What are the odds

- According to the National Weather Service, the odds of being struck by lightning once in your lifetime are 5000 to 1.

- Being struck twice is astronomical.

- We felt like we were struck twice in a month.
The Odds of Sexual Abuse in a Hospital is Not Like Lightening

- Sexual abuse in our society is common
  - 1 in 4 Girls
  - 1 in 7 Boys

- Most abuse incidents are not reported

- Sexual Interest in children in our society is also common
  - Best estimates suggest 3-5% of adult males have some sexual interest in prepubescent children; add interest in adolescent and the number is much greater.
  - Little is empirically known about sexual interest in children by women
The Math of Risk

• If a hospital employees 3000 people of which 30% are male then random distribution would suggest you have at least 90 to 100 people with sexual interest in kids.

• If you are a general hospital that devotes only 10% of your beds to Pediatrics then the odds that the staff with sexual interest in children are around kids drops -- but you can still expect to have 9 or 10 people who have sexual interest in kids in contract with them.

• But if you are a children’s hospital, all your beds are kids, and on any given day you have 90 to 100 people who have a sexual interest in kids in contact with them….all that is stopping them is their own internal controls, systems you put in place, and good luck…..for as long as it lasts.
Children’s Hospitals as Magnets

People with Sexual Interest are not randomly distributed throughout society.

They gravitate to places where kids are and Children’s Hospitals have kids.

We must assume that we attract far more people who are aroused by children than other hospitals and the odds of this type event occurring in our hospital go up dramatically.
When Lightning Strikes Twice!

An ongoing case study in crises management

How to reduce the likelihood of child abuse or pornography occurring in your hospitals
“Therapist at Children’s Hospital accused of child molestation, porn”
San Diego Union Tribune, March 10, 2006

‘Worst Case’ of child molestation goes to court – Respiratory therapist admitted to sexually abusing disabled children…MSNBC.com
Guiding Principles

• Total transparency and consistency of internal and external communication
• Speed and flexibility of response
• Balance of transparency with privacy of patients and families
• Share feelings empathy and outrage
• Visible CEO involvement
• Full collaboration with law enforcement
Children’s Convalescent Hospital
Children’s Convalescent Hospital (CCH)

- Licensed Skilled Nursing Facility with Medi-Cal Certification to provide Pediatric Subacute services
- Home to 53 Medically Complex and technology dependent children
- Age Range - Infants 3 months old to young adults with severe developmental delay
- Non-ambulatory and non-verbal
- Dependent on ventilators and trachea tubes to breath
- Diagnoses include: Cerebral Palsy, neurologically devastated, genetic disorders, accidental trauma, near drowning, non-accidental trauma.

- Total of 102 Employees
- Clinical team – RNs, LVNs, Respiratory Therapists, and Certified Nursing Assistants
- Average 5.45 Clinical hours per patient day in Skilled unit and 13.1 hours in Subacute unit (regulatory requirement 3.2/12.8)
- Therapy Team consultants and a small Administrative Team
- Turnover rate nominal (#)
- Long term employees # years of service
Thursday, March 2\textsuperscript{nd}, 2006: Day 1

- Immigration Customs Enforcement Agency (ICE) Internet Crimes Unit Against Children (ICAC) and San Diego Police Department (SDPD) Child Abuse Unit
  - Notified Children’s Hospital-San Diego of Wayne Bleyle’s possible involvement in distribution of child pornography
  - Served a court order to preserve evidence and asked Children’s to assist in the investigation
  - Bleyle, a 26 year employee, admitted to taking photographs of children who were comatose and unaware of their surroundings
Friday, March 3\textsuperscript{rd}: Call to Action

- **Rapid response**
  - Safeguard the children
  - Secure facility and monitor access
  - Secure equipment for law enforcement
  - Notify key leadership
    - Child Abuse Prevention dept. – Plan for trauma counseling
    - Media relations – Draft media response in event of media leak
    - COO and CCH Director – Develop risk assessment document and action plan
    - Risk Management – Identify reporting requirement agencies pending notification of potential victims names by law enforcement on Monday
    - Foundation – Communication and support
Weekend, March 4th/5th: Strategic Plan

- **Strategic Planning**
  - Review risk assessment document
  - Create draft actions to reduce further risk of sexual exploitation and abuse
  - Prepare detailed daily action plan
  - Review current safety and background check practices
  - Support law enforcement by taking identification photographs of all current Convalescent Hospital patients
Monday, March 6\textsuperscript{th}: Crises action team

