

# Children's News

For Children's Hospital Boston employees, staff and volunteers

September 2008 | [childrenshospital.org/chnews](http://childrenshospital.org/chnews)

## When Sam met Allison

Eighteen-year-old Allison Pollock and 16-year-old Sam Kase have a lot in common, but it was a shared surgery that drew them together. After Sam read an article in Children's Hospital Boston's *Dream* magazine online, the two teens found support—and new friendship—in each other.

Like Allison, Sam grew up with breathing and swallowing problems due to an abnormal opening between his esophagus and larynx-trachea. When breathing or drinking, air and liquids would often go into Sam's lungs, which would make him inhale deeply and sometimes choke. Allison also had trouble breathing and swallowing, and felt lethargic and had recurring bouts of pneumonia. After many years of evaluation, Allison came to Children's and was diagnosed as having a rare abnormality called a laryngeal cleft—a defect in the separation between the larynx, or voice box, and the esophagus. For both teenagers, part of growing up meant making multiple visits to specialists' offices, trying out many medications and having surgery.

After hearing about the laryngeal cleft surgery performed by **Reza Rahbar, DMD, MD**, an otolaryngologist and director of the Center for Aero-Digestive Disorders (CADD) at Children's, Sam's parents began to research Rahbar and his non-invasive endoscopic surgery on the Internet. "When we first found out about the procedure and how relatively new it



Photo: Patrick Bibbins

**SAM KASE AND ALLISON POLLOCK** met in person for the first time at Children's a few months ago.

was, my parents pulled together a few articles, one of which was a *Dream* story about a patient named Allison," says Sam.

In the fall of 2005, Allison had been featured in a *Dream* article, "Reaching New Heights," in which she talked about the years she suffered from swallowing problems and her surgery at Children's, which

was so successful it allowed her to return to playing on her high school volleyball team. Sam was inspired. Wanting to know more about the surgery from someone who'd been through it, he decided to do some investigation of his own. "Allison had the surgery at about the same age as I was, when she was 15, back in 2005,"

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Children's Hospital Boston

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**Neuroscience:** Getting the brain to rewire  
**Informatics:** A surprising look at cancer  
**Vascular Biology:** Tissue-engineered vessels

Have research news you would like to share?  
 Email [nancy.fliesler@childrens.harvard.edu](mailto:nancy.fliesler@childrens.harvard.edu).

## Trigger for brain plasticity identified

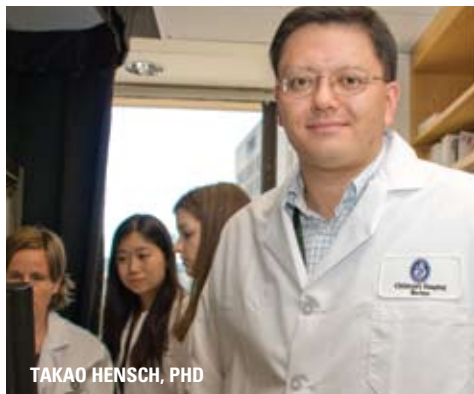


Photo: Patrick Bibbins

Researchers have long sought a factor that can switch on the brain's ability to learn. Now, research led by **Takao Hensch, PhD**, of Children's Hospital Boston's FM Kirby Neurobiology Center and the Department of Neurology, has identified such a trigger. Called *Otx2*, it signals certain cells in the cortex (parvalbumin cells) to mature and initiate a critical period—a time window when the brain can readily rewire itself.

Surprisingly, the signal actually comes from the eye—but only after the eye has matured enough to provide good vision. Hensch speculates that other sensory organs may send similar signals to the brain as they mature, triggering critical periods for hearing, smell, etc.

