

Caring

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HEADLINES

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Champions of children's health care

Champion: one who fights for a cause; a successful athlete; a winner. (Webster, 2003).

There's no denying that Bos-

ton is a championship city this year with the Red Sox and the Patriots winning the World Series and Super Bowl, respectively.

Our pride and spirit are alive and well and reflected in tag lines like, 'Championship is Team.'

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In the Neonatal Intensive Care Unit, occupational therapist, Liz O'Farrell, OTR/L, works with 5-month-old, Yaacob, who was born prematurely.



Safety, safety, safety: the mantra of the MassGeneral Hospital *for Children*

Maintaining a safe care environment for all patients has always been the highest priority of MGH and the Mass-General Hospital *for Children*. And while safety is the prime consideration for everyone under our care, it is especially important in the pediatric setting where children come with the added vulnerability of

just being children.

One of the biggest mistakes a hospital can make is to assume that the safety standards, policies, and precautions in place on adult units are appropriate and sufficient for pediatric settings. That is not the case. As the stories and articles in this special issue of *Caring Headlines* so eloquently express, children, by their

very nature, present a unique set of challenges, opportunities, and rewards. It is the responsibility of every hospital and every clinician who cares for children to ensure that every possible action is being taken to protect our most vulnerable patients.

I'm happy to say that pediatric safety is the focus of many research studies currently being

conducted across the country. One in particular, which was reported in the January, 2005,

issue of *Pediatrics*, has to do with pediatric patient-safety indicators developed by the Agency for Healthcare Research and Quality (AHRQ). The study sought to determine whether patient-safety indicators derived from a hospital's administrative data could be used as a screening tool in children's hospitals to identify potential patient-safety concerns. The study looked at such indicators as: complications as a result of anesthesia; the number of deaths that occurred in traditionally low-mortality diagnosis-related groups (DRGs); infections contracted as a result of medical care; post-operative hemorrhaging and hematomas; and a number of other indicators.

The study revealed that patient-safety indicators can assist institutions in prioritizing chart-review investigations. If/ *continued on next page*



Jeanette Ives Erickson, RN, MS
senior vice president for Patient Care and chief nurse



Physical therapist, Denise Montalto, PT, with infant in the NICU

Child life specialists: who are they and what do they do?

Question: What is the Child Life Program?

Jeanette: The Child Life Program is designed to normalize the hospital environment for children, decrease their fear and anxiety, and promote positive coping skills to help them gain a sense of control over medical experiences. The program currently includes four inpatient child life staff and one outpatient child life specialist in the Pediatric Hematology-Oncology Clinic.

Question: What education is required to become a child life specialist?

Jeanette: Child life specialists must have a BS or MS in Child Life, Child Development, or Education. They are certified by the Child Life Council after successfully completing a comprehensive exam.

Question: What is the role of a child life specialist on the healthcare team?

Jeanette: Child life specialists facilitate a variety of play activities that promote development, self-expression, and understanding of medical treatments. They use developmentally appropriate

methods and materials to prepare children for medical procedures and provide emotional support to children and their families during hospitalization. Child life specialists also offer inservice training to staff in other disciplines about stages of child development and the impact of illness, injury, and hospitalization on children and families.

Question: When would I consult a child life specialist?

Jeanette: Consult a child life specialist when a child has a new diag-

nosis or trauma. They can provide coping and distraction mechanisms for patients during procedures and help prepare children for surgery.

Children who have difficulty adjusting to hospitalization and exhibit fear, sadness, anger, or regression would benefit from a consult with a child life specialist. Child Life staff consult to the inpatient pediatric units, the Pediatric ICU, the Emergency Department, and the Transplant Unit.

Question: What should a parent do to prepare a child for an overnight hospital stay?

Jeanette: Parents should prepare children for the

experience according to the child's age and developmental levels.

Allow children the opportunity to ask questions and express concerns. Ask them what they'd like to bring from home, such as a special blanket, stuffed animal, pictures, and/or music. A pre-admission visit with a child life specialist can be scheduled to talk about the procedure in a child-friendly manner.

Question: How can I contact a child life specialist?

Jeanette: The Child Life Office is located adjacent to the playroom on Ellison 17. For more information, call 4-5710.

Jeanette Ives Erickson

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when clusters of events emerge as a result of these reviews, improvement initiatives can/should be implemented to counteract or prevent those events. The goal is to identify events that are preventable and implement systemic changes to avoid future recurrence.

It's important for hospitals that provide care to children to be informed about current research and to share best practices so we can use this data to constantly improve the care we deliver.

In 1999, the Institute of Medicine (IOM) defined patient safety as, "...freedom from accidental injury because of medical care or medical errors." The IOM challenged hospitals across the country to create a culture of safety to reduce the number and frequency of medical errors. Through research, a policy of sharing best practices, and inter-disciplinary collaboration, MGH and the Mass-General Hospital for Children continually strive to improve the care of children and reduce

the number of adverse events children experience while under our care.

I hope you enjoy this special issue of *Caring Headlines* and the many stories it contains of courage, kindness, resourcefulness, and compassion. The children, clinicians, and support staff of the MassGeneral for Children are the true champions of children's health care.

Update

I'm happy to announce that Vivian Donahue, RN, has accepted the position of clinical nurse specialist for the Ellison 9 Coronary Care Unit, effective April 25, 2005.

Nursing Career Expo

PCS Human Resources will host an Acute and Critical Care Nursing Career Expo

Tuesday, April 26, 2005

2:00 – 6:00pm

under the Bulfinch Tent

To learn more about, or interview for, staff nurse, clinical nurse specialist, and nurse manager opportunities, come to the Nursing Career Expo. Included in the afternoon will be a one-hour (3:30-4:30pm) panel discussion of nurses talking about their recent experience bringing medical aid and relief to tsunami survivors in southeast Asia.

For more information, contact Sarah Welch (shwelch@partners.org) or call 617-726-5593

A new species of fish at the MassGeneral Hospital for Children?

—by Pam Wrigley, RN, Same Day Surgical Unit pediatric team leader

No, we didn't discover a new species of fish, but we did create one—it's called a beeper fish, and it's the latest innovation in communication on the Same Day Surgical Unit (SDSU).

Beeper fish come in a variety of colors, and each one has a beeper attached to its tummy. They were designed to complement the fish motif and underwater theme that adorns the

walls of the SDSU and pediatric units.

In the SDSU, pediatric nurses give beeper fish to the parents of children who will be having surgery that day and spending the night in the hospital. The goal of the Beeper Fish Program is to provide a reliable means of updating families during their children's surgery and facilitate the reunion of parents and children after surgery. Beeper fish give parents the freedom to walk around the hospital, get something to eat, or go outside, knowing they can be reached if there's any news of their child's progress.

When giving a beeper to a parent, the nurse puts a sticker on the patient's chart noting the number of the beeper. A separate flow chart is kept documenting the number of the beeper and the name of the person who will be carrying it. The nurse then educates the parents on how the beeper works. An instruction card is given to the parents to reinforce verbal instructions.

Since many of the children are brought to the Post Anesthesia Care Unit (PACU) after surgery, directions on how to get from the Gray Family Waiting Area (and Coffee Central) to the PACU are included on the back of the beeper. Parents are given a map to help clarify the directions. Parents keep the beepers until they arrive on the unit where their child will be spending

the night, at which point beepers are collected by unit service associate, Marie Marsan, and returned to the SDSU.

Beeper fish have been used in the SDSU for about a year, and response from families has been very positive. Parents love having the freedom to move through the hospital knowing they can be paged during or after their child's surgery.

