



Art Therapy

What We Do

Integrative mental health and human services profession that enriches lives through:

- Individualized therapeutic art-making sessions with patients at the bedside.
- Creation of safe space for creative process.
- Application of psychological theory and counseling within a psychotherapeutic relationship.
- Focus on emotional and mental health goals.

Impact – A Brief Patient Family Story

For many months, we provided weekly art therapy sessions to an 18-year-old heart transplant patient with a cognitive delay. In the beginning of our work together, he had difficulty verbalizing feelings and we worked on integrating art as a means to do this. During his longest admission, waiting for transplant, we explored his lack of social connectedness, gun violence in his community, difficult family dynamics, grief of the loss of an older brother, and processing his heart transplant. The intervention done in art therapy before his transplant included written and drawn elements on postcards; he created a postcard for his old heart and one for his new heart where he was able to explore feelings through creative means, within a supportive relationship. Throughout our work together, he became able to identify and talk about his feelings openly with me and became more self-aware and reflective of his behaviors and needs.

Location(S) Where Services Are Provided

- Inpatient medical units with active caseloads of approximately 12 patients each.
- Focus on patients who are navigating medical trauma, psychological distress and other comorbidities.
- Support palliative care patients throughout long-term treatment and end-of-life process.
- Facilitation of weekly art therapy group for NICU caregivers.

How Families and Providers Can Access Services

Referrals through Epic, psychosocial rounds, Voalte messages, email, and pages.

Team Size- 3.0 FTEs filled by Board Certified Art Therapists.

Current Challenges and Innovations

- During the pandemic, we were successful in maintaining our staff of 2 who were qualified to provide supervision to continue the medical art therapy internship. We have had 8 graduate level interns since 2019 alone.
- Increased volume of patients with behavioral health needs created more demand for our services. We were able to grow from 2 to 3 FTEs in 2022.
- We have researched and obtained adaptive tools in order to expand access to art-making for patients with varying physical abilities as well as for patients with safety concerns based on our psychological assessment. We have collaborated within Children's Services to create our own 3D printed adaptive tools tailored to specific patient needs that our patients are able to keep for their continued use.
- With the growing population of patients with disordered eating cohorted on the 17th floor, we do not currently have the staffing to provide consistent enough services. We are currently partnering with Adolescent Medicine to advocate for additional FTEs to support that need.
- Upcoming pilot program within Finance team using art therapy for staff support.
- Goals to engage in research on the impact of art therapy in the medical setting in the future.



Child Life

What We Do

- Ensure emotional safety is being upheld with the same rigor as physical safety by promoting resiliency, healing and trust for patients during all medical experiences.
- Prepare children for anxiety provoking procedures using developmentally appropriate language and materials
- Decrease perception of pain through guided imagery, deep breathing, alternative focus and positions of comfort
- Support patients through procedures by identifying coping strategies and implementing them
- Help siblings to understand medical care, diagnosis and process their feelings
- Provide legacy building activities to support patients at end of life
- Advocate for patients with special needs or behavioral health needs by individualizing care

Location(s) Where Services Are Provided

- Inpatient medical units with the ability to see approximately 5-6 patients/day/CCLS
- ED Sun-Thurs 9-5 and 7 days a week until midnight
- Surgery/medical imaging with ability to see approximately 6-11 patients/day/CCLS
- Satellites: Clark/Deming, Westchester, Northbrook
- Dedicated Service lines: Neuromuscular, Special Infectious Disease, Safety and Well-Being

How Families and Providers Can Access Services

Referrals received through Epic, rounds and Voalte messages and pages

Team Size

30 CCLSs covering 27.3 FTEs

Current Challenges and Innovations

- Opportunities to incorporate the Emotional Safety Initiative <https://emotional-safety.org/> into practice throughout the medical center. Goal to create a hospital wide Emotional Safety Committee
- Space for preparation and support for patients to attempt an MRI without sedation- partnered with Dr. Rigsby's team to create the MRI Try Without Program that has now seen 106 patients with a 96% success rate.
- Alternative ways to support coping and procedural support- Secured funding for a Facility Dog Program and the dog will join our team in Spring to early Summer of 2024 along with a dedicated CCLS handler
- Competing goals of on time starts in pre-op- working with anesthesia team to pilot child life in preop clinic providing developmentally appropriate preparation via telemedicine prior to surgery
- Opportunities for more emotional/developmental support for patients awaiting solid organ transplant- piloting telemedicine visits with CCLS to support understanding, build coping strategies prior to transplant to increase compliance and decrease experiences of medical trauma
- Challenges of individualizing care for patients with behavioral health needs on medical units- partnering with BRT in daily communication, joining huddles and streamlining Behavioral Support Guidelines in Epic
- High inpatient CCLS to patient ratios- added CCLS to acute units and reallocated a position to split coverage of PICU and CCU to support better patient care
- No dedicated CCLS in ED- added daytime ED CCLS coverage in June 2023 to enhance overall care in ED