Controlling the onset of plasticity could help in developmental disorders like autism, in which critical periods are thought to be mis-timed. "If the timing is off, the brain won't set up its circuits properly," says Hensch. Launching a critical period might also help people recover from stroke or brain injury, or learn languages or musical instruments as easily as young children, adds Hensch, who last fall won the highly competitive National Institutes of Health Director's Pioneer Award. He also speculates that *Otx2* could be harnessed to carry drugs from the eye to the brain, envisioning eye drops for disorders like amblyopia (lazy eye). **Sayaka Sugiyama, PhD**, postdoctoral research fellow, was first author of the study, published in *Cell* on August 8.

## Cancer: getting the big picture

Cancer researchers devote much attention to the role of individual genes. But a group in Children's Informatics Program (CHIP) has been studying cancer in a more holistic way, comparing the complete gene activity profiles of a broad range of cancers to gene activity patterns seen during embryonic development. Three major cancer categories emerged from this analysis, offering some surprising insights.

One group of cancers has gene activity patterns that are proliferative, stem-cell-like and similar to those of early development, says **Kamila Naxerova**, the study's first author and a graduate student working with CHIP director **Isaac Kohane, MD, PhD**. These cancers tend to grow aggressively. The second group, with more indolent cancers, expresses many genes linked to inflammation, a pattern seen during late embryonic development. The third group falls somewhere in the middle.

Grouping cancers this way may help predict prognosis, and could even lead to new therapeutic strategies. For example, both the lung cancer adenocarcinoma and Wilm's tumor, a pediatric kidney cancer, landed in the early developmental group. "It's not what I would have expected, since these cancers arise under very different circumstances and are associated with different genomic alterations," says Naxerova.

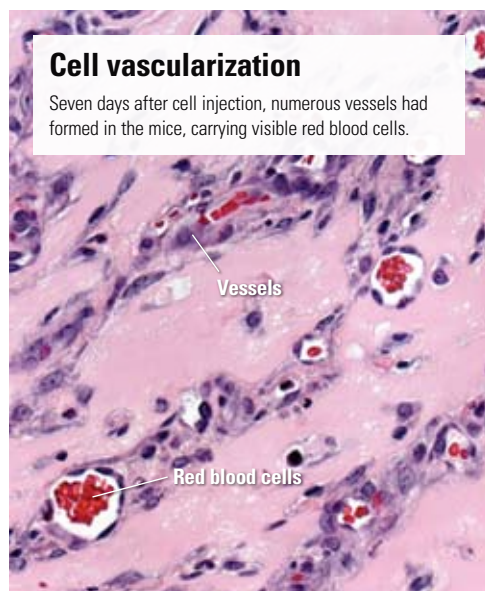
In other words, as unlikely as it seems, drugs effective against lung cancer might potentially be used to treat kidney tumors in children. The study appeared in the July issue of *Genome Biology*.

## Growing new blood vessels

A major challenge in tissue engineering has been the need to provide a blood supply to the implanted tissues and organs. Now, **Juan Melero-Martin, PhD**, research fellow in the Department of Surgery and the Vascular Biology Program, **Joyce Bischoff, PhD**, principal investigator in the Vascular Biology Program, and colleagues have successfully grown functioning human blood vessels in mice by implanting progenitor cells from human blood and bone marrow.

Within seven days, the cells had formed extensive networks of two-layered blood vessels, without the need for genetic manipulation to improve their growth (important since many growth-promoting genes are also activated in cancer). The vessels continued to transport blood throughout the month-long study.

Getting new vessels to form—by injecting progenitor cells in the right locations—may also help patients with heart attacks, atherosclerosis and other conditions where tissues are starved for blood. "What we're most interested in right now is speeding up the vascularization," Bischoff says. "We'd like to see good vasculature within 24 or 48 hours. If you have ischemic tissue, it's dying tissue, so the faster you can establish blood flow the better." The study appeared in the July issue of *Circulation Research*.



### Cell vascularization

Seven days after cell injection, numerous vessels had formed in the mice, carrying visible red blood cells.

Image courtesy of Joyce Bischoff, PhD

## When Sam met Allison

says Sam. "I assumed she was either now a senior in high school or freshman in college. So chances were good that she'd have a profile on Facebook. I hoped that if I found her I could ask a couple questions about surgery and recovery."