The Main Operating Room (MOR) pediatric team embraced the beeper-fish concept and has begun using beepers to communicate with parents of children in surgery in the Main Operating Room. Beeper fish have made it easier for PACU nurses to contact parents so they can be reunited with their child after surgery.

Funding for the Beeper Fish Program was made possible by the Making a Difference Grant Program. Implementation was a collaborative effort between nurses in the SDSU, the PACU, the MOR, NICU, PICU and pediatric surgeons.

So, if you encounter a beeper fish in your travels, you'll know it's not a strange, new species of fish—it's another way of providing continuous, high-quality, family-centered care to pediatric patients and their families.

For more information about the Beeper Fish Program, contact Pam Wrigley, RN, at 6-2851.



Above: 7-year-old, Joshua, learns about anesthesia from SDSU pediatric team leader, Pam Wrigley, RN.

At right: Wrigley shows Josh and his mom a 'beeper fish,' the new pediatric paging system that allows families to move about the hospital while their child is in surgery. Parents are paged when there is news about their child's surgical status.



The lessons we learn from children

—by Marilyn Gifford, CCLS, child life specialist

Dr. Fred Epstein's book, *If I Get to Five*, is filled with heartfelt stories about patients he treated as a New York pediatric neurosurgeon. In it, Epstein talks about the lessons children teach us about courage and character. While reading the book, I was reminded of a special patient who touched us all with her presence, radiance, and grace.

'Molly' was almost eight months old when she was transferred to MGH for surgical inter-

ventions following care at another hospital. She had been born with necrotizing enterocolitis and severe liver problems. Molly had never been home and was already a well established 'hospital baby,' dressed to the nines by her mom and clearly a princess in training. It took her a little while to become comfortable with her new team of caretakers, but soon Molly had us wrapped around her little finger.

Molly was the color of the sweetest Hershey's

kiss and her huge brown eyes, though flecked with yellow, could melt your heart and tell tales with no words. Molly greeted me at the desk every morning and would flash me one of her million dollar smiles. She was very social and preferred to be out and about unless she was in her room being rocked by the next volunteer, child life specialist, or nurse on her dance card. Her favorite mobile, a musical fish tank, and of course her mirror gave her hours of entertain-

ment during quiet time.

Not that Molly's days were all rosy. There were dressing changes, belly drainage, tubes to adjust, and so many 'pokes' by surgeons and specialists that I lost count. Through all the endoscopies, surgeries, and a few stays in the PICU, Molly remained a constant shining light that inspired staff to continue their mission to provide the best medical, emotional, and spiritual care for Molly and her family. This baby became a beacon of our hope for her recovery and discharge home. The goodness of her heart and sparkling spirit shone through her graceful endurance of sometimes painful, prolonged procedures and interventions.

She was a daily reminder of why we all chose a career in pediatrics. Whether you were Marilyn or Anne at the front desk, keeping a watchful eye over Molly as you answered the telephone; or Marie who quietly cleaned her bedside space while playing 'peek-a-boo' through the side rails of her crib, Molly somehow had an impact on everyone's lives.

I think some children innately know their fate and accept it

with dignity. Molly, unfortunately, began to decline at the end of the summer. Team meetings were held with a tearful mom to discuss a possible liver transplant. It was very important for mom to have Molly baptized before her first birthday. On a warm September day, the chapel filled with staff, child life specialists, and family members to participate in Molly's transition to a life with God. She looked beautiful in her handmade baptism gown and bonnet as she struggled for each precious breath. An oxygen tank stood nearby as mom took pictures of Molly's 'extended' hospital family and thanked us for our skill and love for her daughter.

Molly was transferred to the Pediatric Intensive Care Unit that evening and placed on a ventilator. She arrested several times, but recovered. An ethics meeting was held to discuss her condition with mom. Mom remained insistent that Molly would decide if and when it was her time to cross over.

I visited Molly for the last time to say good-bye, touching her swollen face with my gloved hand, comforted knowing that she would soon be at peace. Molly died a few days later, but she continues to hold a special place in our hearts. Her spirited courage, innocent joyfulness, and patient grace are the lessons we took away from our poignant journey with Molly.



Child life specialist, Marilyn Gifford, with Eddie, on the Ellison 17 Pediatric Unit

Nurse partners: after-hour champions

—by Denise Lozowski, RN, pediatric clinical nurse specialist

It's 5:00pm. Some 150 pediatricians are preparing to entrust the overnight care of their patients to the Nurse Partners Telephone Triage Program. The phone in Ellison 1802 rings—the first call of more than 100 parents who will call that night looking for help. This time, it's about a 5-year-old with a fever of 104°. The next is a 3-year-old who fell from a counter and briefly lost consciousness. After that, a 3-year-old with hives and difficulty breathing.

The night goes on. Calls come in asking about a newborn who's not breast-feeding well, a 3-year-old with dehydration, a toddler with acute abdominal pain, a teenager threatening suicide, a 4-year-old with poison ingestion, and a 10-year-old with a 4-inch laceration that won't stop bleeding.

By 11:00, staff are ready for the night calls, usually more acute. Midnight brings calls about children having trouble breathing. Staff assess whether it's croup that can be managed by the parents with follow-up phone calls, or if the child needs to be seen in the Emergency Department; and if so, is ambulance transfer indicated?

Every time the phone rings, it's a new chal-

lenge. Staff are prepared to respond to anything from a parent in need of support or education, to a life-threatening situation.

Nurse Partners began at MGH in the fall of 1999. Since that time, staff with experience in both telephone triage and pediatrics have cared for more than a quarter of a million families. The program is an integral service for PCHI pediatricians, ensuring that patients have access to primary care 24 hours a day, seven days a week.

The program offers clinical assessment of pediatric problems, immediate triage of emergencies, family-education and support, and guided access to the appropriate level of care. The program helps manage ED capacity by decreasing unnecessary visits. It has had a significant impact on patient-satisfaction within the Partners continuum of pediatric services and is recognized as a superior provider of pediatric triage.

It's challenging to conduct a patient assess-

ment when the patient isn't right there in front of you. Staff must be highly skilled in telephone communication and be confident with rapid, independent decision-making. In order to make the best possible assessment, staff need to determine how accurate the parent's description is and ask the appropriate questions to uncover untold facts.

Cultural influences need to be taken into account. Though staff triage calls according to protocols, no two calls are alike and very few fit the protocols exactly.

It is rewarding to know that in the course of a year, staff have helped more than 50,000

patients. It's rewarding when the mother of a chronically ill child, in the course of a short phone call, reminds the nurse that she couldn't have done it without her. It's rewarding to be acknowledged by physicians with notes commending staff's excellence. It's rewarding to get that follow-up call letting us know that the 12-year-old with breathing problems made it to the ED just in time.

But most of all, it's rewarding to know that tele-health is the wave of the future, that more tools are on the way to help enhance pediatric care, and that our skills make a difference in the still of the night.



When Dr. Ronald Kleinman, MD, shown here mugging with patient, George aka "Harris," goes home for the day, his patients can call the Nurse Partners Telephone Triage line for assessment, triage, and referral to appropriate services

If I were a hospital...

—by Alexa Masiello, age 9

Did you ever want to learn what there is in a hospital? I can tell you, because I am the Masiello Hospital. This is my life as a hospital...

I am open 24 hours a day, all year long. I have a lot of germs in me. I also have many hard-working and devoted people who love to come and work in me every day. If it wasn't for these people, I would not be able to function on my own. I have caring doctors and nurses. My nurses give people IVs or shots. They take care of the patients in my body.

