The Grand Opening

Obviously, the thought foremost on almost everyone’s minds here in the Department of Pediatrics this month is the grand opening of the Upstate Golisano Children’s Hospital. Hence, much of this issue will be dedicated to the celebration of this most historic occasion.

A Note From Our Chairman

Thomas Welch, M.D.

“September marks a milestone in the history of child health care in Syracuse. For many years, we had the distinction of being the largest city in the United States without a dedicated children's hospital. For a city which otherwise rightly prides itself on many great features, this was an embarrassment.

As we went to the community to gather support for this project, we promised that we would devise something of which the entire community could be proud--in a way, making up for decades of lacking. Once you have a chance to visit the new hospital, I hope that you will agree that we 'delivered' on this promise. I have visited scores of children's hospitals in the past several years, and honestly believe that we can hold up the Golisano Children's Hospital to any of them. We have always been proud of the care we have been able to deliver. Now, we can be proud of the place where we deliver it.”

Upstate Golisano Children's Hospital Celebration Weekend At A Glance

Thursday, September 10
12:00 - 3:30 PM - Staff Celebration and Upstate Family
4:00 - 6:00 PM - Community Dedication with State VIPS/Media

Friday, September 11
8:00 AM - 2:00 PM - Special Donors and Corporations (Invitation Only)

7:30-3:00 PM – Pediatric Teaching Day:
4:00 - 5:30 PM - Pediatric Teaching Day (Children’s Hospital)
5:30 - 9:00 PM - Opening Celebration/
Ribbon Cutting (Major Donors-Invitation)
Saturday, September 12
9:00 AM - 12:00 PM – Special Donors Tours/Reception (Invitation Only)
1:00 - 5:00 PM - Public Tours
Sunday, September 13
9:00 AM - 12:00 PM - Special Donors Tours/Reception (Invitation Only)
12:00 - 5:00 PM - Public Tours
(Full Schedule Online)

The Multi-sensory Room

Colleen Baish, CCLS, M.Ed.

A few years ago, I had a conversation with one of my early mentors. My uncle, an Occupational Therapist, was knowledgeable and experienced with the “Snoezelen Room” concept. After a rapid sequence of questions and answers, my interest in applying the concept of a multi-sensory environment to a children’s hospital had begun.

Multi-sensory environments, also known as “Snoezelen Rooms”, initially developed in the Netherlands in 1975. The rooms contain tactile, visual, olfactory, auditory and vestibular equipment that encourages participants to interact with the environment. The environment is designed to facilitate physical and mental relaxation, increased awareness, environmental exploration, enjoyment, choices and recovery.

Universally, you will find multi-sensory rooms being utilized in centers for children with developmental disabilities as well as pediatric rehabilitation sites. We will be the first children’s hospital to have an authentic, inpatient multi-sensory room in the United States.

Our friends at Israel and Schneider Children’s Medical Center call their multi-sensory room the “White Room”. An excerpt from their article in the Journal of International Pediatric Nursing entitled, “The World of the Child: A World of Play Even in the Hospital”;

“The White Room influences the child because of its design and accessories, which allow for multiple stimulations of the senses. The room has a calming effect, it focuses and increases curiosity and the urge to investigate and discover. In the words of a young girl, the room is like “being in another world,” not in a world of sickness. In contrast to other treatments given according to a plan set in advance, in the White Room it is the child who stands at the epicenter and it is he who leads and directs all activities. It is here that the hospitalized child gains control over the situation, a control he loses during the course of illness and hospitalization.” (Haiat, Bar-Mor & Schochat, 2003)

Child Life Specialists, Occupational Therapists, Physical Therapists, and our Music Therapist will be utilizing this space for therapeutic purposes. We look forward to the benefits this room will have on all of our pediatric populations.

Treehouse Trivia

What is ‘The Treehouse?’

