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# From Pain To Renewed Mobility

## Dr. Jeffrey Moore Discusses His Double Hip Replacement At Cookeville Regional

Are you living with chronic hip pain, wondering if there's a way to regain your active lifestyle?

Dr. Jeffrey Moore, a general surgeon at Cookeville Regional Medical Center, faced a similar predicament but found hope and healing right here in his hometown.

"I had started hurting probably three months before I sought medical care," said Dr. Moore, who is on his feet for most of his work and loves to hunt and fish in his free time. "I could not do the things that I normally do, and I'm a pretty active person."

He went to Dr. Greg Roberts, an orthopedic surgeon at Cookeville Regional.

"The reason I chose Dr. Roberts is that I've known him for years, and I know he is an incredible surgeon," said Dr. Moore. "I know that he does a large number of total hip replacements, and I felt very comfortable."

After doing X-rays and performing some other tests, Dr. Roberts confirmed that Dr. Moore had a condition called avascular necrosis of the femoral head. The condition results from decreased blood flow to the end of the bone, causing significant pain and requiring total hip replacement.

Choosing Cookeville Regional for both of his hip

replacements was an easy decision for Dr. Moore.

"It's the hospital we go to for all of our various medical needs," said Dr. Moore. "We know that the physicians and staff have state-of-the-art equipment there, and we know that anything that can be done in the big city can be done in Cookeville. And it's close to home."

Dr. Roberts' use of an anterior (frontal) approach to hip replacement significantly shortened Dr. Moore's recovery time compared to the traditional posterior approach. This approach allowed him to put weight on his leg immediately after surgery, expediting his return to work and an active lifestyle.

"Today I'm able to do anything I want to," said Dr. Moore. "I'm back to how it was before all this happened."

For more information about the orthopedic program at Cookeville

Regional, visit [www.crmchealth.org/services/orthopedics](http://www.crmchealth.org/services/orthopedics).

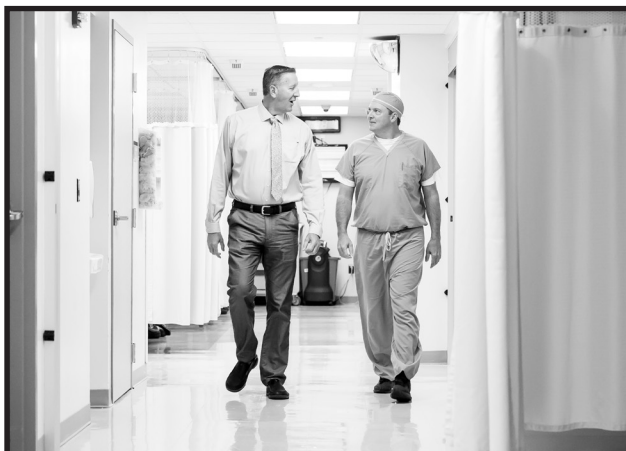
Reflecting on his surgical experience at Cookeville Regional, Dr. Moore highlights the exceptional care he received.

"From the same-day staff, nursing staff, into the operating room, operating room staff and post-operative staff, everything was incredible," said Dr. Moore. "It really was seamless. I felt that everyone cared, and that's important."

Dr. Moore strongly encourages others who need surgery to consider Cookeville Regional Medical Center.

"I would without question recommend Cookeville Regional Medicine Center for the care for any ailment."

For more information about the orthopedic program at Cookeville Regional, visit [crmchealth.org/services/orthopedics/](http://crmchealth.org/services/orthopedics/).



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# VISTA Grant To Fund Hospital-Based Research Training

Vanderbilt University Medical Center has received a five-year, \$2.4 million federal grant to establish a first-of-its-kind training program in patient-oriented and health systems research focused on acute heart, lung, blood and sleep disorders in the hospital setting.

Supported by the National Institutes of Health, and the National Heart, Lung and Blood Institute, the Vanderbilt Interdisciplinary Hospital-based Systems of Care Research Training ProgrAm (VISTA) will provide two years of mentored training to prepare postdoctoral investigators for the next stage in their careers.

Program co-directors are Michael Ward, MD,

PhD, MBA, and Alan Storrow, MD, vice chair and associate chair of Research, respectively, Department of Emergency Medicine, and Sunil Kripalani, MD, MSc, director of the Center for Health Services Research and the Center for Clinical Quality and Implementation Research.