Sam easily tracked down Allison's profile and sent her a short email introducing himself and asking a few questions. "I was willing to help anyone thinking about the surgery," says Allison, who decided to share her story as another way to help others. Sam and Allison exchanged email addresses and they swapped stories about what it had been like growing up with their disorders. "Before surgery, I was never able to have sleepovers for fear of getting sick," says Sam. "It turned out that Allison had similar problems and understood what I was going through."

"I also told Sam how the hospital took very good care of me," says Allison. "And I told him how I had trouble eating after surgery since my throat was swollen." She advised him to stay away from trying to eat pizza for a while and stick to soft foods. Soon, Allison made Sam a "friend" on Facebook and the two corresponded at least once a week for two months before Sam went in for the surgery earlier this year. As Allison had predicted, Sam recovered quickly from the operation: He had the laryngeal cleft surgery on a Thursday and was out



of the hospital by Saturday. "Allison was very helpful, especially explaining the recovery since she'd been through it," he says. "My recovery did turn out great. I thought it was going to be more painful, but by Monday I could eat again."

Rahbar and his team still follow each of them and are pleased with their progress. "I think the endoscopic approach was a good way to manage these cases and they've both shown improvement of their general health after the surgery," says Rahbar. "I can't overemphasize the importance of the CADD multidisciplinary approach to their treatment, and the team efforts of **Rachel Rosen, MD** (co-director of CADD), **Eliot Katz, MD**, and **Craig Lillehei, MD**, in the outcome of their health."

In July, Allison, Sam and their families met face-to-face for the first time at Children's Department of Otolaryngology. It was an opportunity for the families to share stories about treatment and recovery and for Sam and Allison to chat over coffee. They were thrilled to finally meet in person, and both are looking forward to sharing their new experiences as happy, healthful teenagers.



REZA RAHBAR, MD

Photo: Javier Amador-Peña

[To read the \*Dream\* story: childrenshospital.org/dream/dream\\_fall05/reaching.html.](http://childrenshospital.org/dream/dream_fall05/reaching.html)

## GRATITUDES

Photo: Courtesy: the Lisa family



CASSIDY LISA and her parents

## Dear ESD,

I wanted to write and tell you about one of the employees on staff on 8 East that really shines. His name is Darnley Adams and he is in the Environmental Services Department. I pass him multiple times a day and see him hard at work, emptying garbage cans, sweeping floors and making the hospital a nicer place for everyone.

He takes obvious pride in his work. He goes about his day with a kind word or a smile for everyone that crosses his path. He has even gone above and beyond, offering to get hot water for my tea and holding doors open for my husband and myself.

He has a quiet dignity about him and treats the parents and patients that surround him with kindness and respect. He is a good man.

Sometimes it's the people in the background who make the toughest times a little better. Darnley is one of those people.

Thank you,

Traci Lisa  
Cassidy Lisa's mom and frequenter of 8 East

[To read a Patient of the Month story about Cassidy: childrenshospital.org/dream.](http://childrenshospital.org/dream)

## Care of the future by Eileen Sporing and Kathy Jenkins

As many of you know, every department in the hospital is looking at how it fits into the long-term planning effort, which looks 10 to 15 years ahead to project what Children's Hospital Boston can be like in the future.

We'd like to explain some of our ideas and how some projects we're working on will become a platform for achieving some of the Care goals:

- Become the industry leader in patient safety
- Achieve highest patient satisfaction
- Develop the best patient-centric care model



**EILEEN SPORING, MSN, BC, RN, CNAA,** senior vice president of Patient Care Operations and chief nursing officer

**KATHY JENKINS, MD, MPH,** director of the Program for Patient Safety and Quality, and senior associate in Cardiology

### Patient safety

Many of our goals are related to the hospital's current strategic plan to enhance safety and quality. Like every department, we're establishing metrics that we'll use to benchmark ourselves against other leaders in the industry, and we're working to re-engineer internal processes to improve safety. We've hired a project director for systems operations to drive many of our institutional quality initiatives. One of them is called Discerning Children's, which employs cost-trend analysis to identify opportunities to improve quality and reduce costs; we're looking at OR efficiency, complex care, surgical and medical lengths of stay, the Emergency Department processes and developing guidelines to improve patient flow. Clinical leadership is fully participating—more than 70 clinicians attended sessions at Harvard Business School to understand how internal processes could be improved to benefit patient care.

