life after Josie

When her daughter died because of a medical error, Sorrel King channeled her grief and rage into a lifesaving national campaign for patient safety. Here's what you must know to protect your family

I stood on the porch of the beach house, squinting through the lens of the new camera my husband had given me for my birthday. It was the last day of summer vacation, and the setting sun cast a warm glow on the dock where we swam every day. "The light is perfect," I said to Tony. "Do you think we can get a Christmas card?"

He looked at our four children swinging in the hammock. "You know how they hate it when you take their picture," he said. "We'll have to trick 'em." We handed each a small plastic bag and announced that we were going on one final sea-glass hunt. Six-year-old Jack and 5-year-old Relly raced down the dirt road to the dock. As I reached down to pick up Eva, who was 3, her little sister, Josie, barely a year old, pushed her aside, grabbed my leg, and said, "Mine, mine, mine." Before Eva could protest, Tony scooped her up, settled her on his shoulders, and trotted behind Jack and Relly. The three kids held their bags up to the sky, filling them with air. I followed, with the camera slung around my neck and Josie in my arms.

When we got to the beach, we told the kids we'd look for sea glass later. "You guys sit on that bench and let me take a few pictures," I said. They started complaining. "Don't you want to have a nice picture for Santa Claus?" I asked. They answered with sour looks. The "Say 'cheese'" thing didn't work; neither did "Say 'I love Christmas.'" We needed real comedy to make them smile.

Tony ran down to the beach, grabbed something, and ran back, hiding it behind him. "OK, get ready," he said. I watched through the lens, finger poised, as the kids began to laugh. My husband was dangling wet seaweed over my head and laying bits of it on my shoulders. I yelled at him to stop, and the kids laughed harder. I was getting the smiles I wanted, but I waited for the wind to stop

The last photo: *from left,* Jack, Josie, Eva, and Relly King in the summer of 2000

blowing Relly's hair in her face, waited for Eva to take her finger out of her mouth. Then Josie grabbed her brother's shoulder and stood up. She spread her chubby legs, balancing herself perfectly, and looked at me. There it was: All of them smiling and laughing, the setting sun illuminating their happy faces. I pressed the button, capturing the perfect moment. That was the last picture I took of my four children together. Six months later, in February of 2001, our lives were changed forever.

The brokerage firm Tony worked for had recently offered him a promotion that required us to move from Richmond, VA, to Baltimore. We bought a pretty, green-shingled farmhouse, a fixer-upper that had started life as a barn. The views were pure country—dogwoods, tulip poplars, old boxwoods—but the schools were five minutes away and a Starbucks was practically within walking distance. We settled happily into our new life. Jack, Relly, and Eva liked their school, Tony enjoyed his job, and I stayed busy at home with Josie, working on the old house. My mom came to visit while we were still deep in renovations. The kids took her on a tour. "We don't have a kitchen anymore," Jack told his grandmother, whom we all called Big Rel. Relly added, "We get to go out to dinner all the time!"

Big Rel announced that she was going to take a bubble bath and that whoever showed her where there was a tub that actually worked would get to pour the bubbles in. The children all raced upstairs to the bathroom across the hall from Josie's room. They loved sitting on the floor and talking to Big Rel as she lay back in her skirted bathing suit, up to her neck in the old tub filled with bubbles. Josie brought in all of her bath toys, including her favorite little blue airplane.

Tony came home bearing takeout Thai food just as my mother reappeared with the children in their pajamas. Josie went for one of her favorite toys, a little music cube that played the "I love you, you love me" Barney song, and began her cute little knee-bend dance. The repetitive song drove the older kids upstairs to watch cartoons. My mother and Tony discussed the house while I dished our dinner onto paper plates. A few minutes later, Tony noticed that the music had stopped. "Where'd Josie go?" he asked.

"I think she went up to watch TV," I said.

I was climbing the stairs to check when Josie let out a piercing scream. I started running. She was in the bathroom where the kids had gathered with their grandmother, standing next to the tub, soaking wet, with her eyes squeezed shut and her arms held out from her sides. I ripped off her pajamas. Her skin was bright red and starting to blister. I wrapped her in a towel, then stuck my hand in the tub, where her blue airplane floated. The water was scalding hot. I screamed for Tony to call 911.

