

Children's News

For Children's Hospital Boston employees, staff and volunteers

May 2008 | childrenshospital.org/chnews

Children's says goodbye to the pioneering Play Lady

If you visit **Myra Fox**, the director of Child Life Services, in her office in the basement of the Wolbach building, you'll see a room that chronicles a 44-year career that helped bring the field of Child Life into prominence and changed Children's Hospital Boston in fundamental ways. The walls are covered with photos and awards. The floor is dotted with boxes filled with stuffed animals and other toys that she gives to patients, parents and staff alike. And her desk is covered with hand-drawn thank-you notes from some of the tens of thousands of families who have had their lives touched in some way by this singular woman.

Come July, all of those items will be packed away as Fox begins a much-earned retirement, but the impact she has had on this hospital, its staff and the families who come here for care will last forever.

The pediatric health care environment that existed when Fox started at Children's in 1964 would be unrecognizable to us today. Children were often displayed, small and shivering, in front of an auditorium filled with curious doctors wanting to learn about that child's particular illness. Visiting hours were limited and parents weren't allowed to stay overnight at the hospital. And organized activities to help children keep their minds off their illness and treatment were not part of the care plan.

But through perseverance and a strength of personality that anyone who knows her will attest to, Fox has helped change all of that and more. And she did all of it by focusing on a single, simple word: play. It's the single most important ingredient in her recipe for bridging the gap between home and the hospital and has given her the title she is most proud of: the Play Lady. "Play is how children learn, explore and communicate," she says. "I've always believed that it shouldn't stop when children are in the hospital."

The field of Child Life started with simple types of play; Fox put card tables between patients' beds in the 1960s so they could play games together. But it's now something you can get a Master's degree in and involves expertise in developmental play and use of distraction techniques during procedures. In 1964, there were five play ladies at Children's, but today, there are 30 Child Life Specialists on staff—one on every inpatient unit and in outpatient settings like the Emergency Department and Radiology—each of whom is educated in the field of child development and is responsible for enhancing a patient's emotional, social and cognitive growth during a hospital stay.

MYRA FOX with patient Nella Harting



Photo: Christopher Harting

Much of their work takes place in the playrooms on every inpatient unit. Fox was instrumental in creating them as safe havens where no medical treatments or procedures are allowed because she feels that children had to have a place they could go where they knew they'd experience nothing medical. "Doctors

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Children's Hospital Boston

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Neurology: Prenatal exposures have enduring effects
Cardiology: iPods off the hook

Have research news you would like to share?
 Email nancy.fliesler@childrens.harvard.edu.

Surgery cures mystery fevers

Wracked by seizures and a 105-degree fever, 19-month-old Claire is rushed to the emergency room. The hospital runs test after test and specialists are brought in, but no explanation is found. This isn't the first time: The fevers have struck like clockwork every three weeks for the past nine months. Antibiotics and fever reducers have offered no relief.

Claire's father, **Greg Licameli, MD**, of Children's Hospital Boston's Otolaryngology Department, decided to search the medical literature for answers. He found two reports of European children with unexplained cyclical fevers, some of whom got better after tonsillectomy. Seeing nothing to lose, he decided to try it. Colleague **Dwight Jones, MD**, removed Claire's tonsils and adenoids and the fevers immediately stopped.

Other doctors began referring patients to Licameli, who's now operated on 60 patients with this mysterious condition, first reported in 1987 and known as



Photo: Patrick Bibbins

PFAPA (periodic fever, aphthous ulcers, pharyngitis and adenitis). In the March *Archives of Otolaryngology and Head and Neck Surgery*, he describes 27 of these children, the largest published experience to date; 26 had complete fever resolution.

The reason remains a mystery, since

the removed tonsils and adenoids show no evidence of infection or any other abnormality. Licameli suspects the tonsils harbor a chronic, low-level infection to which the immune system overreacts. He and colleagues in Immunology plan to investigate further.

