

Children's News

For Children's Hospital Boston employees, staff and volunteers

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Women in medicine

In honor of Women in Medicine month, *Children's News* highlights the achievements of four women at Children's Hospital Boston whose leadership, dedication and passion are sure to inspire generations of women to come.

Judith Palfrey, MD Senior Associate in Medicine

Sitting in her office in General Pediatrics amidst piles of books, papers and certificates, Palfrey exudes a calm and humble presence. Yet behind this modest demeanor is a woman who has moved mountains in the field of pediatric health care and shows no signs of slowing down.

During her medical school years at Columbia University in the 1960s, Palfrey became disgusted by the health disparities she saw between the rich and the poor. When she came to Children's shortly thereafter, she joined the effort to bring health care to underserved communities. "Little by little over a 30 year period, I worked with the Boston public schools, daycare centers and disability groups to

bring primary care and community medicine up to the level of the other departments," she says. For 22 of those 30 years, Palfrey directed Children's General Pediatrics Division, while writing five books and hundreds of papers on issues affecting children's health and poverty.

Palfrey has extended her outreach work to underserved communities worldwide. In 2008, she helped launch Children's International Pediatric Center, which provides training and service initiatives, including programs in maternal and child health, AIDS treatment and prevention and nutrition. She's also been elected president of the American Academy of Pediatrics, the nation's largest pediatric organization. She hopes to use this position to continue advocating for universal health care for children. "There are hopefully going to be a lot of changes with this new administration," she says. "And I look forward to being part of those changes."

Marsha Moses, PhD Director of Vascular Biology

When Marsha Moses talks about cancer, her eyes light up. "It's a formidable problem that begs a formidable solution," she says. Each day, she works on developing those solutions, bringing doctors closer to the point when they can detect and treat the disease before it ever has a chance to develop into cancer.

After receiving her PhD in Biochemistry from Boston University and completing a doctoral fellowship at Children's and MIT in 1990, she worked with the late **Judah Folkman, MD**, who was the first to



MARSHA MOSES, PHD

hypothesize that cancer growth depends on angiogenesis, or the growth of new blood vessels. "At the time, the work was somewhat radical," Moses says. "But I stayed here because I believed in Dr. Folkman and in his work." Moses and her team began to identify the mechanisms underlying tumor growth and developed ways to cut off their blood supply to prevent tumors from growing.

Moses has complemented this work with studies looking for urinary biomarkers for cancer—early indicators that cancer may be lurking. During the past decade, she and her fellow researchers have identified biomarkers for many cancers, including breast, prostate, ovarian and brain cancers. "My hope is that one day, at our annual check-ups, a noninvasive urine test will be used to detect the presence of cancer earlier than is currently possible," she says.

Because of these achievements, Moses was elected to the prestigious Institute of Medicine of the National

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Photo: Patrick Bibbins

JUDITH PALFREY, MD

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Children's Hospital Boston

Regrowing damaged hearts

Once we're born, our heart muscle has very little growth capacity, nowhere near enough to fix a severe cardiac injury. But researchers in Children's Hospital Boston's Cardiovascular Program, led by **Bernhard Kühn, MD**, are developing a toolkit of treatments to encourage heart muscle to regenerate and strengthen after a heart attack, in patients with heart failure and in children with congenital heart defects. These defects include hypoplastic left heart syndrome and tetralogy of Fallot—for which a heart transplant is often the only treatment.

In 2007, Kühn and colleagues showed that the heart's dormant regenerative capacities can be reawakened by placing a sponge-like patch over the site of cardiac injury, soaked in a compound called periostin (found in fetal hearts and injured skeletal muscle). In rats, as mature heart muscle cells started dividing and multiplying, the heart's structure became more

normal and pumping ability increased. Since then, the team has shown similar benefits in larger animals.

In the July 24 issue of *Cell*, Kühn describes an even more promising treatment: a growth factor called neuregulin1 found in the developing heart and nervous system. It acts on the same biological pathway as periostin, with similar results, but unlike periostin, can be injected systemically, avoiding the need to open the heart to place a patch.