Heart, lung, blood and sleep disorders are among the leading indications for hospital admission in the United States. Most patients are admitted through the emergency department, then transitioned to hospital care.

As the first hospital-based research program on cardiovascular disease supported by a T32 training grant, VISTA will support research across the continuum

of care, from emergency assessment through hospital care and follow-up, said Ward, who with Storrow is an associate professor and leader in emergency medicine research at VUMC.

A clinical and research collaboration between hospital medicine and emergency medicine, the program will use the Learning Health System (LHS) framework to train postdoctoral health care professionals in the discovery and implementation of new ways to deliver high quality care while simultaneously advancing science.

“Trainees in this program will conduct research in the real-world setting that has immediate application to improve the care of common

heart, lung, blood and sleep disorders which are treated in the hospital,” said Kripalani, professor of Medicine and a national leader in LHS and implementation science.

The program, which begins in July, is accepting applications from candidates with MD/DO, PharmD, DDS, and PhD or equivalent degrees in disciplines relevant to health systems research, including health economics, policy, nursing, psychology, social work, epidemiology and informatics.

Two to three trainees will be selected each year.

They will receive support for mentored research and career development focused on the delivery of care in emergency medicine and hospital medicine settings.

To apply, and for more information, visit <https://www.vanderbiltem.com/vista>.



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# An Ounce of Prevention: Angie Vaughn's Journey To Heart Health

Angie Vaughn's journey to heart health was driven by a daunting family history. Approaching her 52nd birthday, she couldn't ignore the fact that both her parents had died of heart-related issues at that age.

Although she didn't exhibit noticeable symptoms, Angie felt compelled to seek guidance from Dr. Stacy Brewington, a cardiologist at Tennessee Heart at Cookeville Regional Medical Center (CRMC).

"I thought I probably needed to go and let Dr. Brewington tell me that everything was going to be fine, and I had nothing to worry about," she said. "But that wasn't the case."

Dr. Brewington conducted a series of tests and also ordered a genetic test on Angie. The genetic test revealed that Angie carried a gene mutation associated with early-onset coronary artery disease, she was then referred to CRMC's

genetic counselor Ashley Cohen.

"Now my sister, my brother, and my kids are all going to be tested," said Angie. "It's painless, it's fairly inexpensive, and there's no reason not to be tested if you have that in your family."

The combination of genetic insights and conventional tests led Angie to CRMC's cardiac catheterization lab.

"I went to the cath lab thinking he was still going to tell me everything was fine," Angie recalls.

Instead, Dr. Brewington found two blockages in her arteries, including one in the left anterior descending artery (LAD), the very artery responsible for her father's fatal heart attack. As a result, Angie was scheduled for open-heart surgery, a double bypass, a Cox-Maze procedure, and the installation of a pacemaker with cardiothoracic surgeons Dr. Timothy Powell and

Dr. Billy Parsons.

"I worried myself to death before the surgery, but by the morning of the surgery, I had found peace with it," said Angie.

Her surgical experience, although daunting, was characterized by the compassionate reassurance provided by the medical team, including the anesthesiologist who comforted her before the procedure. The surgery was followed by a stay in the Cardiovascular Intensive Care Unit (CVICU), where Angie experienced the exceptional care and support of the nursing staff.

"I woke up in the CVICU with the most incredible nurses ever," said Angie. "They knew what you needed before you needed it, and they were great cheerleaders, because you need a cheerleader that first walk or two after open-heart surgery."

Reflecting on her

experience, Angie voiced her deep appreciation for CRMC.

"The care that I received at CRMC was incredible," she said. "The doctors, the nurses, the support staff, everybody made me feel like their main purpose was just to help me feel better."

Angie's proactive approach to her health — and what her quest uncovered — serves as a reminder

of the importance of early detection and intervention.

"Catching this early was a blessing, because it's one of those things that if you don't find it, it finds you," she said.

In the wake of her surgery, Angie's health has taken a positive turn.

"I didn't realize how tired I was before, but now I have more energy," said Angie. "We have five grandchildren who keep us on our toes.

We haven't taken them all five camping yet, but I'm sure that's coming."

And the shadow of heart disease that had loomed over her for years has been replaced by a newfound optimism.

"I feel like the weight of the world has been lifted off my shoulders, because I had worried about this for 15 or 20 years," she said. "Now I feel like I've got a lot more to look forward to."