Meanwhile, the referrals keep coming, and desperate families are finding surgery to be life-changing. "I tell parents, 'I don't know why this works, but it has a good chance of ridding your child of fevers,'" Licameli says. "It works in almost every single kid."

iPods OK with pacemakers

Last May, a widely reported study concluded that errant electronic noise from iPods can make cardiac pacemakers malfunction, but this just didn't sound right to cardiac electrophysiologists at Children's. "Many of our pacemaker patients have iPods and other digital music players, and we've never seen any problem," says **Charles Berul, MD**, director of the Pacemaker Service. "But kids and parents bring up this concern all the time."

So late last year, cardiac fellow **Gregory Webster, MD**, and the electrophysiology nurses and physicians studied 51 of their own patients, placing each of four digital music players directly over each patient's pacemaker or implantable cardioverter-defibrillator. As reported in the April issue of *Heart Rhythm*, none of the players interfered with device functioning. Patients' EKGs showed no change in any of 255 separate tests, and no one reported symptoms.

Players did sometimes interfere with communication between the cardiac device and the programmer used to check and recalibrate it, but this interference didn't compromise device function and stopped when the player was moved away.

Berul and Webster feel reassured, but acknowledge that their testing was short-term. As a precaution, they suggest patients keep iPods at least six inches away from their cardiac device.

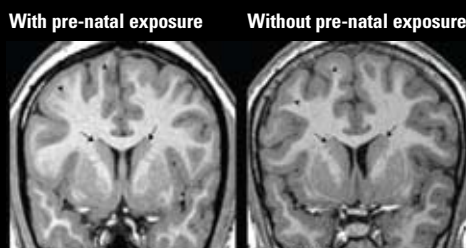
Your baby's brain on drugs, alcohol and tobacco

More than one million babies born annually in the United States are exposed to cocaine, alcohol or tobacco before birth. Now, an NIH-funded study led by **Michael Rivkin, MD**, of Neurology, suggests that such exposures may have effects on brain structure that persist into adolescence.

Rivkin and colleagues at Boston Medical Center used volumetric MRI imaging to study the brain structures of 21 young adolescents with prenatal substance exposures and 14 with no exposures. Adolescents exposed prenatally to cocaine, alcohol or cigarettes showed reductions in total brain volume and in gray matter in the brain's cerebral cortex, important in many cognitive functions. There were too few children to find statistically significant effects of any single substance after accounting for other exposures, but the more substances a child was exposed to, the greater the reduction in brain volume.

Especially striking was the finding that prenatal tobacco exposure alone had an effect on brain volume that fell just short of statistical significance. "About 20 percent of women who smoke continue to do so during pregnancy," Rivkin notes.

The study was published in the April *Pediatrics*. Rivkin and colleagues now hope to get funding to confirm their findings in a larger group of children.



The cortical gray matter indicated by arrows appears thinner in the exposed brain than in the control.

Images Courtesy Christopher Watson and Michael Rivkin, MD

Myra Fox

and nurses aren't banned from playrooms," she says. "But they can't take a child's blood or remove a bandage or do anything else related to the child's care while they're in there."

Another area where Fox has played a big role is in Child Life's connection to nursing. **Eileen Sporing, MSN, RN, CNA, BC**, senior vice president of Patient Care Operations and chief nursing officer, has worked with Fox for nearly two decades and has seen the impact

she's had not only on patients, but also on her fellow nurses. "Myra has led her group through all the changes this hospital has gone through with incredible good humor and grace, while always making sure the rest of us are doing the right thing for the children."

So while Sporing, **Susan Shaw, MS, RN**, director of Clinical Operations, and a group of other senior staff search for someone to fill Fox's sizable shoes (she also directs Volunteer Services, the Big Apple Circus Clown Care unit, the art and music therapy programs and the hospital tutoring program), Fox herself looks around her office and relives more than four decades of caring and advocating for patients, and she can answer a question that many have asked her over the years: Do you have kids of your own?