Kühn envisions a time when patients will receive monthly infusions to build up their hearts. With support from Children's Translational Research Program, he's studying heart muscle from children undergoing cardiac surgery to see if it responds to the same regenerative factors. Ultimately, he plans to do clinical trials, starting with periostin, in children with heart failure due to congenital heart disease.

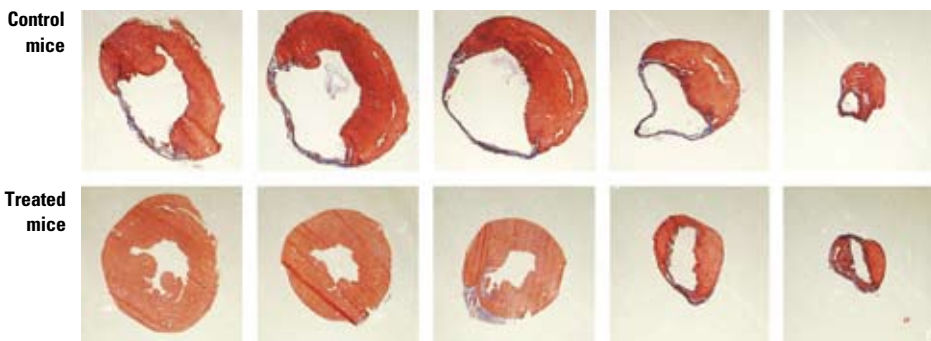


Image: Kevin Bersell

Compared with controls, mice given neuregulin1 one for 12 weeks after a heart attack had 46 percent smaller scars and more healthy heart tissue.

Homeless families: more common than one might think

About one in 14 fifth-grade students have been homeless at some point in their lives, suggests a population-based study of 5,147 fifth-graders funded by the Centers for Disease Control and Prevention. The study, published in the *American Journal of Public Health* in August, was conducted by **Mark Schuster, MD, PhD**, chief of General Pediatrics at Children's, along with collaborators from other institutions around the country.

Interviews of students and parents in Houston, Los Angeles and Birmingham, Alabama, conducted from 2004 to 2006, revealed that 7 percent of the families had experienced homelessness. The proportion was even higher—11 percent—among African American children and those from the lowest-income households. Children who had been homeless were more likely to have had an emotional, behavioral or developmental problem, to have witnessed serious violence and to have received mental health care. Schuster advises clinicians to be aware of the possibility that their patients could be homeless and in need of housing services and mental health care.

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

Trimming fat boosts blood recovery after bone marrow transplant

People who have had radiation or chemotherapy tend to have an accumulation of fat cells in their bone marrow. Now, Children's researchers have found that this fatty infiltration isn't benign: It actually inhibits the marrow's blood-forming activity, impeding patients' recovery from marrow and cord-blood transplants.

The researchers, led by **George Daley, MD, PhD**, director of Children's Stem Cell Transplantation Program, and **Olaia Naveiras, MD, PhD**, of the Division of Pediatric Hematology/Oncology, first showed, in mice, that marrow from the fatter parts of the skeleton have far fewer blood stem cells and progenitor cells. In a culture dish, the mere presence of fat

cells, or adipocytes, was enough to slow the proliferation of blood-forming cells.

"This contradicts the classical dogma that bone marrow adipocytes are merely space fillers," says Daley. "Rather, they make it harder to recover from chemotherapy or radiation because they actively suppress blood production. If we could prevent adipocytes from invading the bone marrow, patients might be able to recover faster."

Mice that were treated with a compound that inhibits fat formation, or that were genetically incapable of forming fat cells, were quicker to build up their bone marrow after it was depleted by irradiation. Since several adipocyte inhibitors are

already in clinical testing for obesity, and Daley and Naveiras hope that one of these could help people recover faster from marrow and cord-blood transplants.

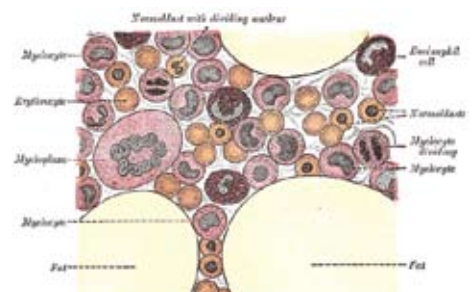


Illustration of human bone marrow from *Gray's Anatomy*.

