Life-changing treatment offers freedom for a CHaD family
Thanks to the CHaD Corporate Partners who have provided substantial support for our events and programs.
WELCOME TO CHaD MATTERS

Although we did not celebrate it as publicly as the 20th, CHaD recently had its 21st “birthday.” If CHaD were one of my adolescent patients, I would be discussing with her how she was thinking about securing a long and healthy future. At CHaD, we are doing just that.

As you know our pediatric academic health system has earned a reputation for excellence in providing family-centered, value-based care informed by the best of Dartmouth-Hitchcock’s teaching, scholarship and innovation throughout the region, including:

- Primary care in Bedford, Concord, Keene, Manchester, Nashua, Plymouth and Bennington, Vermont
- Specialty care in Bedford, Dover and Manchester, as well as an inpatient special care nursery in Manchester
- Primary, specialty and inpatient care in Lebanon

But it is no secret that health care is ever changing. And it is also no secret that demographic forces in our region and economic challenges to health care delivery throughout the nation require us to plan for CHaD’s future with innovative approaches.

We are therefore engaging in discussions with sister institutions, such as Boston Children’s Hospital, Elliot Health System and Vermont Children’s Hospital at Fletcher Allen Healthcare, to advance the health of the children of Northern New England. Some of these discussions build on longstanding relationships, while others represent new opportunities developed by Dr. Jim Weinstein, President and CEO of Dartmouth-Hitchcock, as part of his efforts to create a sustainable health system.

Meanwhile, after 14 years of providing a steady hand at the helm of Dartmouth pediatrics, Dr. John Modlin has decided to pursue a new opportunity of his own to contribute to child health worldwide (please see page 18) I am humbled to follow his footsteps in serving CHaD, an institution that has great personal and professional meaning for me.

In the coming months I look forward to meeting and working with many of you to determine the best path forward to perpetuate and enhance CHaD, and to find the right person to lead us on that journey.

I know that our young patients, their families, and the many communities we serve can count on us.

Keith J. Loud, MD, MSc
Interim Director, CHaD
Interim Chair of Pediatrics, Geisel School of Medicine
at Dartmouth

ON THE COVER: Paxton Williams, shown here with her dad, Jesse, enjoys a new-found freedom thanks to a baclofen pump that helps elevate muscle tightness and spasms caused by her spastic quadriplegic cerebral palsy. Read more on page 11.

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Pedestrian Safety for Big Kids

As kids get older, they’re anxious for a little more freedom when walking to school, playing outside or venturing into neighborhoods, such as on Halloween night. But this is also a time when parents need to stress the importance of the little things big kids should do to stay safe.

Top Safety Tips

- Children under 10 years old should cross the street with an adult. Every child is different, but, developmentally, it can be hard for kids to judge the speed and distance of cars until age 10.
- Talk to your kids about how to be safe and aware while walking.
- Tell kids to look left, right and left again when crossing the street. Teach them to never run or dart out into the street or cross between parked cars.
- Remind kids to make eye contact with drivers before crossing in front of them and to watch out for cars that are turning or backing up.
- It’s always best to walk on sidewalks or paths. If there are no sidewalks, walk facing traffic as far to the left as possible.
- Cross streets at corners, using traffic signals and crosswalks. Most injuries happen mid-block or someplace other than intersections.
WHEN YOU HEAR THE WORD ARTHRITIS you likely think of it as an affliction of aging however, according to the Arthritis Foundation, “Approximately 294,000 children under the age of 18 are affected by pediatric arthritis and rheumatologic conditions.”

“Kids do get arthritis,” says Daniel Albert, MD, Section Chief of Rheumatology, “and it’s just as severe as adults’ in terms of causes and the treatments. Children with juvenile rheumatoid arthritis (JRA) are in need of medical care as well as social and psychological support just like anyone with a chronic disease.”

As Director of Camp Dartmouth-Hitchcock (D-H), Dr. Albert also knows that all kids need to have fun.

A Tradition of Fun
For the past 30 years, Camp Dartmouth-Hitchcock (D-H) has been a place for children with JRA and other rheumatologic conditions to enjoy a summer camp experience with their peers in a safe and medically supervised environment. It is one of the oldest JRA camps in the country, founded in 1983 by the late Dr. Joshua Burnett, first Section Chief of Rheumatology at D-H.

“It’s a place for children to feel like themselves and be able to relate with other campers,” says Lauren Sanderson, administrative assistant in the Section of Rheumatology at D-H and Camp D-H. “They are just normal children, but they get sore and may tire a little more easily.”

The camp accepts children and teens from ages eight to 17. For many of the younger campers, this is the first overnight without mom or dad. Sanderson laughs, “sometimes they write on their applications ‘Mom’s scared; this is the first time away from home.’”

Each year, in the third week of August, the camp is held on Lake Morey at the Hulbert Outdoor Center in Fairlee, Vermont. The campers sleep in open-air tents with boys and girls in separate units, but they all eat s’mores together around the campfire. “We do all the activities of a regular camp,” says Albert. There is a ropes course, sailing, arts and crafts, swimming, hiking, canoeing, fire-building, and even archery and riflery taught by certified instructors. What campers do is based on individual condition and ability, but, Albert says, “If you were at the camp you might not even know they are kids with arthritis; however, no physical limitation would prevent a child from coming to the camp. We would make appropriate accommodations.”

The Gift of Time and Expertise
Although the camp is focused on fostering independence while having fun, many of the staff are physicians, nurses and other medical personnel who volunteer their time and expertise. “The first day that kids come into camp they’re all screened by a physician and we look for any medical issues,” says Albert. Throughout the week nurses distribute and handle medications and shots based on individual needs and conditions.

The majority of counselors were once campers themselves. This, Albert says, “is because campers look at Camp D-H as a way of finding comrades that are similarly affected. They have very intense bonding and say that this is the most important thing that ever happened to them—finding close personal relationships with peers.”

Like volunteers, campers come from all over. “Many are referred to us, others hear about us through the Arthritis Foundation that often pays for the camper’s fee,” explains Albert.
Return on Assets

The week of camp costs each camper approximately $625. “Because we rent the facility, each year their cost goes up ours may go up as well,” says Sanderson. “This year an anonymous donor who was in camp over a decade ago has started to fund a camper every year. This was the first year we awarded it. It’s a nice gift for our 30th anniversary.” In October, thanks to the Children’s Hospital at Dartmouth-Hitchcock (CHaD), Camp D-H will participate in the CHaD Half Marathon and the majority of what the team collects will support the camp. “CHaD has been a great supporter of ours,” says Sanderson. Albert agrees and adds, “We’re always in need of support and depend on donations whether it’s directly to Camp D-H or through the Arthritis Foundation to support the tuition of the kids.” Funding also helps pay for entertainment night, sometimes with a comedian, puppeteer or other hired fun. The campers also enjoy other evening activities like a dance. “They free-style dance with glow sticks and just have fun,” says Sanderson. Sometimes the kids put on a talent show and do a skit or play instruments. As the week winds down, campers always have a candle ceremony: “Everyone gets a candle, we gather in the barn and light them, then whoever wants to talks about their week. It gets very personal.”