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# CRMC Receives ACC Chest Pain Center With Primary PCI Accreditation

Cookeville Regional Medical Center (CRMC) received the accreditation as a Chest Pain Center with Primary PCI (percutaneous coronary intervention, commonly known as coronary angioplasty) from the American College of Cardiology (ACC).

This accreditation is a testament to CRMC's exceptional heart attack care, driven in large part by its Code STEMI program. Code STEMI is a system of protocols designed to achieve minimal door-to-balloon times — the time from arrival at the hospital to heart artery intervention — ultimately saving lives.

One patient, James Moss, had a life-saving

experience with this program, showcasing CRMC's commitment to providing timely and effective care.

When Moss, a 73-year-old Sparta resident, had his heart attack on Jan. 6, the initial symptoms were subtle—a mild pain that seemed to shift from his collarbone to his shoulder.

"It wasn't a strong pain. It was just a light pain, and it would move," said Moss. "I had no idea I was having a heart attack."

Moss thought the discomfort was related to a recent rotator cuff surgery and his visit to the chiropractor the day before, so he called the chiropractor for another

adjustment to help with the pain. And even after experiencing dry heaving, Moss didn't immediately recognize the seriousness of his condition.

"I thought, 'That's unusual. I don't usually do that,'" he said. "Then I got up, got ready and went to the chiropractor."

When the treatment didn't alleviate his discomfort, Moss's chiropractor became concerned and sent him to the emergency room in Sparta. His heart attack diagnosis was confirmed there, and he was quickly transported by ambulance to Cookeville Regional Medical Center.

EMS workers

dispatched Moss's EKG and vitals to CRMC en route, and Dr. Stacy Brewington, a cardiologist with Tennessee Heart, and the hospital's heart team were ready to treat him the moment he arrived.

"When the ambulance backed up to the emergency room door, just as soon as it stopped, both of those doors flew open, and Dr. Brewington was there wearing a big, white coat that sort of looked like a cape coming through — he was Super Doctor!" said Moss.

Within minutes, Moss was on his way to the cardiac catheterization (cath) lab for treatment. He was found to have a 100% blockage in one artery, which received a stent, and a 60% blockage in another, which Moss is now treating with medication.

"We know that with

the heart, time is muscle," said Dr. Brewington. "The faster a heart artery is opened, the better chance of a good outcome, a stronger heart and longer survival."

The Code STEMI program was developed to achieve that goal through seamless coordination with EMS teams, rapid-response protocols and advanced technology that sends emails and text notifications with real-time EKG readings to all of the interventional cardiologists and cath lab team from the ambulance.

"People who are coming in by ambulance, we already know that they are Code STEMI (having a heart attack)," said Thomas Reed, CRMC's data coordinator and EMS liaison. "Their EKG shows ST elevation, so as soon as they hit the door, our

heart team shows up, and generally within 20 to 25 minutes, that artery is open."

Because of this continuing drive to deliver the fastest intervention possible, CRMC has steadily decreased its door-to-balloon times in the nearly 20 years since it started the Code STEMI program.

"The standard is 90 minutes, and the nationwide average is 62 minutes," said Mitchell Stonecipher, director of the CRMC cardiac cath lab. "We're now averaging right at 40 minutes, which puts us in the top 10 percent in the country."

Buffy Key, CEO of Cookeville Regional, explained how this level of dedication has helped the hospital earn the prestigious ACC accreditation.

"We're constantly benchmarked around every other heart attack center in the country, and we're constantly looking at those and trying to be better," said Key. "So, there's not a day that goes by, as fantastic as this service is, that we're not trying to decrease that 40 minutes by a little bit more."

It was this dedication that stopped Moss's heart attack 36 minutes from the time he arrived at CRMC, and now he's back to enjoying his life.

"I was here for four days, and I received absolutely great care the whole time," said Moss. "I was just really amazed at the job they did."

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# Radon And Lung Cancer: Know The Facts

Products billed as “all-natural” or “organic” are increasingly popular among consumers. That’s understandable, as organic foods have been linked to a host of health benefits. For example, a 2014 meta-analysis published in the British Journal of Nutrition found that organically grown crops contained more antioxidants and were less likely than conventionally grown crops to contain detectable levels of pesticides. But as beneficial as all natural can be, it’s important that people recognize that not all naturally occurring things are good for their health.