Women in medicine

Academies of the United States in 2008. She's equally proud of her honors recognizing her commitment to mentoring young scientists and clinicians; this past May, Moses was awarded the Harvard Medical School Joseph B. Martin Dean's Award for the Advancement of Women Faculty.

Jessica Henderson Daniel, PhD, ABPP, Director of Training in Psychology and Associate Director of Leadership Education in Adolescent Health

Judging by the photos cast throughout Daniel's office, one might think she has an enormous family, and in a way she does. Daniel has devoted most of her career to mentoring primarily women graduate students and early career psychologists—who she refers to as her academic daughters—and she watches their professional and personal lives soar under her guidance.

After Daniel earned her PhD from the University of Illinois-Urbana, she came to Children's, where she was inspired to give women something she never had when she attended graduate school. "The 1960s was a challenging time for a black woman to attend graduate school," she says. "Some faculty members were uncomfortable with the then-negro students attending predominantly white universities." While the situation has improved since then, more work is needed to increase the number of black faculty in psychology departments, she says. So Daniel founded and directed a mentoring program aimed at increasing the number of black women research psychologists. In addition to the women in the formal program, she's mentored scores of others in Psychology and Medicine.

Daniel has offered diversity training and education programs for both trainees and faculty. She's also

co-edited two books—one on women's mental health and the other on media images and women. "Mentoring has enriched my life," she says. "I'm especially pleased because so many of my mentees have become mentors them-

selves. I derive a great deal of pleasure from watching their lives evolve, and it's an honor to have been a part of the lives of so many smart, hard-working, delightful people."

Terry Buchmiller, MD, Staff Surgeon

When Buchmiller became Children's first female surgical chief resident in 1995, some colleagues didn't initially know how to react. "They didn't know if I was going to cry or breakdown under the stress, or be excessively temperamental and overbearing," she remembers. "But people quickly realized that I was proud to be the newest member of an amazing team and I let my personality come through."

Through her career, Buchmiller has participated in several rare and challenging surgeries. As a fellow, she helped separate conjoined twins who have since grown into healthy adolescent boys. More recently, she helped reconstruct the digestive tracts of infants born with debilitating defects. "There's nothing better than getting a picture from a family with the child finishing off cake from her first birthday celebration," she says. "It just warms your heart!"

Buchmiller works closely with the Advanced Fetal Care Center, counseling families who discover that their unborn children have congenital, sometimes even life-threatening, conditions. Then, she treats their babies when they're born. Buchmiller's drive extends to her personal life, too. She puts her highly trained hands to use outside the operating room when she plays classical violin in the Longwood Symphony Orchestra. And when she's not on her feet in surgery, she's often training for the Boston Marathon, which she has run three times so far, and she plans to run the New York Marathon this fall. "It's been important to me to have balance in my life," she says. "But I really do love newborn surgery. Their tissue is so delicate and elegant; the results are very rewarding."

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[Read about other women who have been pioneers of medicine at Children's.](#)



TERRY BUCHMILLER, MD

Photo: Patrick Bibbins

GRATITUDES



TATYANA (top right) with her family.

Photo: Courtesy the Abrams family

Dear 6 North,

My name is Tatyana and I was diagnosed with leukemia in September of last year. I was on 6 North for all of my treatment. When I found out that I had cancer, I was shocked! I didn't worry about not surviving because my mom said, "We will fight it and we will be done and you will have your normal life back." From that day forward, I tried my hardest to take my medications and get better.

I had some rough times and really fun times at Children's Hospital Boston. Some things that I really enjoyed were eating pizza every Friday night in the Resource Room and learning how to paint with acrylics. Some of the rough times were swallowing gigantic horse pills and taking eye drops. Every day, I felt stronger, more mature and very brave. I thought about home every day and how I missed my family so very much. I had my family to support me and I am so grateful to have a loving family.