On the very last night, everyone gets dressed-up for the closing ceremony and graduation for campers who have turned 18 or are going into their last year of high school. “The graduates sit at the head of the table and a counselor says a short speech about them before the camper shares something about their journey and plans, and usually about how the camp has changed them. We all get very emotional and a little teary-eyed.”

Happy 30th Anniversary Camp Dartmouth-Hitchcock!

Camping-in at CHaD

FOR MANY CHILDREN, hospital stays can be a seemingly endless circle of boredom, television, medical tests and more boredom. CHaD tries to change that by adding in a little fun. Holly Gaspar, Child Life Specialist at CHaD, is there for the children every day of the week, but every now and again she calls in fun-time reinforcements.

“Double-H Ranch has been coming here for about two years,” says Gaspar. “They visit the pediatric inpatient unit as well as the hematology/oncology unit and help us support the fun-needs of kids when they’re in the hospital.”

The Double H Ranch is one of the serious-fun camps co-founded by Paul Newman and Charles R. Wood for children with chronic and life-threatening medical conditions. Part of their outreach mission is to visit hospitals. “Our hospital outreach program basically brings the fun of summer camp to kids in the hospital. We like to bring an experience that will make them laugh and smile,” says hospital outreach coordinator for Double-H, Scott Liloia.

“Today we’ve done arts and craft and a game show—that was fun. It’s better than sitting in my room all day,” says 15-year-old Lily, a CHaD patient with cystic fibrosis. They also do indoor fishing, bring an inflatable ‘fire’ and hang up scenic backdrops to create an outdoorsy atmosphere.

One of the things Gaspar really appreciates about Double-H is that, “They really understand kids with medical conditions. The programs they provide improve the quality of the patient experience and the parent experience. It also gives the parents a chance to take a break while their child is occupied by play.”

“My impression of the Children’s Hospital at Dartmouth is top-notch,” says CHaD parent Stephan Philbrook. “The major thing I appreciate about CHaD is they also include the entire family. Anytime they have extra activities helps. It gets us interacting with other patients and parents who have similar struggles and we can possibly share and relate together and cope.”

Once every other month, Double-H visits CHaD with their fun and games. “I love when they’re here; it just changes the unit and makes it more interactive for everybody,” says Katie Terrien, RN.

“It’s great to see the changes from when the kids come in and see me in a silly costume and they’re unsure about what we’re doing. Then by the end, they’re laughing and having fun and don’t want to leave,” says Liloia.
Fighting Teen Obesity: CLIMB

Being a teenager has its ups and downs; and according to the Centers for Disease Control and Prevention, since 1980 the obesity rate for 12–19 year-olds has headed up—from five to 18 percent. Providers on the Seacoast were looking for a way to engage the community in addressing teen obesity and its detrimental effects. In 2010, CLIMB (Changing Lifestyles Improving Mind and Body) was born. “Although there were programs available in schools for younger children,” explains Leigh Hardiman, practice manager at CHaD at Wentworth-Douglass Hospital, “CLIMB is a program created specifically to target the needs of teens struggling with their weight.”

Throughout the 10-week program, participants and their families work with experts in the areas of fitness, nutrition, team building and self-esteem. The teens have group exercise sessions, sometimes yoga or Zumba, “things they would not normally be exposed to” says Hardiman. There are also optional activities for the entire family, like hiking or roller skating. “We really focus on the family as a unit,” says Hardiman, “and ask that everyone commits to the success of the program.”

The CLIMB program, in collaboration with Zebra Crossings, was a recent winner of Dover’s 100 Best Communities for Young People award. The program is free and open to the community. “We would really like to expand the program, so we are open to new participants,” says Hardiman. CLIMB has proven to be successful for the individuals who really want to make positive changes: one past participant has just run her first marathon; another lost almost 50 pounds. “We’re especially proud of them, because our primary goal is to promote long-term lifestyle change.”

For more information, visit www.gottransition.org.
Everyone knows that teddy bears bring comfort and joy wherever they go. And every holiday season, when Karen Haskell brings hundreds of them to CHaD, she knows they’ll find their way into the hands and hearts of sick children where they are most needed.

Blame it on Bella, Karen says. “Bella was my Newfoundland, and, when she was a puppy, we were frolicking in the snow. She slipped on ice and crashed into my knee and I had to go to the hospital. There was a parent sitting with a young child who had a turban-type bandage on her head. The mom looked so stressed, but the baby was clutching a teddy bear and looked so peaceful.” At that moment, Haskell turned to her husband and said, “We have to collect bears for CHaD.”

Every year since 2002, that is exactly what she’s done. “The first year, we only collected 50; now we average 700 or more every collection.”

It’s been mostly word-of-mouth that has made the drive so successful over time, says Haskell. “The whole community pitches in, and I set up drop-off boxes around the area. I’m so grateful to the locations that let me put in a box.” Haskell says that she and her husband “never had the money to do philanthropy, but we could afford to buy as many teddy bears as possible and do something that is dear to our hearts because we’ve had so much support from everyone.”

Haskell talks about meeting two CHaD parents; one father lost his son, but remembered how, when he was at the hospital, someone had given him a little stuffed toy and his child always brought it with him to his treatments. “He said, to this day in his office he still has it as a connection to his son.” Another was a mother whose child passed away after only a few short months. “She remembered that in the hospital crib, there was always a little tiny bear.”

Eleven years and literally thousands of teddy bears later, Haskell still recalls the look on that child’s face as she clutched the teddy bear. “Such comfort,” Haskell says, “something so small, yet so profound.”

CHaD Dream Racer Unveiled in Manchester

The first Children’s Dream Racer in New England crossed the finish line in the lobby of CHaD Manchester on Wednesday, March 13, with a test drive by 11-year-old pediatric patient Jacob Raby of Manchester.

The Dream Racer—with a matching racer at CHaD in Lebanon—are gifts from Speedway Children’s Charity (SCC). Designed to distract, comfort and entertain children waiting for treatment, the miniature race cars are equipped with video and audio equipment and customized fittings for some medical devices. There are only 25 Dream Racers in children’s hospitals across the country.

Jessica LaPerle, manager of the CHaD Child Life Program, explained that the children “are distracted from being in a hospital and worrying about their next procedure. Parents also get to watch their children having fun, even though they’re in a difficult situation.”

“The whole mission of SCC is to help children in need,” said Cheryl LaPrade, executive director of SCC’s New Hampshire chapter. “We are so blessed to have the Children’s Hospital at Dartmouth to provide our kids with wonderful medical attention. It’s never a good thing to be in the hospital dealing with scary procedures. This kind of diversion makes it a little easier.”
MAURA VALETTE and her husband, Richard, knew very soon after Noah was born that something was not quite right with their son. “He was not breathing on his own; he was floppy,” recalls Maura. Over time more issues presented: he wasn’t able to sit up or raise himself off his belly; an MRI revealed agenesis of the corpus callosum—a malformed part of his brain that connects the two hemispheres. “Things kept coming up, like choroid cysts, seizures, developmental delays. We knew there had to be a catalyst, something that was triggering all of these conditions.”