"I don't," she says. "But I think of every patient I've met here as my child. We weren't substitutes for their parents, but we could comfort and support them through procedures and help with the separation from their homes and families. I've learned so much from them. They are the most irresistible, adorable and bravest kids in the world."

JOIN THE HOSPITAL-WIDE CELEBRATION OF MYRA FOX'S RETIREMENT ON MAY 29, FROM 2 TO 4 PM IN THE PROUTY GARDEN. THE CELEBRATION WILL MOVE TO THE PATIENT ENTERTAINMENT CENTER IF IT RAINS.

GRATITUDES

The following letter was sent to the team of Children's Hospital Boston cardiac specialists who traveled to Ghana in March to provide much-needed surgical care to children with heart defects. The letter was sent from a family of a boy they operated on.



Photo: Matthew Cyr

Dear docs,

Thanks very much indeed for your priceless support to David. We are exceedingly thankful to the Lord, to you and the team for the kindness you offered to the needy during your last visit; for even if we had all the vocabulary, it would never be enough to express our gratitude.

I know for sure the Lord will bless you, your families and the work of your hands for this assignment which you've embarked on for mankind.

— Paul, Carol and David Asmah

Read more about Children's trip to Ghana: <http://childrensinghana.typepad.com/>

See the photographic exhibition of the trip on display in Farley/Pavilion.



MYRA FOX WAS IMMORTALIZED IN MARGRET AND H.A. REY'S 1966 BOOK *CURIOUS GEORGE GOES TO THE HOSPITAL*.

The character of the "play lady" was based on Fox and her playroom after the Reys visited Children's in the 1960s.

Peace and quiet: From Kuwait to Beirut to Newton



Photo: Courtesy Dina Hajjaj-Saouli

Dina Hajjaj-Saouli made the decision to leave Beirut, Lebanon, her home of 10 years, suddenly. She'd lived there since moving from Kuwait to attend college at the American University of Beirut, and was raising her two children with her husband while working in an international bank as a Human Resources (HR) officer. At first, life in Beirut was idyllic, but since 2005, Beirut had become increasingly violent due to political unrest, with car bombings and assassinations becoming ever more frequent. "The past couple of years have been a downward spiral with a lot of uncertainty and strife," she says. "You feel this state of panic one day after another, and it takes a toll on you. You think everything is OK so you start planning something as simple as a birthday party, and then an explosion kills 15 people and nobody goes anywhere. You can't count on anything."

After a leisurely Easter Sunday dinner last year, Hajjaj-Saouli and her husband took their children to play in a park to enjoy the calm, sunny afternoon. Then, she felt something sting her neck. "A bullet must have ricocheted off something, grazed me and then hit a girl next to me," she says. "We were OK but I was a bit panicked because we were in a park for children. My nerves had been rattled before, but I kept saying, 'It's OK.' But that Sunday changed things. I knew it was too risky to stay." So Hajjaj-Saouli decided to move her family to a place that was the antithesis of Beirut: Newton, Mass. She remembered seeing a CNN story featuring Newton as the safest place in America, so

she set her sights on the suburb. Before long, they'd moved into a Newton home and Hajjaj-Saouli got a job in Children's Hospital Boston's HR department.

Naturally, the transition has been a bit jarring. "It's so much quieter," she says. It's so quiet, that when they first moved in, they thought their neighborhood was deserted. "We never see people on the streets or kids in their yards or on the porches," she says. "And you don't hear people, either. It's scary, it's so still. Sometimes we'll see a light on in someone's house so we know there must be somebody in there."

Hajjaj-Saouli had travelled the world with her parents before leaving Kuwait, mostly during summers, when they were glad to escape the blistering heat. She'd even been to the Boston area before, having spent the summer of 1990 studying abroad through a Tufts program during

high school. Her whole family happened to be visiting the States during that same time, which was lucky timing, since the Iraqi invasion that summer turned Kuwait upsidedown. "It was a frantic time because there weren't cell phones or email, so it was hard to find all your friends," she says. "Everyone sort of scattered and never had a chance to say goodbye." (Hajjaj-Saouli tracked down a long-lost friend just a few months ago on Facebook; she wound up in Egypt.) Her family didn't return to Kuwait for a year, and moved to Paris after leaving America.