The day I was going home, I couldn't believe that I made it and I was leaving the hospital. I felt so excited to go home and sleep in my own bed and not worrying about anything. Now I am one happy, healthy kid who KICKED cancer. I feel so proud of myself and how I accomplished my goal. I'm looking forward to my Make-A-Wish, which is a vacation in Hawaii with my mom, dad and two brothers.

Thank you!
Tatyana Abrams



Photos: Patrick Bibbins

Big discoveries

Stacked on shelves in Schwarz's lab are thousands of vials, many containing mutant breeds of flies that his team has genetically manipulated. They will live about two months depending, according to Schwarz, on how happy they are and if their environment is temperate. Most flies find room temperature to be satisfactory, but the more sensitive stocks get incubators. "We pamper them," Schwarz smiles.

Schwarz became interested in fruit fly genetics when he was an undergraduate at Harvard during what he calls "the dawn of molecular biology," when it was just becoming possible to start with a mutated fly and work backward to see what gene could be responsible for the mutation. "It reminded me of when TVs had tubes in them, you could take a tube out and figure out how the TV worked by seeing what went wrong," he says. "The logic of genetics was beautiful and appealing in the same way."

Now that he has a lab of his own, Schwarz's team conducts much of their research using this approach, called a mutant screen. "Basically, we mutate flies at random, trashing genes left and right,

come in small packages

find the interesting ones and ask, "What was it we screwed up in this fly?" he says. The odder the fly the more potential it has: Those with physical abnormalities, who have trouble hatching or flying, have unusual reproductive habits or hold their wings strangely, are prime research subjects.

For Schwarz, some of the appeal of this method is its inherent element of surprise. "There's a joke in the fly world that with a mutant screen, you always find what you're looking for—you just didn't know what you were looking for," he says. One study yielded especially shocking results. He started with a mutant screening of about a million flies whose photoreceptors were genetically manipulated, making them blind. Then he zeroed in on a few hundred whose eyes looked normal and whose eye cells responded to light but somehow couldn't transmit vision signals to the rest of their brains.

Puzzling this out took several years, even after Schwarz identified the gene that was responsible. As it turned out, the problem wasn't how cells' synapses formed, as he'd supposed. Instead, the synapses weren't working properly because the mitochondria that powered the cells were trapped and unable to supply them with energy. "We

had no idea we were looking for things that controlled how mitochondria moved around," Schwarz says. "I hadn't thought about mitochondria in 20 years and there they were."

That discovery led Schwarz out of genetics and into research on a completely different disease. "We ended up studying how mitochondria move around inside cells which, as it is turning out, may be a crucial part of the pathology of Parkinson's disease."

Despite these kinds of advances,

Schwarz sometimes finds himself in the position of defending his research subject of choice to those who question the value of studying such seemingly insignificant creatures—and the dig Sarah Palin made about public money being wasted on fruit fly research during the Presidential election still stings. "She was actually making fun of the species that damages olives, but still, it was a cheap shot," he says. But it didn't diminish his enthusiasm. "We tend to think of fruit flies as being a lower organism and humans a higher one. I'm not sure the flies would agree with us."



Thomas Schwarz, PhD, is passionate about his fruit flies, or *Drosophila melanogaster*, as he affectionately calls them. In his research laboratory in Children's Hospital Boston's Neurobiology Center, Schwarz and his team of a dozen researchers experiment on millions of fruit flies to study genes important for nerve cells' synaptic function—or how neurons talk to each other. For him, it's a dream come true, partly because it allows him to marry his dual loves of neurobiology and genetics, but also because he's able to indulge his curiosity about this most unique breed of fly. "I love my flies," he says, grinning. "They're pretty smart little guys. They have intricate courtship rituals in which they sing to each other by vibrating their wings, very stylized ways of fighting over mates and food—and a really incredible sense of smell."

Schwarz's demeanor is gentle, modest and congenial, but when he's extolling the virtues of his favorite insect, his tone becomes almost reverential. Listening to him wax poetic about *Drosophila*, which sounds like an exotic woman's name when it rolls off his tongue, it's clear why fruit flies have been so valuable to researchers for the past century. Their genomes are remarkably similar to those of humans, they breed quickly (thereby creating many new research subjects) and, most interesting to Schwarz, have quite sophisticated nervous systems. "They can fly—which humans can't," he enthuses. "They can steer themselves toward a specific object in the face of wind currents and avoid the swat of your hand, which requires a huge amount of darting. And they coordinate walking with six legs. They may not publish scientific articles or compose operas, but the calculations their brains have to do are amazing."