In 2002, when Noah was almost 2 years old—and after a continuing litany of ailments—the Valettes decided to take a vacation. “We live in Florida, but we headed to New Hampshire where we have family because we knew that Dr. Filiano was at Dartmouth-Hitchcock and that he was a world renowned neurologist.” It was James J. Filiano, MD, who suspected Noah’s issue could be genetic and referred the Valettes to John B. Moeschler, MD, MS, in the section of medical genetics for CHaD.

“I was so frightened of seeing a geneticist; I never even knew what one was,” Maura recalls. Although tests were run to determine Noah’s condition, they came back negative for known genetic disorders. “But Dr. Moeschler and Jillian Ozmore, our genetics counselor, made us feel so much better. They explained that even if we couldn’t get answers that particular day, if we kept at it, that eventually we would understand what it meant to be Noah.” That, says Maura is exactly what they did. “Every year we continued submitting Noah’s blood for testing.”

Finding the Diagnosis

The practice of medical genetics, explains Dr. Moeschler, Director of the Clinical Genetics Program, “is to provide health care to individuals who have genetic disorders. They can be individuals with inherited conditions or who, by knowledge of family history, may be at risk.” Children and adults are often referred to medical geneticists due to developmental delays or disabilities. The genetics team provides comprehensive evaluations to help identify the cause for a patient’s symptoms. Knowing a specific diagnosis can assist with medical manage-
ment, treatment options and educational planning. As part of the evaluation, specialized genetic testing is often ordered.

Eventually, both Noah and Aiden would be diagnosed through genetic testing to have a rare (1 in 16,000) condition known as 17q21.31 microdeletion syndrome. “17q21.31 microdeletion syndrome,” explains Moeschler, “is a genomic disorder where a small amount of genetic material is missing from one of the two 17 chromosomes.” It is not hereditary. It is what Moeschler calls a “new event. Sometimes genetic disorders just happen with no known or identifiable cause.”

For the Valettes, Noah’s diagnosis had taken years; for the Beauregards, Aiden’s condition was known in months.

“When Noah first came to see us,” says Ozmore, “the available genetic testing didn’t detect 17q21.31 deletions because the disorder hadn’t been identified yet. The condition wasn’t reported in the medical literature until 2006. When Aiden was diagnosed in 2007, he was one of the first cases diagnosed in the region.”

“The condition had been around,” says Moeschler, “but was not recognized for two reasons: one was because it was so rare; second, there wasn’t a test to unite the clinical findings, so it wasn’t described in medical literature.”

Leanne recalls that when she heard the diagnosis she “couldn’t believe it. We didn’t know what to do, or even what questions to ask.”

“As parents,” Frank says, “it was like getting run over by a truck. We wanted answers; we wanted to know ‘what does this mean for our child?’” The difficulty was that very little literature or information was available on a condition medically identified only the year before.

Conversely, after eight years, the Valettes felt they finally did have answers. “After the diagnosis, we understood what it meant to be Noah,” Maura says. “It was like the weight of the world was lifted off my shoulders, because I knew Noah was meant to be this way. It wasn’t something I did when I was pregnant; it wasn’t an accident. Now we understand this is why he is the way he is. It was not devastat- ing; it was exciting and a relief to better understand what’s going on with him.”

Genetic syndromes can present in many ways. “With this condition, there’s a specific communications disorder,” says Moeschler. “The patient’s understanding of the spoken word is better than their ability to produce it. I think that has been very beneficial for these families to know. Generally speaking, the health of these individuals is good, although some can be significantly bothered by epilepsy. There are also minor physical differences that a trained eye may notice.”

Looking to the Future

Only now is this disorder being more fully researched and clarified for health care providers and patients. At the suggestion of Moeschler, both families agreed to take part in the first international study of 17q21.31 microdeletion syndrome led by researchers from the Netherlands. “The study collected patients with this genotype (gene disorder) and then examined them for the phenotype (clinical presentation) and asked the question: what are the aspects of this disorder? The purpose is to help the patients and families. The more we know, the more we’re able to counsel them about what to expect, and to improve treatment.”

In school, Maura says, they call Noah ‘the major’ because “he’s exceptionally social and warm.” The diagnosis, she says, has helped her family to understand that “it’s not just about us and Noah, but it’s about the future. What we’re learning about the human race; what we’re learning about DNA, and how is Noah going to help?”

“Aiden,” Leanne says, “is an amazing child, and everyone at the genetics clinic has been great with him. They are constantly doing research on the syndrome, and if they get any new information, they make sure we get it.”

“Here at CHaD we are a center of excellence,” says Moeschler. “We provide our patients with access to the world, because with the D-H intellectual community and our colleagues globally, as well as numerous databases, not only do we offer genetic health care services, but on a global-scale we participate in the advancement of knowledge regarding rare genetic disorders. This better helps us to do our job, which is to answer our patients’ and families’ questions.”

Dartmouth-Hitchcock’s Medical Genetics has locations in Lebanon, Bedford, Nashua and Dover. There are three sections of medical genetics at D-H, all of which provide diagnosis, counseling, management and risk assessment: the CHaD pediatrics medical genetics practice, which serves individuals of all ages; the Cancer Center’s familial cancer program; and the OB/GYN’s section for families at risk of a child being born with a genetic disorder.

For more information, visit chadkids.org/genes.

Left: Frank and Leanne Beauregard's son, Aiden (center), was diagnosed with a rare genetic disorder that occurs in only 1 in 16,000 births. Aiden was one of the first cases diagnosed in the region. Above: John B. Moeschler, MD, MS (right), director of the Clinical Genetics Program at Dartmouth-Hitchcock, says that knowing a specific diagnosis can assist families with medical management, treatment and education for their child.

Oral Health Tip: The combination of good brushing and flossing, combined with dental sealants and fluoride when recommended, has the potential to nearly eliminate tooth decay in school-age children. Talk to your dentist and pediatrician regularly about how best to care for your child’s teeth. — Courtesy of Centers for Disease Control and Prevention
PAXTON WILLIAMS is a happy, intelligent and outspoken 10-year-old girl who likes playing games with her siblings: Eli, Isaac and Aila. She loves music, painting, beading, sparkles and the color pink. Paxton also has spastic quadriplegic cerebral palsy, which affects all four of her limbs and her speech.

Paxton’s parents, Andrea and Jesse, were referred to Children’s Hospital at Dartmouth-Hitchcock neurologist, James J. Filiano, MD. “We adore him,” says Andrea. After examining Paxton and the extent of her spasticity, Filiano believed Paxton would be a good candidate for surgery. He mentioned the baclofen pump. “Paxton was completely against it and wasn’t open to discussion. She was petrified of needles and was making the connection between surgery and needles. Jesse was also totally against it because he was afraid about something going wrong.”

Andrea was a bit more willing to explore the possibilities, so when Filiano suggested she talk with pediatric neurosurgeon David F. Bauer, MD, regarding the family’s options and concerns she made an appointment. “I had also heard something about the dorsal rhizotomy procedure and thought that might be good for Paxton. But when I met with Dr. Bauer after he examined Paxton, he told me straight out that he wasn’t comfortable with Paxton having a dorsal rhizotomy because it was primarily for the waist down. He also recommended the baclofen pump, and Paxton got hysterical and started crying right there in the office.”