I tried to piece together what had happened. Josie must have followed her siblings upstairs and, instead of joining them to watch *Rugrats,* taken a detour to the bathroom to find her blue airplane. She had probably wanted to see it float again, so she must have turned the closest knob, the one with the "H" on it. Then she must

medical error by the numbers

44,000–98,000 The number of people who die from medical errors every year—the equivalent of a jumbo jet crashing daily. The stats come from a review of tens of thousands of medical records from the 1980s and early '90s

1.7 The average number of errors experienced daily per patient in an intensive care unit, according to research cited by Robert Wachter, M.D.

66% The proportion of medical mistakes that *aren't* harmful to patients, Dr. Wachter says—for example, an error in drug dosage that doesn't cause a bad reaction or lengthen someone's hospital stay. Other experts' estimates are even higher

1 in 10 The number of patients worldwide affected by medical error, according to 2005 figures released by the World Health Organization

have climbed in. Why had I taken my eyes off her?

The ambulance took Josie and me to Johns Hopkins Bayview Medical Center. A nurse gave Josie a lollipop with pain medication in it, and she quietly sucked on it while I stroked her head. Soon she was transferred to the pediatric intensive care unit (PICU) at Johns Hopkins Children's Center. In the waiting room, I softly sang "My Favorite Things," Josie's bedtime song. Two police officers came to ask me questions: "Where were you and your husband when Josie turned on the water? Why was your mother in town?" They jotted down my answers. I wondered why they were asking me these things. I was too confused and worried about Josie to comprehend that a child-abuse investigation was going on. The officers left as the doctor came to take Josie to an exam room. Tony finally arrived at about 11 P.M.; he'd been delayed because the police had come to the house asking him questions, too.

Shortly after 1 A.M., we were told we could see Josie. She was wrapped in gauze, and her eyes were closed. The doctor explained that she had first- and second-degree burns covering 60 percent of her body. He said that they would need to watch for infection and keep her well hydrated, and that she might need a skin graft or two, but that she was stable. She would be OK. Tony and I stayed by her bed all night, watching her sleep. I would have given anything to trade places with her.

In the morning, we were asked to attend a Child Protective Services meeting. As we took our seats in a small conference room with the hospital's patient-service coordinator and a few other people, I was terrified that Josie would be taken away from us, then relieved to hear someone thanking us for our cooperation—the investigation had been completed, and it was clear that this had been a household accident.

A week later, we would learn from one of the investigating detectives that our water heater was defective: It had been set at the appropriate 120°, but the actual temperature of the water had been 30° hotter because of a faulty heat panel. "If your water heater had been working properly," he told me, "the setting would have read '150°' and you would have turned it down to 120." And if the water had truly been 120°, our doctor told us, Josie definitely wouldn't have been burned, wouldn't have needed to come to the hospital.

A team of kind, brilliant doctors and nurses cared for Josie, led by attending surgeon Charles Paidas, M.D., whom we came to call Chuck. Tony went back to work and visited the hospital every evening, my mother stayed with the older kids, and I stood watch over Josie, noting in my journal each procedure *continued on page 220*

Photograph by Stockbyte/Getty Images

how to keep your family safe

- **BRING UP THE SUBJECT OF SAFETY** Let your doctors know that you trust them but want to be watchful, says Robert Wachter, M.D., chief of the Division of Hospital Medicine at the University of California, San Francisco, Medical Center. "I welcome a patient saying, 'I'm concerned about errors; I've read about them, and I'd like to stay informed about my care.'"

- **KEEP A NOTEBOOK** Write down the names of caregivers; note all medications, dosages, procedures, and test results, with dates. The Josie King Foundation (josieking.org) can provide you with a Care Journal for recording such information.

- **BE VIGILANT ABOUT HAND-WASHING** Make sure all caregivers and visitors who enter the room wash their hands. "Asking a doctor to wash his hands before touching a patient isn't easy," says Ilene Corina, founder of PULSE of NY (pulseamerica.org), a patient-safety organization. "But you might say, 'I know you've probably done it already, but I'd feel better if you wash your hands,' or 'I know I'm supposed to ask you to wash your hands.'" An estimated 100,000 to 200,000 deaths are caused each year by health-care–associated infections, says Dr. Wachter, and poor hand hygiene probably accounts for a quarter to half of them. So full compliance with hand-washing procedures could save up to 100,000 lives a year.

- **IF SOMETHING SEEMS WRONG, SPEAK UP** "I wish patients and family members were more comfortable challenging things," says Donald Berwick, M.D., cofounder of the Institute for Healthcare Improvement. He recommends asking specific questions such as "Why is this medication different from the one I had yesterday?" or "This procedure doesn't make sense to us—can you explain it again?" Adds Dr. Berwick: "If it doesn't make sense to you, it may not make sense at all."