Parking with care

If someone asked you, “How does your job impact Children’s Hospital Boston’s mission?” do you know how you’d answer?

If you don’t have direct contact with patients, maybe you’re not sure that you actually do. **Jim Smith**, department manager for Parking and Commuter Services, has found that many people on his staff feel the same way. His diverse group of about 100 cashiers, security officers, shuttle drivers and valets doesn’t always make the connection between what they do and the hospital’s efforts to provide exceptional patient care and service. In fact, many of them have never been inside the hospital. “This can make it difficult for them to see how they’re an important part of what makes Children’s such a great place to come to for care,” says Smith.

This inspired him to launch a training program to remind each employee in his department of his or her valuable role. His new “10-minute trainings” are informal conversations that give Smith the chance to hear what’s on employees’ minds and help them find ways to connect to the hospital’s mission. The program is tailored to a group of employees whose needs differ from those in other departments. Because his staff is constantly on the go—driving shuttle buses and fetching patients’ cars—Smith had to find inventive ways to connect with them. “We do quick sessions in small groups, since we never have the opportunity to get everyone together at once,” he says. “But the great thing is that these short, five- or 10-minute conversations here and there over the course of a month really add up.”

Another component of the program is a poster campaign. As employees walk through the Parking and Commuter Services office at 283 Longwood Avenue or look at the digital TVs throughout the hospital, they see smiling images of familiar faces declaring a simple message: “My job helps kids get better.” Represented on the posters are more than a dozen employees of the department, who were chosen by their managers for exemplifying dedication and customer service. **Mohammad Mounir**, valet attendant, is featured in the campaign. “It makes us feel we are important and like we deserve this—we feel terrific,” he says.

This kind of morale-boosting project comes



PARKING and Commuter Services show signs from their recent poster campaign.

naturally to Smith, who has the habit of reminding his shuttle drivers that their job “is in employee benefits.” When they look at him quizzically, Smith explains that they provide the benefit of making Children’s a better place to work for those who travel to and from the hospital every day. Smith is also quick to remind valets and those who work in the garage that they’re the first people families see when they arrive and that the families may be new to the area—or even to the country. “My team has the great opportunity to alleviate families’ stress, and they do such a great job,” Smith beams. “You don’t need to be a doctor or a nurse to feel like you’re contributing to how patients are cared for. Hospitality is all about how you make people feel—and that happens at all levels, from the chief of Surgery to the person who cleans the garage.”

But don’t just take his word for it. **Wesley Drakes**, assistant manager for valet parking, is enthusiastic about the program. “It makes you feel good coming to work,” he says. “I’d do anything for the kids.” Another member of the team, security officer **Liz Molina**, credits the poster campaign with reminding the team that they’re respected. “I like sharing that I enjoy working here,” she says. “I usually keep stickers under my hat. I give them to the kids and they just smile and smile.”

NEWS BY NUMERALS

This month marks the 25th year anniversary of the use of extracorporeal membrane oxygenation (ECMO), at Children’s Hospital Boston. ECMO is a machine that temporarily controls a patient’s heart and lung functions: Some of the patient’s blood is removed, passed through an artificial lung—where it is enriched with oxygen—and pumped back into their body.

65

patients use ECMO at Children’s each year



1,160

patients have been supported with ECMO at Children’s in 25 years

25

Current age of Children’s oldest neonatal ECMO survivor

57

Current age of the oldest patient supported with ECMO at Children’s

24

hours a day an ECMO specialist is on call for emergencies



Justifiable Costs: Efficiency in the ED yields happy patients

Managing a busy night in Children's Hospital Boston's Emergency Department (ED) is akin to a juggling act. "An immuno-compromised patient comes to the doorstep with a fever and right behind him is a patient with diabetes who's in diabetic ketoacidosis," says **Anne Stack, MD**, Children's clinical chief of Emergency Medicine. "We've got a limited amount of rooms and staff, and it's our job to get all of those patients who are sick cared for in a timely fashion."