“Paxton had difficulty moving her arms and legs, not because she’s weak but because her muscles are too tight and she can’t control her movements very well,” Bauer explains. “A dorsal rhizotomy involves cutting nerves in the lower spine that are responsible for muscle rigidity in the lower body. But Paxton had spasticity in her tongue and vocal cords—which affected her speech—as well as in her arms and legs. I knew that she’d do really great with the pump.”

The Baclofen Pump

Baclofen is a muscle relaxer and antispasticity medication that helps to relieve the tightness and muscle spasms caused by cerebral palsy and other medical conditions. When administered through an implanted pump, baclofen acts directly on the central nervous system.

The baclofen pump is a device that resembles a hockey puck, and is implanted in the abdominal cavity. A catheter and time-release pump infuses a highly concentrated solution directly into the spinal column. Paxton was already on the pill form of baclofen, “but we weren’t noticing any huge benefits from it,” says Andrea.

“When you take the pill orally,” Bauer explains, “very little of it goes to the brain and a lot of people can’t take high doses because of side effects. With the pump, we can bathe the nerve roots and spinal cord in baclofen and that’s when patients can get great improvement in spasticity.”

With Paxton and her dad still firmly against insertion of the pump, and Andrea not knowing if Paxton would obtain any benefit from the surgery, Bauer had a suggestion. “I offered her a baclofen test dose, which involves injection of baclofen directly into the dural sac where the nerve roots and spinal cord are floating in spinal fluid. That way they could all see what kind of benefit Paxton would get, and Paxton could make the decision whether she wanted the permanent implantable pump or not.”

Andrea, who knew the frustration her daughter felt because of her spasticity, and the difficulties she and Jesse sometimes experienced while caring for her, made a decision. “We have always included Paxton’s opinion, but I kind of overstepped her on this one. I said, ‘Dr. Bauer has a point here. Let’s at least do the trial.’”

Andrea laughs remembering her daughter’s response. “She looked straight at Dr. Bauer and said, ‘Look, I’m going to do this, but I’m not going to like it.’"

“When we first came to him,” Andrea says, “I liked him instantly because he speaks to her, not over her to me. And he said to her, “Okay, you don’t have to like it, but let’s just try it.”

On an early Thursday morning, the Williams family went in for Paxton’s trial dosing. “It was very quick, about 15 minutes; when she came out, Jesse and I were right there. She was still asleep and the first thing I did was grab her foot. We’ve struggled her whole life to get her braces on because her feet freak out; they were always extremely tight even when she was sleeping. I looked over at Jesse and I go, ‘Oh, my God.’ And he goes, “No way.” Paxton’s foot was relaxed. “It was soft,” Andrea recalls. “It didn’t kick at me.”

Within minutes Paxton was awake and ready for breakfast. “The first thing she did was pick up the carton of milk and pour it into the cup.” Andrea says through her tears, "She's never in her
life been able to pour into a cup because her arm would always twitch out. Now, not only could she pour it, but she had control. So she would stop and start again, stop and start again. It was incredible. I was sobbing. Paxton was in awe. Jesse was happy too, but cautiously optimistic.” But it wasn’t just her arms and legs that benefited from the baclofen dose. “She didn’t stop talking that whole day because her tongue and jaw weren’t tight, and the words were just flowing.”

The physical therapist came in every two hours to monitor Paxton’s flexibility and strength. “They told me that without question she was a perfect candidate for the baclofen pump,” Andrea had already figured that out. “It may sound silly to others, but the biggest thing was that for the first time in Paxton’s life I could paint her toenails. I could actually hold her feet in my hands.” That was when Paxton had also had a change of heart about the baclofen pump. “Mumma,” she said, “I have to have it.” When Bauer came in to check on how the family felt about the surgery, it was Jesse who turned to him and said, “Schedule us.”

Home and Back Again

The effects of the medication from the trial dose usually last about eight hours, but for Paxton, they lasted closer to 10. She went to bed that evening still feeling “high on how the day had gone,” remembers Andrea. But the next morning Andrea found Paxton sobbing in her bed. “She said her legs were tight and she was so hoping it wouldn’t come back. That was hard. But from that moment on, we were on a countdown to the pump.”

Five days later Andrea and Jesse were tracking the stages of Paxton’s on-going surgery via a computer monitor in the Dartmouth-Hitchcock waiting area. “The surgery went perfectly,” Bauer says, “and took maybe an hour and a half. There are two main components: an incision on her back where we thread the catheter and confirm it’s the best location based on her symptoms and type of movement disorder. This placement has helped not only her lower body but also her arms and her speech. The second part of the surgery is an incision on her abdomen where I implanted the pump below the abdominal fascia so it wouldn’t be too obvious.

It’s healed up nicely. In all my kids who are thin, I place it under the fascia so you can barely tell it’s there.”

The Williams family felt they had made the right decisions. She has just been wonderful progress. When I leave her appointments I feel great about having made the right decisions. She has just taken leaps and bounds with the wonderful doctors who are there to help her, not just see her. There’s a difference.”

Looking back at the experience, Andrea says she and Jesse—and Paxton—agree it has been nothing but positive. “It has been wonderful progress. When I leave her appointments I feel great about having made the right decisions. She has just taken leaps and bounds with the wonderful doctors who are there to help her, not just see her. There’s a difference.”

Andrea and Jesse believe Paxton’s future is filled with possibilities. “Right now Paxton is determined to stop using her walker and use just her canes—her pink canes. Years down the road she’s going to need to be as independent as possible, live on her own someday, get married and have children—the whole nine yards,” Andrea says. “I want Paxton to live her dreams... and to just be happy.”
“ALL TEACH, ALL LEARN,” is the model for the National Children’s Network (NCN) according to Samuel J. Casella, MD, MSc, Associate Director of CHaD for Safety and Quality. “The spirit of the project is that we won’t compete around children’s safety. If someone has a better way to make a child safe, we’re going to share and spread it. We want to work cooperatively with our peer institutions to improve the safety of children in our hospital and across the nation.”

NCN is just one Hospital Engagement Network (HEN) funded by the Centers for Medicare and Medicaid Services (CMS) as part of the largest federal hospital initiative aimed at patient safety and quality of care. CMS originally awarded 26 contracts as part of its Partnership for Patients program. Twenty-five of those contracts focused on adult care, but, at the time, only one—awarded to the Ohio Children’s Hospitals’ Solutions for Patient Safety (OCHSPS)—was for pediatric care.

Partnership for Patients’ intent is to reduce hospital-acquired conditions by 40 percent and readmissions by 20 percent over a three-year period. “It’s being done in phases,” explains Casella. “OCHSPS began with eight children’s hospitals, then they added another 25 hospitals in Phase 1. Now we’re in Phase II—the NCN—and CHaD is one of 77 children’s hospitals taking part.” Phase II began in the second half of the two-year grant with more modest goals than Phase I: a 20 percent reduction in patient harm and a 10 percent reduction in readmissions by the end of 2013.