Language Services

What We Do

- Support effective communication and equitable care for patients and families that speak languages other than English or that have special communication needs.
- Exceed regulatory and legal requirements for providing medical care in a family's preferred language.
- Navigate different languages, cultures, and literacy levels of many diverse origins and backgrounds.

Impact – A Brief Patient Family Story

- Our department supported the care of an unaccompanied minor from Afghanistan that signed in Dari and was suicidal. The psychologist relayed that they saw the patient smile for the first time when they were able to communicate using a Certified Deaf Interpreter and an American Sign Language interpreter team.
- A Spanish Interpreter provided services for a complex situation involving recent imaging results review, surgical planning, future interventions, and planned procedures all within one episode/conversation. She compassionately and effectively communicated appropriate tone and content of the conversation, according to the provider who worked with her. Because of Diana, the family was able to understand and synthesize complex medical information and future planning for their child.

Location(s) Where Services Are Provided

- Spanish staff interpreters at main hospital and Clark/Deming.
- All Lurie sites have access to phone/video interpreting on-demand and scheduled in-person contracted services
- Spanish translations of after-visit summaries and other critical documents provided in-house.

How Families and Providers Can Access Services

Staff and providers can request immediate services through EPIC and paging and schedule services on SharePoint. Families can reach Language Services, though it's best practice for the organization to anticipate the needs of the patient based on the preferred language and need for an interpreter.

Team Size (24.2 FTE)

Manager	Interpreters: Lurie 13, Clark 3 FTE
Coordinator	Translators: 3 FTE
Dispatcher	PRN: 7 interpreters (1 Arabic, 2 Translations)

Current Challenges and Innovations

- With the wave of migration, we are seeing a growing need for Spanish and indigenous languages that can be complicated to secure; just as other world events created a need for Ukrainian, Afghani languages and others.
- Maintaining our ratio of Nationally Certified Medical Interpreters (CCHI) (required for US News and World Report); formal incentive needed for this currently "preferred but not required" credential.
- We are currently working in improving the AVS translation process for efficiency and looking to build a Qualified Bilingual Provider/Staff pilot program.
- We have a strong program though there is always room for growth and improvement to provide the best care and compete with other organizations for talent and their retention.



Medical Social Work

What We Do

- Assist and support patients and families through their adjustment to illness or hospitalization.
- Provide protective services for children and families at risk.
- Assist and support patients and families with understanding and adhering to treatment plans.
- Provide transition preparation services to youth/young adults moving to adult medical care and linking patients and families to community agencies and services.
- Assess for Social Influencers of Health and provide linkage to community resources.

Impact – A Brief Patient Family Story

Mother (Ms. T) and Patient were evicted from their apartment during summer 2023 and were residing in a hotel for a couple weeks. Mother shared with their medical social worker she had started new temporary employment and was able to secure a new apartment with the assistance of a housing organization. Mother and patient needed beds/furniture, clothing, and household basics. Ms. T mentioned she was struggling financially and would have to use all her savings to pay for the furniture fees plus delivery. Our medical social worker was able to complete a needs assessment and utilize the Family Services Emergency fund to cover a portion of the costs for furniture.

Location(s) Where Services Are Provided

- Lurie Children's Hospital – 225 E. Chicago/ADA
- Satellite Sites – Clark/Deming, Dayton, New Lenox, Grayslake, Westchester, Northbrook, Skokie, Uptown

How Families and Providers Can Access Services

- Families can access our services via consult from the medical team or by contacting our Family Services main line at 312-227-1200

Team Size

- 64 FTEs (Medical Social Workers, includes 4.0 FTE Clinical Coordinators – Leads)
- 2.0 FTE Managers (Currently 1.0 FTE vacant)
- 2.0 FTEs currently vacant & 2.0 FTEs in the pipeline

Current Challenges and Innovations

Challenges

- High turnover in medical social work positions (roughly 50% of the current workforce started within the last 1-1.5 years)
- High turnover in manager of social work position (average length of position filled and sustained is one year).
- Clinical Coordinator role has expanded its duties beyond its initial scope of practice. Currently reassessing role.
- Day-to-day tasks and responsibilities, along with social needs/barriers experienced by patients and families continue to rise.
- Demand on social needs to be addressed continues to rise amongst clinical teams.
- Enhancements to consistent continued education and training are becoming highly needed as staff turnover remains high.