Ordinarily, balancing the multiple demands of the ED takes incredible preparation, nimbleness and skill. But add in a situation like the swine flu (H1N1) earlier this year, and the system is tested. When H1N1 was first identified in April, EDs across the country experienced unprecedented numbers of patients with coughs and fevers seeking reassurance that they didn't have the virus or looking to be cared for if they did. Children's was no exception: From April to the end of June, the ED saw almost a 20 percent increase in volume, compared with the same period in 2008. In May and June alone, the ED saw 11,692 patients—about 2,000 more than during those two months in 2008.

As the number of patients increases, the more stress is put on the various resources in the ED, threatening to back it up. "You might not have a bed available right away, the caretakers have more patients to see, so you might have to wait longer and the labs can get backed up," explains Stack. "Everything adds time."

Luckily, improving efficiency in the ED



has long been a priority for the department, and many initiatives have been undertaken to reduce the wait time to see caregivers and reduce the length of stay before being discharged or admitted.

One of those initiatives, the "pull system," which started several years ago, was especially valuable during the swine flu rush earlier this year. Before this system was implemented, when a patient arrived in an ED, he was signed in, saw a triage nurse, went through a registration process and waited to be called to a room. The pull system speeds up that process as caregivers actively "pull" the patient to a treatment room as soon as there's one available. Now, when a patient arrives at triage, he's brought directly into an available room where registration, triage and assessment can be done simultaneously. "It optimizes the use of our real estate to get patients to physicians and nurses as soon as possible, and eliminates the need for the family to repeat their stories so many times," says **Fran Damian,**

MS, RN, director of Nursing and Patient Services in Emergency Medicine.

Since the information about which patients to test for swine flu and how to treat specimens changed almost daily, communication among the ED team was particularly important to guarantee a smooth and efficient workflow. "We had to make sure that a whole team was working off the most current information," says Damian. Communicating with patients with respiratory symptoms about why they were required to wear masks was key to keeping them feeling relaxed and comfortable.

The ED Clinical Operations Group, made up of physicians, nurses, pharmacists, social workers, case managers and clinical assistants, focused on the minute-to-minute management of the patient surge. "We greased already streamlined processes, reinforced infection control practices and worked to match staffing to demand," says Stack. The efficiency initiatives and attention to communication paid off: Despite the increased volume, the length of stay in the ED for admitted patients was reduced by 26 minutes.

And to the credit of the ED staff, patients and families reported satisfaction rates in the high 80s, despite the crowded waiting area. Damian says it's thanks to the culture in the ED, which values patients' well-being above all. "We have a staff that's always willing to chip in," she says. "They really went above and beyond to ensure that patients were seen as fast as possible."

Spread your news

Take advantage of the recent changes at Children's Hospital Boston that have created more opportunities for employees to communicate all kinds of hospital news. We want to hear about upcoming events, inspiring patient stories and news about you and your department. Spread your news today!

The home page of *Children's Today*, the hospital's new and improved intranet, is a great place to publicize recent hospital activities and news to the entire Children's community. Got a stunning image or summary of an event held by your department? Email photos and articles to public.affairs@childrens.harvard.edu for possible inclusion as home page stories.

If you'd like to promote an upcoming event, you can enter an announcement on the scrolling announcement bar of *Children's Today*. Click "Post an announcement" on the home page for more information. Announcements should provide information that will be relevant to the majority of Children's staff and employees.

You can also get trained to post announcements on the new TVs throughout the hospital. Go online to NetLearning and sign up for Carousel Digital Messaging training to learn how to post your own messages.

Children's has launched *Thrive*, a new health and science blog. If you have a



passion for a pediatric health topic and want to pen a post, or have ideas for topics you think colleagues, patients, families, the media or others would be interested in, email Public Affairs.

Overcoming my accident—with a little help from my friends

On March 13, 1991, while preparing for a motorcycle race competition, my bike collided with a rock and my life changed forever. I was airlifted to a Boston hospital, where the emergency room physician told me that I had severed my spinal cord and that I would never walk again.