The NCN has been tasked with reducing the top 10 pediatric inpatient harms, or conditions, that occur while children are in the hospital. “No hospital had the resources to tackle all 10 at once,” says Casella. “At CHaD, we’re targeting four areas: surgical site infections, pressure injuries or ulcers (bed sores), adverse drug reactions and readmission rates.”

As part of NCN, says Johanna Beliveau, MBA, RN, Administrative Director, Maternal Child Health and Psychiatry, who co-leads the project with Casella, “We’re able to network and collaborate on best practices with our colleagues across the country who specialize in taking care of children.” Casella agrees: “For the first time, we are able to compare our performance with peer institutions. We can look at high performers and learn how they improve outcomes, and also share our methods in areas in which we have high performance.”

A Culture of Safety
“We are unique as an organization in that we are involved in two networks,” explains Beliveau. “As an academic medical center, we’ve been involved in the adult network as part of Intermountain Healthcare’s HEN since 2012. CMS granted us a special exception to also participate in the NCN because of CHaD.”

“At CHaD, and across the organization, we’re all about prevention; the best plan is one that prevents the situation from even occurring,” says Casella. Patients and parents have a very important role in patient safety as well, and we encourage their active involvement. In parallel with the NCN, Casella says, the hospitals have formed a Patient Safety Organization that allows members to share data about all kinds of harm, not just the 10 hospital-acquired conditions specified in the NCN.

“Reduction in patient harm is first and foremost,” says Beliveau, “but these efforts are also important because each time a condition occurs it increases cost. We would rather have those dollars available for resources, programs and prevention, and advancement of health, rather than spending it on things that we see as preventable harms.”

“The ultimate goal,” says Casella, “is that patients can walk into any of the participating 77 children’s hospitals with the assurance that the hospital knows the best practices and the best way to reduce their child’s chances of harm during a hospital admission. The goal is that every children’s hospital in the nation would have this information.”
Pediatric Ophthalmology: Lauren’s Story

WHAT STARTED OUT as cold or flu symptoms took a frightening turn for 8-year-old Lauren Harris and her family when she woke up one morning last fall with her eyes fixed toward her nose, and feeling dizzy and sick to her stomach.

“She was crying and was extremely scared,” recalls Lauren’s mom, Kristina Harris. “She kept asking, ‘What’s wrong with me; why can’t I see right?’” After a few hours, the symptoms became more intermittent and seemed to get better. But then they would come back, including when Lauren was at school.

“It made me feel like I was the only one in the world who had this sickness,” says Lauren.

After examining Lauren and ruling out seizures, her doctor referred her to a specialist—pediatric ophthalmologist Erin Salcone, MD, at CHaD. “Lauren had an acute case of esotropia or double vision,” explains Salcone. “At her age, I was worried about her suppressing vision in one eye, which could become a permanent form of vision loss. It’s also an important time in her life when she’s developing binocular or 3-D vision. And with the eyes crossing, if it became more frequent, she could start to lose that potential permanently.”

Lauren underwent a procedure with Salcone to surgically correct the problem at Dartmouth-Hitchcock’s Outpatient Surgery Center (OSC). “They made her feel special, kind of like it was her day,” says Kristina of the caring and attentive staff who are accustomed to working with children and specialize in same-day procedures. “My husband and I were so impressed. For anything I would need to have done, I would definitely have it done there.”

“Lauren’s prognosis is very good,” says Salcone. “She had a great outcome initially, and she’s maintained good, straight eyes.”

Of her experience at the OSC—which included getting to decorate her own anesthesia mask, visiting the OSC’s playroom and having her mom with her in the OR prior to surgery—Lauren says, “I’d probably say that it’s the best thing that ever happened to me, because it fixed my eyes. If I never had that, I would never be normal again.”

To see Lauren’s full story on video, visit the CHaD website at: http://chad.dartmouth-hitchcock.org/pc/newsdetail/63989/.

What is 5-2-1-0?
5-2-1-0 provides children and families with a road map to healthy habits each and every day. Take the challenge to practice 5-2-1-0 every day!

5 – Eat fruits and veggies at least 5 times a day.
2 – Less than 2 hours of screen time per day. Less is best!
1 – At least 1 hour of physical activity daily.
0 – Avoid sugar-sweetened drinks. Try low-fat milk or water instead.

To see Lauren’s full story on video, visit the CHaD website at: http://chad.dartmouth-hitchcock.org/pc/newsdetail/63989/.
Keeping kids fit while building self-esteem

FOR JENNY WILLIAMS, Executive Director of the Children’s Fund of the Upper Valley, it’s about giving young adults the independence and self-esteem she found in running. For Upper Valley HEAL (Healthy Eating, Active Living) it’s about building relationships and healthier communities.

The Indian River School’s Cross-Country Running (IRS XC) program began when Williams—who coached middle school cross-country for the Norwich Recreation Program for five years—noticed the limited range of athletic opportunities for kids in the Mascoma Valley region. “Traditionally,” explains Williams, “the school had soccer and football, but the town of Canaan’s recreation department had no full-time staff, only volunteers, because they didn’t have the money in the budget. But I had seen the benefits for Norwich and Hanover kids and wanted to offer those opportunities to another community.”

Williams remembers growing up in rural Maine “pretty horrible at most sports and not very coordinated. There are kids who don’t feel like they are coordinated enough to play soccer or football, or kids who don’t want to get hit playing football.” In high school, she found track, and later went on to run cross-country at Dartmouth. “So, we thought it would be helpful to offer cross-country.”

The IRS XC program started in 2011, and Williams knew she was on the right track: “We had 35 kids sign up almost immediately.” The co-ed program is for kids in grades five through eight, with fall and spring sessions. “Our head coach is internationally-ranked runner Ben True. The kids love him. He has a structured training process, but makes sure that the kids are training at levels that work for them. We also formed a partnership with the Dartmouth Endurance Racing Team, an undergraduate group that includes members who were competitive runners or cyclists in high school.

Within the last few months, HEAL, the Children’s Fund and Mascoma Bank have funded a part-time, paid recreation coordinator who covers Enfield and Canaan. The Children’s Fund also provides vouchers for free running shoes to any runner who shows their commitment by attending at least three practices.

FOR THE SECOND YEAR, Cumberland Farms has supported CHaD through their “Cups for Kids” campaign. For every cup of coffee sold at select stores during the month of April, Cumberland Farms donated $.05 to CHaD. To kick off the fundraiser, Ari Haseotes, president of Cumberland Farms retail division, and more than 20 store managers visited CHaD for a reception in Molly’s Place at the CHaD Family Center. The 2013 Cups for Kids Campaign resulted in $17,000 for CHaD programs through the sale of an astounding 340,016 cups of coffee.
EACH YEAR, the Child Advocacy Center at CHaD and the Family Place recognize individuals in our community who routinely go above and beyond the call of duty in supporting, investigating and helping children and families whose lives have been affected by child abuse. These individuals are chosen for their ongoing commitment, dedication, and for the respect that they demonstrate each and every day. This year, awards were given to Captain Frank Moran of the Hanover Police Department; Chief Jim Alexander (retired) of the Lebanon Police Department; Marybeth Marquis of the Division for Children, Youth, and Families – Claremont District Office; Robert Sand (retired), Windsor County State’s Attorney; and Elaine Guenet (retired) Executive Director of The Family Place.

