process were published on the [IRB Web site](#) on July 1 for optional use and trial. **As of Sept. 1, the new forms and process will be required by all research teams submitting new, full-review applications to the IRB.**

Since the conclusion of the workshop, the project team has reached out to faculty and staff through various communication means to notify IRB users of the upcoming changes. **Laurie Bolton**, director of the Office of Institutional Assurances, presented the changes at center and departmental meetings throughout July and August. If you were unable to attend one of these sessions, a [video](#) of one of the presentations has been posted to the IRB Web site for faculty and staff reference.

If you have any questions regarding the new process and forms, please contact the [Human Subjects Protection Program](#).

### Congratulations Dr. Kathleen Millen

Dr. **Kathleen Millen**, new principal investigator (PI) in the Center for Integrative Brain Research, was recently selected to be a member of the Neurogenesis and Cell Fate Study Section, Center for Scientific Review, for the term July 1, 2010 - June 30, 2014. Selection criteria is based on demonstrated competence and achievement in the PI's scientific discipline as evidenced by quality research accomplishments, publications, scientific activities and honors.

Dr. Millen recently relocated to Seattle Children's from the University of Chicago. Please look for a PI Focus article highlighting Dr. Millen's research in the near future.



### Reminder for Principal Investigators

To consider new study findings for possible news media outreach, please notify [Teri Thomas](#) (ext. 7-5213) in Public Relations as soon as accepted for publication.

## MONTHLY FEATURES

### Welcome to Research at Seattle Children's

#### Center for Child Health, Behavior and Development

**Chrisha Bali**, Student Helper  
**Alyson Barry**, Clinical Research Associate  
**Ginger Barry**, Clinical Research Associate  
**Mykell Beauchamp**, Student Helper  
**Lauren Bonazzo**, Student Helper  
**Robin Callahan**, Clinical Research Associate  
**Marissa Corona**, Clinical Research Associate  
**Timothy Hatlen**, Student Helper  
**Gina Kim**, Clinical Research Associate  
**Nancy Kleint**, Research Assistant  
**Caitlin Murray**, Clinical Research Associate  
**Rebecca Parrish**, Clinical Research Associate  
**Julian Ramirez**, Research Assistant  
**Yoon Shin**, Student Helper  
**Ella Vanderbilt-Adriance**, Fellow  
**Lila Waldron**, Clinical Research Associate  
**Hilary Watson**, Clinical Research Associate  
**Christopher Welsh**, Student Helper  
**Brian Wymbs**, Research Scientist  
**Christina Yranela**, Student Helper

#### Center for Childhood Infections & Prematurity Research

**Michael Dyen**, Research Associate - Bench  
**Patick Lewis**, Research Associate - Bench

#### Center for Clinical and Translational Research

**Jessica Berry**, Research Technician  
**Emil Buscaino**, Student Helper  
**Jamie Huizinga**, Occupational Therapist  
**Robert Johnson**, Clinical Research Associate  
**Ellen Meier**, Research Coordinator - licensed  
**Loan Nguyen**, Student Helper  
**Josefina Perez**, Research Assistant  
**Jennifer Soper**, Clinical Research Associate  
**Logan Vincent**, Intern - Non Clinical

#### Center for Developmental Therapeutics

**Kathleen Bongiovanni**, Program Manager  
**Elyce Opheim**, Research Technician  
**Chun Xu**, Research Scientist

#### Center for Immunity & Immunotherapies

**Tamara Chinn**, Student Helper  
**Alex Su**, Student Helper

#### Center for Integrative Brain Research

**Kathleen Bailey**, Research Technician  
**Viktor Chizhikov**, Senior Research Scientist  
**Susan Christian**, Senior Research Scientist  
**Samin Sajan**, Research Scientist  
**Ekaterina Steshina**, Research Scientist  
**Christopher Sullivan**, Research Technician  
**Paul Wakenight**, Research Scientist  
**Yuan-Yuan Wang**, Research Technician  
**Helen Yuan**, Student Helper

#### Center for Tissue and Cell Sciences

**Danielle File**, Student Helper  
**Claire Powers**, Student Helper

#### Health Education Outreach

**Jeremy Kim**, Mobile Science Lab Scientist

#### Research Support Services (Human Subjects Protection Program)

**Tori Lallemond**, Regulatory Analyst

#### Research Support Services (Office of Animal Care)

**Jerry Ament**, Lead Animal Technician

#### Research Support Services (Office of Sponsored Research)

**Galyn Bunnell**, Sponsored Projects Officer

#### Research Support Services (Research Information Technology)

**Scott Clark**, Systems Programmer

#### Research Support Services (Research Technical Operations)

**Daniel Brock**, Environ. Safety & Research Ops. Support Specialist

### Monthly Green Tip\*

Walk or ride your bike one day a week for errands or entertainment. Pick a restaurant or a store that is a few miles roundtrip from your home. Either walk or ride your bike instead of driving. Just one day a week, reduces your vehicle emissions by 20%. You'll also save 20% a week on gas. You'll help the environment, save money and get some exercise. It's more fun than driving and you will feel great!

\*If you have a "Green" tip to share, please send your idea to [Deana Rich](#) to be considered for a future issue of Interaction.

## MONTHLY FEATURES

### Promotions

#### Center for Child Health, Behavior and Development

**Jennifer Chun**, promoted from Administrative Assistant II to Administrative Assistant Senior

**Audra Gravatt**, promoted from Administrative Assistant III to Program Coordinator I

#### Center for Immunity & Immunotherapies

**Hannah Kerns**, promoted from Research Scientist I to Research Scientist II

**Jacqueline Lin**, promoted from Student Helper to Research Technician I

**Sara Mamman**, promoted from Research Technician I to Research Scientist I

**Samuel Sun**, promoted from Research Technician I to Research Scientist I

#### Research Support Services (Office of Animal Care)

**Kana Imakura**, promoted from Animal Technician Senior to Animal Care Coordinator

#### Research Support Services (Research Facilities)

**Stefanie Morris**, promoted from Project Coordinator I to Project Coordinator II

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### Policy Updates

Each month, Interaction keeps readers up to date on research policies that were posted to CHILD for peer review. Here were the policies posted for peer review during the months of July - August. Please visit the [research policies Web page on CHILD](#) to view all past peer-reviewed policies, their accompanying responses and final versions.

[CTM-313 Clinical Research Study Start-Up](#)

[OSR-003 Pre-Award Record Retention Proposed Policy](#)

[OSR-014 Internal OSR Deadlines for Submission of Sponsored Research Proposals](#)

[RTO-110 Minors in Laboratories at Seattle Children's Research Institute](#)

Have an idea for an Interaction article? Please send your idea to the [Managing Editor](#) for consideration in a future issue.

### Editorial Board

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