- **Create Crises Action Team**
  - Key Leadership – CEO, COO, CMO, CCH Director
  - Trauma Counseling / Child Abuse Prevention Leaders
  - Risk Management
  - Media Relations
  - Philanthropy and Support
  - Government Affairs
  - Daily meetings 7:30 a.m. and 3:00 p.m.
  - Met with Board of Trustees at 4:00 p.m. to:
    - Review case and propose safety actions
    - Describe law enforcement plans
    - Outline risk assessment and communication strategy
**Monday March 6th: Organizing our Approach**

| Children's Hospital — San Diego  
| Convalescent Hospital Case  
| Confidential – Action Plan Week of March 6, 2006 |

<table>
<thead>
<tr>
<th>MONDAY</th>
<th>TUESDAY</th>
<th>WEDNESDAY</th>
<th>THURSDAY</th>
<th>FRIDAY</th>
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| 1. Sr. Leadership meeting with Blair 9:00 a.m.  
Resp. All  | 1. Reported suspected abuse of CCH patients at 10:15 a.m.  
- DHS L&C  
- CPS  
- JCAHO  
Resp. R, C, M  | 2a. Developed approach and support for CCH:  
- Parents / Siblings  
- Children  
- Employees  
- Discharged patient families  
Resp. P, C, M, Buzz, R  | 1. DHS visit:  
- Mtg w Meg  
- Toured CCH  
- Follow-up arranged for wk of 3/13  
Resp. M, P, R  | 2a. Responded to family questions and concerns:  
- One-on-one meetings with discharged patient  
- One-on-one meeting with # of parents w concerns  |
| 2b. Notified CCH Leadership and discussed intervention strategies:  
- Family follow-up  
- Clinical practice changes/ standards of care  
- Policy changes  
- Risk assessment  
Resp. P, C, M, Buzz, R  | 2a. Finalized approach for support of CCH:  
- Identified Families  
- Current Families  
- Past Families (incl. Group Home)  
Resp. P, C, CCH Ldrs  | 2a. Contacted and met one-on-one with families identified by Law enforcement—5:00pm:  
- CCH P & Marilyn  
- Letter—Support resources and Inv. business card.  
Scheduled and notified Families of group meetings for Thurs 9am; 10:30 am; 6:00 pm:  
- Phone calls  
- Written material hand-out at mtg  
- Spanish speaking families  
2b. Conducted CCH employee meetings during shift report.  
Resp. P, C, CCH Ldrs, Buzz  | 2b. Conducted employee meetings at CCH:  
- 7:00 am NOC  
- 7:30 am AM  
- 3:30 pm PMd  
2e. Offered clinical test through the Chadwick Center for parents upon request.  
Resp. P, C, CCH Ldrs, Buzz  |
Monday, March 6th:
Creating Communication Plan

• **Convalescent Hospital Families**
  – Potential victims (9 Children: 7 current, 1 discharged, and 1 deceased)
  – Remaining families (46 Children)
  – Past families over ten years (176)
  – Trauma counseling
  – Clinical testing / evidentiary testing

• **All Other Hospital Children and Families**
  – Utilized existing referral system 1-800# and staff
  – Website communication with link to Q&A proposed

• **Employees, Medical Staff and Volunteers**

• **Donors, Friends, and Opinion Leaders**
Monday, March 6th:
Collaborating with Law Enforcement

• Search warrant served on Children’s
  
  – ICE and SDPD Child Abuse Unit representatives

  – Five potential victims names disclosed

  – Evidence collected: computer hard drives, identification photographs of patients, demographic information of five potential victims, photos of five patient rooms taken, blanket and pillow removed

  – Gained support for joint decision making and communication meeting on Tuesday, March 7th
Tuesday, March 7th:
Collaborating with Multiple Agencies

- Local, State and Federal Agencies
  - Report to State Department of Health Services (DHS)
  - Report to County Child Protective Services (CPS)
  - Report to JCAHO
Tuesday, March 7th: Balancing Transparency with Privacy

Joint communication meeting with Children’s Leadership, ICE, SDPD, DHS, and CPS

- Children’s Leadership agree to:
  - Delay contacting families of potential victims and communication with all families to the evening of Wednesday, 3/8/06
  - Move Press conference to Thursday
  - Delay contacting Bleyle regarding his employment status (Termination)
  - Hold notification of RT Board of termination of employee for misconduct
  - Hold internal and external communication releases for twenty-four hours
Tuesday, March 7th: Balancing Transparency with Privacy (Continued)

- **Law enforcement agree to:**
  - Arrest Bleyle prior to his scheduled return to work 3/9/06
  - Notify Children’s as soon as arrest is made
  - Give Children’s opportunity to notify parents as soon as possible
  - Support joint press conference at Children’s Hospital

- **DHS and CPS agree to:**
  - Support Children’s plan for notification of potential victims families
Wednesday, March 8th: Initiated Communication Plan in Full Cooperation with Law Enforcement

Law Enforcement notifies Children’s of Bleyle’s arrest at 1:30 p.m.