Pictured from left to right: Captain Frank Moran, Hanover Police Department; Cathy Brittit, Program Manager for the Child Advocacy Center at CHaD; Chief Jim Alexander (retired), Lebanon Police Department; Marybeth Marquis, Child Protection Social Worker with the Division for Children, Youth, and Families – Claremont District Office; Robert Sand (retired), Windsor County State’s Attorney; and Elaine Guenet (retired) Executive Director of The Family Place.

THE FRIENDS OF CHaD held a small ceremony this summer honoring our very best volunteers—CHaD patients—kids with hearts so big and smiles so wide and, who at such a young age, know the value of the care they received. In the photo above from left to right:

Josie—when she sings her angelic voice brings the crowd to tears.
Emily—bright and kind and definitely going places.
Avery—witty and charming and has public speaking down pat.
Parker—with a twinkle in his eye and too cute for words.
Elliot—a tough little fella who always steals the show.

Though their health situations are all different, one thing is the same—they are fighters; they have endured and, with their families, they are willing to step up and share their stories so that people get to know CHaD from a different perspective—from the inside out.

“We are lucky to be able to work with these incredible kids and their families. They are our role models and make our work so worthwhile,” says Sharon Brown, Director of CHaD Community Relations. “The presence of CHaD patients at our fundraising events is so important—they are the voices that bring to life the incredible work CHaD staff does every day.”

The Friends of CHaD host several events each year to raise funds for important programs and services such as Child Life, Pediatric Oncology, PICU support and things that make a child’s hospital experience a little brighter. Brown continues, “We not only want to provide top notch clinical care, but we also focus on the social, emotional and developmental needs of the child while in our care. Our approach to patient- and family-centered care is what makes CHaD so special. But it’s our volunteers, both big and small, who make it possible.”

Hydration Hint: Water is the most important nutrient for your child’s health. Fruity ice cubes will make drinking water fun and delicious. Simply place slices of your favorite fruits in an ice cube tray. Fill the tray with water and freeze for several hours. When frozen add them to water for a refreshing drink and fruit treat when the ice melts!
Did you know?
Big Kids Need Protection Too!

Starting January 1, 2014, New Hampshire law (RSA 265:107-a) requires that children ride in an appropriate child safety seat until they are 7 years old or 57 inches tall (whichever is reached first). Using a child safety seat with a harness or a booster seat will meet this requirement.

When is a child ready to use only the seat belt?

1. Can your child sit all the way back against the vehicle seat?
2. Do your child’s knees bend comfortably at the edge of the vehicle seat?
3. Does the belt cross the shoulder between the neck and arm?
4. Is the lap belt as low as possible, touching the thighs?
5. Can the child stay seated like this for the whole trip?

If you answered NO to any of these questions, your child is not ready to use only the seat belt. Kids in a booster seat or other child safety seat can see out the window and are usually more comfortable too!

For more information
Call the NH Child Passenger Safety Program toll free at 1 (877) 783-0432.

Remember! Even though New Hampshire law requires everyone under age 18 to use a seat belt or child safety seat, seat belts make sense for all!

This message brought to you by Safe Kids NH
Dr. John Modlin Moves from New England to International Health Arena

Those who know John Modlin, MD, Interim Director for CHaD, can tell you about how his eyes twinkle with enthusiasm when he talks about his passion for pediatric care, teaching and infectious disease prevention. For Modlin, there is a favorite time of week that brings all of this together. Each Friday at 11 a.m., pediatric ward medical students and residents choose a case that he does not know and present the patient at the bedside, often with the child’s family present, without revealing the diagnosis. Modlin describes it as “an occasion to demonstrate clinical skills, critical thinking, and to teach by example.” Revealing his human quality, he adds “sometimes I’m right, and sometimes it becomes an opportunity to demonstrate humility as a clinical virtue.”

“For the past two decades, John has been in lead roles at Dartmouth-Hitchcock and the Geisel School of Medicine at Dartmouth. He always took on much more than was expected because he was driven to help those in need. Across the region, he is well known for being an unwavering champion of children. Nationally, John is highly regarded for his work in vaccines and viral disease—he was the first pediatric infectious disease physician in New Hampshire and has served as a leading expert for his discipline at the Centers for Disease Control and Prevention. But, perhaps most importantly, his well-earned reputation as a kind doctor and colleague to us all here at Dartmouth-Hitchcock will not be forgotten,” said Dr. Jim Weinstein, CEO and President.

On June 30, 2013, Modlin will leave his positions at Dartmouth-Hitchcock, CHaD and the Geisel School of Medicine at Dartmouth, moving to Seattle where he will join the Bill and Melinda Gates Foundation and focus on the World Health Organization’s goal to eradicate poliomyelitis worldwide. He plans to remain a faculty member at Geisel during this time.

Modlin came to Dartmouth in 1991 from Johns Hopkins where he conducted research on perinatal viral infections, HIV and poliovirus vaccines. “I brought my family to the Upper Valley to raise our two young children in a supportive environment, but it has been the collegiality and professionalism of colleagues and enthusiasm for learning that I see in our students and residents that has kept me here.”

Reflecting on his 14 years as Chair of the Department of Pediatrics, Modlin cites the support of senior leaders, his fellow clinical chairs and the support of the community in making the job manageable. Despite an adverse reimbursement environment for children’s clinical services in New Hampshire, the Department of Pediatrics has more than doubled in size under his leadership; general pediatrics has developed a new model of care; pediatric subspecialties have expanded; and new clinical services have been introduced, including hospital medicine, emergency pediatrics and normal newborn specialty service.

He is optimistic about the outlook for the Children’s Hospital at Dartmouth. “CHaD will need to adapt to a future of low population growth, but the opportunity exists to improve children’s health and advance our academic mission through innovation and by creating new clinical partnerships in the region.”

Taking over as interim director of CHaD is Keith Loud, MD, who completed his pediatric residency at CHaD 13 years ago and, following fellowships in adolescent medicine and sports medicine at Boston Children’s Hospital, joined the faculty at Northeast Ohio Medical University, serving at Akron Children’s Hospital, before his recruitment in 2010 to lead the Section of General Academic Pediatrics at D-H.

“Dr. Loud is well positioned to lead the academic, research and clinical programs. He is a strong communicator and commands the trust of the faculty and house staff. I know he will do a superb job in leading pediatric care,” Modlin said.

Gregg Meyer, MD, MSc, Executive Vice President for Population Health and Chief Clinical Officer, added, “There has been tremendous strength built by our community to support CHaD. As we look ahead, there will be new partnerships formed in New England to ensure that we provide the best care for the children of New Hampshire, Vermont, Maine and their hometowns even further away. We remain committed to delivering on our promise for generations to come: delivering the right care, at the right time, in the right place.