The doctors check patients to find out what is wrong with them. The doctors may have to give some people surgery. In me, I have emergency rooms for adults and children. I just opened a new lane—it's called the Express Lane. This provides faster service for patients who are not as sick as the rest of the patients.

One day, a little girl came in me and her foot was hurting really bad. I felt sad for the little girl. The nurse called her to go to the Express Lane. A doctor came to check her foot and said it might be the little girl's arthritis, however the doctor will send the girl for an X-ray just in case it is not arthritis. They put the little girl in a wheelchair shaped like a yel-

low taxi and wheeled her to the X-ray room. The X-ray lady put her foot in different positions. It looked like it hurt!!! The little girl was so brave she didn't even cry.

After the doctor looked at the X-rays, she told the little girl and her mother that the foot was fractured. The doctor could not put a cast on the foot because it was swollen. My doctor told the little girl's mother that she needed to see an orthopedic doctor to have a cast put on after the swelling goes down some. My doctor gave the little girl a splint and my nurse gave the little girl crutches. I laughed when the girl tried to walk on the crutches for the first time. She was not steady and wobbled until she learned how to use the crutches.

I couldn't believe it. Seven kids came in me to get their tonsils and adenoids out all on the same day. They were about seven, eight, and nine years old. What a day I am having—busy, busy, busy!!

When little children have surgery, they need anesthesia. To make it fun, my doctors let the children pick a balloon and blow it up. This is not a regular balloon. This balloon has a flavor like bubble-gum which happens to be the choice of most children. When they blow it up, it feels like they are blowing me

up. This is what puts them to sleep. Older kids just get a shot to go to sleep.

When the seven kids' siblings came in to visit they played in my awesome playroom, and it tickled my tummy. This playroom is awesome because the people who run it provide you with many different choices. Some choices include crafts, playing games, and even dancing if you like that. Also, there are times that I have different kinds of entertainment to entertain the patients. This helps kids a lot because not only are they having fun, but it makes them get out of their beds and out of their rooms, and makes them forget about their illness, even if it is just for a short time.

During the holidays, we give out gifts for the patients to take home. The pediatric sections of me have a fish theme on the walls, ceilings, and even the floor. This makes children smile to see the fish and it makes them feel like they are at the aquarium instead of a hospital. This makes me proud.

Most of the patients like my food. The seven kids that had surgery in me today said the food was, "Yummy, yummy, yummy." When the kids said that, I smiled, because I knew that they liked my food.

There are other rooms



Nine-year-old, Alexa Masiello

in me that do different things, too. CT-scan, MRI, and ultrasound are just a few. When these X-rays are being done I feel like they are taking pictures of me. There are about 1,000 rooms in me, causing me to feel like my body is made out of squares. Sometimes, I feel like when patients are being pushed in their wheelchairs they might just come right out of my stomach.

Not all areas in me are for sick people. There is a library, a chapel, a cafeteria, and even a very large gift shop. So, as you can see, not all the places inside of me are for sick patients. One very special and happy place is the unit where babies are born. Every time a cute baby girl or boy is born I play bell chimes and these chimes can be heard in every room in me so no matter how sick you are when you hear these chimes

ring it puts a smile on your face to know a baby was just born.

A lot of people come to visit their family and friends in me. I feel so bad that people have to get sick and come in me. I feel bad for the visitors, too, because they worry about their sick family or friend, and worrying is not healthy. For worried family and friends, and also for patients, I offer many different types of support.

I wish that there was not sickness in the world but there is, so this is why I am here to help the sick. Without me where would sick people go? I try to make it fun for kids when they have to stay in me. So fun, in fact, that kids ask if they can go to the Masiello Hospital again if they are sick. This makes me happy when I hear kids say this. My only wish is to help patients get well and stay well.

What is pediatric speech-language pathology?

—by Alexis Treat, CCC-SLP, MS

Speech-language pathologists are professionals trained in the study of human communication, its normal development and disorders. Through the evaluation of the speech and language skills of children and adults, speech-language pathologists determine whether or not communication problems exist and the best way to treat them.

The Speech-Language & Swallowing Disorders Department at MGH is comprised of both inpatient and out-

patient clinicians trained in identifying and treating speech, language, and swallowing disorders. Speech-language pathologists work with a variety of patients including those with language learning disabilities, non-verbal learning disabilities, dyslexia, feeding and swallowing disorders, aphasia, articulation and phonological disorders, cleft palate, traumatic brain injuries, dysarthria, voice disorders, pervasive developmental disorders, and other speech, language, and swallowing issues.

The Speech-Language & Swallowing Disorders Department offers comprehensive outpatient diagnostic and treatment services for pediatric patients. A diagnostic evaluation consists of an interview and history review, formal and informal assessment of communication skills and/or swallowing abilities, a discussion of the results and treatment options, and assistance with referrals to other professionals and facilities, if needed. A written evaluation is generated that summarizes test results

and recommendations.

Treatment at MGH is dependent upon evaluation results and each patient's individual needs. Individual or small-group intervention may be recommended and delivered at MGH. Collaboration between the outpatient department, patients and their families, and related service providers is highly valued and encouraged as part of the treatment program.

Currently, the department offers the following specialized outpatient services for pediatric patients:

- Individual speech and language therapy
- Modified barium swallow studies and velopharyngeal insufficiency studies

- Small-group intervention for children with learning disabilities focusing on skills such as language organization and writing
- Pediatric Therapy Team Evaluation (with a speech-language pathologist, physical therapist, and occupational therapist)
- Feeding Team Evaluation (with a speech-language pathologist, nutritionist, and pediatric nurse)

For more information about speech-language pathology diagnostic and treatment options, call:

- MGH Main Campus – 617-726-2763
- Revere Health Center 781-485-6124
- Chelsea Health Center 617-887-3527

At right: Speech-language pathologist, Alexis Treat, CCC-SLP, works with 10-year-old, John, on unscrambling and sequencing syllables to help him read words.

John attends weekly speech-language therapy sessions at MGH to focus on his reading and writing skills. John has learned strategies to help him sound out words when he's reading and spelling. He's learned strategies to help him organize his ideas when writing sentences and stories. With practice and hard work, John has been able to use these strategies to help him with his school work.



“Carriages, high-chairs, and go-carts, oh my!”

—by Judy Sacco, operations coordinator

Being an operations coordinator can be a very demanding and rewarding experience. And being an OC on a pediatric unit offers its own unique challenges. A child’s cry of, “I don’t like curly fries!” or an impatient adolescent wanting the Internet hooked up “*Now!*” perks up the everyday operations when working with children. And then there’s the added level of protection—ensuring that every piece of equipment is available in every size in order to accommodate all child-

ren. These are the ‘Lions and tigers and bears’ of the pediatric world.

In an adult setting, it’s possible to strike a comfortable balance. In Pediatrics, however, the child’s age and developmental stage have to be taken into consideration. Support staff need to have a different set of skills and knowledge in order to sustain family-centered practice.

The way in which support staff (patient care associates, operations associates, unit service associates, or nutrition coordinators)

interact with a patient can make a world of difference in that child’s recovery. Some considerations necessary on a pediatric unit that might not make any difference in an adult setting include: leaving standing water unattended near toddlers; placing needle boxes and Cal Stat dispensers out of children’s reach; removing all articles that could be choking hazards; safeguarding against chemical exposure.