Last year, we launched a safety initiative we're especially proud of. The plan, under the leadership of **Monica Kleinman, MD,** director of the ICU, and **Herminia Shermont, RN, MS, CNA,** director of Surgical Programs, in collaboration with other Children's hospitals around the country, was to reduce cardiac and respiratory arrests. Like most hospitals, Children's has a robust response system when a patient becomes critically ill while hospitalized. But we are taking it a step further by implementing a proactive system known as CHEWS (Children's Hospital Early Warning Signs) to identify the subtle signs that a patient may be deteriorating. During the pilot on four floors, nurses did extensive training in how to recognize these signs, how to communicate to physicians through a structured communication plan and how to get help well before the child is in

arrest. The initiative has been spectacularly successful—there were some 200 days without an arrest—and our next step is to implement it throughout all the inpatient areas. As we go forward, we'll develop other initiatives that will help us become an industry leader in patient safety and quality.

### Patient satisfaction

We co-chair a new committee that's devoted to improving the patient experience, a big part of which is measuring the satisfaction of patients and families. We'd been using the National Research Corporation (NRC) Picker survey tool, which was originally designed at our hospital and is now used at about a third of pediatric hospitals. But we weren't totally happy with it: It was long and complicated for families to fill out and we didn't see it capturing all the data we wanted. So our internal surveying experts are developing a new survey that we will pilot this fall with 300 families. We'll collect their responses and refine the measurement tool over the next year and a half.

After we gather information from these families, we'll expand to survey to subtypes of inpatients, outpatients and even assess physician satisfaction rates. Then we'll carefully evaluate how we are doing and what the real issues are that families care about and find ways to continually improve.

### Patient-centric care

Over the next five years, we want to implement changes to current operations to meet the Program for Patient Safety and Quality's strategic goal of delivering care based primarily on the child's needs rather than existing departmental or hospital structures. This means taking a step back and reevaluating our care delivery

process. To do this, we have organized everything a child comes in to Children's for (whether its a cold, immunization or something more serious) into a care model, such as "primary care," "longitudinal subspecialist care" and "diagnostic assessment," to name a few.

The care models are inspired by the newest concept in delivering health care: creating value from the perspective of the patient. Modern medicine is increasingly specialized, and patients don't always see the appropriate specialist right away. For example, if a child faints, does he go to Cardiology? Neurology? How are we routing the patient between all these specialties—and do they feel the process is working? It hasn't been part of our process to ever ask them. The hospital has never gone to families and asked, 'If you have a fever of unknown origin, how would you like that diagnostic process to work?' and tried to create that experience for them. We've been trying to fit them into the ways each of our departments are set up.

We want to produce excellent outcomes while considering all of the patient's needs, including quick access to tests and procedures, streamlined access to subspecialty programs, assigning one point person to a child's case to communicate the plan of care with him and his family and making follow-up appointments prior to discharge. We think we'll find that about half the time, the way we're structured is the closest we can get to what patients want. In those cases, the questions will become, How well do we execute the plan we currently have? And are we doing it right every time? But about half the time, we'll probably find that what patients want and what we offer don't match up, and that our expectations are different. It's a whole new way of looking and evaluating our care.

## From Vietnam to Nebraska to Boston

Urologist **Hiep "Bob" Nguyen, MD**, and his family fled their home country of Vietnam in 1975, when he was 9 years old, the day after the front of their house was bombed during the war. Luckily, his family made it out unscathed.

It just so happened that when deciding where to relocate, the immigration waiting line to the United States was the shortest, so they moved to a small town in Nebraska, where his father became the town's physician.