- **DO RESEARCH IN ADVANCE** In nonemergencies, ask the hospital's patient liaison about safety procedures beforehand (and if you can't get an answer, be concerned). Ask about rapid-response teams and rates of error and infection. "The right answer is not zero," says Dr. Wachter. "Errors happen at every hospital; you want one that's open and honest and learning from its mistakes." Two helpful Web sites: whynotthebest.org and hospitalcompare.hhs.gov offer data on the quality of care at hospitals in your area. —*Jessica Tanenbaum*

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and every medication.

Josie got steadily better. She had an upset stomach, but tests showed no infection, and she improved. Nearly two weeks after we'd rushed her to the emergency room, she was fully awake, eating everything on her plate and keeping it down. Her wounds were no longer covered in gauze; they'd healed well enough to need only applications of the antibiotic Bacitracin. And she'd been weaned from the powerful narcotic painkiller morphine to methadone, similar but much weaker. Chuck told us he thought Josie was just about ready to go home. A discharge was set up for three days later. We were ecstatic. I called my mother and suggested that she and the children start planning a welcome-home party.

The next day, I noticed that every time someone walked by with a drink, Josie cried for it. I asked the nurse if she could have some water. "No, only ice chips," she said. "I don't want her stomach to get upset again." I suggested IV fluids. "She seems thirsty," I said. Again the nurse told me Josie was fine. I fed her ice chips throughout the day. Later that afternoon, the doctors removed her IV. At last she was free of wires and tubes, and I could hold her in my arms. She wrapped her legs around me and nestled her head under my chin.

Near Josie's bedtime, I helped the nurse on duty give her a bath. As I dribbled water over her head, she began sucking on the washcloth. Something wasn't right. She seemed paler and thinner than I had ever seen her. Her eyes looked empty, as if she were going to pass out. The nurses reassured me that Josie's vital signs were fine, she was just tired, and that I should go home and get some sleep.

"I had to do something really big for Josie," says Sorrel King, seen at one of her many speaking engagements

And so I left, telling myself that these trained professionals knew what they were doing. I called twice during the night, and each time I was told that Josie was fine. Tony left the next morning for a short business trip to California. "We're on the home stretch," he said. "The next time I see you, we'll all be together." I was grateful to him for his strength and steadiness.

The next morning, at 5:30 A.M., I was shocked at how horrible Josie looked. She was unresponsive, her eyes half open. I ran into the hall and saw Chuck and his team of doctors starting their rounds. I called to them to come look at Josie. They told me they had a few other patients to see first.

I had always tried to be a low-maintenance parent, but I was scared, really scared, and I wasn't going to sit quietly and wait for our turn. I begged them to come now. They followed me back to Josie's room. I asked them to let her drink something, and Josie gulped down nearly a liter of Gatorade. They gave her a shot of Narcan, a drug used to treat morphine and methadone overdoses. Josie immediately began looking better. After a second shot of Narcan, she was more alert, looking at me and at the ABC poster hanging on the wall. "She'll be fine," Chuck told me. I asked him if we could skip the 1:00 P.M. dose of methadone, since she didn't seem to be in pain. He agreed and issued a verbal order that no more narcotics be given.

The nurse on duty that morning was a woman I hadn't seen around before. Brenda (not her real name) made me uneasy; I couldn't explain why. I asked one of the other nurses about her. She told me Brenda had come to Hopkins through an agency; often when hospitals don't have enough nurses, they must either turn patients away or hire backups. I didn't want an agency nurse; I wanted a Hopkins nurse. I asked Chuck what he thought. "She *is* a little different," he said. Brenda seemed to be in a bad mood. "But these agency nurses are pretty darn good." He told me not to worry.

Soon after he left, a man and a woman wearing white coats walked over to Josie's bed. They looked at the monitors, read her charts, and put a stethoscope to her chest. They told me they were from the pain-management team and that they just wanted to check on Josie. I told them that my daughter wouldn't be receiving pain medication that day; Dr. Paidas had given orders. "Yes, we know," they said.

But at 1:00 P.M., Brenda approached

More than 70% of all medical errors resulting in death or injury occur because of a communication breakdown

Photograph by Christiana Care Health System

Josie with a syringe of methadone. I asked her what she was doing and told her that Dr. Paidas had given orders for Josie not to receive more pain medication. "Don't give it to her," I pleaded.

"The orders have been changed," she said.