Living in several countries and traveling through many others has led Hajjaj-Saouli to value people's differences—their nationalities, beliefs and religions—and she applies this at Children's. "I see different kinds of people here," she says. "I don't think I have any bias because I've learned about so many cultures. And I really like planning events like Asian New Year, Latino Heritage and Black History Month."

She's grateful that making the change from banking HR to hospital HR has been so positive. "Children's health care is such a contrast to banking," she says. "It's a completely different feel. Here, I feel like I'm doing something for other people. I enjoy walking through the hospital and seeing what we're doing for the kids."

Hajjaj-Saouli is also enjoying a newfound sense of stability. "Here, most people have a nice, quiet life," she says. "But many people don't value it. They don't realize that people have such different lives in other countries. Here, it's hard for people to just enjoy a day for a day. A nice quiet Sunday, taking the kids to the park—a lot of people don't have that option."

It's survey time!

The 2008 Employee, Staff and Volunteer Survey will begin May 6 and run through May 19.

Everyone is encouraged to participate so that Chief Operating Officer Sandra Fenwick and the rest of the leadership team can:

- See the progress we have made since we surveyed last in '06
- Pinpoint our strengths and areas for improvement

The survey, available in five languages, is handled by an outside vendor so individual responses remain completely anonymous and only group data will be reported. The survey is online but is also available on paper. Directions for accessing surveys will be in the May 5 Small Talk. Everyone who submits a survey is eligible to enter cash raffles. Drawings will be held on May 9 (\$100), May 13 (\$200), May 15 (\$300) and May 19 (\$500). If you have questions, contact Arlene Beauchemin at ext. 8-3015 or the HR Service Center at ext. 5-7780.

Survivor: A patient shares her story

Katharine “Kit” Bryant is one of the oldest surviving brain tumor patients to be treated at Children’s Hospital Boston. She’s 77 years old, but still remembers the “play ladies,” the Prouty garden and the doctor that saved her life: **Franc Ingraham, MD**, former neurosurgeon-in-chief.

Ingraham was responsible for establishing the Neurosurgery subspecialty at Children’s in 1929, a decade before Bryant was rushed to the hospital in an ambulance and operated on by Ingraham and his team when she was 8.

During the three years before the surgery, Bryant suffered from vomiting, crossed eyes and terrible headaches, but her pediatrician couldn’t figure out what was wrong. “My mother thought I was pretending to be cross-eyed,” she says. She remembers having terrible balance and limited tactile sensation. “I couldn’t even feel the difference between a dime and a paperclip,” she says. It wasn’t until she had a spinal tap at her local medical center that doctors realized she had an astrocytoma on her cerebellum—a brain tumor that was causing pressure on her optic nerve, and would need immediate surgery.

Ingraham guesses that she’d been living with the tumor for years, if not from birth—something that, given modern medical advances, would probably never happen today. “Diagnostics were so primitive compared to our current standards,” says **Michael Scott, MD**, neurosurgeon-in-chief. “Today, the tumor would be diagnosed early on by a CT scan or an MRI.” Brain surgery used to be done with the patient sitting up and the surgeon removed what he could see of the tumor with his naked eye. “Now, we use a microscope so surgeons can see the edges of the tumor,” Scott says. After



KATHARINE AND JOHN BRYANT

surgery, patients are now scanned to make sure the tumor is completely gone. “This drastically reduces the likelihood of a second operation,” Scott says.

Bryant’s tumor did return four years later and she had a second operation, this time with radiation therapy, which, at the time, was brand new. The treatment was successful, and despite a difficult rehabilitation process, Bryant has many fond memories of Children’s and the care team. “My favorite nurse smuggled my dog in so I could pat her,” she says. When Bryant was learning to walk again, the same nurse would use sailing terminology, to direct her: a little list to starboard or to port.