- **Families Contacted**
  - CCH Director and Medical Director meet one-on-one with 7 of 9 potential victims families beginning at 5:00 p.m.
  - CCH action team contact 46 current families to invite them to a meeting the next morning at 9:00 a.m., 10:30 a.m. and 6:00 p.m.
  - Finalize communication letter and trauma counseling information

- **Media**
  - Press Conference invitation initiated by Media Relations at 5:00 p.m.
  - “Exclusive” Media Leak - CEO learned of 7/39 news leak and contacted General Manager to request delay until press conference pending notification of families
  - General Manager delays only until 11:00 p.m. citing exclusivity (scoop)
  - CCH action team contacted families again at 9:00 p.m. in response to media alert
Thursday, March 9th: Joint Press Conference

“They are medically fragile and vulnerable. We are furious that these children would be victims.”

- Joint Press Conference: Children’s President/CEO and San Diego Police Chief William Lansdowne at Children’s Hospital
  - Wayne Bleyle, Respiratory Therapist and 26 year employee of Children’s Hospital arrested March 8, 2006
  - 24 Counts of Child Pornography Distribution
  - 2 Counts of Child Molestation
  - 9 potential victims at Children’s Convalescent Hospital where Bleyle worked exclusively for past 10 years
  - Chief of Staff shares feelings of empathy and outrage with the public
  - CCH Director shares feelings of devastation on behalf of the families, their children, and the staff of the Convalescent
  - News coverage: Lead Story on local TV and Radio
Thursday, March 9th:
Joint Press Conference

Therapist at Children’s Hospital accused of child molestation, pol

Longtime worker arrested; charges involve 9 youth

By Joe Hughes
STAFF WRITER

The victims were among vulnerable.
Their plight brought one official to tears and drew an
anger from another yesterday.
A horrific case of child molestation and pornography
was described at a news conference yesterday.

A 54-year-old respiratory therapist has been arrested on 40 counts
of production and distribution of child pornography.

He is charged with molesting two children under 14. In all,
he is accused of molesting nine children.

A cell phone allegedly was used to take photographs of victims,
which were found in a computer at the hospital.

Wayne Albert Blaye, a 20-year-old employee of the hospital,
was arrested and is in police custody.

Hospital’s quick response crucial to crisis experts

By Peni Crabtree
STAFF WRITER

In the days and weeks that followed the arrest,
Children’s Hospital had a clear plan.

San Diego Police Chief William Lansdowne (left) and Children’s Hospital CEO Blair Sadler appear at a news conference yesterday announcing the arrest of a hospital employee.
Thursday March, 9th: Total Transparency

• **Consistent communication internally and externally**
  – Parent meetings held by CCH Director and Medical Director with Trauma Counseling/Child Abuse Prevention experts and Sr. Leadership
  – Clinical testing to offered to potential victims families and all CCH families (seven families requested testing)
  – CCH interim practice changes finalized for implementation
    • Ban on cell phones in patient care areas
    • Expansion of open door policy to limited use of privacy curtains
    • Use of two care providers at the bedside for invasive procedures
    • Random unannounced rounds on all shifts by clinical staff members
    • Photography restricted to common areas and use of hospital owned equipment
Thursday March, 9th:
Total Transparency (Continued)

- **Consistent communication – Continued:**
  
  - CCH Employee meetings held
  - Employee Assistance Program (EAP) representative contacted to provide support to Respiratory Therapist at CCH and the acute hospital
  - Group and individual EAP support offered for all CCH staff members
  - All Employee Forums held by CEO and COO
  - E-mail communication to physician leaders and key community leaders
  - 1-800 # Line activated (number provided during press conference)
  - Respiratory Therapy Board notified of employee’s termination for misconduct by Risk Management
  - COO met with DHS Surveyor assigned to investigate suspected abuse and provided tour of Convalescent Hospital
Friday, March 10th: Bleyle Arraigned