Innovations

- Lead implementers and participants in hospital-wide Social Indicators of Health (SIOH). Responsible for addressing social needs of highest risk populations.
- Key participants in Length of Stay initiatives including Interdisciplinary Rounds.
- Leads on assisting families attend medical appointments based on no-show/cancellation policy.
- Lead responders to 2022-2023 influx of migrant families being served in both hospital (ED/Inpatient) and outpatient settings.
- Lead responders in assessing suicidal ideation in perioperative and outpatient settings, following the roll out of the Brief Suicide Safety Assessment workflow in 2022.



Music Therapy

What We Do

- In an environment where children have very little agency over what happens to them, music therapists:
 - Provide individualized music experiences honoring patient identity and values
 - Promote regulation and decrease perceptions of pain and anxiety
 - Support autonomy
 - Create opportunities for control
- The above interventions have proven impactful in improving patient trust and patient/family experience

Impact – A Brief Patient Family Story

- Admitted to Lurie Children's after a suicide attempt, Paul, 14, also had a medical condition, which caused neuropathy in his fingers. While Paul benefited from playing the piano to work through these physical challenges, the ability to make music also allowed him to better express himself and process his emotions. During the music therapy session, Paul played a melody he had created for his music therapist to communicate his thoughts and anxieties. He explained that the intricacy and composition of the melody represented a conversation between his hands. He worried that his left hand was "feeling unheard" but he hoped to shape the melody and pass it from his right hand to the left to give his left hand a voice in the song and to help it "not feel unheard." From there, Paul and our music therapist worked together to explore ways to bring the "left hand" into the song and expand its role while discussing the power of feeling heard – not just between Paul's hands in this song but in his life. The music in this session, created entirely by Paul, provided an outlet for the teen to give a voice to a need he was unable to express in any other way.

Location(s) Where Services Are Provided

- Inpatient medical units with active caseloads of approximately 15 patients each
- Outpatient Cochlear Implant 4- 5 hours of service/week
- Williams Syndrome Clinics approximately 20 hours/year
- NIH funded multi-site research study in outpatient oncology clinic
- Hospital wide bereavement focused heartbeat recording program

How Families and Providers Can Access Services

- Referrals through Epic
- Rounds
- Voalte messages and pages

Team Size

4 board certified music therapists

Current Challenges and Innovations

- We are only able to see approximately 25% of referrals that we receive. We have created a triage tool to ensure that we are getting to the patients with the highest needs. We also have engaged consultation from a leader in the field of music therapy, Dr. Helen Shoemark, to help further guide our work.
- 17th floor coverage- currently have no music therapy coverage. Are collecting data related to number of potential referrals to support advocacy for future dedicated music therapist.



Panda Center – Activity Coordinators - Skylight TV

What We Do

Activity Coordinators

- Provide normalization, socialization and development through play, activities and special events
- Serve as Lurie Children's main point of contact to receive and distribute in-kind toy and gift donations for patient families
- Train, supervise and deploy the majority of hospital-based play volunteers
- Bring community programming and events into the hospital for patient families (celebrity visits, pet therapy, salon services for adult caregivers)
- Serve as liaison to Foundation for prioritized donors and donor group hands-on service and engagement opportunities

Skylight TV/Tech Specialist

- Design and broadcast shows for positive distraction and patient family connections (weekly game shows, trivia, storytime, movie nights, with fun prizes for participants)
- Incorporate community education and entertainment partnerships into live and recorded programming; broadcast virtual programming from locations in the community
- Maintain the hospital's custom GetWell Network channels: Penguin Cam (1), Peaceful Channel (2) and Skylight Channel (3)
- Provide gaming at the bedside and therapeutic assessments, interventions and procedure support using VR and interactive technologies

Location(s) Where Services Are Provided

Activity Coordinators

Main hospital (Panda Center, inpatient bedside) and Clark/Deming (waiting areas)