Nguyen had to quickly adapt to a new culture, so he remained open-minded in order to understand the people, customs and school system in his new American home. "I had to learn to be observant, and that makes me a good surgeon and scientist; all of my early experiences made me who I am today," he says. Before Nguyen perfected his English in school, he picked up a lot of it from watching *Sesame Street*. Nguyen's family members were the only minorities in the small Nebraska town and he was the only boy with black hair in his entire elementary school. "I became a pediatric urologist because when a child has an abnormality, she feels different from everyone else and is afraid of sticking out," he says. "I know how that feels and I want to help these kids fit in."

Nguyen was recruited by **Alan Retik, MD**, to become part of Children's Hospital Boston's Urology team in 2004. "I wanted to be in a teaching hospital so I could go beyond helping patients; I wanted to share with others what I have learned," he says. Currently, Nguyen teaches pediatric urology to students, residents and fellows and collaborates with colleagues in researching and developing novel methods of performing minimally invasive surgery. But his teaching doesn't stop at Children's—or in the United States.

Working with International Volunteers in Urology, Nguyen leads a yearly trip to countries where there are virtually no pediatric urologists to teach surgeons how to perform the most basic urology procedures. Each year, he brings a team of nurses, anesthesiologists and surgeons from all over the country to remote locations; this November, they'll head to Nepal.

At an early age, Nguyen's family had to learn to adapt to their new home, including making dinner without soy sauce and



Photo: Patrick Bubbins

rice—staples of Vietnamese cuisine that they could only get by travelling more than 200 miles to Denver. Instances like this contributed to the way Nguyen approaches missions abroad. "You have to be able to look at what you have and learn how to adapt; that's what surgery is all about," he says. "We cannot always apply what we do in the States to cases we see in these countries. We provide care of the highest standards, but that are most appropriate for them."

Nguyen loves to expand his own knowledge and is constantly trying new things. His many hobbies include tennis, skiing, golf, figure skating, ballet, painting, pottery, photography and Tae Kwan Do. And because he can't get enough of working with kids at Children's, he's also an active participant in the Big Brothers Big Sisters Program and other volunteer organizations for children. "My colleagues always joke that I have every minute of every day filled so I must never have a chance to sleep," he laughs. "But you can never be afraid to try new things and you must make every minute of the day count."

## NEWS BY NUMERALS

**The Office of Child Advocacy at Children's Hospital Boston helps implement the hospital's community mission, improving the health of children in our community and speaking out as a voice for children and families through advocacy efforts.**

45

Boston schools have programs and partnerships with Children's



50

Boston youth participate in COACH, the summer employment program for local high school students

436

Interactions with city, state and federal legislators through meetings, hearings, events and hospital tours during the 2007 to 2008 state legislative session

12

State and national child health bills are currently actively supported by the hospital



14

Children's families have participated in the annual Family Advocacy Day in Washington D.C.

1,200

People belong to Children's Advocacy Network, participating in the hospital's public policy efforts

## GLAD YOU ASKED



**DAVID DEMASO, MD**  
Psychiatrist-in-Chief

**Question:** Access to mental health care for children is an issue always in the news. What is Children's doing to address this problem?


**Answer:** In Massachusetts, more than 140,000 young people are in need of mental health services, but at least 100,000 don't receive them. Many families struggle to access care, find the most effective treatments and navigate the mental health system. Our Department of Psychiatry is tackling these issues head on.

First, we're expanding access to services outside the hospital walls through the Children's Hospital Neighborhood Partnerships (CHNP) program, which provides care and support to children in the settings where they spend most of their time: neighborhoods and schools. CHNP's child psychiatrists and mental health clinicians are working in eight Head Start programs, 13 Boston schools and six community health centers, reaching more than 5,000 children, parents and caregivers.

In addition, research plays a huge part in discovering which mental health treatments are most effective. Psychiatry established the Center for Behavioral Sciences (CBS) to generate research that will impact the emotional, behavioral and social health of children and families. The CBS is working through its Youth Centered Suicide Prevention program to connect high school peer leaders with mental health clinicians to support at-risk adolescents in schools. As a result, 15 percent of students in two Boston high schools have had significant reductions in depression and aggressive behaviors following interventions from this federally funded program.