These are some of the issues we address in our process-improvement

initiatives in collaboration with all ancillary departments. Constant attention to the physical environment is crucial. It’s not unusual to hear an operations associate say, “Please make sure the scissors go back in the drawer so Joey won’t hurt himself.”

MassGeneral Hospital for Children is a pediatric hospital within an adult hospital. Since pediatric patients come in all shapes and sizes, often items found in our ‘general inventory’ aren’t appropriate for them. It wasn’t that long ago that many pediatric supplies had to be special-ordered every time they were needed. But through a collaborative effort, Materials Management has made significant changes to incorporate pediatric supplies into our general inventory (items such as: diapers, small feeding tubes, peritoneal dialysis solutions, etc.)

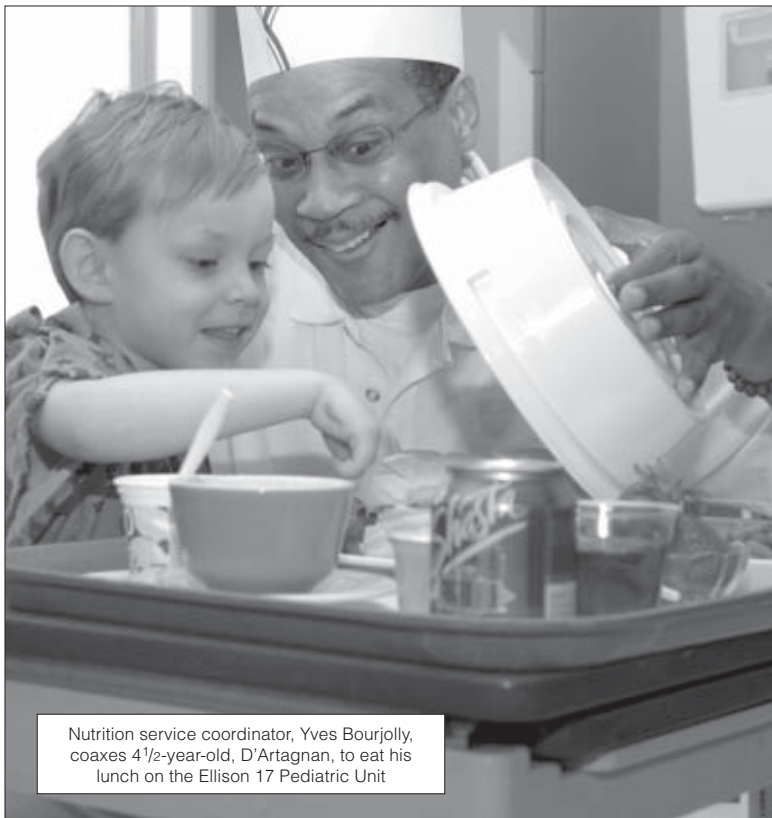
We continue to cultivate new vendors for specialized equipment such as strollers, high chairs, and go-carts. These items might not seem like standard warehouse inventory, but with the help of the Purchasing Department we have established vendors for these extremely ‘kid-friendly’ goods. Materials Management continues to be an invaluable partner in this success story and in helping us create a child-friendly environment.

Building & Grounds is another important part-

ner in our efforts to provide family-centered care. When a new fleet of taxicabs (strollers) arrives, our friends in the metal shop assemble them in record time. The carpenter shop created wooden beeper holders in the shape of fish for parents to carry when their child is in surgery (see story on page 4). Electricians, HVAC staff, plumbers, environmental workers, security staff, and painters all eagerly contribute their time and creativity to ensure a safe and welcoming environment on the pediatric units. As they say, “We do it for the kids.”

Our commitment to providing family-centered care often means going the extra mile for our patients. Parents frequently stay in the rooms with their children, which has a direct impact on the work of unit service associates who clean the rooms, nutrition coordinators who arrange for food, and Materials Management who sees about supplemental laundry and linens. Compassion and an understanding of the special needs of children drive our support staff to go that extra mile.

We are proud of the team of dedicated individuals who provide unparalleled support at MassGeneral Hospital for Children. Their work may be invisible to some, but they are truly champions of children’s health on so many levels.



Nutrition service coordinator, Yves Bourjolly, coaxes 4 1/2-year-old, D'Artagnan, to eat his lunch on the Ellison 17 Pediatric Unit

A poignant story of care in a foreign land

My name is Kim Waugh, and I am a pediatric nurse. Upon learning that I had been accepted to participate in the Project HOPE humanitarian mission to southeast Asia in January, I didn't know what to expect. I knew there would be widespread destruction and casualties, but I didn't know what our role would be or how the people were adapting to the devastation of their land.

The month-long mission was not only emotionally difficult, but culturally and professionally challenging, as well. I remember the first day, taking the helicopter over the seemingly calm Indian Ocean to the barely functional University Hospital in Banda Aceh. The three-foot high mud line was still visible on the outside of the building, a haunting reminder of the mud that had pushed through the hospital destroying patient care units and killing patients and staff just six weeks before. Dozens of young men wearing hard hats and pushing wheelbarrows trudged back and forth transporting loads of mud, pulling furniture and medical equipment out of the ruins.

I was directed to the Pediatric Ward where rooms were named after Disney characters. There were several children

with a variety of medical problems, from meningitis, to TB, pneumonia, trauma, rashes, fractures, tumors, surgical issues, and premature babies. I was assigned to a premature baby boy who was in an isolette hooked up to a monitor. At first glance, I could tell he was bradycardic, breathing shallowly, and appeared to be septic. I asked an English-speaking volunteer about his history, and she explained that he had been born breech three days before, and was not tolerating feedings due to poor

respiratory effort. I asked if the pediatrician had seen this baby and was aware of how critical his condition was. She said he had seen the baby prior to my arrival, knew he was not expected to live, and wasn't planning to come back to see him.

Initially, this response upset me, as family-centered care is such a focus of my nursing practice, especially at the time of death. I quickly asked if I could offer the boy's mother the opportunity to hold her baby, and whether I should tell her that he was going to die

soon. She said that, traditionally, death was not routinely discussed, and the mother would hold him after he passed.

When I opened the isolette to assess the infant, the smell inside was overwhelming. I quickly changed his diaper and gave him a bath, touching his tiny four-pound body for the first time. I noticed that his neck and chest were stiff, and his lungs were barely able to move air. He had not been named.

The baby's grandmother came to my side as soon as she heard him cry. She began to cry when she saw his eyes were open. She gestured to me that she wanted to hold him, so I wrapped

him in a clean blanket and placed him in her arms. She held him, cried, and prayed over him. Then she handed him back to me to put him in the isolette. She gave me a beautiful peach-colored, satin blanket to put over him.

There were limited interpreters, so I asked her through hand gestures if the baby's mom would like to hold him. She shook her head, no. I found myself conflicted. I felt if she knew how close to death he was, she would want to hold him and be with him during his last breaths. I wanted to respect their traditions while providing the best care I could.

continued on page 16



(Photo provided by Waugh)

More stories from southeast Asia...

One patient, two nurses, and enough memories to last a lifetime

—by Emily Berg, RN, pediatric nurse

My name is Emily Berg, and during the month of February, I had the opportunity to go to Banda Aceh to help with tsunami relief efforts. It was an incredible experience, one I'll never forget. It was a privilege to be able to meet and help the people of Banda Aceh aboard the medical Navy ship, Mercy.

One patient will stay in my mind and heart always. 'Elisa' was a 17-year-old girl who was very sick when she came to us. She was diagnosed with 'tsunami lung,' a specific kind of pneumonia that resulted from swallowing large amounts of sea water and mud. Because there was no place for Elisa to receive treatment on land, her infection had worsened. When she came to us, the right side of her body was paralyzed because the infection had spread to her brain.