- Addition or annex to the East Tower
- Main entrance is on Irving Avenue
- Provides direct access to the pediatric patient care areas
- ‘Hospital within a hospital’
- H - U - G - E Numbers:
  - 209 patient beds in East Tower expansion - ALL private rooms
  - 2,200 TONS of steel in the expansion
  - The size of each private room is 285 square feet
  - Each private room is 85 square feet larger than the existing 2-patient rooms
  - 225 construction and non-hospital staff to build the expansion
  - 143 feet from the ground floor of Irving Avenue to the top of East Tower
  - The length of each hallway is 250 feet or 27 football fields
  - 20,000 sq. feet of carpet
  - 15,000 sq. feet of bathroom
  - 190,000 sq. feet of hard flooring
- 1,000 trash cans
- 7,000 curtain hooks
- 250 paper recycling bins
- 535 soap dispensers
- 27 kinds of lights
- 530 patient care curtains
- 232 - 32” flat screen TVs
- 43 different paint colors

Treehouse Timelines
It seemed important to review some of the events that led up to today. While there are several different timelines that have been put together marking the countdown to the Children’s Hospital, this is the only one we know of that goes all the way back to 1834. [http://library.upstate.edu/collections/history/institution/history-of-hsc.php](http://library.upstate.edu/collections/history/institution/history-of-hsc.php)

A more recent timeline was published in the Upstate Clinical Update in July, 2008 (online). What neither of the two timelines above document are any of the rumblings that had been going on within the department from as far back as the days of Frank Oski in the 1970’s.

The Upstate community also expressed interest in a hospital for its children. In 1997 the Syracuse Newspaper also printed an editorial in support of a Children’s Hospital (online)

And of course no Children’s Hospital timeline is complete without mention of Neal Seidberg’s Children’s Hospital letterhead and database first designed and implemented in 1994.

Our former Chair, Dr. Howard Weinberger, contributed the following recollections of the road to a Children’s Hospital:

Some Reflections on the Opening of the Upstate Golisano Children's Hospital

Howard L. Weinberger

To paraphrase President John F. Kennedy, “Success has many parents...”

As we approach the opening of the Upstate Golisano Children’s Hospital, it is worth recalling the long history of the efforts of many in this community who dreamed and labored for this day.

As early as the 1970’s, the late Frank Oski (Chair of our Department firm 1972 to 1984) and his good friend, Al Berne (Chief of Radiology at Crouse-Irving Memorial Hospital) spoke of the possibility of a Children's Hospital in Syracuse. When Frank left to chair the Department of Pediatrics at Johns Hopkins, he often spoke of the high quality of care our faculty in Syracuse provided the children of Central New York. What was missing was a single structure within which everyone who worked would be dedicated exclusively to the care of children and their families.

Dr Warren Grupe came to Upstate from Boston Children's Hospital to serve as Chair from 1987- 1991. Warren advocated for the development of a Children's Hospital from the beginning of his tenure here, along with faculty in the Department and supporters in the greater community, People such as Claude Incaudo (then, President of P&C and first honorary chair of the Children's Miracle Telethon), Mary Ann Shaw, Maureen Zupan and others met with the administration of Crouse and University Hospitals.

During this period, we reached the point where a nationally recognized hospital architecture group was contracted to develop a physical plan for a free-standing Children's Hospital. For a number of reasons, the time was just not quite right. Economic factors, Inter-hospital politics and a variety of Issues put the plans on hold.

The goal of combining all children's Inpatient services in a single institution remained high on the agenda of the Department faculty, community pediatricians, nurses and many lay members of the Syracuse community throughout the 1990’s while I served as Chair of the Department.

Many meetings were held with strong support of Mike Ratner, our Cardiologist colleagues (especially Winston Gaum and Frank Smith), our Vice Chairs, Len Weiner and Bob Kanter, Ben Moore (then CEO of University Hospital) and many others. It became clear that the best option for Syracuse would be the model of a "Hospital within a Hospital" rather than a freestanding Children's Hospital.

One major question remained unresolved at that time was the actual site for the facility. Strong arguments were made for siting the Children's Hospital at either Crouse Hospital or University Hospital.

In 2001, Dr. Thomas Welch was recruited to be the next Chair of the Department. Tom came from a nationally recognized Children's Hospital in Cincinnati and I think it is safe to say that his recruitment could not have been successful without the firm commitment to develop the Children's Hospital at University Hospital.