Ingraham followed Bryant closely over the years. “He was a very caring person and he really did think of patients as his kids,” she says. Ingraham even helped Bryant get into college, and once she started classes, he called her professor to explain how her lasting vision problems made certain assignments difficult. But in college and beyond, Bryant never let her vision and balance difficulties stop her. She learned to ski, became an occupational therapist, a wife and mother and has spent the past 10 years sailing between Boston and the Bahamas.

Bryant truly feels lucky. “I remember the wonderful people who took care of me, and very little about the medical parts,” she says. “I’m now a white-haired old lady. I can’t type, hit a tennis ball, walk in high heels, get the key in the lock the first time or play the piano, but I’ve managed pretty well.”



FRANC INGRAHAM, MD

Photo: Children’s Hospital Boston Archives

NEWS BY NUMERALS

Children’s Hospital Boston’s Critical Care Transport Team goes to other hospitals when patients, many of whom are critically ill, need the specialized resources available at Children’s. The team provides a safe and rapid transfer via ambulance or helicopter, extending the reach of critical care services into the community.

33 employees are part of the Transport Team



1,100 patients are transported to Children’s each year

100 calls a day come into the Emergency Communications Center for emergency referrals to Children’s

40 percent of patients transported are under 2 weeks old

\$250k is the average cost of a pediatric ambulance like the one at Children’s



Photos: Matt Mewton

Question: How many patents does Children's Hospital Boston have and how many are devices vs. medications? What percent has adult applications or are they all for kids?

Answer: The Intellectual Property Office (IPO) at Children's has the responsibility of evaluating the basic science and clinical research that goes on here for patentability and commercial potential. It's our mission to translate Children's world-class research into products that can positively impact patient care and outcomes here and worldwide. Now for some statistics:



ERIK HALVORSEN, PHD

Photo: Javier Amador-Peña


The IPO has opened roughly 2,000 cases since tracking began in the early '90s. Of those, Children's has been issued more than 500 U.S. and foreign patents (approximately 260 U.S. and 258 foreign); this doesn't include patents that have since expired or current pending patent applications, so it's a low estimate of the total.

The IPO has 156 active cases that have issued patents and 20 of these relate to devices, but only one is solely a pediatric application! There are also another 257 active cases with pending patent applications; 27 of these are related to devices, but only three are entirely pediatric in their use: a computer controlled bottle for oral feeding, a preterm infant breastfeeding system and a plagiocephaly prevention pad.

Outside of devices, our patents are not just all medications and therapeutics, although Children's researchers are generating many new and exciting discoveries in this area every day. In reality, with the breadth of research here, we see an array of innovations, including research tools and drug discovery mechanisms, diagnostic tests for various diseases and disorders and software programs that will allow for better patient data and health record management. The most rewarding part is that while Children's research and innovation is driven by our clinical excellence and experience with the children who come to our hospital, the translation of that innovation into products is generally for the benefit of patients, both pediatric and adult, worldwide.

Thanks for asking!

— Erik Halvorsen, PhD
Director of Technology and Business Development

 If you have a question about any aspect of the hospital, send it to news@childrens.harvard.edu. (You can submit questions anonymously.)

Trading scrubs for sneakers

Working at Children's Hospital Boston offers employees the chance to help kids in big ways, but **Katherine Hadley, MHSA**, administrator in the new Pediatric Transplant Center (PTC), never expected to help by strolling along the Charles River. In September 2006, Hadley noticed that the hospital's transplant program was missing something: community involvement. So she put together a PTC team for NSTAR's Walk for Children's Hospital Boston. Last year, 44 people joined the team of PTC employees, patients and their families for the walk and raised almost \$36,000 for Children's.

For many families, having a critically ill child is more than an emotional burden; it's a financial struggle. Funds raised at the walk help ease that burden and support the hospital's care, research and community health efforts. Knowing that the need is large, Hadley's team ramped up recruiting efforts for this year's walk with motivating emails to staff, frequent progress updates and invitation postcards. They set an even higher fundraising goal for this year: \$70,000.