“Therapist at Children’s Hospital accused of child molestation, porn”

- **Law Enforcement**
  - Bleyle pleads not guilty at arraignment
  - District Attorney shares specific details on Bleyle’s statements to ICE investigator
  - Bail set at $5,000,000
Friday through Monday, March 10\(^{th}/13^{th}\):
Impact of Total Transparency

- **Children’s Families**
  - Parents’ support Convalescent Hospital staff with continued placement of children (no unscheduled discharges or request for transfer of children)
  - Clinical testing requested by parents for eighteen children (5 of the 9 potential victims and 13 other children)—all results negative with no signs of injury
  - 1-800 # receives 31 telephone enquires majority from parents of children who resided at Convalescent Hospital in the past (44 calls received)
  - 176 letters mailed to past families of Convalescent children in English and Spanish
Friday through Monday, March 10th/13th:
Impact of Total Transparency (Continued)

• **Community Communication**
  – 30,000 letters mailed to Families, Friends, Donors, and Opinion Leaders
  – Children’s website utilized to include articles and questions and answers – 24 (located on home page)
  – Website hits: Press Release 58 visits; Letter of Support 89 downloads; and Q&A most visited page with 592 visits

• **Media Coverage**
  – Front page of San Diego Union Tribune Friday, March 10th
  – News media continued Lead Story due to arraignment hearing on Friday, March 13th
  – CEO participates in live TV interviews Friday, March 10th
  – No further coverage until Wednesday, March 15th
Week of March 13th: Crises Management

- **Support of Families**
  - Established weekly parent meeting to provide updates on case, answer questions and offer support—including law enforcement participation, victims support program, and trauma counseling
  - CCH interim practice changes embraced by families and staff
  - Hospital wide practice changes explored (cell phone usage in patient care areas, photograph consent, increased awareness. Etc)

- **JCAHO Unannounced Survey (unrelated to Bleyle case)**
  - Monday, March 13th, JCAHO, DHS, and CMA Teams arrive to complete comprehensive survey of Hospital, CCH, and Home Care program
  - Hospital leadership discusses in detail current status of Bleyle case with survey team
Week of March 27\textsuperscript{th}: Evaluation Process

- **Internal Review Process**
  - DHS investigation pending
  - JCAHO Sentinel event review process initiated March 22\textsuperscript{nd}, 2006
  - Financial Assessment of crises and aftermath

- **Board of Trustees Review Process**
  - Retained outside counsel
  - Selected three outside consultants
  - Scope of Review:
    - Existing policies/procedures
    - Management’s response to crises
    - Management’s initial Corrective Action Plan
    - Other actions required to improve safety
Wednesday, April 12th: “Lightning Strikes Twice”

- **SDPD Chief notifies CEO and Risk Management of a second employee under investigation:**
  - Christopher Alan Irvin, Registered Nurse
  - Possession of child pornography
  - Possible inappropriate touching of a child in the hospital
  - Investigation priority molestation arrest may take weeks

- **Immediate action by Hospital Leadership:**
  - Agree to cooperate fully with law enforcement
  - Place employee on Administrative Leave
  - Turn-off employee’s access to Hospital
  - Secure computers in employee’s work area for law enforcement
  - CEO advises Chair Board of Trustees Special Committee of new case
Friday, April 14th: Balancing A Family’s request for privacy with Total Transparency

• **Safeguard the child and support family:**
  – SDPD detective and Hospital leadership notify family of possible molestation of child by Registered Nurse in the Intermediate care unit
  – Family request complete privacy and support need to assist law enforcement by keeping details of investigation confidential

• **Crises action team:**
  – Develop action grid to support crises management
  – Implement communication strategy internal/external
  – Notify DHS and CPS
  – Pending arrest, terminate employee and notify RN Board
  – **Board of Trustees Special Committee updated on new case**
  – Debate press release versus press conference
Friday April 14th: Employee Arrested – Transparency Continued

Focus on Speed and Flexibility

- SDPD notify hospital leadership at 5:10 p.m. of Christopher Alan Irvin’s arrest at his home for two counts of child molestation and possession of child pornography
- Employee terminated for misconduct
- Family notified of employee’s arrest by law enforcement
- Final decision made for Press Conference at the Hospital in collaboration with law enforcement
- March 9th, repeated: Consistent communication internally and externally
  - 1-800# line activation initiated
  - Website Q&A updated
Saturday, April 15th: Press Conference

SDPD and CEO hold joint press conference to announce arrest of Irvin and share feeling of furious outrage and announce new practice changes.