Skylight TV

Broadcast to all Inpatient rooms and select procedure areas; live interactive shows in 12th floor Panda Center

How Families and Providers Can Access Services

Inpatient bedside services and patient escort to the Panda Center and Skylight shows are available by Voalte, bedside nurse, Child Life Specialist referral or other staff referral; families learn of services via volunteer rounding, weekly event schedules, and GetWell Network postings and Skylight TV programs

Team Size

6.0 FTE Activity/Events/Donations Coordinators

1.5 Skylight TV production staff; 1.0 Technology Specialist (gaming and tech -based play for patients)



ParentWISE

What We Do

- Facilitate Parent Wisdom in Shared Experience (ParentWISE) by connecting experienced parents of patients with those who are newly diagnosed or starting their care journey
- Recruit and provide thorough training to volunteers who are referred by staff and would like to give back
- Carefully match volunteer parents with current patient parents/guardians and provide supervision and support to insure a positive and appropriate experience
- Facilitate parallel services called PeerWISE for experienced young adult patients to support current patients
- Support, schedule and facilitate Project DOCC, a training program for 1st year Residents at Lurie Children's that pairs them with an experienced volunteer parent for a virtual home visit, to learn from the parent volunteer about their life and experience of caring for a medically complex child

Impact – A Brief Patient Family Story

Heart transplant patient Jaquez, in addition to connecting with Panda Center Coordinator George Hardin, featured in [this 2020 video](#), also made a strong connection with a PeerWISE volunteer who had also received a heart transplant as a young man. When Jaquez entered the maintenance stage of his journey, he reached out to our ParentWISE program coordinators to ask how he too could become a PeerWISE volunteer, because his connection with volunteer Joe had helped him so much. Jaquez is currently completing his volunteer training to begin receiving referrals soon.

Location(s) Where Services Are Provided

- We accept referrals from all medical areas, but have the strongest presence in these specialties: Transplant, Heart Center, Hematology/Oncology, NICU, Trach-Vent, Epilepsy and Cochlear Implant
- Parent and PeerWISE connections are currently completed virtually, at the convenience of both participant and volunteer, following an assessment of needs and matching by a ParentWISE Coordinator

How Families and Providers Can Access Services

ParentWISE and PeerWISE connections are available by referral to parentwise@luriechildrens.org

Team Size

2.5 FTE ParentWISE Coordinators who have backgrounds and experience in mental health/social work; currently ~160 trained volunteers are actively available for referrals

Our Challenges and Innovations To Meet Them

- Building a diverse volunteer pool that reflects and is relatable for our patient family population; we have created virtual training and onboarding that eliminates many barriers that formerly prevented some great volunteer candidates from participating
- Meeting requests and referrals with a small team of coordinators; streamlining our training and referral process has helped increase efficiency and our ability to reach more areas
- Successful referrals depend upon good screening and matching by a skilled ParentWISE Coordinator; we would love to grow services into more areas, if funding of more FTEs became possible in the future



Pre-Vocational & Life Planning

Specially focused on patients living with chronic illness or medically complex diagnoses, the Pre-Vocational & Life Planning team helps patients work toward goals of participating as fully and independently as possible within their community as they transition to adulthood. The team partners with patients and families to identify disability related supports needed to

- achieve goals for daily living,
- plan for and attain vocational or educational success,
- build financial stability that addresses patient needs over time.

What We Do

- Individualized consultations, screening and trainings
- Group trainings/workshops for patient families
- With meaningful coordination, connect patients to local and federal supports
- Help address specific concrete emergency needs when possible

Impact – Brief Patient Stories

- Spina Bifida patient was connected to DRS vocational rehab counselor and will receive computer and other equipment for employment services.
- Teen PKU patient and family with housing insecurity was connected to Catholic Charities.
- 35 yr old Genetics patient seeking transit services now has State ID and access to local Paratransit.
- 23 yr old with dual diagnoses is now working PT and connected to Chicago Lighthouse job club for support in seeking FT employment.

How families and providers can access services

Following referral by the patient's medical team, a program team member meets with the patient and/or family via phone or in person at clinic appointments to discuss patient goals, needs and barriers related to disability.