Radon is a radioactive gas found in the soil. According to the Centers for Disease Control and Prevention, radon forms when the radioactive metals uranium, thorium or radium break down in rocks, soil and groundwater. People are

constantly exposed to radon because it comes naturally from the earth. However, when that exposure exceeds certain levels, the consequences can be severe.

## How am I exposed to radon?

Many people are exposed to radon from breathing it in through the air that comes through cracks and gaps in buildings and homes. The CDC notes that, because it’s naturally occurring, radon is always present in the air. In many instances, radon is present at levels that are harmless. However, homeowners, building owners and business owners should have radon levels checked periodically to ensure that the levels present in the air are not posing a threat. Levels can change, and levels can vary from home to home. But the EPA notes that testing for radon is both inexpensive and

easy.

## Are radon and cancer connected?

According to the CDC, radon is the second leading cause of lung cancer after cigarette smoking. People who smoke and live in homes with high radon levels are at an increased risk of developing lung cancer. In fact, estimates from the EPA and the U.S. Surgeon General’s Office suggest that radon causes more than 20,000 lung cancer deaths each year in the United States.

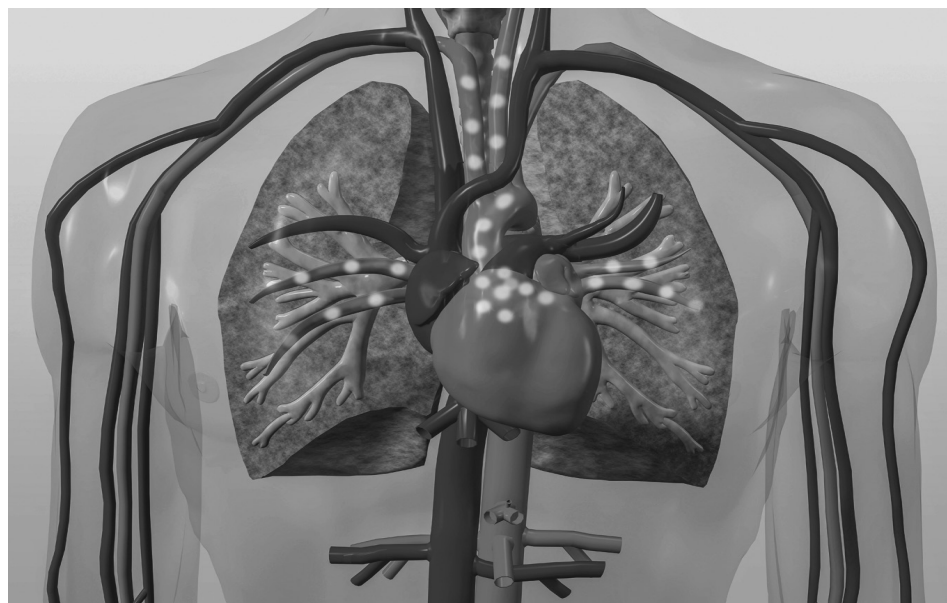
As radon is breathed in, radioactive particles from the gas can get trapped in the lungs. Over time, these particles increase a person’s risk for lung cancer.

But it’s not just smokers who are vulnerable to lung cancer caused by radon. Estimates from the EPA indicate that radon is the number one cause of lung cancer among non-smokers, causing

about 2,900 deaths each year in the United States among people who have never smoked.

Radon is a significant threat that can increase a person’s risk of lung cancer. Testing for radon

and taking action when exposure is high can reduce your risk for lung cancer.





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# Mammograms Are An Essential Screening Tool

According to the American Cancer Society, about 1 in 8 women in the U.S. will develop invasive breast cancer during their lifetime.

Getting a mammogram every year reduces that number, as it is the only method proven to reduce deaths due to breast cancer by detecting cancer early.

“Mammograms are essential in finding any cancer early, before there is a lump that can be felt,” said Dr. Donald Huff, radiologist at Cookeville Regional Medical Center.

Patients get a

majority of their diagnostic studies done at the Outpatient Imaging Center, which also is where the Women’s Center is located.

The Women’s Center at Cookeville Regional Medical Center is an American College of Radiology Breast Imaging Center of Excellence. The BICOE is a designation awarded to breast imaging centers that achieve excellence by seeking and earning accreditation in all of the ACR’s voluntary breast-imaging accreditation programs and modules, in addition

to the mandatory Mammography Accreditation Program.