“Creating a sustainable health system for pediatrics means that we support the population, our communities, in a way that allows patients to get care close to home and the best care when they need it,” Meyer added. “That is the goal of working with regional partners to deliver the best care for the children of New England.”
DEDE CARPENTER, manager of Kohl’s Department Store in West Lebanon, NH, along with several store associates, delivered a check to CHaD in the amount of $18,640 on November 30. This gift will help launch a new Period of Purple Crying® Teen Program. The program, specially targeted to teens, helps reduce the risks of shaking a crying baby. The donation was made as part of Kohl’s Cares®, a cause merchandising program designed to make a positive difference in the lives of children. Sales of books and stuffed animals in the West Lebanon store benefit Kohl’s Cares®, which, in turn, awarded a grant to the CHaD. Kohl’s has donated approximately $175,000 to CHaD since 2005.

CHaD Welcomes New Specialty Care Providers

CHaD is pleased to welcome several new providers to our specialty care staff in Lebanon and Manchester. It’s our ongoing goal to offer prompt access to our primary and specialty care providers, as well as excellent service and care, to all patients.

**General Pediatrics**
Concord
Leslie S. Dick, MD
Medical School: Albany Medical College, Albany, NY, 1996
Residency: Connecticut Children’s Medical Center, Hartford, CT, Pediatrics, 1996-99
Fellowship: Children’s National Medical Center, Washington, DC, Adolescent Medicine, 1999-2000
Practice Note: Adolescent medicine.

Catholic Medical Center
Special Care Nursery
Manchester
Meghan L. Beaulieu, APRN, MSN
Education: MSN, University of Missouri-Kansas City, Kansas City, MO, 2011
Board Certification: Neonatal Nurse Practitioner, 2013

**Internal Medicine – Pediatrics**
Manchester
Sally A. Al-Abdulla, MD
Medical School: St. Christopher’s College of Medicine, Luton, England, 2006
Residency: University of Cincinnati, Clinton Memorial Hospital, Wilmington, OH, Family Medicine, 2006-09
Board Certification: Family Medicine, 2009
Practice Note: Adolescent medicine, adolescent mental health, women’s health, newborn care and healthy heart lifestyle.

Internal Medicine – Pediatrics
Manchester
Elizabeth B. Mitchell, APRN, MSN
Education: MSN, Boston College, Chestnut Hill, MA, 2006

**Internal Medicine – Pediatrics**
Manchester
Andrew G. Jones, MD
Medical School: University of Massachusetts Medical School, Worcester, MA, 2008
Residency: Maine Medical Center, Portland, ME, Internal Medicine-Pediatrics, 2008-12
Practice Note: Preventive medicine, healthy lifestyles and physical activity, community health, global health and medical education.

**Neonatolgy**
Lebanon
A. Elizabeth Haynes, APRN, MSN
Education: MSN, Duke University School of Nursing, Durham, NC, 2012
Board Certification: Neonatal Nurse Practitioner, 2013

**Internal Medicine – Pediatrics**
Milford
Andew G. Jones, MD
Medical School: University of Massachusetts Medical School, Worcester, MA, 2008
Residency: Maine Medical Center, Portland, ME, Internal Medicine-Pediatrics, 2008-12
Practice Note: Preventive medicine, healthy lifestyles and physical activity, community health, global health and medical education.
The CHaD Classic Golf Tournament and Gala marked a record year raising $107,000 for CHaD’s Child Advocacy and Protection Program (CAPP). For 29 years, QLLA Charities has supported CHaD. All proceeds from this popular event benefit CAPP, a multidisciplinary program created to help evaluate and treat suspected victims of child abuse and neglect.

Players in the June 10 golf tournament experienced newly renovated and repaired Highland and Lakeland golf courses at The Quechee Club, which suffered major damage during Tropical Storm Irene in 2011. Following a great day of play, the contestants enjoyed a reception and dinner at the Quechee Club for the awards ceremony. An Atlantic City Monopoly themed Gala of casino-style gambling drew a record crowd to the July 27 Gala also held at the Quechee Club. The evening concluded with a live auction, giving guests an opportunity to win two owners’ seats for the Boston Celtics and the opportunity to create and name their own dessert for the Club’s 2013 season.

A special shout-out goes to The Children’s Fund of the Upper Valley, made possible by the Lebanon Courtyard by Marriott; Wayne Griffin Electric; Sulloway & Hollis, Hinckley, Allen & Snyder; Comcast; Golf & Ski Warehouse; Turner Construction Co.; Mascoma Savings Bank; Anthem Blue Cross & Blue Shield of NH; BaySon Company; Casella Northeast Waste Service; Computac; Concentric Security; Crown Point Cabinetry; Ledyard Bank; Devine, Millimet & Branch; D.E.W. Construction Corp.; Global Forest Partners; PCM Construction; PCM Image-Tek; Whitman Communications; Whitney Pension Associates; and Workplace Benefits Solutions.

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20 CHaD MATTERS

VISIT US ON THE WEB AT CHADKIDS.ORG
Another Touchdown for CHaD

There was no shortage of excitement at the 2013 CHaD NH East-West High School All-Star Football Game, powered by the Bedford & Nashua Ambulatory Surgical Centers. Families, friends and football fans crowded the stands of UNH’s Cowell Stadium on Saturday, June 29, to cheer on their local high school football stars in a clash of East and West.

Top graduating football players from across the Granite State took to the field in the second annual charity football game to benefit critical programs at CHaD. The day was full of fun and excitement as skydivers parachuted in with the game ball courtesy of Joseph’s Equipment, and CHaD kids accompanied our team captains to midfield for the ceremonial coin toss. The CHaD All-Star Spirit Squad kept the crowd on their feet throughout the nail-biting matchup.

Team West, led by head coach Jim Schubert, was prepared to defend its championship and take home the CHaD Cup for the second straight year. Team East, under head coach Bob Camirand, would not go quietly; however, Team West prevailed with a clutch overtime touchdown scored by Connor Benjamin of Goffstown. The final score was 13-7, improving Team West’s all-time record to a perfect 2-0.

At the end of game day, the real winners were the kids at CHaD. Though funds are still rolling in, the game raised an estimated $260,000 in revenue, with over $46,000 in player fundraising. An additional $70,000 of in-kind donations contributed to the event’s success. Team West won the overall player fundraising contest, amassing nearly $24,000. The Highest Individual Fundraiser award went to West’s Dylan York of Bedford; he raised more than $3,240.

Visit CHaDAllStarFootball.org for more information.

Champions Breakfast

NASCAR fans were in for a very special treat at this year’s Champions Breakfast at New Hampshire Motor Speedway. The event showcased champions Richard Petty and Ricky Stenhouse, Jr. A seven-time NASCAR Cup Series champion and winner of a record 200 races in his career, Richard Petty is known by many in motorsports circles as “The King.” Petty retired from racing in 1992 and now spends much of his time overseeing the operations of Richard Petty Motorsports, a three-car team competing in NASCAR’s highest levels. Ricky Stenhouse Jr. won back-to-back NASCAR Nationwide Series Championships in 2011 and 2012, and this year is a rookie in the NASCAR Sprint Cup Series for Roush Fenway Racing. Joining Petty and Stenhouse in a question-and-answer session facilitated by Dr. Dick Bergren was CHaD and David’s House ambassador Joey Logano, who drives the #22 Shell/Penzoil Ford. Wrapping up the event was Parker Kligerman, who drives the #77 Northern Power Toyota in the Nationwide Series. Kligerman talked about the personal impact of his visit to CHaD and David’s House a couple of weeks before the event.