Team members:

Jamie Taradash, MA, CRC, CVE
Program Manager
Olympia 1913

Maria Sander, QIDP
Outpatient Resource Specialist
Clark/Deming, Spina Bifida Clinic

Karina Gonzalez
Outpatient Resource Specialist
Main Hospital—12th fl

Sample of Organizations We Work With

Chicago Mayor's Office for People with Disabilities
Heartland Alliance
Access Living
RAMP CIL (Center for Independent Living)
Chicago Lighthouse

Social Security Administration
Arc of Illinois
Chicago Furniture Bank
AIM-CIL
IDHS Div of Rehabilitation Services (DRS)



School Services and Education Liaisons

What We Do

School Services Coordinators

- Engage inpatients in academics and help them progress in their school's curriculum while hospitalized, through bedside and classroom learning opportunities
- Serve any inpatient regardless of diagnosis or length of stay
- Maintain the Chicago Cubs Charities Classroom year-round Access is available by appointment and, when staffing allows, walk-ins are welcome.
- Partner with CPS to connect patients who are eligible for CPS services during their hospitalization
- Customize services depending on the unique patient needs, including:
 - Work with patients' school to coordinate instruction
 - Focus on core subjects as well as preferred interests
 - Provide age/grade appropriate learning activities
 - Communicate in regard to a patient's needs upon discharge

Education Liaisons

Partner with patient families' schools to ensure access to education and act as a bridge between the medical setting.

- Every child has a legal right to an education, including children with a medical condition and/or a disability.
- It is also important that every child be provided with opportunities for meaningful participation in their school communities to foster their cognitive and social development.
- Children with a medical condition and/or a disability may require individualized services to ensure their success at school. Sometimes families need support with understanding what services are available and how to obtain them.
- Education liaisons can support families by providing consultation, coordination, psycho-social education, advocacy, and referral services related to the child's educational needs.

Impact – A Brief Patient Family Story

Lamar, a long term patient who spent his entire senior year waiting on and then recovering from a solid organ transplant, worked with School Services on a daily basis. Thanks to this support, he was able to pass all of his classes with the GPA he wanted and ended up getting in to the college of his choice with an academic scholarship! Lamar and his parents attributed this to his dedication to school even while facing medical hardships, and the support of the School Services coordinators who gave him one-on-one, consistent support in all subject areas. He even grew to enjoy some of the subjects he hadn't like in the past because of the personalized style of instruction that School Services provided in the hospital setting

Location(s) Where Services Are Provided

General **School Services** support is available to any inpatient family at the main hospital; we also partner with CPS to connect patients who are eligible for CPS services during their hospitalization

Education Liaisons are currently embedded in 5 medical specialty areas, and follow patients during both inpatient and ambulatory phases of their care: Oncology, Audiology, Epilepsy, Cardiology, and Hematology

How Families and Providers Can Access Services

School Services - inpatient provider referrals or patient-family self-referrals by requesting school support through their care team; **Education Liaisons** – team rounds and provider referrals in medical specialties with an Education Liaison

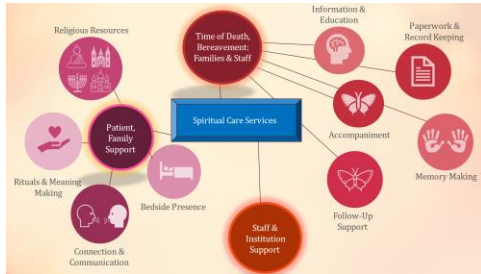
Team Size

2.0 School Services Coordinators (all inpatient floors); 5.0 Education Liaisons (medical specialty-specific)



Spiritual Care

WHAT WE DO:



Staff and Institution support includes, but is not limited to the following:

Chaplains serve on and support the following hospital committees and initiatives:

- Spirituality and Religion in the Workplace ERG (chaplain co-chair)
- Schwartz Rounds Committee (chaplain co-chair)
- RISE (Resilience in Stressful Events) Program (Chaplain co-chair)
- Lurie Children's Bereavement Committee (Chaplain co-chair)
- Lurie Children's Bereavement Steering Committee (Chaplain co-chair)
- REACH - 1:1 support and debriefings after distressing events (Chaplain led)
- President's Council on Equity, Diversity and Inclusion
- Ethics Advisory Board
- Narrative Medicine
- Healing Circle Facilitators
- Berne Quality Improvement projects
- Safety Coaching (1 chaplain safety co-chair)
- Whole Training Instruction (1 chaplain/Wellness instructor)
- Research project focused on supporting staff after exposure to traumatic or distressing events in the workplace
- Nursing Orientation and Transitions programs