Other imaging modalities that can diagnose breast cancer include breast MRI, ultrasound biopsies and stereotactic biopsies, all of which CRMC offers.

Since mammograms were introduced in the U.S. in the 1980s, there have been 30 percent fewer deaths from breast cancer among women.

A mammogram is an x-ray picture of the breasts that makes it possible to detect lumps or abnormal growths that may not be

felt during a self-exam. The latest technology is 3-D mammography, or tomosynthesis.

Three dimensional mammography produces a 3D view of the breast tissue that helps radiologists identify and characterize individual breast structures by reducing the effect of overlapping tissues. There are many benefits to 3D mammography, including lower radiation dose, reduction in the frequency of a patient having to come back for additional imaging, the detection of 41 percent more invasive breast cancers and the reduction of false positives by up to 40 percent.

It also allows doctors to see masses and distortions associated with cancers significantly more clearly than conventional 2D mammography.

“We offer 3D mammos for every patient,” Huff said. “It’s superior technology that allows us to find smaller areas of concern much quicker.”

CRMC has been offering 3D mammography since 2015. “The technology has really come a long way, especially going from film to digital,” Huff said.

If an area of concern is seen on a mammogram, the

patient is scheduled for a follow-up diagnostic mammogram and an ultrasound, which is how a biopsy is done the majority of the time.

Experts recommend that women age 40 and over have annual mammograms. In the past, controversy existed about whether or not women should get mammograms between the ages of 40 and 50, but studies have shown that breast cancer tends to be more aggressive in women in this age group.


Major risk factors of breast cancer include age, genetics and breast density. The risk of developing breast cancer within 10 years is 1 in 43. Women who have a close relative who has had breast cancer are also at increased risk. About 5 to 10 percent of breast cancer cases result from gene mutations that are inherited.

Women without any risk factors for breast cancer still should get annual mammograms because the great majority of breast cancer patients have no risk factors at all. Approximately 75 percent of patients who are diagnosed with breast cancer have no risk factors, which makes it even more important that every woman have a screening mammogram each year.

The mammogram is pretty quick, taking around 20 minutes. A little discomfort is also expected.

“Having this type of technology here saves lives,” said Paul Korth, CRMC CEO. “The earlier it’s found, the better the outcome.”

For more information about The Women’s Center at Cookeville Regional Medical Center, visit <https://crmchealth.org/womenscenter>.



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# Blood Donations Needed More In Winter

According to the American Red Cross (ARC), winter is one of the most difficult times of the year to collect enough blood products to meet patients' needs. Every two seconds, someone in the U.S. needs blood.

Dr. Christopher Clark, Blood Bank Medical Director at The University of Tennessee Medical Center urges anyone who can donate blood to do so, as these donations have the power to save lives.

"Whether it is whole blood, red blood cells, platelets or plasma - including convalescent plasma, there is a great need for blood donors across the country," said Clark. "That need has only risen during the pandemic. Specific to the East Tennessee region,

MEDIC Regional Blood Center is an amazing asset to our community, but needs support from community members who can donate blood to maintain the critical supply. If you can donate, please take time to do so."

The ARC says only about 38 percent of the U.S. population can give blood at any given time, but less than 10 percent do so. One donation, separated into three components, can potentially save three lives. Blood donations, utilized for several different medical treatments, are often the first line of defense for emergency departments.

"As a Level-I Trauma Center, UT Medical Center's available blood supply is critical for our trauma patients," said Clark. "For example, a

single car accident victim may need as many as 100 units of blood. Blood donations are used in several other ways including cancer treatments, surgeries and chronic illness treatment."

In addition to whole blood, people can also donate convalescent plasma. Convalescent plasma is especially important to COVID-19 treatment. It's also important to note that having received the COVID-19 vaccine does not prevent you from donating blood.

"Convalescent plasma is obtained from someone who has recovered from a disease, such as COVID-19, and transfused into a patient currently ill with that disease," said Clark. "The goal is to transfer antibodies to the infection to help the

patient fight off the infection."

Before you donate blood, Clark offers some tips to ensure your donation day goes smoothly.

"Eating foods before donating that are rich in iron, such as meats and leafy greens, will help to keep you feeling well during and after your donation. You can also have a snack before donating to keep your blood sugar level."