With support from the State of New York Construction Fund and an outstanding fundraising campaign in the local community, we were on our way. St Joseph's Hospital agreed to close its Inpatient Children's service as did Crouse Hospital (effective June 30 of this year). A wonderful Tribute Evening was held on July 1 to acknowledge the history of outstanding care by Crouse Hospital nurses for children in our community, dating back over a century.

As we look forward to "Opening Day", our commitment to provide the best possible medical and surgical care for children and their families remains the cornerstone of our mission. "Success has many parents…” Many people dreamed and worked for this day. (I apologize if I omitted unintentionally others who contributed constructively to the discussion during those years.) Tom Welch and the current administration of Upstate Medical University and University Hospital deserve the credit for bringing these dreams to reality.

Alaskan Adventures

Thomas R. Welch, M.D.

As readers of this August newsletter already know, I have a "parallel career" outside medicine as an outdoor educator and mountaineering guide. I am an instructor for an international organization, the Wilderness Education Association (WEA), which runs intensive backcountry training expeditions. For several years, I have taught a course in a very remote area of Alaska for the WEA and the Denali Education Center.

Typically, this course covers a variety of competencies, ranging from wilderness navigation and safe campsite location to fundamental rock climbing techniques and group dynamics. The specific curriculum is established by the WEA. Participants leave the course with a variety of certifications from national organizations such as the WEA and Leave No Trace, Inc (LNT), as well as college credit. For this summer’s course, however, I added some content in wilderness and environmental
medicine to the curriculum, and the course became an official Upstate Medical University elective (Pediatrics 5646).

This July, we had a total of 13 students enrolled in the course, of whom five were taking it for UMU credit. My co-instructor is a friend from Ohio days, who is now a guide in the Tetons and a climbing instructor for the National Outdoor Leadership School. As usual, the course began with an intense 24-hour experience on the campus of the Denali Education Center, adjacent to the spectacular Nenana River. This day was consumed with instructing everyone in the "must have" skills which were needed before setting foot into the wilderness. This included everything from grizzly avoidance and emergency procedures to gear checks, packing, hygiene, and the use of basic equipment. With this background, we headed into Denali State Park for about two weeks of expeditioning.

The area in which we traveled is about as remote as one can find—there is nothing like it in the lower 48 states. As usual, we saw virtually no one else during the trip, and with our strong emphasis on navigation skills we did not lose anyone! The latter is not a trivial accomplishment; getting lost on the tundra is all-too-easy, witness two women who became lost in the same area we traveled just a month earlier. Some of the filming for "Into the Wild" was actually done on the Denali Education Center campus.

One of the beauties of such an expedition is the ability to become completely disconnected from the outside world; there is no cell coverage in this area, and our only communication device was a satellite phone I carried exclusively for emergencies. Although folks typically are anxious about this for the first few days of the expedition, after a while it is actually empowering to realize that we are functioning entirely independently of the outside world. The combination of independence from the world and strong dependence upon each other is a unique experience. In fact, "reentry" into the hubbub of urban life takes some getting used to; we actually have a formal session in preparation for this on the final morning of the trek.

Simmer weather in Alaska is always challenging, and this July was a bit more so. We had driving rain just about every day, including some days with temperatures in the 30s and winds in the 30-40 MPH range. Needless to say, the students quickly became adept in adjusting to adverse conditions such as setting up expedition tents on exposed tundra in wind and rain. There was still lots of snow in the area, so we had plenty of opportunity to experience a variety of backcountry travel techniques. Fortunately, we had weather breaks at just the right times—such as for our rockclimbing section midway through the course.

The combination of a strong group of people and very challenging conditions led to an amazing degree of group bonding. We managed to get in all of the formal instruction despite the weather, and all of the students completed the fairly extensive requirements for certification. We are already planning the 2009 course. Check out my website, www.adirondoc.com, for details.

Editor’s Note: Not that we doubted Dr. Welch’s word on any of this. But we felt it would be worthwhile to corroborate the story by asking one of the medical students to share their perspective of the trip. Thanks so much to Heather for taking the Crier challenge (as if Alaska wasn’t enough).