When Elisa first came aboard the ship, she was sad and withdrawn, which was markedly different from many of the other patients we were caring for. Most of the others were happy and excited to see and talk to us. Elisa came with her dad, having lost most of her other family members to the tsunami. She had a very flat affect and barely looked at us as we cared for her. She didn't even talk to her father.

Each night as I came to work, before I started my shift, I'd go over and say hello to her in Indonesian. I had learned a few simple Indonesian phrases and it usually made the patients laugh when I tried to speak to



Emily Berg, RN
staff nurse, Ellison 18

them. But despite my best efforts, Elisa remained very withdrawn.

Elisa was with us for almost two weeks, and slowly, she started to get better. The antibiotics were helping to fight off the infection, and she started to get stronger every day.

Each night when I came in,
continued on page 16



17-year-old, Elisa, receives care aboard US Navy ship, Mercy

—by Susan Rooney, RN, pediatric nurse

My name is Susan Rooney, and I have worked as a pediatric nurse for more than 30 years, primarily in tertiary care hospitals. I have the best of everything at my fingertips: nurses, doctors, social workers, every support service imaginable, not to mention equipment and supplies.

Walking the long corridor of University Hospital in Banda Aceh left me speechless and broken-hearted. The corridor was littered with twisted beds and equipment and piles of mud-caked debris, all remnants of the great wave that surged through the hospital claiming the lives of all 300 patients and most of the doctors and nurses.

Banda Aceh, on the northern tip of Sumatra, was one of the hardest hit areas. More than



Susan Rooney, RN
staff nurse, Ellison 18

100,000 people died; and another 50,000 or more are still missing. Many of those who survived live in displaced-persons camps and come into the 'city' to help clean up the mud and debris. The hospital is a priority, where many injured and sick line the corridor waiting for medical treatment.

The physician arrives early to a crowd of people waiting outside the pediatric ward. All are carrying or holding children in various conditions of illness. The most ill and treatable are brought inside, while others receive medicine and are sent away. All who enter must remove their shoes.

The ward is stifling hot, and the rooms are empty of equipment except for damaged cribs and beds. Nothing suggests this is a pediatric area except for the children. All are accompanied by a family member or friend.

Many of the children are suffering from tsunami lung or 'mud pneumonia' after aspirating seawater and mud. They

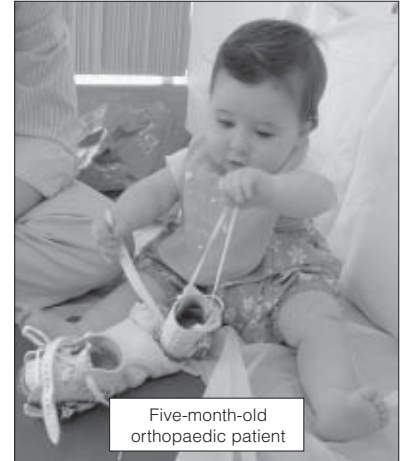
continued on page 16

Champions of Children's Health Care

Celebrating
the children,
families, clinicians,
and support staff
of the MassGeneral
Hospital *for*
Children



Same Day Surgical Unit pediatric nursing team



Five-month-old orthopaedic patient

Pediatric Surgical Nurse Practitioners

The function of the nurse practitioner in the Same Day Surgical Unit is multi-faceted. It begins with the admission process. A comprehensive evaluation and assessment is completed. A medical history from each patient and family is acquired. A physical examination of the patient is conducted, and informed surgical consent is obtained.

For patients requiring hospitalization, the nurse practitioner, in conjunction with the Pediatric Surgical Team, manages the course of the child's stay and coordinates discharge planning. Following discharge, every patient receives a telephone call to ensure there are no outstanding issues.

To support our children and families, we have developed educational materials describing pediatric diseases that require surgical intervention. Our commitment to providing the best possible care for surgical pediatric patients, regardless of age, includes pediatric pain-management and analgesics.

Julie Piotrowski, RN, and
Kristin St. Pierre, RN

Environmental Health & Safety

All employees who participate in the annual Children's Health Fair work closely with one another to prepare a fun, informative, and safe day for our special guests. Much of the work is visible, but many employees work quietly behind the scenes to ensure smooth operations. Environmental Health & Safety (EH&S) uses the knowledge and experience they employ every day to make sure children don't encounter any hazards during their visit. EH&S displays various types of safety equipment at the fair, but their real function is to proactively monitor, identify, evaluate, and intercept potential dangers.

Orthotics Department

The talented staff of our Orthotics Department are responsible for designing and creating a multitude of specialized braces (known as orthotics) to support weakened bones and muscles. These braces enable people with disabilities to function more independently. Most orthotic patients have highly individualized needs that go beyond basic support. Five-year-old, Salena, suffered a burn injury that resulted in thick bands of scar tissue and contractions in her feet.

A frightening burn experience, constant pain, operations, and being separated from her family caused Salena great anxiety. Her first response to orthotics was, "I won't wear them!" But over time Salena realized that these special braces helped bring back her independence.

During a follow-up appointment with orthotist, Steve Millham, ABC, her first words were "Steve, give me a hug!" Salena and members of the orthotics team are champions of good health.

Pediatric Radiology

The department of Pediatric Radiology provides a variety of diagnostic imaging and interventional procedures to children in a family-centered environment. Pediatric Radiology is staffed by fellowship-trained and board-certified radiologists and experienced pediatric technologists offering MRIs, CT scans, ultrasound, nuclear scans, biopsies, and vascular access to inpatients and outpatients at MassGeneral Hospital *for* Children.

Three accomplished pediatric nurses provide pediatric sedation and analgesia with highly skilled peripheral venous access. Family-centered care is visible in our bright and cheery playroom, child-friendly exam rooms, and the taxis and go-carts used for discharge. Our goal is to ensure quality scans, a pleasant experience, and a successful visit for all.

Deborah Gorham, RN



Orthotist, Steve Millham, ABC, with 5-year-old, Salena

Blood Donor Center

The MGH Blood Donor Center is a full-service blood donation and transfusion center.

We conduct a variety of blood-contribution campaigns each year. One of the most popular is the annual Puppy Pal stuffed-animal blood drive. When volunteers donate blood during the winter holidays, they can write a note of encouragement, which will be attached to the collar of a Puppy Pal. The Puppy Pals are handed out by Blood Donor Center elves to children admitted to pediatric units. Blood is a medicine that can only be given from one person to another. Each and every day blood is needed to help patients recover from illness, survive an accident, or undergo treatment. You can be a champion. Blood donors are always needed.

To donate, call 617-724-9699.



Erin Hart, NP,
with 7-month-old,
Jasmine

Pediatric Hematology-Oncology

The Pediatric Hematology-Oncology Clinic is committed to providing state-of-the-art, multidisciplinary, personalized care to children of all ages with malignancies and disorders of the blood. The treatment team consists of world-class specialists in Pediatric Oncology, Radiation Oncology, Pediatric Surgery, Pediatric Neurology, Pediatric Orthopaedic Surgery, Pediatric Neurosurgery, Child Psychiatry, Psychology, Social Services, Nutrition, pediatric nurses, nurse practitioners, and child life specialists.