Chaplains Support Employee Wellness:

- Lead Grief, Trauma and R3 Debriefings 24/7
- Provide 1:1 Wellness Support for Staff 24/7
- Offer Wellness Education for teams and departments
- Actively lead and support Schwartz Rounds
- Serve as RISE Responders 24/7
- Lead the REACH program 24/7
- Healing Circle facilitators
- Bereavement Committee leadership and representation
- Collaborate with Cigna EAP
- Provide Mindfulness and Meditation Noon Calls and Chapel Services

IMPACT – A BRIEF STORY – High Five Award

Our nurses across the HemOnc Division would like to extend our sincere thanks and gratitude to Erin Babb, chaplain extraordinaire. The past few weeks have been a challenging time for many of our staff, as we bereave pediatric cancer patients who have passed, continue to work compassionately with patients near end-of-life, and only start the process of grieving the loss of a dear nurse colleague. Erin has been there to offer amazing support and create an environment of healing. Erin facilitated a patient bereavement session and only one week later, facilitated a bereavement space for staff to deal with the loss of a friend on floor 18. Erin is very responsive and creates such a welcoming environment and calming presence. Thank you for all you do - your friends in HemOnc Nursing. Thank you - Andrew, Corey, Nicole, Jill, and Terry

LOCATION(S) WHERE SERVICES ARE PROVIDED – Patient/family facing care available at main campus, staff care OW

HOW FAMILIES AND PROVIDERS CAN ACCESS SERVICES



TEAM SIZE – 11.70 FTE's, 16 employees

OUR CURRENT CHALLENGES AND INNOVATIONS



Opportunities for future as funding permits:

- Publishing completed research project phase one literature review on evidence-based, trauma-informed models of well-being support for pediatric care team after a distressing work-related experience (such as the unexpected death of a patient or a mass casualty)
- Continuing above research project with phase two focus groups
- Applying for national *Excellence in Spiritual Care Award* (similar to Nursing Magnet)
- Presenting at National Conferences to share some of our innovative work:
 - Spiritual Care and EDI (including new Spiritual Care Associate Positions, Spirituality and Religion in the Workplace ERG and other initiatives)
 - CARE Huddle ED Pilot



Volunteer Resources

What We Do

- Recruit, screen and onboard volunteers to support and enhance patient family experience
- Cultivate rewarding opportunities for volunteers from our communities to support Lurie Children's mission
- Contribute to a diverse future workforce by providing inclusive volunteer opportunities to individuals of diverse backgrounds and reducing barriers for those who have traditionally been excluded
- Provide support and coaching to hospital staff who supervise volunteers
- Insure volunteers comply with regulatory and patient safety requirements; provide continuing volunteer education

Impact – To Volunteers and To Patient Families

- *Being a volunteer means I get to enter a community where the number one goal is positivity. I get to benefit from my encounters with patients and the supportive staff in the Panda Center...I would want others to know that volunteering at Lurie's has helped me feel like I'm a part of the Chicago community. - Matt*
- *The 12th floor and its volunteers were a total life saver for my five-year-old. She was really upset about her surgery and being stuck in bed. The play area help lift her out of despair and we are so grateful. – PFE Survey comment, 6/22*

Location(s) Where Services Are Provided

- Main hospital inpatient units – bedside play, Family Liaison (for new admissions)
- Panda Center of Hope
- Clark Deming clinic waiting areas; select satellite locations (Westchester, Northbrook, New Lenox – seasonal)

How Families and Providers Can Access Services

Volunteers may apply at [LurieChildrens.Org/WaysTo Help](http://LurieChildrens.Org/WaysToHelp); hospital staff make referrals through Child Life Specialists or the Panda Center to receive volunteer support for a patient or family

Team Size

3.0 Volunteer Resources Coordinators (including 1.0 Program Lead); ~250 active volunteers

Current Challenges and Innovations

- Volunteerism nationwide is trending down and we are applying new methods for recruitment and retention, including a focus on increasing racial, ethnic and economic diversity among our volunteers to better reflect the patient population
- Out-of-pocket expenses for volunteer candidates (health clearance, uniforms, parking) are a barrier for many; we are seeking ways to reduce costs to volunteer candidates, especially those of limited financial means
- Requirements for volunteer education have increased due to safety and high-reliability initiatives; we work closely and continuously with IPC, other safety and compliance leaders, and key staff supervisors of volunteers to insure volunteer compliance and safe practices