Finally, Children's is taking steps to improve families' access to mental health services. The hospital is a lead partner in the Children's Mental Health Campaign, a coalition of 125 organizations that aims to pass legislation that will fix issues in the mental health system. This bill ensures early routine screenings, enhances coordination of services and collaboration among providers, and improves insurance coverage. The bill received overwhelming support from the senate and will likely become law.

Thanks for asking!

 To find out more: [childrenshospital.org/mentalhealthcampaign](http://childrenshospital.org/mentalhealthcampaign).

Got a question? Email [news@childrens.harvard.edu](mailto:news@childrens.harvard.edu).

## Put me in COACH

Photo: Patrick Bibbins

For the second summer in a row, high school interns joined the Children's Hospital Boston team as part of the COACH (Career Opportunity Advancement Children's Hospital) program, overseen by **Florence Chan** and **Caitlin Toomey** in Human Resources. This year, 54 interns worked full-time for seven weeks in various departments, each guided by a Children's mentor.

**Carlotta Hayes**, of the Clinical Nutrition Department, mentored 16-year-old Darvell Howard and worked with him to set up his goals and weekly objectives.

"When I saw someone who had so much promise, I wanted to do everything I could to make sure he got to take full advantage of this opportunity," she says.

The program was designed to give youth from urban areas of Boston the opportunity to explore health care careers while having a safe, meaningful summer. "I didn't know there were opportunities to work in a hospital at my age," says Howard. This year, the program partnered with the Colleges of the Fenway for campus tours. Tatiana Cortes, who interned in the Office of Child Advocacy, hadn't considered applying to Simmons before the tour, but now plans to. "At the financial aid workshop, I learned how to apply for scholarships," she says.

**John Riordan**, director of Community Partnerships in the Office of Child Advocacy, sees the long-term benefits of COACH. "The interns get work experience and build lessons that will make them well-rounded workers and help them in their ongoing educational pursuits," he says. This holds true for **Sally Mei**, a returning COACH intern in Volunteer Services. "The program taught me to believe in myself," she says. "I didn't have a lot of confidence my first year, but this year, I know I can do it."



**COACH INTERNS** with their managers

## EMPLOYEE OF THE MONTH

Congratulations to **Veronica Baptiste**, of Food Services, who's been selected as Children's Hospital Boston's Employee of the Month for September. Baptiste works at the Jazzman's café cart in the Karp building, serving up sandwiches, concocting espresso drinks and keeping things running smoothly all day long.


During the time she's worked there, Food Services has seen a customer increase of about 30 percent, which co-workers fully attribute to Baptiste's enthusiasm and stellar customer service. Not only is she prompt, accommodating, efficient and able to make a mean chai latte, she's also a friend to many. Baptiste treats customers like family, greeting them by name as they enter and leave the building and remembering people's usual orders from day to day. "She even knows that our boss likes certain foods for lunch and makes an effort to keep those well-stocked," says one regular.

When there's no line, Baptiste always takes the time to talk to people about their day or ask about a project they're working on, and sometimes gives friendly reminders to tired-looking customers to get more sleep. She's become a confidant to many—almost to the point of being a barista-therapist—and reportedly gives wonderful advice. One customer even buys coffee when she doesn't even want any just to "get uplifted by her cheer" after a chat.

It seems like everyone has a "Veronica story" to tell. "When I'm not having the best of days, she can emit happiness and nothing seems so big an obstacle," enthuses one customer. "Every time I see Veronica my whole being smiles," says another. "She always works to make others feel good by setting the example of being happy. Bravo!"



Photo: Ehan Bickford

 To nominate a co-worker for employee of the month for exemplifying Exception Care, Exceptional Service standards: [web2.tch.harvard.edu/eces/recognize.cfm](http://web2.tch.harvard.edu/eces/recognize.cfm).