We specialize in programs that support children and families during their difficult journey of cancer care, incorporating the healing of body, mind and spirit

The Pediatric Orthopaedic Team

The Pediatric Orthopaedic Team is a tremendously talented team of professionals. Working as a team, we continuously set higher goals and find new ways to improve the patient and family experience. As a nurse practitioner in this department, my role is dynamic, challenging, and rewarding. I work in the inpatient and outpatient settings. With the assistance of a small grant, we have developed a patient-education center and created several colorful handouts on common conditions seen in the clinic. We installed a plasma television to entertain children and families while they wait, and we are in the process of developing a new pediatric orthopaedic website and several educational movies for patients and families.

I continue to learn every day and see how advanced practice nurses really do make a difference. I feel privileged to be part of such a great team!

Erin S. Hart, RN

GI Endoscopy

Pediatric patients who require interventional or diagnostic GI procedures are referred to the Endoscopy Unit on Blake 4. A variety of endoscopic procedures are performed on the GI Unit, but the most common are esophagogastroduodenoscopies (EGDs) and colonoscopies. Endoscopy nurses

participate in the Children's Health Fair every year, providing hands-on activities and a chance to handle a fiber optic endoscope, a highly specialized camera that allows visual access to the inner lining of the digestive system.

A model of a colon allows children to perform mock endoscopies and watch a television monitor as the scope advances into the colon. This year, a video of an actual gastro-intestinal procedure will be shown.

The GI Endoscopy booth is a learning experience for children and adults!



Pediatric Orthopaedic Team members (l-r): front: Jennifer Garrick and Eva Felix; back: Maurice Albright, MD, Erin Hart, RN, Gleeson Rebello, MD, and Brian Grottkau, MD

Neonatal Emergency Transport Team

The Neonatal Emergency Transport Team and the American Medical Response company work together every year to create an interactive booth for the Children's Health Fair. Children combine fun and learning as they have their faces painted, explore interactive displays, and care for a baby doll in an isolette just as if it were in the NICU. Posters, pictures, and props help children appreciate how light and small a newborn baby really is. Using models of ambulances and helicopters children learn about emergency transport options. And, of course, the *real* ambulance with trained personnel provided by the American Medical Response company is always a show-stopper. Children have an opportunity to listen to actual emergency calls and handle emergency equipment. Through play, they become familiar with emergency apparatus and overcome any fears they may have. "Just what the doctor ordered."

Research and the special needs of children

—by Jane Hubbard, RN, and June McMorrow, RN

Webster defines research as, “Studious inquiry or examination; especially: investigation or experimentation aimed at the discovery and interpretation of facts, revision of accepted theories or laws in the light of new facts, or practical application of such new or revised theories or laws.”

Since 1921, MGH has conducted research to study normal and abnormal physiological states as well as the causes, prevention, control, and cure of diseases, in the General Clinical Research Center (GCRC).

Today the Mallinckrodt GCRC is located on White 13, where it is both an inpatient and outpatient clinical research unit offering services 24 hours a day, 7 days a week. In addition to the unit on the main campus, the GCRC supports two satellite locations, one at the Charlestown Navy Yard Imaging Center, and the other at the Massachusetts Institute of Technology.

Studies in the GCRC involve people of all ages, races, and ethnic backgrounds. Although most of the research on the GCRC is conducted with adults, there is a growing area of pediatric

study. Determining treatment strategies for precocious puberty is one accomplishment of the GCRC. Currently, there are pediatric studies investigating: anorexia nervosa, Crohn’s disease, cystic fibrosis, diabetes, epilepsy, growth-hormone suppression, insulin resistance in Turner’s syndrome, idiopathic short stature, intrauterine growth retardation, and rare genetic disorders such as Noonan’s syndrome and obesity.

GCRC nurses and bionutritionists collaborate with investigators in the expeditious and safe conduct of study protocols. Nursing procedures include: administering medications, collecting and processing laboratory specimens, providing health education, answering questions about research, and providing for the physical and emotional comfort and care of research volunteers while at the GCRC.

GCRC bionutrition staff assist clinical investigators by

providing nutritional consultations, nutritional assessments, measurement of energy expenditure, and nutrition education.

The GCRC recognizes that children and families served by the researchers of the Massachusetts General Hospital for Children have special needs. To meet those needs, the GCRC continually works with research teams to improve and excel in the support of pediatric inquiry.

Children are particularly vulnerable due to their physical, emotional, and cognitive immaturity. For this reason, the National Institutes of Health (NIH), the United States Department of Health and Human Services, and the Partners Human Research Committee strictly regulate pediatric research.

One strategy we use to help put children at ease is to cultivate a ‘cluster’ of nurses and bionutritionists who have pediatric research expertise. Their specialized knowledge includes collecting blood samples while considering the age, weight, and health of the child, best ap-

proach (finger-stick, heel stick, or venipuncture), and the amount and frequency of blood to be collected.

Nurses and bionutritionists obtain consent from children 7-17 years old, in addition to parental consent, to participate in research studies. Pediatric research nurses and a bionutritionist also serve as resources for both pediatric participants and research staff, promoting continuity of the study from start through finish.

For more information about the GCRC or the important work we do with children, call the General Clinical Research Center at 6-3294.



Research study coordinator, Emily Hunter, reviews X-ray with 14-year-old, Danny, on the GCRC.

(Photo provided by staff)

Children and medical interpreters

—by Molly Sweezy, Spanish medical interpreter, Lourdes Sanchez, manager of Medical Interpreter Services, and Karin Hobrecker, translation specialist

Medical interpreters facilitate communication between limited or non-English-speaking patients, their families, and the medical professionals who care for them. To do this, medical interpreters must have a wide range of skills and knowledge, including strong fluency in English and another language, knowledge of medical terminology, an understanding of anatomy and physiology, well-developed memory and retention skills, and a commitment to the Medical Interpreter Standards

of Practice and Code of Ethics. And they must have excellent interpersonal skills.

Medical interpreters at MGH work with children and adults in both inpatient and outpatient settings. When medical interpreters work with pediatric patients, the dynamics are different than when they work with adults. Adult patient encounters usually involve a patient, a clinician, and an interpreter in a 'triangular arrangement.' In pediatric encounters a 'square arrangement' is more appropriate as the interac-

tion includes the clinician, the interpreter, the child, and the parents.

Depending on the situation, one or both parents may be present. Sometimes a sibling or relative may be there, as well. A medical interpreter introduces him/herself to everyone present and makes a special effort to help the child understand the interpreter's role. The added presence of extended family members or an excitable child can make for a complex clinical exchange making the interpreter's expertise even more valuable.

Some pediatric pa-

tients understand and speak English fluently. In these cases medical interpreters interpret exchanges between the child and the provider for the sake of the parent(s). It's crucial that parents are well informed and fully understand their child's medical needs and the follow-up plan.

Even when pediatric patients speak English, medical interpreters play an important role. A child should never be put in the position of interpreting between parents and providers in any language. Not only do children lack an understanding of medical context and medical terminology, they don't have the skill and maturity to retain and repeat all pertinent information. Relying on

children to facilitate communication can compromise the accuracy and completeness of the information conveyed.

This can result in serious miscommunication and a failure to comply with follow-up treatment.

Relying on children to communicate can also disrupt the relationship between a child and parent. When children are put in control of communication, parents lose the position of authority, and a heavy burden is placed on the child as he/she is forced to assume an adult role. Working with medical interpreters avoids these pitfalls.

MGH medical interpreters have the pleasure of working with children and their families in many areas throughout the hospital. Pediatric

encounters may require some special modifications and considerations, but MGH medical interpreters bring the same skills, ethics, and standards to *all* patient-caregiver encounters.