"Drink 16 ounces of water immediately before you give blood. When you donate blood, your blood pressure can drop and cause you to feel faint and dizzy. Drinking plenty of water beforehand can decrease your chances in feeling that way."

"Avoid vigorous exercise or heaving lifting before and after you give blood. You want your body to be in a resting state to replenish the fluids lost during donation."

"It is completely normal to feel nervous when you donate blood. Bring-

ing a friend along, reading a book or listening to music to distract yourself may be helpful."

UT Medical Center is calling on anyone who has recovered from COVID-19 to donate plasma as it is a critical part of treatments. Those who have recovered from COVID-19 can visit Medic Regional Blood Center, <https://medicblood.org/coronavirus/>, to see if they qualify to be a donor.

For reliable information on taking care of

your health or a loved one's health, contact UT Medical Center's Health Information Center at 865.305.9525 or online at [www.utmedicalcenter.org/hic](http://www.utmedicalcenter.org/hic). Staffed by medical librarians and certified health information specialists, the Health Information Center offers an extensive health library, digital and printed resources, walk-in assistance, and help with the research on specific health conditions - all free of charge and available to the public.



**Blood Donations Needed** - According to the American Red Cross, winter is one of the most difficult times of the year to collect enough blood products to meet patients' needs. Every two seconds, someone in the U.S. needs blood.

## Stuttering Affects More Than 70 Million People Worldwide

Stuttering affects more than 70 million people worldwide. According to the Stuttering Foundation, four times as many men than women will experience stuttering in their lifetimes. Despite its prevalence, stuttering often elicits embarrassment among its sufferers, who may be hesitant to speak in public and/or shy away from social relationships. Understanding the causes of stuttering and recognizing that there

are therapies available to treat stuttering can help people live fuller lives. Researchers continue to investigate and study stuttering, which is sometimes referred to as stammering. The Mayo Clinic says possible causes of developmental stuttering include abnormalities in speech motor control or damage to areas of the brain that control speech. Genetics also plays a role, as stuttering tends to run in families. Stuttering also may be

linked to inherited genetic abnormalities. Physical trauma may lead to stuttering, and problems with fluency can occur when speakers become especially nervous or feel pressured to perform. Therapeutic treatments can help people overcome their stuttering, but such treatments are not an overnight fix. Still, many people make excellent fluency strides and can benefit from the help of a stuttering expert.



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# Monroe Carell Jr. Children's Hospital At Vanderbilt Celebrates

CHRISTINA ECHEGARAY  
 Editor

Monroe Carell Jr. Children's Hospital at Vanderbilt is celebrating 20 years as Middle Tennessee's first full-service children's hospital and is commemorating its mission of caring for children and their families.

Feb. 8 marks the 20th anniversary since Monroe Carell opened its doors to serve its first patients in 2004 when it expanded from three pediatric floors within Vanderbilt University Hospital to what is now a 12-floor, 325-bed state-of-the-art hospital, with more beds coming later this year.

Since opening, Monroe Carell, one of the nation's leading children's hospitals, has experienced two decades of tremendous growth, cared for thousands of children and families, and achieved numerous milestones in its mission to provide exceptional, compassionate health care to children.

"We are proud of Monroe Carell Jr. Children's Hospital's legacy of service to generations of children and families, and hope the Middle Tennessee community will join with us to recognize this important milestone. Through ongoing investments in talented, caring people and in new programs, we continue to strengthen our commitment to the most vulnerable patients we serve," said Jeff Balser, MD, PhD, President and Chief Executive Officer for Vanderbilt University Medical Center and Dean of Vanderbilt University School of Medicine.

The demand for pediatric health care in Nashville has surpassed all projections,

leading to expansions in the size and scope of programming and in facility space at Monroe Carell. In the hospital's first year, there were 9,500 inpatient admissions and 106,000 clinic visits. By end the of 2023, the numbers had increased to 17,150 admissions with 428,600 clinic visits. In 2004 there were 34,000 Pediatric Emergency Department visits, with a number that is on pace in 2024 to approach 54,000. Patients come from 48 states and the District of Columbia.

Monroe Carell has nearly 4,000 employees, with more than 500 physicians trained in 31 medical and surgical specialties from advanced fetal diagnostics to dedicated pediatric cancer care, cardiology, endocrinology, gastroenterology, orthopaedics, neurology, neurosurgery and urology.