But the perks of walking aren't all about fundraising. Patient families spend the day with others who understand what they're going through. Staff members enjoy a day with colleagues and patients. There's free food and entertainment, too. "Walking alongside our patients, as a team, is one of the most gratifying things we can do," says Hadley. Start your own team or grab some friends and join the walk June 8.

 For more information, visit childrenshospital.org/walk or 866-303-WALK.



EMPLOYEE OF THE MONTH




Photo: Ethan Bickford

Congratulations to **Roberta Hoffman, MSW**, a social worker in the Hemodialysis Unit, who's been selected as Children's Hospital Boston's Employee of the Month for May.

After 20 years advocating on behalf of patients who need kidney transplants and children coping with kidney failure, Hoffman is still as tenacious as they come. She leaves no stone unturned when finding resources to improve patients' quality of life and to help their parents, who are often struggling to find ways to support their children. A pro at negotiating

with state and local agencies, Hoffman is skilled at smoothly navigating through legal and policy systems on families' behalf. Her ace problem-solving skills often leave her colleagues in awe—so much so that even senior employees from other departments come to her for advice.

Despite her dogged approach to finding families support services, Hoffman is as respectful as she is determined—even in the face of the stickiest of red tape and the most impenetrable of bureaucracies. Respect is a quality she exudes when working with families, too. Hoffman is, according to a colleague, "an excellent listener who can truly put herself in the shoes of others," as she finds ways to ease families' enormous emotional burdens. As the point person between them and many agencies, Hoffman coordinates and manages each case as if it's her only one, making each family feel like they're her top priority. "Roberta makes difficult tasks look routine," says another coworker. "Indeed, they are for her. And she does it all with a smile."

 To nominate a co-worker for employee of the month, visit web2.tch.harvard.edu/eces/recognize.cfm.

An intense ride with the Critical Care Transport Team

It was a typical February for the Transport Team. Respiratory syncytial virus season was in full swing and transport requests kept us busy. It was approaching the middle of the night when our pagers went off.

Along with the demographics of the patient, baby M, came the diagnosis: tetralogy of Fallot, the most common cyanotic heart defect. We were familiar with the requesting hospital where baby M was, and as we headed out to get him, I called to get a report from the medical control physician in the Cardiac Intensive Care Unit (ICU).

I've learned many things in the two short years I've been on transport. One is that what you're told by the referring facility isn't always what's actually going on. As I listened to report, I realized it wasn't meshing with the diagnosis we were initially told. The referring physician said that the child was blue, with oxygen saturations in the 30s after a confirmed successful intubation. He then told me that the baby's heart was described to him as having a round appearance. But to me, the patient's condition sounded less like tetralogy and more like transposition of the great arteries (TGA) with an intact ventricular septum, since newborns with TGA generally have lower oxygen saturations than babies with tetralogy of Fallot.

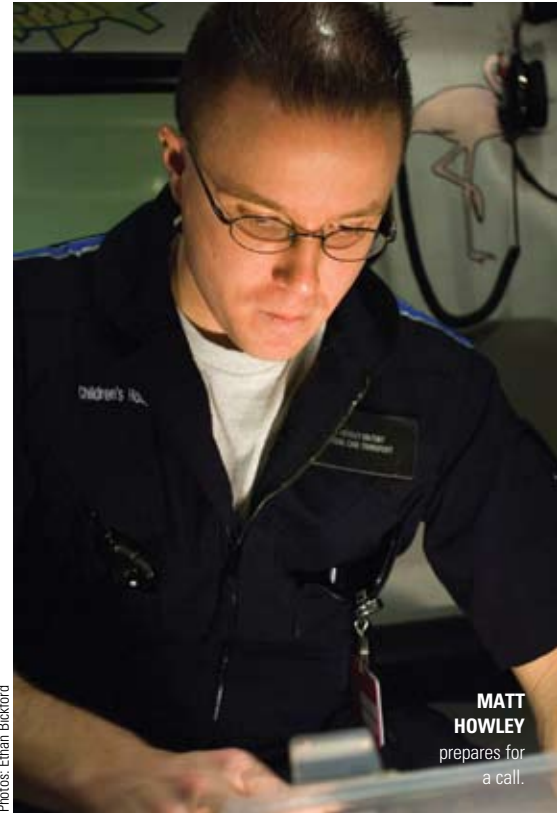
I knew that this was a time-sensitive matter and I suggested to the paramedic that we travel on a priority response to the referring facility. On our way, my partners and I formulated a plan of action and were all in agreement that we had to work quickly. I knew that in order for this child to survive, he needed to quickly get back to Children's for a balloon atrial septostomy. Patients with TGA only have one way of