I had been racing motorcycles for 11 years and had incurred numerous minor injuries, but I never thought I'd be permanently injured. I felt absolutely helpless, like there was no one in the world who could do anything to help.

While I was still in the hospital, my parents told me that I had two weeks to feel sorry for myself and then it was time to get to the task at hand: work on getting better. Over the next five weeks, as an inpatient in rehabilitation, I learned to live without the use of my legs. It was extremely tough, as I struggled with going from being an active 17-year-old to not being able to dress myself. The simplest tasks, like moving from my wheelchair to the car, were daunting. But I took my parents' advice to heart, and I worked hard in rehabilitation and went back to high school.

After a few months, I began to move toward regaining my independence. But just as I was making progress, I began having extreme spasticity in my trunk and legs. The spasms were so intense that they'd pull me out of my wheelchair, and were so strong they knocked my hip out of joint. Doctors had to find a way to control the spasms before surgically repairing my hip. This turn of events was frustrating, as I was so accustomed to simply being able to work harder to achieve goals or overcome obstacles. This time it was different: It didn't matter how hard I tried, I had to rely on doctors to help me get better.

At this low point, I met **Joseph Madsen, MD**, a neurosurgeon at Children's Hospital Boston. I remember being instantly put at ease by him: He understood my challenges and how limited I felt by the spasticity. He recommended trying a treatment that was new at the time, called intrathecal baclofen (ITB) therapy. It's basically an implanted pump that releases a concentrated muscle relaxant directly into cerebral spinal fluid. It controlled my spasms right away. Since that day, my parents and I have always looked at Dr. Madsen as a superhero of sorts.

Charles Berde, MD, of Pain Medicine, managed my pump, and he's not a typical physician, either. I'll never forget how many times he told me to get a cell phone because he wanted me to be able to call him if I ever ran into trouble. They both treated me like a person, not as a patient in a wheelchair. They gave me my independence back and, for me, that was everything. My independence restored my dream: to get healthy and train for—and some day compete in—races like the Boston Marathon.

Following my hip surgery, I began to race again—wheelchairs instead of motorcycles. I started with smaller road races and eventually completed my first Boston Marathon in 2003. Now, I've done 140 road races, 29 marathons, 19 triathlons and, most recently, the Ironman Hawaii, where I came in second. It was a 2.4 mile swim (I used just my arms), 112 mile bike ride (I hand-cycled), followed by a 26.2 mile marathon (I used my racing wheelchair). When I compete in Ironman, I compete directly with able-bodied people. To say the least, my mobility is impor-



JASON FOWLER, paralyzed at 17, now races competitively.

Photo: Courtesy Jason Fowler

tant to me, and it lets me fulfill my need for competition and gives me purpose.

As I reflect on what has allowed me to overcome my accident, I feel there are two factors. I've always had a positive attitude, which my parents instilled in me from the start, and it's allowed me to persevere. Second, it's the people who have cared for me and who I've surrounded myself with that have made the difference. It starts with my family and is extended to my doctors.

I've transitioned to an adult hospital, but I'll never forget Children's. Recently, I took a job as an ITB therapy consultant with a company that manufactures the pumps. What attracted me to the job is the connection I feel with its mission of restoring health to others. I feel a sense of satisfaction when I share my story and help others who suffer from spasticity. In fact, I've been reunited with doctors Madsen and Berde in my role, since it's my responsibility to educate health care professionals about advancements in the therapy. Recently, it all came full circle as I worked with them in the operating room to help ensure the devices are implanted and programmed correctly. I like that I'm able to contribute to their mission and give back, in a sense.

I'm writing this not to talk about myself, but to impress upon Children's staff and volunteers that what you do is immensely vital to patients like me. It's all about you, and the care and love you show your patients. It may not seem so glamorous all the time, but from my point of view, you are very special.

 Read more about Jason on his Web site: jasonfowlerracing.com.

EMPLOYEE OF THE MONTH

Congratulations to **Stephanie Altavilla, BSN, RN**, applications development specialist in Children's Hospital Boston's Information Services Department, who's been selected as September's Employee of the Month.