## Boston legal

My pager goes off and, deeply asleep, I reach for it, thinking how much I hate getting calls after midnight. These days, I'm often in bed early. Splashing my face and trying to read the telephone number, I see that a resident in the Emergency Department is seeking a legal consult.

A 15-year-old Dominican female, accompanied by her mother, has presented with a high fever, perhaps a cold but possibly an indication of more serious meningitis. The mother is refusing a spinal tap and wishes to leave the hospital against medical advice (which we call AMA). Just as clinical management rests on case facts and history, legal advice is dependent upon understanding any situation as accurately and completely as possible. Feeling tension between such an understanding and the crisis atmosphere of the consult, I begin asking questions: "What symptoms have been observed?" "What is the differential diagnosis?" "Is there any way to distinguish the less serious from the more serious condition?" "Are all the clinicians in agreement?"

I'm not a clinician. I'm an attorney at Children's Hospital Boston. I ask the physician to explain his data to me in "lay terms." It seems that there's no way to tell whether the child has meningitis without a spinal tap and, if the child is not appropriately treated, she would potentially suffer significant harm. "What's happening now?" I ask. I learn that the mother is fearful that her daughter is going to die, if not from her disease then from what she feels is a dangerous treatment. "Has Social Work met with her?" "Is Security on notice?" "Are we sure the mother fully understands her child's condition, what we want to do and why? Let's involve Interpreter Services if there's any potential language barrier."

I think of the mother's understandable fears and of my years as a Peace Corps volunteer in Santo Domingo. Though wanting to

avoid legal interventions, I mention the possibility of filing a report on medical neglect with the state Department of Social Services and of obtaining a court-issued restraining order prohibiting the child's removal from the hospital. "Is there a Dominican nurse or doctor who can speak with the mother?" "Have we had a chance to review all medical records?" "Is it possible to contact a primary care doctor who knows the family and might reinforce our message and concern?" I can't think of anything else to say and end our conversation with "Don't hesitate to call me again if I can be helpful to you." I learn the next morning that the mother, after further discussion with care providers, had agreed to the tap and that she and the child returned home with a plan to monitor and reassess.

For more than 30 years, I've consulted on patient care issues at Children's. I'm always available by page, unless I'm visiting my grandchildren in China. I'm often on the units, rounding with the treatment team, responding to cases like the teen with an eating disorder who's resisting feedings, the parents who are requesting an intervention which the physicians believe "futile," the divorced couple warring about who should remain at their son's bedside. I get calls about informed consent, confidentiality and disclosure, documentation, treatment conflicts, risk management, litigation and similar issues.

Sometimes the questions are strictly legal, like "What does Massachusetts law require?" More frequently, although legal concerns exist, it's broader in scale: "What are your thoughts about this problem?" My goal is to assist the person consulting me, by explaining the law, by reviewing possible responses and their benefits and downsides. It's often helpful for folks to have someone to brainstorm with—a lawyer who's less directly involved than the consulting care provider, who has long experience in problem-solving and has a different way of analyzing problems. And my best questions remain: "What would you like to do?" "What do you think is best for the patient and family?"

I think all the lawyers in the legal office take the same approach. Broadly speaking, **Skip (Stuart) Novick**, senior vice president and general counsel, handles institutional matters. **Pixie (Edith-Marie) Paradiso** reviews contracts and business issues. **Pat Taylor** is involved with research questions and intellectual property and **Ellen Majdlock** consults on employment problems. By the way, as you may note, many of us have nicknames. I refuse to disclose mine.

Sometimes lawyers are distant and formal figures who work in elegant downtown offices. At Children's, the staff knows us and usually doesn't hesitate to involve us in cases. Indeed, we're often welcomed and thanked for our advice. For me, it's such a pleasure to attend a case discussion where many of the staff are my friends—or, at least, acquaintances—peoples whom I like and respect; smart and caring professionals who are providing the best possible care for sick children.