"We are privileged to care for children and families from across the nation. On Monroe Carell Jr. Children's Hospital's 20th anniversary, we are celebrating the millions of young lives that have been saved or improved by our talented physicians, nurses and staff. Through their efforts, these dedicated individuals are having an enormous impact each day," said C. Wright Pinson, MBA, MD, Deputy Chief Executive Officer and Chief Health System Officer for VUMC.

Through innovation, advocacy and research, the hospital has made significant contributions to the health and well-being of children including pioneering research in fetal surgery; leading gene therapy treatments for diseases like spinal muscular atrophy and Duchenne muscular dystrophy;

innovating personalized medicine therapies for childhood cancer; establishing Centers of Excellence for the treatment of diabetes, congenital heart disorders and sickle cell disease; and advancing specialized neonatal intensive care, with a 116-bed NICU, among the largest and oldest in the country.

"It has been the honor of a lifetime career to watch and partake in the journey of Monroe Carell Jr. Children's Hospital at Vanderbilt. I am incredibly grateful to the leaders and teams, past and present, who have worked together to advance our programs on- and off-campus," said Meg Rush, MD, MMHC, President of Monroe Carell. "This work has been further enabled by our many partners in the greater Nashville community, starting with the Carell family. We truly would not be the beacon of hope and healing that we are today without this support. Monroe Carell set our vision for this hospital, and here we are today realizing how far we have come, yet also appreciating his vision remains the foundation of our work going forward."

The hospital is named for the late Monroe Carell Jr., former chairman and CEO of Central Parking Corporation. Carell and his late wife, Ann Scott Carell, were noted philanthropists, passionate champions of child health and visionaries for the creation of a full-service children's hospital. Their family continues this legacy with their three daughters, Julie Carell Stadler, Kathryn Carell Brown and Edie Carell Johnson, and their families.

"More than 20 years ago,

our parents had a dream for a world-class children's hospital that cared for children as well as their families," said Julie Carell Stadler, a Monroe Carell Advisory Board member. "They envisioned a leading pediatric health facility and research institution that was also full of empathy and even fun. My sisters, our families and I are grateful for the dedicated hospital staff who bring this place to life, translating our parents' passion into compassionate care for families. On behalf of the Carell family, we know our parents would be delighted to see this beautiful celebration of 20 years of Monroe Carell Jr. Children's Hospital at Vanderbilt and a century of caring for our community's children. We are honored to carry on their legacy."

The foundation for the Monroe Carell facility and pediatric health care in Nashville began in 1923 when the Junior League of Nashville opened the Home for Crippled Children, establishing a partnership with Vanderbilt, to provide convalescent and rehabilitative medical care for children with polio and other diseases.

Monroe Carell, designed by and for families, has seen two major physical expansions on campus over the past two decades: first in 2012, with a 33-bed 30,000-square-foot addition; and then a second in 2016, with the current, ongoing four-floor, 160,000-square-foot expansion atop the existing building. Once the latest expansion is complete, Monroe Carell will have 401 beds and more than 1 million square feet on the main campus.

To bring care closer to

where patients and families live, Monroe Carell has also expanded its footprint across the entire state and into Kentucky and Alabama to include 30 off-site and affiliated locations, including several long-standing partnerships with regional hospitals. As part of this effort, in 2019, the hospital opened the Monroe Carell Jr. Children's Hospital Vanderbilt Surgery and Clinics Murfreesboro.

Quickly established as a leading pediatric health care facility, Monroe Carell has consistently earned accolades as a best children's hospital in the nation. In 2023 Monroe Carell was ranked the No. 1 children's hospital in Tennessee and was one of just 23 hospitals in the nation ranked in 10 out of 10 pediatric specialty programs in U.S. News and World Report's Best Children's Hospitals. Monroe Carell has made the Best Children's Hospital list for 17 consecutive years.

In 2022, Monroe Carell achieved its fourth Magnet designation from the American Nurses Credentialing Center. This is the highest honor an organization can receive for the provision of nursing care and interprofessional collaboration. The Department of Pediatrics has also earned the distinction as a top-four pediatric academic research institution.

The hospital was also once again named a Leapfrog Top Hospital for 2023, earning the designation among an elite group of children's hospitals across the nation. Monroe Carell is the only one of eight children's hospitals in the U.S. and the only children's hospital in Tennessee to make the 2023 "Top Children's Hospitals" list.



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