getting oxygen-rich blood to the rest of the body: through a very small hole that closes after birth. Drugs help to keep that hole open until a procedure called a septostomy is performed, which allows blood to be oxygenated and delivered to the entire body.

We arrived and walked into a nursery full of people. Time was of the essence, and I knew I had to tell the parents how sick their child was. I thought, How can I explain this condition in simple terms? How am I going to tell them that the lifesaving procedure their child needs is basically ripping a hole in their newborn's heart? As I pondered these questions, the physician informed me that the parents didn't speak or understand English well. My mind was racing. All I could think about was that we should be on the road back to Boston by now. This was the first time I had to deliver this kind of news to a family by myself, since the physicians were too busy at the baby's bedside to come with me.

This should have been one of the happiest times in the couple's lives, and here I was about to tell them that their beautiful child was very sick. The thought of this horrified me, but I forced myself to slow down and concentrate on caring for these scared, new parents. I thought briefly about my own child. How would I feel as a new father hearing that my child had a life-threatening condition? How would I feel not knowing exactly what everyone was telling me because I didn't understand the language? I took all of this into consideration as I entered the room.

I introduced myself and calmly but quickly explained their child's situation. In the simplest of terms, I expressed, via an interpreter, the importance of leaving immediately because the only thing that was going to make their son better was to get to Children's. Things began to move like clockwork. Just as I was finishing speaking to them, my partners came in with the baby. Dad agreed to come with us, and after a brief goodbye to mom, we were on our way.



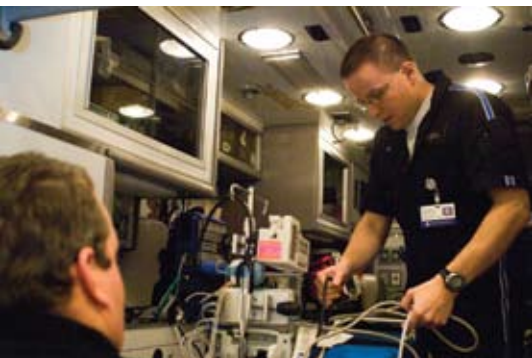
Photos: Ethan Bickford

MATT HOWLEY prepares for a call.

As we travelled on a priority return, I thought of the parents and their minimal understanding of English. I anticipated the dad's needs and requested that an interpreter be present when we arrived to make sure he knew what was happening. Soon enough, we arrived at Children's, and once we were in the ICU, it wasn't long before baby M's condition stabilized.

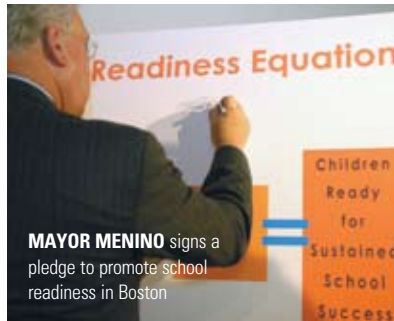
Looking back, I've thought a lot about this call. Working with my team, we were able to come up with a plan to do what was best for this baby. My knowledge of patients with congenital heart defects helped me understand the diagnosis from hearing the symptoms. My understanding of the patient's disease helped us determine the need to transport this patient quickly. What I found to be the most rewarding part of the call, though, was what happened the next day. It got back to me how much the father appreciated the way I took the time to carefully explain his son's condition to him. Hearing this made me feel that not only had I made a difference in caring for the child, but also in caring for his parents.