Alaska Impressions
Heather Michael

As we bid the rest of our team farewell, Claire and I certainly entertained a few doubts. Back in planning stages, reserving an additional week for independent travel in the Alaskan wilderness had seemed like an attractive prospect. I suppose that our natural optimism had led us to expect the best from Alaska. We had assumed that our two-week course with Dr. Welch would merely whet our palates for adventures to come. But, as we prepared to re-enter the wilderness, we couldn’t help but question our decision. Only 24 hours prior, we had emerged from the soggy Alaskan backcountry—looking and feeling like war survivors. And, if I recall correctly, the phrase “never again!” had been uttered from my lips on more than one occasion during the past weeks. Yet, there we were… applying for reservations at the Denali Wilderness Access Center… willingly signing ourselves up for another week of physical punishment.

When Claire and I looked at the weather forecast posted on a whiteboard at the Denali visitor center, we didn’t know whether to laugh or cry. The board predicted seven more days of rain and near-freezing temperatures… As we had become well aware, Alaska can be an unforgiving place. Nonetheless, we restuffed our packs, re-tied our muddy boots, and donned our gorex rain gear. Our experiences during the past 11 days had all but immunized us to the miseries of Alaska’s harsh climate. So, we smiled and shrugged as we boarded the “camper’s bus.” After all the mud our boots had seen, the inevitability of dirtying them with a more hardly seemed worth a care. And in a strange way, I almost looked forward to the challenge.

More than anything about wound management or impromptu splinting techniques, Dr. Welch’s course had taught us how to function and persevere in the most trying conditions. And surprisingly, not only had we learned how to function, but we also learned how to experience a strange (and perhaps masochistic) pleasure while doing so.

Of the 260-some hours that we spent in the backcountry with Dr. Welch, no more than 20 of them blessed us with sun. We thus spent 90% of our time—hiking, learning, cooking, sleeping—in pouring rain, driving winds, and even hail. Each morning we’d awaken to the disheartening sound of rain upon the tent. We’d mop-up the standing water from the floor and cringe as we dressed ourselves in cold, saturated clothing. Then, we’d emerge to find our camp enveloped in clouds so thick that you dared not venture too far from camp for fear of losing your way.

Indeed, the clouds become so thick at one point that they swallowed-up an ESF student who wandered off to look for a rock to pee behind. The search party found her a mere 100 yards away, completely disoriented… On another day, the rain created mud so thick that it sucked the boot right off of a hiker’s foot. And, on a few occasions, we found opportunities to try-out our new backcountry medical skills when team members (myself included) began to show signs of mild hypothermia… Sometimes the weather could get the best of you.

There is no way that I could have fully prepared myself for the challenges that our group faced on Kesugi Ridge. In such extreme conditions, gorex, warm wool socks, and peanut M&Ms can only do much to protect you from the elements. Hiking boots with Vibram soles can only carry you so far on the trail… And when
your external defenses begin to break down—your boots begin to leak—you quickly realize that you have to look inward for a means to protect yourself. You come to rely on games of the mind to carry you the extra miles.

I came to learn that success in backcountry travel is as much a matter of spirit and outlook as it is of pragmatism. The challenges Kesugi Ridge not only demanded our proficiency in basic survival skills, but they also required us to explore the powers of our minds and emotions. And like so, our “wilderness medicine” course became a lesson in emotional discovery. As I trudged through the soggy backcountry, all of my emotional reactions—my impressions—became polarized. The “highs” felt more intense, the “lows” felt more dismal than anything I tend to experience during day-to-day life.

Today, as I leaf through my trail journal, I marvel at the clarity of my impressions. On July 19th I wrote, “today was one of the happiest days that I recall... a day of utter perfection.” To what did I owe this grandiose impression? July 19th was the first morning on which we did not awaken to the sound of pouring rain. On July 19th, the clouds lifted, and the sun made a rare appearance. On July 19th, we came to know “hope” in the purest sense.