*Our mission statement – To restore, sustain and enhance the health and developmental potential of children through care, education, research and advocacy.*

“We live these words every day. They guide everything we do. These two incidents are profound contradictions to our mission, especially for the heroic caregivers who practice our mission every day.” Blair L. Sadler, CEO & President
Sunday, April 16th: Front Page Headline

The San Diego Union Tribune
Children’s Hospital employee arrested

“2nd worker in 6 weeks accused of molestation”
San Diego Union Tribune, March 10, 2006

Chief of Staff: “We are united in our disgust”
April 15th / 17th: Goals Announced

- **Hospital announces three overarching goals:**
  - Further reduce the likelihood of hiring anyone capable of these kinds of actions
  - Assure our culture is intolerable for perpetrators (*zero tolerance*)
  - Minimize the opportunity for a perpetrator to commit such acts
April 15th / 17th: Changes Announced

• **Practice changes to enhance security:**
  – Chaperones assigned to each patient care area to ensure that personal aspects of care are accompanied by two staff members
  – New technologies to enhance ongoing background checks for all employees
  – Curtain and doors to remain open, except as specifically requested by parent
  – Unannounced random rounds by clinicians
  – No photography in patient care areas, except as authorized by policy
  – Mirrors installed in areas not readily visible on rounds
  – Higher visibility curtains—shield caregiver chest to ankle
  – Staff restricted from bringing personal cell phones in patient care areas
  – Conduct real-time audits of Internet use on all hospital computers to detect access to pornography sites
Lessons Learned: Our Guiding Principles Are Effective

- Total transparency and consistency of internal and external communication
- Speed and flexibility of response
- Balance of transparency with privacy of patients and families
- Share *feelings* empathy, outrage, and anger
- Visible CEO and Senior management involvement
- Full collaboration with law enforcement
Reducing the Risk of Future Events

If you are going to try to prevent something or reduce the risk it will occur you need to understand the dynamics of the adverse event and how to interrupt the dynamic.
Rady Children’s Definition of Sexual Victimization

1. Sexual Molestation
2. Sexual Exploitation/Pornography
3. Sexual Exposure
4. Voyeurism
5. Sexually Inappropriate material
6. Other Activity involving children or our patents that is Intended to sexually arouse
Dynamics of Sexual Victimization

4 Preconditions Model

Employees have biggest impact in building external inhibitors/barriers
Message to ALL staff

Overcoming the Challenge
CONFRONTING DENIAL

To prevent something, one must first acknowledge that:

• It can happen
• It can happen at Children’s
• It can happen by someone that looks and acts like you and me
• It can happen at the hands of someone you know and trust
• It can happen more than one time
Offender Dynamics

- Rule 1 - They don’t look or act the way you’d expect
  - No profile of offender
  - There is no test to tell who is a child abuser
Rule 2
The Rules of Logic Do Not Apply

• Need driven behavior

• Thinking errors justify their behavior:

“I accidentally touched him when I was changing his diaper.”
“I only touched her, it’s not like I made her go all the way.”
“She was asleep, she doesn’t even know what I did, so what’s the harm.”
“He didn’t say no, so he must have enjoyed it.”
“I could tell by the way she looked at me what she wanted.”
Change the Culture

• Keep employees in the communication loop

• Practice Changes

• Training/Orientation

• System to Facilitate Reporting of Concerns
Behaviors That Should Cause for Concern Among Staff

• Apparent excessive interest in children

• Peer identification

• Manipulation for access

• Grooming like behavior
Review Practice changes

- Chaperones assigned to each patient care area to ensure that personal aspects of care are accompanied by two staff members
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- Curtain and doors to remain open, except as specifically requested by parent
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- Staff restricted from bringing personal cell phones in patient care areas
- Conduct real-time audits of Internet use on all hospital computers to detect access to pornography sites
Implementation Lessons Learned

- Males emotionally impacted more than females.

- Staff with their own victimization history are emotionally impacted more than others.

- Overreaction, literal interpretation, and fear of witch hunt

- Denial runs deep and memories are short

- There are huge differences in the definition of appropriate boundaries among disciplines and the role of boundaries varies in the the culture of the institution.
Conclusion

• We have entered a completely new world as a result of the internet that has profound effects on child pornography and abuse (good and bad)

• Children’s Hospitals have become magnets for potential child predators

• All Children’s Hospitals must review all phases of their operation to ensure they are safe as possible