Without getting too sappy, I love my job. The work is interesting and varied. I don't have to wear a suit every day or worry about billable hours. And, most importantly, I feel that I'm making a small contribution to an extraordinary hospital and to exceptionally talented professionals who are supporting sick children and their families.



Photo: Patrick Bibbins

## Fashion show

Support Services staff strutted down the runway in Enders Auditorium during a fashion show to show off potential styles for new uniforms. At the end of the show, employees had a chance to vote on their favorites. Go to *Children's News* online for a fashion show gallery.



## New volunteer registry for clinical research

CHB-Connect is a new way for Children's Hospital Boston employees or other individuals to participate in clinical research studies at the hospital. Those who register will be able to select specific medical areas of interest and/or register as a healthy volunteer at [childrenshospital.org/connect](http://childrenshospital.org/connect). Researchers with IRB-approved protocols at Children's will have access to the registry's database and can contact individuals in the registry at [crp-apps.tch.harvard.edu/connect](http://crp-apps.tch.harvard.edu/connect).

## Bowl it like Beckett

Professional Boston athletes, actors and comedians downed pins in order to raise funds for the Josh Beckett Foundation and Children's cancer care and research in July. Six patient families mingled with Sox celebrities, Celtics stars and Bruins players. Beckett hopes the event will raise an estimated \$325,000 for the hospital.



## Parking in the Café

Employees will now be able to purchase parking vouchers from the cashiers in the Café by using their ID as fast cash. Vouchers can still be purchased at the Parking Office, but this is another way that the Food Services Department is trying to make the Café "all things for all people."

## MEHC Summer Safety Fair a success



Photo: Jaime Crespo

Dozens of local families attended Children's Martha Eliot Health Center's (MEHC) annual Summer Safety Fair. The main goal of the fair was to inform families how to keep children safe and healthy. MEHC staff distributed 180 free bicycle helmets, which children wore during a bike rodeo in the health center's parking lot. Face painting and raffle prizes were favorite activities.

**f** More at [childrenshospital.org/chnews](http://childrenshospital.org/chnews) Sickle Cell awareness month • Living Laboratory at the Museum of Science • Blood Donor of the Month Tom Mulligan

### Open Enrollment

Human Resources would like to remind employees that 2009 is just a few months away, which means annual enrollment is just around the corner. Look for your enrollment kits in the mail and the benefits fair in October.

### Open Meetings

**Tuesday, September 16 at 11 a.m.**, and **Friday, September 19 at 8:30 a.m.**, are the quarterly open meetings in Enders Auditorium. Guest speakers are Josh Greenberg, director of Government Relations, and Laurie Cammisa, vice president of Child Advocacy. Refreshments will be served. These sessions will also be available via Breeze Webconferencing.

### Annual recipe contest

It's time to dig out your favorite family recipe and the story behind it for the annual Season of Hope Recipe Challenge. The challenge starts on **September 15**, so watch Small Talk and the intranet for details.

### Children's Family Day at the zoo

The annual employee summer event, Children's Family Day at the Zoo, will take place **September 6** at the Franklin Park Zoo. Doors open at **10 a.m.**

### Ice cream party

The annual Employee Appreciation Ice Cream Party will be held in the PEC and the Children's Way shuttle area **September 10, 1 to 4 p.m.**, and again in the PEC from **10:30 p.m. to midnight**. There will be ice cream events for the weekend staff, as well as celebrations at MEHC, Waltham and the satellite locations.

### Martha Eliot Health Center's health fair

The annual Martha Eliot Health Center (MEHC) health fair will be held **September 13, 11 a.m. to 2 p.m.** in the parking lot of MEHC. This year's theme is Healthy Families, Healthy Communities. The rain date is September 20. For more information, contact Tevonne Ellis at ext. 4-3427.

### Latino Heritage Month

Celebremos! The 2008 Latino Heritage Month will take place **September 15 to October 15**. Children's will hold a series of events throughout this time to celebrate Latino heritage, culture and contributions. Look for more details about the events in Small Talk.

## Children's News

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