

The Nurses of

NURSES ARE THE BACKBONE of our Children's Hospital. Did you know that more than 100 nurses work at CHaD? They work in every CHaD area and in many different roles. There are nurse practitioners, nurse coordinators, clinical nurse specialists, unit leaders, care managers, bedside nurses, and outpatient nurses. There are LPNs, RNs, BSNs and MSNs (Master-prepared) nurses, all working together to provide comprehensive services to children and their families.

Despite the differences in their roles or their degrees—and whether they work in the PainFree Center or the Neonatal Intensive Care Unit—one thing remains the same: their dedication to caring for the clinical, emotional, and developmental

needs of children. Nurses are advocates, delivering family-centered care and living out their commitment to the health, safety, and well-being of infants, children, adolescents, and young adults through their work every day. Recognizing that children's needs are different than adults, they acknowledge that play, diversion, friends and family, and even homework can be just as important as the care they provide. They realize that serving a “Shirley Temple” in the evening is much more exciting than juice.

In this issue of CHaD Matters, we've profiled four nurses from different areas of CHaD. You'll see why their efforts make CHaD's nursing team one of the strongest in the nation.

Jane Buskey *Intensive Care Nursery*

EARLY MORNING SUN glimmers through the windows of the Intensive Care Nursery (ICN). Jane Buskey, RN, quietly rocks her first patient of the day—a premature baby girl.

By the quiet smile on Buskey's face, you can tell she loves her job. She considered teaching, but her love of science led her to nursing and her love of children to pediatrics. After 10 years of pediatric nursing, Buskey and her family moved to the Upper Valley. At the time, DHMC was increasing nursing staff in the ICN. Buskey was one of 12 RNs hired in the spring of 1977. “It's always felt right,” she says, 25 years later.

Watching Buskey makes you wish that your job was feeding and rocking tiny babies. But she is quick to tell you that is only a small part of her day. “The entire staff reports together in the morning. You're assigned either three or four babies in intermediate care or one or two critical care babies,” says Buskey. “The previous nurse caring for the baby signs off, and you make a plan for the day—

when the parents will visit, how much the baby needs to eat, and timing of medications.”

In addition to coordination with the patient care team—neonatologists, neonatal nurse practitioners, pediatric residents, and primary care doctors—there's quite a bit of patient education. “Even though I didn't want to be a teacher, that is what I am,” she laughs. “But it's much easier to educate smaller groups of people.”

Buskey works with each family individually, providing the information they need during their stay and after discharge. Many times questions come from other family members, such as grandparents or siblings, who may have less exposure to the day-to-day care of the child. To help families develop their own baseline of knowledge, Buskey co-developed an educational video, *Welcome to the ICN*.

“Babies come with families. Although each family is unique in their situation, they are sharing similar experiences,” Buskey says. “I like being able to help them, give them information, and hopefully change stress into something they can handle.”



Jane Buskey, RN

CHaD

Benjamin Del Frari *Pediatric and Adolescent Inpatient Unit*

THE PEDIATRIC Adolescent Inpatient Unit is colorful and cheerful. There's quite a bit of noise and activity, as well as smiling, friendly faces to make children and families feel at ease. Having a nurse like Benjamin Del Frari also helps. As he talks one-on-one to kids of all ages, he reminds you of the big brother you wished you had.

Del Frari, RN, BSN, is new to CHaD. While attending Colby-Sawyer College in New London, NH, he worked as a nursing assistant in the unit for a year. Del Frari was hired in February, graduated in June, passed the boards in July, and came on board at CHaD as a full-time registered nurse in August. "I already knew the unit and loved it," the Sunapee, NH resident says. "The nurses have an educated caring—a high skill level in many different areas—that helps them network for their patients."

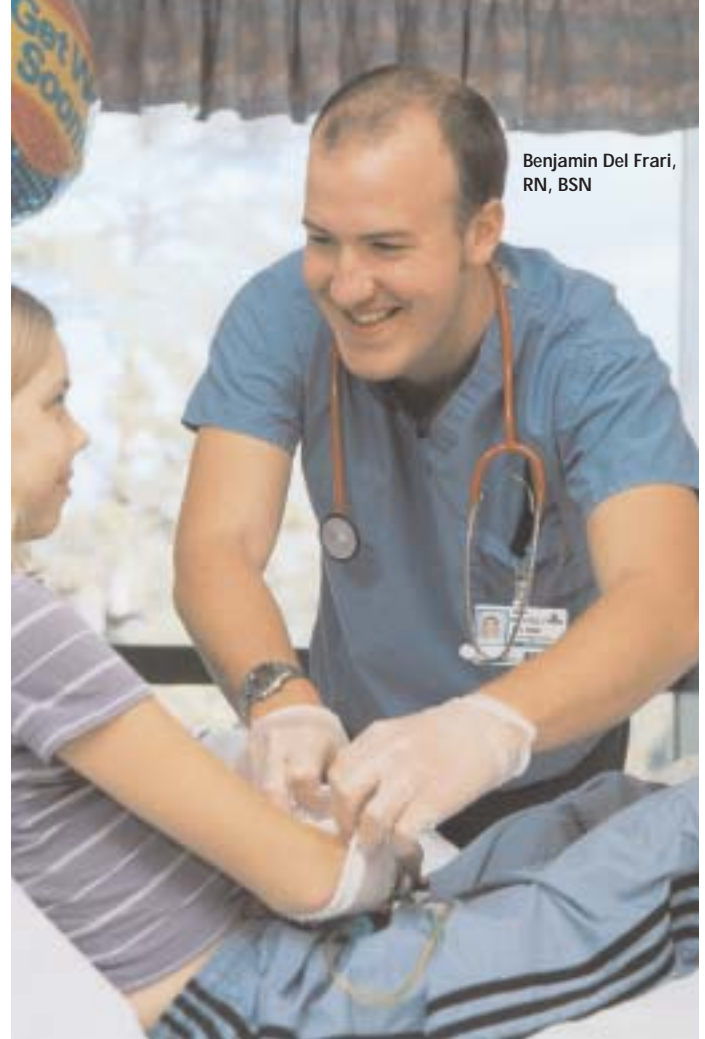
Adolescent care is a significant portion of the work at CHaD. In fact, 25 percent of inpatients are between the ages of 11 and 21. Children have a variety of clinical problems ranging from common pediatric concerns, such as asthma and infectious diseases, to tertiary problems, such as complicated oncology and multiple trauma. But their stay in the 22-bed inpatient unit depends on their