During a rainy summer in the backcountry, your impressions become a matter of relativity. When all of your creature comforts are stripped away, a seemingly trivial stroke of fortune—a lull in the rain—can make you feel like you’ve won the lottery. Nowhere during my past experiences in “civilization” had the pursuit of joy been so simple. I only hope that I can extend this new mentality as I return to routine life here in Syracuse. As I move forward, I will remind myself to appreciate the small successes that can be easy to take for granted. I will make an effort to seek joy in the most common places. And hopefully, I can keep alive the spirit of hope and optimism that I cultivated on Kesugi Ridge.

St. Agatha CAREs
Linda Markell
The CARE Program is excited to have received a $25,000 award from The Saint Agatha Foundation. The grant project will address the need to help children suspected of abuse to heal, and the need to prevent abuse by raising awareness about coping with normal childhood developmental phases.

The Saint Agatha Foundation, philanthropy established by Laurie Mezzalingua, has distributed over two million dollars in four years. Laurie battled breast cancer for 12 years from the age of 29 until she died this year on July 4. Her long struggle with breast cancer caused her to refocus her career in order to effectively help others, especially women and children. Laurie requested that this award be used to provide comfort to children in the central New York community who are suspected of being abused. The CARE program offers medical exams and forensic evidence collection for suspected abuse victims 18 years old or younger as well as assistance with referrals to community agencies that provide victim advocacy services for families in a time of crises.

Dr. Ann Botash, Medical Director of the CARE Program, said, “Laurie’s generosity makes it possible to tackle projects that were well beyond the reach of our budget. One project is to support the creation of prevention booklets to address key phases of normal childhood development that put children at risk of harm.” The booklets will have practical tips about difficult behaviors that can frustrate parents and guardians, provoke angry confrontation and trigger emotional or physical abuse. Understanding key childhood phases helps parents anticipate difficult phases, plan behavior modification and prepare to cope with frustration. A planned approach can offer relief for caregivers, bring about positive changes in the child & keep them safe from abuse.

Saint Agatha funding will also be used to purchase supplies, such as activity kits and books, to give to children referred to the CARE program from the Central New York catchment area.

Karen Teelin’s Baby
Congratulations to Karen Teelin on the birth of beautiful baby girl Nora Maureen Teelin on 7/28/09 at 6 lbs; 14 oz.

In the News:
In case you missed it, our very own Margaret Nellis (Child Life) was recently featured in a wonderful article in the August issue of the Post Standard’s Healthy CNY. [online]

A Note From Pam

Editor’s Note: We received the following note from Pamela Picciano whose last day was 8/6/09.

Dear pediatric friends,

I can’t tell you all how much I am going to miss you and the work we do here. I have found myself needing to dedicate more time to taking care of myself right now, and have been unable to do that and meet the needs of the units I work on. I am deeply saddened to not be here for the big day that we have all been waiting for, but hope I can join you again sometime down the road. I want to thank everyone who has supported me through my journey with metastatic breast cancer and know that I couldn’t have done it without that help. Some of you are directly responsible for saving my life (more than once). Good luck and good-bye for now and remember if you want to be happy for life, love what you do. You are a great team.

Love, Pamula

If you would like to send Pam a note, her home address is:

501 Curtain Road, Tully, NY 13159.

Infectious Pool Party
Dr. Domachowske graciously opened his home and his pool to faculty, residents and Peds ID staff for the now annual Pediatric Infectious Disease Pool Party on August 6th. One of our embedded reporters, Sarah El Yaman, sent us the following report:

Saturday, Aug 8 was a beautiful day in Syracuse, just perfect to have ID faculty/nurses/fellows and interested residents as well as family and friends of Dr D. and his lovely wife gathered around the very famous Pool enjoying BBQ chicken, ribs, corn bread, hummus dips, and a dip in the water. Carlotta (Roberta’s daughter) with other young children were busy sampling the dessert table while Dr Andrake was daring residents to jump in the pool. Thank you Dr. D for the wonderful afternoon.

SEPTEMBER BIRTHDAYS
9/1 Lisa Blystone, 9/4 Mabel Yew
9/6 Sarah El Yaman, 9/10 Wendy Holz
9/11 Brad Olson
9/28 Barb Delaney