For more information, or to schedule an appointment for an interpreter, call the MGH Interpreters Office at 6-6966.



MGH medical interpreter, Molly Sweezy (center), interprets for rheumatology fellow, Nancy Kim, MD, and the family of 4-year-old, Glendryth, at the Yawkey Ambulatory Care Center

Humanitarian Aid (Berg)

continued from page 11

she was eating better, her lungs were getting stronger, and she was even starting to get some strength and feeling back on her right side. She worked with a physical therapist every day to help build her strength. Her father took wonderful care of her—you could tell how much he loved her, and I'm sure depended on her, because they were all the family they had now.

One morning, Elisa's father woke her up early, got her out of bed and into a wheelchair to start physical therapy. He massaged her leg and worked on range-of-motion exercises to help keep her strong.

Even though she didn't interact with me that much, I grew to love Elisa and her father. They had been through such a horrific experience, and I wanted Elisa to get better so their lives could be just a little easier and happier. I think the most special day for me was

one of the last days that Elisa was with us. I came to work and, as was my routine, the first thing I did was head over to Elisa's bed to say hello. I had brought some candies with me, and I offered one to Elisa and her father. They both took one and put it in their mouths. As I was about to leave, Elisa looked up at me with her beautiful brown eyes, and with a very faint smile, held out her hand out for another candy. I gave her one, wishing I had a hundred more I could give her. It gave me so much joy to bring this little bit of happiness to her. That one smile made the entire trip worth it.

Elisa stayed on the ship for two more days. She continued to improve and became strong enough to go back to the hospital in Banda Aceh. I'm very grateful to have that memory of Elisa and the many other wonderful Indonesian people I met and cared for.

Humanitarian Aid (Rooney)

continued from page 11

are gravely ill and slowly dying. Treatment consists of basic IV hydration and occasional turning. One patient was beautiful, 17-year-old, 'Elisa,' who weighed only 60 pounds or so. She was paralyzed on the right side. Unable to speak, profoundly sad and withdrawn having been torn from her mother in the tsunami. She laid silently with her father, her only surviving family member, at her side. We brought Elisa and her father aboard the Mercy for treatment. She accepted all our interventions without complaint: chest tube, physical therapy, and blood draws.

Soon, the spirit of the ward broke through her cocoon of depression. Many of the other patients and family members went to her, stroked her hair and spoke gently to soothe her broken heart. She began to acknowledge

me with eye contact, and soon would hold my hand with what little strength she had. Little by little, she improved every day as the antibiotics healed the infection. She began to look forward to eating and her smile was almost constant.

The evening before my departure home, we visited the ward. Elisa was smiling and there was something important in her eyes. She pulled the sheet off and moved her right leg. I could barely hold back the tears.

Then, she attempted to speak. Her lips moved slowly, pronouncing words that were unintelligible to me. I ran for the interpreter. Slowly, Elisa started to repeat the words. With tears welling in the interpreters eyes, she looked at me and said, "Elisa read your name tag. She is saying, 'Thank-you, Susan Rooney.'"

The laughter that came from her was one of the most memorable sounds I've ever heard in my life; I can still hear it right now, and I know I'll hear it for a long time to come.

Elisa was transferred back to the field hospital for rehab and continued treatment the day we left Banda Aceh.

Elisa was one of the many patients we treated who profoundly touched us. She showed such resilience in the face of devastation and loss. And despite our cultural differences, she spoke the universal language of the heart.

This volunteer mission was memorable in countless ways. First and foremost, it showed me that the nursing profession is a leveler of differences: cultural, economic, and political. And it showed me that easing the suffering of those in need, wherever they may be, is nursing at its finest.

Clinical Narrative (Vaugh)

continued from page 10

All the while, I was fearful I might unintentionally offend someone.

It wasn't long after that this brave little boy passed away peacefully, with his mom and grandmother at his side holding his hand. Mom then held him for the last

time, prayed with him, and spoke to him. As I helped them pack for their long journey home, an interpreter came over to us. Through the interpreter, mom said the local medical team had done many things to help, but our team came

and loved her baby.

This is just one of the extraordinary events I experienced that challenged me in ways I never expected. This baby boy and his family taught me volumes in the short amount of time I cared for them. I was constantly reminded of how fortunate we are as Americans to have the resources and technology to pro-

tect the health, safety, and welfare of our patients. At the same time, it was frustrating to see how overextended the local medical staff were, how limited their resources were, and the sheer exhaustion on the faces of other international volunteers. I learned quickly that my role was not just to help treat the sick and traumatized,

but to provide respite for the staff already in place. I was able to help the people of Banda Aceh to be comfortable and facilitate a community atmosphere to support them at the end of their lives.

On the helicopter going back to the ship, I wondered what I was going to see next.

Chaplains offer reminders of love

—by Reverend Ann G. Haywood, pediatric chaplain

As a pediatric chaplain, I've learned that at the heart of spiritual care is reminding people they are loved. Reminders of love can take many forms—playing a child's

favorite game, offering a blessing, reading a familiar story, holding a hand, sending a supportive note, or taking the time to be present during life's important moments.



Reverend Ann Haywood delivers Beanie Baby to 5-year-old, Maverik, on the Pediatric Unit. Hundreds of Beanie Babies have been donated by an anonymous couple over the years. It is the hope of everyone associated with the MassGeneral Hospital for Children that whoever makes these generous donations will see this picture and feel the love!

Children experience love when they feel safe, knowing they have caregivers who will provide for their daily needs. *All children*, even newborns, have a deep sense of spirituality. They offer glimpses of their spiritual lives through play, artwork, music, touch, favorite activities, special toys, and words. Children have remarkable creativity, intuition, and wisdom as they seek their own meaning of life's greatest mysteries.

Nurturing the spirituality of children involves creating safe spaces for them to share their dreams, interests, questions, and fears. Spiritual care requires setting aside time for reading favorite stories, singing silly songs, listening well, offering encouraging words, and participating in faith traditions and family rituals. To honor the spirit of a child, caregivers must offer themselves as reminders of love.

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Champions of Children's Health Care

continued from front cover

As we reflect on the accomplishments of the MassGeneral Hospital *for Children*, we see the same championship spirit in our work. Courage, commitment, drive, and inner strength are characteristics of the champions we see every day at the MassGeneral Hospital *for Children*. We see them in the children, families, clinicians, and support staff as they reach inside themselves to meet the challenges of childhood illness. You might say the MassGeneral Hospital *for Children* is a TEAM of champions: *Together-Everyone-Achieves-More*

A true commitment to family-centered practice is what makes MassGeneral Hospital *for Children* a special place. Family-centered care requires the collaborative effort of every member of the team. This issue of *Caring Headlines* spotlights many of the people and departments that make up our family-centered team, but the key players are the children. They are the reason we come to work and strive to do more every day. They are the true champions.

The audacity, vigor, and tenacity children show as they take their medicine, go to tests, and undergo surgery is inspiring. Usually, right at their sides, are the parents. They wait long

hours, sleep on not-so-comfortable cots, sacrifice much, and through it all hold onto hope. Parents know their children better than anyone and their partnership in care decisions and planning is crucial. Parents help professionals understand children as individuals, how he functions in the world, who she is, what his culture is. Without this information we are healing the disease, but with the collaboration of families we are healing the child as a whole person.

Collaboration, participation, respect, and information-sharing are the key elements of family-centered care and the foundation on which the MassGeneral Hospital *for Children* was built. Our mission and guiding principles are rooted in these concepts that drive our day-to-day work. We practice healing, not just by treating the disease process, but by seeing the child and family as a whole navigating the healthcare experience the best way they know how.