In honor of Nurses' Week, Howley and three other nurses will read their nursing exemplars. For a schedule of Nurses' Week events, go to childrenshospital.org/chnews.



Thrive in Five

On March 12, Boston Mayor Thomas Menino announced the launch of the "Thrive in Five" initiative, a 10-year effort that will align families, educators, health care and human service providers, the private sector and city departments in promoting school readiness and the healthy development of children. Children's is a lead partner in the effort and has contributed more than \$500,000 since this work began.



Excellence in Nursing awards



FROM LEFT, Nancy Joseph, Eileen Sporing, Brenda Works and Julie Eche.

Three Children's Hospital Boston nurses were recipients of this year's Excellence in Nursing awards, which are given by the New England Regional Black Nurses Association to a handful of outstanding African-American nurses each year. Congratulations to Children's winners **Nancy Joseph, RNc, MSN, FNP**, staff nurse II, CHPCC, **Brenda Works, BSN**, staff nurse I in Medicine Programs, and **Julie Eche, BSN**, staff nurse I in Hematology/Oncology.

Going for Gold

As her soccer teammates prepare for this summer's Olympics in Beijing, Kristine Lilly stopped by Children's to visit patients on 9N and 9E. A gold medalist in the 2004 games in Athens, Lilly signed autographs, took photos and even let patients wear her medal.



Children's takes the Earth Day pledge

Environmental Services organized an Earth Day Celebration in the Patient Entertainment Center for Children's employees and patients. Festivities included games, prizes, activities and information to promote environmental awareness and showcase Children's green efforts. For more information on how Children's is taking an active role to "Leave Earth A Future" (LEAF), read the weekly LEAFlets in Small Talk.



 [More at childrenshospital.org/chnews](http://childrenshospital.org/chnews)

- Who Killed Health Care? • Radiothon recap
- Notable books lecture • Children's Mental Health campaign

Nurses' week

Nurses' week is the week of **May 5**. For a full schedule of events, go to childrenshospital.org/chnews.

May open meeting

Don't forget the open meeting in Enders Auditorium **May 13 at noon and May 28 at 11 a.m.!**

Service awards

Children's tradition of recognizing long-term employees continues this year with service awards events to commemorate those who celebrated five-year increments of service between January 1 and December 31, 2007.

- Five-year anniversaries will be celebrated with breakfasts **May 15 and 16**
- 10-year anniversaries will be celebrated with a lunch **May 19**
- 15- and 20-year anniversaries will be celebrated with a lunch **May 20**
- 25-year anniversaries and above will be celebrated with a dinner **May 19, 5 to 6:30 p.m.**

More than 200 employees will be celebrating five years of service at each of the breakfasts, and more than 400 employees will be celebrating 10 to 50 years of service. This year, Human Resources is excited to announce a new Service Award vendor, Tharpe-Robbins, which offers a wide variety of gift options.

Dr. M. Judah Folkman Research Day

Held on **May 21** this year, Children's annual Research Day has been named in honor of the late Dr. Folkman. Posters can be viewed all day at the Longwood Galleria, with presentations in Enders Auditorium (clinical, **7 a.m. and noon**; basic science, **3:30 to 4:30 p.m.**).

When Things Go Right

Children's Program for Patient Safety and Quality Implementation Committee (PPSQIC) created a video, *When Things Go Right*, to demonstrate best practices of multiple safety goals. A group of clinical experts developed a script and played roles depicting a trauma scenario. Participants included employees from Nursing, the Emergency Department, the Intensive Care Unit, Radiology, Pharmacy, Social Services, surgical and laboratory staff. It screens on **May 27 at 4 p.m.**, with a reception to follow, in Enders Auditorium.

Children's News

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