Cheryl LaPrade, director of SCC’s New Hampshire Chapter, says: “Speedway Children’s Charities is so proud to be able to partner with such amazing organizations as the Children’s Hospital at Dartmouth-Hitchcock and David’s House. We are so grateful to them for the wonderful services they provide to communities across New England.” The Breakfast raised more than $50,000 for CHaD and David’s house. Top sponsors included Towers Watson, Morgan Stanley, Accretive Health, NEPC and Hawkins DelafIELD & Wood.
Families, friends, kids and hockey fans from all over New Hampshire gathered at the Verizon Wireless Arena as Granite State Police and Firefighters took to the ice for the 6th Annual CHaD Battle of the Badges All-Star Hockey Game, presented by AutoFair, to raise money for CHaD. The annual fundraising event took place on March 16, 2013 at the Verizon Wireless Arena and entertained a crowd of over 5,500 attendees and raised more than $190,000 to fund vital services provided at CHaD.

This year’s new format of East vs. West brought police officers and firefighters from the same communities to play on the same teams, providing a great collaboration for our local heroes. The teams were led by Badges veterans, Lieutenant Micky Drouin of Dover Fire & Rescue for Team East and by Lieutenant Pete Favreau of the Manchester Police Department for Team West. At the end of one amazing game of hockey and down to the last few minutes of the third period, the win went to Team West, with a final score of 6-5 with Michael Snide of Walpole Fire scoring twice, including the game-winner.

Top team fundraiser for the event went to Team East, which raised $67,500. Badges player, Officer Michael Dore of the Nashua Police Department, was honored as the Top Individual Fundraiser with more than $14,000 raised, bringing his five-year total fundraising to $50,000.

Game attendees also came out to support Manchester Police Officer Dan Doherty, who made his long-awaited return to the ice after being injured in the line of duty last year. Dan dropped the ceremonial puck at the start of the game and played with his teammates, scoring a goal in the second period of this lively game of “Good vs. Good.”

WMUR Sports Director and game founder Jamie Staton oversaw the event’s on-ice program with the support of The Morning Buzz personalities Greg Kretschmar and Andy Blacksmith, who worked the crowd as this year’s Team East and Team West Celebrity Coaches, Andy Blacksmith and Greg Kretschmar of WGIR, The Morning Buzz.

Team East and West players share a hug after a great game; at the end of the day it’s all to support the kids at CHaD.

Manchester Police Officer Dan Doherty returned to the ice and honored the night with the ceremonial puck drop between Badges veterans, Lieutenant Micky Drouin of Dover Fire & Rescue and Lieutenant Pete Favreau of the Manchester Police Department.
Coaches. A special and surprise feature of the game included a marriage proposal at center ice by Team East goalie Evan Turcotte of the Wolfeboro Fire Department to Betsy Dominique during the second intermission. The bride-to-be said yes, and the crowd cheered.

More than 40 CHaD patients were teamed up with individual Badges players and played a very important role as CHaD buddies, which included meeting players in a fun-filled on-ice meet up and rally and supporting the players’ great fundraising efforts. CHaD buddies also helped with event-day activities, including the puck drop, a CHaD cheer, bucket brigade and serving as ultimate fans for their players.

We thank our one-of-a-kind volunteers, attendees, sponsors—especially presenting sponsor AutoFair—CHaD families, Verizon Wireless Arena’s Tim Bechert and staff, Aramark, game officials, Manchester Monarch’s staff and, most importantly, the players and their families for their time, energy and spirit! The CHaD Battle of the Badges has become a community staple, and we look forward to seeing what 2014 has in store for our red and blue!

Since its inception in 2008, Battle of the Badges’ total donations have raised nearly $1 million for CHaD. Check CHaDHockey.org for more information, for player tryouts and 2014 game day announcements.
Calendar of Events

Warren Miller Movie Night
November 17, 2013
The Palace Theatre, Manchester, NH
Ken Jones ski Mart of Manchester presents “Ticket to Ride,” the 16th Annual Warren Miller Film event benefitting Kristen’s Gift, the pediatric oncology endowment fund at CHaD. For information call 603-629-1862.

Granite State Baseball Dinner
November 23, 2013
Radisson Hotel, Manchester, NH
The Granite State Baseball Dinner, presented by Northeast Delta Dental, is an annual charitable event that benefits three outstanding organizations: the Children’s Hospital at Dartmouth-Hitchcock (CHaD), New Hampshire’s only full-service, comprehensive children’s hospital; the Ted Williams Museum, devoted to preserving and building on the rich tradition of our national pastime; and the Fisher Cats Foundation, a statewide charitable organization that provides scholarships to college-bound high school seniors in New Hampshire and Massachusetts. For tickets go to www.nhfishercats.com

CHaD Battle of the Badges Hockey Championship
March 1, 2014
Verizon Wireless Arena, Manchester, NH
Police officers and firefighters from around the state of New Hampshire are hitting the ice for the kids at CHaD in the 7th annual CHaD Battle of the Badges Hockey Championship, coming in the spring of 2014. Don’t miss out on great hockey and family fun. Kids 10 and under are free! Visit ChaDHockey.org or email ChaDHockey@hitchcock.org for more information.

2014 CHaD NH East-West High School All-Star Football Game
Saturday, June 28, 2014
Grappone Stadium, Saint Anselm College, Manchester, NH
Catch the best and brightest graduating high school football stars from around the state at the 3rd annual CHaD NH East—West High School All-Star Football Game, powered by the Bedford & Nashua Ambulatory Surgical Centers. The event promises to be a fun-filled day for the entire family and supports critical programs at the Children’s Hospital at Dartmouth-Hitchcock. Visit CHaDFootball.org or email Danielle.R.Matteau@hitchcock.org for more information.

CHaD Classic Golf Tournament
Monday, June 9, 2014
Quechee Club, Quechee, VT
Sign up TODAY! Registration is limited! Join us for a great day of Golf at the stunning Quechee Club. Proceeds will support the Child Advocacy and Protection Program (CAPP) at CHaD. To register contact Gail Ferney at (802)296-7128, jngferney@aol.com, or visit dhmc.org/chadclassic.

CHaD Classic Gala featuring Casino Night!
Saturday, July 26, 2014
Quechee Club, Quechee, VT
Join us at the Quechee Club for a fun filled night of gambling as QLA Charities brings a little bit of Vegas to the Upper Valley. Proceeds will support the Child Advocacy and Protection Program (CAPP) at CHaD. For reservations please call the Quechee Club at 802.295.9536.

Late-Breaking CHaD News:

Video Goes Viral
The CHaD Child Life team recently produced a video of our CHaD kids lip-synching to Katy Perry’s new pop hit “Roar.” The video went viral with more than 2 million views on YouTube as we go to press. Congratulations! To see the video go to http://chadhero.org/roar

Late-Breaking CHaD News:

One Medical Center Drive
Lebanon, New Hampshire 03756
Address Service Requested