In caring for children we must respect the strengths demonstrated by families and rely on the diversity of each family to enlighten us. Our journey in family-centered practice is ongoing. There will always be hills and turns and obstacles. There is no Super Bowl or World

Series because every child and family is its own unique championship experience. Our practice is fluid, challenging, and constantly evolving, but always routed in collaboration, caring, and respect. The spirit of teamwork and championship attitudes can be seen on the smiles and faces of our sickest children and the staff at their bedsides.

Behind the scenes other members of the team, the Pediatric Clinical Performance Management Committee, measure our success and quantify our efforts in order to set objectives for improvement. The multidisciplinary committee is co-chaired by Judy Newell, RN, and Ron Kleinman, MD, and has representatives from the Pediatric Family Advisory Committee, Social Services, Case Management, Pharmacy, the Residency Program, Child Life, the Chaplaincy, and all the pediatric specialty services.

We recently conducted an extensive survey of family members of inpatient children and clinical caregivers and asked: "How important is family-centered care at the MassGeneral Hospital *for Children*, and how are we doing?" The survey showed that we are doing very well in most areas of care. In general, staff rated performance higher than families rated performance, while families rated the importance of each element the same or higher than staff.

Promoting family-centered care, the Pediatric Clinical Performance Management Committee has undertaken a number of projects to increase communication between staff, patients, and families; reduce medication errors; manage pain; provide palliative care; create protocols for chest physical therapy; incorporate spirituality into our mission; and promote a smooth and efficient discharge process. Excellence in patient care requires input and collaboration from all members of the healthcare team.

This year's celebration of Children and HealthCare Week recognizes and honors the champions of the MassGeneral Hospital *for Children*. The week will include inpatient activities such as ice-cream-sundae and Queen-for-a-Day parties. Pediatric Grand Rounds will be open to everyone. On April 27, 2005, the 9th annual Family-Centered

Care Awards will be presented. And once again, the Children's Health Fair will cap off the week with this year's theme, "Champions of Good Health." More than 50 booths staffed by MGH employees will provide information and tools to educate young visitors about how their bodies work and what they can do to be champions of their own good health. On the walls of the tent will be banners featuring the champions of MassGeneral Hospital *for Children*, a reminder that we are a team of individuals each with her own personality, skills, and unique perspective.

We continue to develop an infrastructure that supports our commitment to family-centered practice and delivering the best possible care to our patients and their families. As the Red Sox and the Patriots have shown us... when there is a committed team of champions, anything is possible.

Special Thanks!

Special thanks to Ellen Smith Pantzer, RN, for her efforts in coordinating the stories, articles, and pictures that appear in this issue of *Caring Headlines*



Educational Offerings

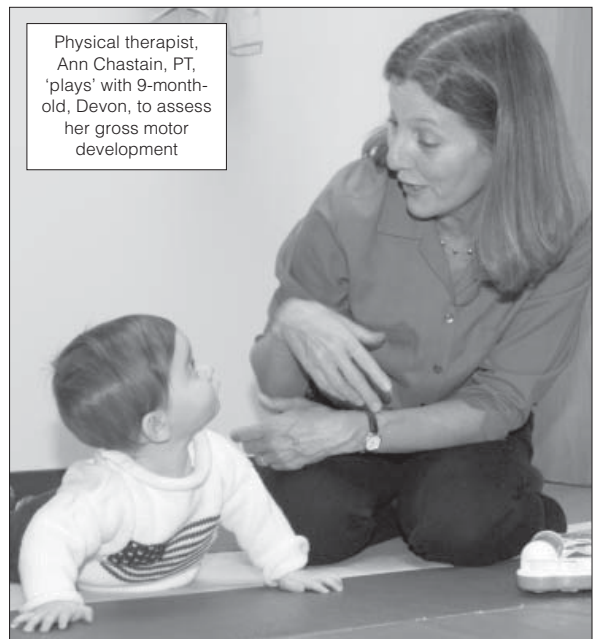
April 21, 2005

When/Where	Description	Contact Hours
May 3 8:00am–2:00pm	BLS Certification for Healthcare Providers VBK601	---
May 4 4:00–5:30pm	Natural Medicines: Helpful or Harmful? Founders 626	1.8
May 5 7:30am–12:30pm	Pediatric Advanced Life Support (PALS) Re-Certification Program Wellman Conference Room	---
May 5 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK 401	---
May 9 8:00am–4:30pm	A Diabetic Odyssey O’Keeffe Auditorium	TBA
May 10 8:00am and 12:00pm (Adult) 10:00am and 2:00pm (Pediatric)	CPR—Age-Specific Mannequin Demonstration of BLS Skills VBK 401 (No BLS card given)	---
May 11 8:00am–2:30pm	New Graduate Nurse Development Seminar I Training Department, Charles River Plaza	6.0 (for mentors only)
May 11 7:30–11:30am and 12:30–4:30pm	Congenital Heart Disease Haber Conference Room	4.5
May 11 1:30–2:30pm	OA/PCA/USA Connections “Food and Nutrition.” Bigelow 4 Amphitheater	---
May 11 11:00am–12:00pm	Nursing Grand Rounds “Infection Control Update.” Sweet Conference Room GRB 432	1.2
May 11 4:00–5:00pm	More than Just a Journal Club Wellman Conference Room	TBA
May 19 8:00am–4:30pm	Building Relationships in the Diverse Hospital Community: Understanding Our Patients, Ourselves, and Each Other Training Department, Charles River Plaza	7.2
May 20 and May 23 8:00am–4:00pm	Advanced Cardiac Life Support (ACLS)—Provider Course Day 1: O’Keeffe Auditorium. Day 2: Wellman Conference Room	16.8 for completing both days
May 20 8:00am–4:30pm	Preceptor Development Program Training Department, Charles River Plaza	7
May 24 8:00am–12:00pm	BLS Certification—Heartsaver VBK 601	---
May 25 8:00am–2:30pm	New Graduate Nurse Development Seminar II Training Department, Charles River Plaza	5.4 (for mentors only)
May 25 8:00am–4:00pm	Creating a Therapeutic and Healing Environment Wellman conference Room	TBA
May 26 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK 401	---
May 26 1:30–2:30pm	Nursing Grand Rounds “Patient Education.” O’Keeffe Auditorium	1.2
May 27 12:00–3:30pm	Basic Respiratory Nursing Care Ellison 19 Conference Room (1919)	---
June 2 7:30–11:00am/12:00–3:30pm	CPR—American Heart Association BLS Re-Certification VBK 401	---
June 2 8:00am–4:30pm	Workforce Dynamics: Skills for Success Training Department, Charles River Plaza	TBA

For detailed information about educational offerings, visit our web calendar at <http://pcs.mgh.harvard.edu>. To register, call (617)726-3111.
For information about Risk Management Foundation programs, check the Internet at <http://www.hrm.harvard.edu>.

Inter-disciplinary Pediatric Therapy Team

The Pediatric Therapy Team is an inter-disciplinary care team comprised of clinicians from Speech-Language Pathology, Occupational Therapy, and Physical Therapy. The team performs same-day, personalized, comprehensive evaluations of children with medical, developmental, and learning needs. Physicians, case managers, other healthcare professionals, school personnel or family members can refer a child for an evaluation. Parents or guardians may call appointment coordinator, April Hildebrand, to set up an appointment and complete the intake questionnaire (617-724-0767).



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