For the past several years, Altavilla has been a key part of the long effort to make the CHAMPS PowerChart available to the intensive care units. While her expertise in nursing and informatics has been invaluable to the effort, many think that the project wouldn't have achieved its level of success without her unending commitment.

Although Altavilla's official role on the project has been as a clinical analyst, she also functions as a technical and workflow developer, trainer, tester, problem-solver, morale booster and team pastry chef. "I've never heard her say, 'That's not my job,' but have instead seen her take on expanded tasks, develop new skills and reach out to help others with their work," says a colleague.

The rollout was a two-month-long effort that required 24-hour a day coverage, including weekends. Not only did Altavilla cover the lion's share of shifts, she also volunteered to be the person on call for weeks following the go-live. "She simply will not allow for the group's efforts to fail," says a member of the team.

From standing at the bedside conducting trials to happily answering a question at 3 a.m., Altavilla takes great pride in her work, and is passionate about making CHAMPS a tool for exceptional patient care. "It's clear in everything she does that Stephanie loves her job," says a coworker. "The look of happiness on her face when things are fixed is priceless!"


 To nominate a co-worker for Employee of the Month for exemplifying Exceptional Care, Exceptional Service standards, submit a form online from Human Resources' Web site.



Photo: Ethan Bickford

UPCOMING EVENTS

Open Meetings

The next all staff Open Meetings will take place **Sept. 11 at 12:30 p.m.** and **Sept. 18 at 8:30 a.m.** Special guest Hiep Nguyen, MD, a surgeon in Urology, will discuss robotics at Children's.

Latino Achievers

Each year, between **Sept. 15 and Oct. 15**, our nation observes Latino Heritage Month, a time to celebrate the rich culture, achievements and contributions of the Latino-American community.

- Creando y Celebrando! Employees and patient families can celebrate at a fiesta, Creando y Celebrando, **Sept. 21 at 12:30 p.m.** in the PEC.
- ¿Bailamos? Shall We Dance? Learn how to dance salsa, bachata and merengue with Hips on Fire: **Sept. 25 at 1 p.m.** in the Patient Entertainment Center (PEC)
- Latino Heritage Celebration and Latino Achiever Awards celebration takes place **Oct. 6 at noon** in Enders Auditorium. The keynote speaker will be Sonia Chang Diaz, Massachusetts State Senator
- Traditional cuisine served by guest chef Pedro Alarcon, from La Casa de Pedro Restaurant in Watertown, is offered in the Café **Oct. 6.**

Celebrate champions big and small

Join Boston's biggest champions—five sports teams—to support our smallest champions—patients—at Champions for Children's on **Nov. 3** at the Seaport World Trade Center. Red Sox pitcher Josh Beckett will be honored with the 2009 Champion Award. Tickets begin at \$1,500. For more information, go to childrenshospital.org/champions. Interested in sponsorship? Contact Keri Campiola at ext. 5-0969.

Sun, fun and a run

Enjoy Orlando, FL, this winter as you loop through Walt Disney World in the Disney half and full marathons. Run as a member of Children's Miles for Miracles Team during the half marathon **Jan. 9** or the full **Jan. 10**.

THIS MONTH'S SCOOP

Summer Safety Fair

Earlier this summer, Martha Eliot Health Center (MEHC) held its annual Summer Safety Fair in an effort to educate children, families and community residents on how to prevent injuries as well as how to properly handle emergency situations.

With key support from the Office of Child Advocacy, Children's Hospital Primary Care Center and Injury Prevention, Children's staff disseminated safety awareness information while having fun with community residents during a beautiful sunny afternoon.

Enter the healthful recipe challenge

It seems early to think of the winter holidays, but it's time to start preparing for the Season of Hope event and Children's annual recipe challenge. Start thinking of a healthful recipe you'd like to submit: It should be your own or something you've adapted. Winners will be awarded prizes at the Season of Hope Event on December 7. Watch the intranet and the next issue of *Children's News* for details.

 More at childrenshospital.org/chnews

Miss Mass and Walmart spread goodwill for Children's
• Making Milagros • Blood Donor of the Month



Photo: Jaime Crespo

LOCAL CHILDREN got injury prevention tips at the MEHC Summer Safety Fair.

Children's News

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