Something didn't seem right. Should I knock the drug out of her hands and scream for help? *Stop, slow down,* I told myself. *I am at the best hospital in the country. These doctors and nurses know more than I do. They must have changed the orders for a good reason.* I moved aside. Brenda squirted the drug into Josie's mouth and left the room.

Minutes later, Josie's eyes rolled back in her head. I shook her. She didn't respond, and I screamed for help. A dozen nurses and doctors raced to her bed with metal tables and trays and equipment. I felt myself being led out into the hall. I looked through the window, but I couldn't see Josie, just the people surrounding her bed. I wanted to run back in and comfort her, but I was paralyzed with fear and dread. I heard one of the doctors shout, "What the hell happened here?"

They put me in a small, windowless room. A chaplain stood quietly in the corner, and I wondered why he was there. My mother raced in. I sank into a chair next to her, laid my head on her lap, and wept.

I don't remember how much time went by before they let me see Josie. She was hooked up to machines, with a breathing tube down her throat and tubes coming out of every part of her body. Chuck told me she'd had a cardiac arrest. It took all my strength not to scream. Instead, I said calmly, "You did this to her. Now you've got to fix her!" I called Tony in San Francisco and told him to come home.

For hours, we sat by Josie's bed, waiting for her to wake up. Chuck, accompanied by his team and the head of the PICU, explained that they didn't know what had gone wrong, but that Josie had probably acquired a massive, fast-moving infection, perhaps sepsis. "No, that's wrong, Chuck," I blurted out. Everyone turned to look at me. "I was there. I saw it all happening." I stood up. "She was thirsty and you gave her methadone. She shouldn't have gotten ➔

✔ patient safety checklist
See a detailed list of 20 things you can do to prevent deadly medical mistakes at good housekeeping.com/errors

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the methadone. It was the drugs and dehydration. And you all know it." The head of the PICU said that they would wait for the results of the blood cultures, that there would be an investigation, that it could take weeks to determine why she'd had the cardiac arrest. I didn't want an explanation. I wanted a miracle.

The neurologists came at 8 the next morning. There were four of them, each carrying a black case. They asked us to leave the room while they examined our daughter. Then they called us back in, and as I held Josie's small hand, they told us that she was brain-dead. I asked what that meant. Her organs were slowly beginning to shut down, they said. Her liver was no longer functioning. It was just a matter of time before her heart would stop beating. There would be no miracle. In 48 hours, we'd gone from planning a welcome-home celebration to planning a funeral.

After Josie died, I moved in and out of two emotions: utter sadness and a burning, all-consuming rage. In my anger I would feel an energy that kept me up at night and made me pace the room, saying, "Why, why, why?" My mind was spinning with all the things I was going to do to make Johns Hopkins feel my pain—there'd be devastating courtroom testimony and a brilliant media campaign that would destroy them. Forgiveness seemed impossible.

The hospital formed a team to investigate Josie's death: a surgeon, an ICU doctor, two pediatric nurses, and a hospital risk manager. Six months after she died, Tony and I went to hear their findings. We felt somewhat vindicated to hear the head of nursing agree that if a doctor had seen Josie the night I'd said she seemed thirsty and didn't look right, she might still be alive. We learned why the pain management team had called for methadone despite Chuck's verbal orders: They had been concerned that if the drug was stopped too quickly, she'd suffer serious complications of withdrawal, such as convulsions. After the team's report, Hopkins's lead lawyer said the methadone hadn't caused Josie's cardiac arrest, "complications" had. I bristled. "She died because she was dehydrated and was then given a narcotic," I said. "It was because you all didn't listen and pay attention, and you know it!" Ultimately, the hospital would conclude that dehydration had been the cause of death.

"Mrs. King, she should not have died," the lawyer said. "And yes, you're right. She would probably be alive if we had listened."

That was what I'd been waiting to hear. But it wasn't enough.

The hospital offered us a settlement, but we felt that by accepting it we would be letting them off the hook. Weeks passed, and we didn't respond. Our lawyer urged us to take the offer before the hospital rescinded it. He explained that Maryland laws limited the amount of malpractice settlements, that a court battle would be lengthy and grueling, and that my dreams of getting revenge through press coverage wouldn't play out. "It will be one sad story in one local paper, and then it will be forgotten," he said.

"We don't want their money!" I told him. He asked what I did want. "I want every hospital in the country to know her name and why she died," I said angrily. "I want them to remember Josie, to learn from her and never let this happen again."

"Then do that with the settlement money," he said. "Do something for Josie. You can make this more than a sad story."