level of stability. "We usually see trauma patients after their stay in the Pediatric Intensive Care Unit," explains Del Frari. "We're a stop on their way to recovery."

Del Frari often works with children with chronic conditions, such as Cystic Fibrosis, Down syndrome, and diabetes. In addition to patient care and family education, Del Frari is what he calls a "care coordinator."

"Children come in for different services, and you frequently have to work with pediatricians and specialists all over DHMC," he says. "The key to providing quality care is coordinating knowledge and services between interdisciplinary teams."

Whether working the day or



Benjamin Del Frari,
RN, BSN

evening shift, Del Frari arrives a half-hour early to get his assignments. (He typically has four patients during the day and six in the evening.) He reads their charts, figures out the medication times, and works with the family to provide the highest

quality care for their children. "I love working with kids, and I enjoy the interaction with the family," Del Frari says. "What's nice about working with children is that you have another expert—the parent. They know their kids the best."

J. Dean Jarvis *Pediatric Intensive Care Unit*

J. DEAN JARVIS, RN, IS IN ONE OF HER favorite spots—a patient care room sitting on a leather window seat, overlooking DHMC's north entrance. "This is a great room for patients that need a little TLC," she says. "Turn the bed and a child on a monitor can look out the window to see the trees, the traffic, or a little skunk trying to get inside the building. It's a great comfort for families in times of crisis."

Jarvis joined DHMC in November 1988, and has always worked in the Pediatric Intensive Care Unit (PICU). She was, in fact, one of eight nurses who started the PICU in August 1989. "The PICU was a four-bed unit at Mary Hitchcock," she

recalls. "When it was time to move to the new facility, I worked the last night at the old hospital and the first night in the new." The PICU is currently a six-bed unit, and will expand to 10 beds this winter. Jarvis' energy knows no bounds; despite working full-time and studying for her MBA, this mother of two still found time to join the unit's development/design team.

Every day in the PICU is different. "We see patients from their first day to age 82," she says. "We're the overflow for the NICU and the adult ICU. I like to think of our unit as one of the most flexible units in the hospital."

There is usually a cross- *continued on page 6*



J. Dean Jarvis - continued from page 5

section of patients divided across four age groups: under a year, age 1 to 8, age 9 to 13, and age 13 and up. The PICU sees between 30 and 45 patients a month, with a wide variety of disease identities and traumas. “Drownings, car accidents, babies with bad colds that require ventilation, children with cancer getting their first round of chemotherapy,” describes Jarvis. “There are different nursing skills needed for each age, as well as coordination with physical therapy, occupational therapy, respiratory,

and nutrition. We wear many hats.”

Jarvis enjoys the challenges of the PICU. Today, she was a resource nurse, coordinating the number of beds and discharges to other floors, helping other nurses with patients, and assisting with emergencies in other units. But no matter her role or the type of patient, Jarvis insists on one thing. “We are family centered,” she says. “Families are every bit as important as the patients, and we do our best for the kids and the adults and the siblings and the extended families.”

Susan Whitcomb, RN



Susan Whitcomb *Pediatric and Adolescent Medicine Clinic*

“I LOVE KIDS,” says Susan Whitcomb, RN. “I like to watch them grow, change, and become the people they are going to become.” Whitcomb is a nurse in CHaD’s Pediatric and Adolescent Medicine Clinic. She provides preventative care to kids of all ages and educates parents every step of the way. “Teaching parents starts with the first visit, which is sometimes three days after birth,” says Whitcomb. “They’ll come with newborns, then I see them at two, four, six, ten months for well-child check ups. I get to know the families.”

In addition to preventative care, the Pediatric Clinic has its share of acute patients. “We may be educating parents about poison control or car seat issues,” says Whitcomb. “Or an acute patient may have made an appointment that day with an ear infection or meningitis or anything in between. It’s a variety of patients every day.” The clinic also works with different specialties—neurology, endocrinology, and dermatology—based on the needs of the patients.

Whitcomb has long-standing ties to the community. She was born at the old Mary Hitchcock in Hanover, and is a graduate of Hanover High School. She went to nursing school at Mary Hitchcock and worked there for ten years. After the birth of her second child in 1985, she decided to stay at home with her two daughters. But she missed all the kids she met through the pediatric outpatient clinic—so she opened a home day care in Lyme, NH.

“For 16 years, kids came to ‘Susie’s House,’” she says. “It was an extended family. One child would stay with me during the day, then when the next sibling was born they’d come, too. Parents became friends with other parents they met, and former day care kids would drop by after school at age 16 or 17. Everyone knew everyone.”

In April 2001, Whitcomb took DHMC’s Nursing Update course, a re-

fresh course for registered nurses re-entering the profession, and returned to DHMC last year. She now helps with the care of 100 to 150 patients a day—and even more during the winter months. “The staff in the Pediatric Clinic is excellent,” says Whitcomb. “We work so well together; everyone has an intuitive sense and the day goes just like clockwork. It’s a wonderful place to work.”