And so we took the money. Not long after we accepted the settlement, the grief therapist I'd been seeing said something that echoed what our lawyer had suggested, and transformed the way that I grieved for Josie. "It's time for you to make a decision," she told me. "You can let your grief and anger continue to destroy you. Or you can take that energy and use it to propel yourself forward. Get out there and do something with your anger and your pain."

I took her words to heart. Tony and I began discussing how to use the settlement money. Should we donate it to kids with cancer? Fund a playroom in the new Hopkins Children's Center? It had to be something huge, I felt, something nationwide.

I spent my days researching what we might do with the money. I learned that Josie's case wasn't a fluke—that people died every day from hospital errors. The more I read, the more I saw the magnitude of the problem. A 1999 report called "To Err Is Human," from the Institute of Medicine, a branch of the National Academies of Science, found that between 44,000 and 98,000 people a year die

Medical error is one of the country's top killers, along with cancer, diabetes, and heart disease

from medical errors. Medical error, it concluded, is one of our country's top killers, along with cancer, diabetes, and heart disease. And the Joint Commission, the national organization responsible for hospital accreditation, found that over 70 percent of all unexpected medical events resulting in death or serious injury occur because of a breakdown in communication, as in Josie's case.

Tony and I decided we'd start a foundation named after Josie. Its mission would be to prevent patients from being harmed or killed by medical errors. And we decided to start at Johns Hopkins.

A friend suggested we meet Dr. Peter Pronovost, a Hopkins anesthesiologist whose father had died because of medical error. Patient safety was his passion, and he'd created a safety program called CUSP, the Comprehensive Unit-Based Safety Program. Patient safety, he said, was about doctors and nurses listening to one another and listening to the patient or parent; it was about working out issues before they became incidents; it was about improving teamwork. It was about communication. The first thing we did with the settlement money was to give a large portion of it back to Hopkins so that the Josie King Pediatric Patient Safety Programs, versions of CUSP, could be implemented on the floors where she had been treated.

It felt good, but I knew that this was just the beginning of the work we needed to do for Josie. I wanted to stand before doctors and nurses and tell them her story so they could learn from the mistakes that Hopkins had made. I soon got my chance. Peter suggested that I travel with him to Boston to speak at a conference hosted by the Institute for Healthcare Improvement, a nonprofit founded in 1991 by doctors concerned about patient safety and quality of care. As simply and clearly as I could, I told 300 doctors, nurses, and administrators from all around the country what had happened to Josie. I didn't cry alone that day. As I walked off the stage, people shook my hand, thanked me, hugged me, and whispered their own stories—of the loved ones they'd lost, and the mistakes they had witnessed at patients' bedsides. Josie's story was striking a chord with the very people who could fix the problem.

A doctor in the audience had videotaped my speech; he sent me a box of DVDs that I mailed off to hospitals that had requested a copy of my talk, suggesting that they make a donation to the Josie King Foundation. Slowly but surely, Josie's story spread, and I began building relationships with doctors and nurses around the country who were committed to improving medical safety. They told me that every time a patient asked a question or a mother said, "Something isn't right," they remembered Josie.

Our efforts snowballed. The Josie King Foundation was growing; DVDs were being shipped to hospitals and medical schools around the world. We created the Care Journal, a notebook to help patients and their families keep track of information during a hospital stay. In collaboration with Johns Hopkins, we developed a tool to teach medical professionals how to disclose an unexpected event to patients and their families, and an online version of Peter's CUSP program that's been adopted by hospitals nationwide.

Next, at the suggestion of Dr. George Dover, head of the Johns Hopkins Children's Center, the Josie King Foundation donated funds to hire a doctor dedicated full-time to patient safety, whose sole purpose is to make sure the staff of the 180-bed center listens, communicates, and reports safety concerns.

A reporter from the *Baltimore Sun* heard me telling Josie's story to a group of medical students and asked to write an article about her case and my safety work. Right after Josie's death, I'd wanted to use the media to punish Johns Hopkins. Now I thought this reporter could help me reach my new goal: raising awareness and fixing the problem. Nearly everyone involved in Josie's care agreed to speak to her, although Brenda the agency nurse refused. After the story ran, I got many letters—including one from the doctor who'd ordered methadone before Josie's death.

"I believe with all of my heart that if I had been able to call a rapid-response team, Josie would not have died"

"I cannot begin to tell you how sorry I am," she wrote in part. "I think of Josie often, with tears in my eyes." She told me in detail why she'd decided to give Josie the painkiller—she'd been concerned about serious withdrawal symptoms—and about how she'd suspected that Josie might be suffering from dehydration and sepsis, but that a surgical resident had disagreed with her and another doctor had advised against reinserting an IV line that might have delivered lifesaving fluids or drugs. Josie's cardiac arrest had stunned her, she said, and she felt the methadone had not been responsible. "What has been on my conscience," she wrote, "was the fact that I saw how sick she was. I considered all →

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possible diagnoses, but I could not persuade people to listen to me. What should I have done? Take her in my arms and rush her back up to the PICU? People at Hopkins assured me I had done everything I could. It was not enough."

As I read the letter, I was finally able to step out of my own sadness and into someone else's. In time, the Josie King Foundation would create a program called Care for the Caregiver, offering help to doctors and nurses involved in medical error. But right then, I knew there was one thing I could do. I wrote back and asked the doctor to move on with her life, to stop feeling sad and guilty. I'd never have thought I could say that to the people who took Josie from me, but somehow the words came. I had found out what it meant to forgive.

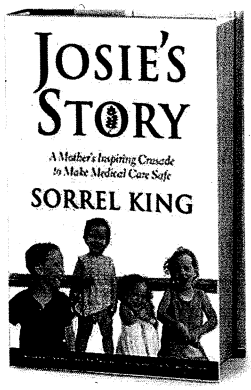
Perhaps the most far-reaching development in the Josie King Foundation's campaign for patient safety began in December of 2004, when I was asked to address several hundred health-care professionals at the IHI annual conference in Orlando, FL. But first, cofounder Dr. Donald Berwick spoke, urging the creation of hundreds of "rapid-response teams." "Hospitals create these teams to respond immediately to clinicians—usually nurses—who are getting worried about a patient, often only a gut feeling," he explained. In the usual system, he said, these worries go unresolved for a day or two, or more, while the patient slips into worse and worse shape. But rapid-response teams assess the patient immediately and make a plan. "They're trying to prevent the disaster that might have occurred later on—hours or days. Often they do."

I relived Josie's death like a high-speed slide show. This was the answer! A rapid-response team would have saved her. The team would have looked at Josie and said, "The patient is thirsty. Give her water." When my turn came to speak, I told the crowd how excited I was about Don's idea—and I asked a risky question. "Do you think a patient or family member could call the rapid-response team to the bedside if no one was listening to them and they were scared out of their minds? I believe with all of my heart that if I had been able to call a rapid-response team, my daughter Josie would not have died."

I knew that the thought of giving a patient or a family this sort of power was pretty much unheard-of and could make health-care providers very uneasy. As I stood before this audience of doctors, nurses, and administrators, there were sighs—then slow clapping. The applause spread as some people began to rise from their seats.

Not long afterward, I got a call from a woman who'd heard me speak. Tami Merryman had launched several innovative safety programs at the University of Pittsburgh Medical Center (UPMC). She said she was going to do what I had asked—create a patient/family-activated rapid-response team at UPMC Shadyside Hospital. It would be called Condition Help.

The plan was to set up an internal phone number that patients or their families could call from the bedside if they felt they were experiencing or observing a serious change in condition that wasn't getting sufficient attention from the staff. An operator trained in how to field the calls would listen to the concerns and then alert the rapid-response team, which would consist of doctors, nurses, and a patient-relations coordinator. They'd evaluate the patient, talk to the family, discuss the situation, and develop a plan for care.



A portion of book proceeds goes to the Josie King Foundation

Eventually, all 12 UPMC-affiliated hospitals initiated the program. Today, hospitals all over the country contact the Josie King Foundation and UPMC to learn how they can implement family-activated rapid-response teams. Studies of the UPMC program showed that 100 percent of callers felt the team had met their needs. And in 69 percent of cases, the calls had revealed potentially harmful situations that had been averted.

Josie's surviving brothers and sisters are thriving: Jack is 15, Relly is 13, Eva is 12, and Sam, the baby born after Josie's death, is 7. I owe so much to each of them: They gave me a reason to live when I was in my darkest moments, and one day I will tell them so.

Someone once told me that the death of a child is like having a huge tree ripped out of the ground: It leaves a big, empty, gaping hole. But gradually, over time, ferns, flowers, and little trees start growing, filling the hole. Josie's death left a painful hole in my heart that will always be there, but things are filling it—the Josie King Foundation, the wonderful people I have met in the health-care industry, and the knowledge that Josie's story is making our health-care system safer and that, most beautiful of all, her death is saving lives. ■

Jacket design by Charles Rue Woods