Dartmouth’s CCNE combines the expertise and resources of Dartmouth-Hitchcock’s Norris Cotton Cancer Center (NCCC), the Thayer School of Engineering at Dartmouth, and Dartmouth Medical School (DMS). Ian Baker, Dartmouth’s Sherman Fairchild Professor of Engineering, leads the Dartmouth CCNE as its director and principal investigator, and Keith Paulsen, the Robert A. Pritzker Professor of Biomedical Engineering, serves as CCNE deputy director. “The Dartmouth CCNE is the result of our vision for the enormous potential of nanotechnology to improve cancer diagnostics and therapy, and Dartmouth’s unique ability to capitalize on that potential,” says Mark Israel, MD, director of NCCC. “Our cancer nanotechnology working group brought together no less than 25 top-notch scientists, engineers, and physicians from across Dartmouth to advance this program.”

Dartmouth has outstanding ongoing research in the area of nanomaterials and a strong, diverse program of developmental therapeutics and research in cancer. “The small size, collaborative spirit, and collegial interactions that characterize the Dartmouth campus provide unique opportunities to seek unexpec ted synergies and build an exciting program to advance new cancer research initiatives,” Israel says.

### HIGHLY INTEGRATED APPROACH

In September, Dartmouth joined this elite group when it was named as one of nine Centers of Nanotechnology Excellence (CCNE) in the country, and was awarded a five-year, $12.8 million grant from the NCI. CCNEs are charged with integrating nanotechnology into cancer research in order to provide new and more effective ways to diagnose and treat cancer.

### HIGHLY INTEGRATED APPROACH

In September, Dartmouth joined this elite group when it was named as one of nine Centers of Nanotechnology Excellence (CCNE) in the country, and was awarded a five-year, $12.8 million grant from the NCI. CCNEs are charged with integrating nanotechnology into cancer research in order to provide new and more effective ways to diagnose and treat cancer.

### HIGHLY INTEGRATED APPROACH

In September, Dartmouth joined this elite group when it was named as one of nine Centers of Nanotechnology Excellence (CCNE) in the country, and was awarded a five-year, $12.8 million grant from the NCI. CCNEs are charged with integrating nanotechnology into cancer research in order to provide new and more effective ways to diagnose and treat cancer.

### HIGHLY INTEGRATED APPROACH

In September, Dartmouth joined this elite group when it was named as one of nine Centers of Nanotechnology Excellence (CCNE) in the country, and was awarded a five-year, $12.8 million grant from the NCI. CCNEs are charged with integrating nanotechnology into cancer research in order to provide new and more effective ways to diagnose and treat cancer.

### HIGHLY INTEGRATED APPROACH

In September, Dartmouth joined this elite group when it was named as one of nine Centers of Nanotechnology Excellence (CCNE) in the country, and was awarded a five-year, $12.8 million grant from the NCI. CCNEs are charged with integrating nanotechnology into cancer research in order to provide new and more effective ways to diagnose and treat cancer.

### HIGHLY INTEGRATED APPROACH

In September, Dartmouth joined this elite group when it was named as one of nine Centers of Nanotechnology Excellence (CCNE) in the country, and was awarded a five-year, $12.8 million grant from the NCI. CCNEs are charged with integrating nanotechnology into cancer research in order to provide new and more effective ways to diagnose and treat cancer.

### HIGHLY INTEGRATED APPROACH

In September, Dartmouth joined this elite group when it was named as one of nine Centers of Nanotechnology Excellence (CCNE) in the country, and was awarded a five-year, $12.8 million grant from the NCI. CCNEs are charged with integrating nanotechnology into cancer research in order to provide new and more effective ways to diagnose and treat cancer.

### HIGHLY INTEGRATED APPROACH

In September, Dartmouth joined this elite group when it was named as one of nine Centers of Nanotechnology Excellence (CCNE) in the country, and was awarded a five-year, $12.8 million grant from the NCI. CCNEs are charged with integrating nanotechnology into cancer research in order to provide new and more effective ways to diagnose and treat cancer.

### HIGHLY INTEGRATED APPROACH

In September, Dartmouth joined this elite group when it was named as one of nine Centers of Nanotechnology Excellence (CCNE) in the country, and was awarded a five-year, $12.8 million grant from the NCI. CCNEs are charged with integrating nanotechnology into cancer research in order to provide new and more effective ways to diagnose and treat cancer.

### HIGHLY INTEGRATED APPROACH

In September, Dartmouth joined this elite group when it was named as one of nine Centers of Nanotechnology Excellence (CCNE) in the country, and was awarded a five-year, $12.8 million grant from the NCI. CCNEs are charged with integrating nanotechnology into cancer research in order to provide new and more effective ways to diagnose and treat cancer.

### HIGHLY INTEGRATED APPROACH

In September, Dartmouth joined this elite group when it was named as one of nine Centers of Nanotechnology Excellence (CCNE) in the country, and was awarded a five-year, $12.8 million grant from the NCI. CCNEs are charged with integrating nanotechnology into cancer research in order to provide new and more effective ways to diagnose and treat cancer.

### HIGHLY INTEGRATED APPROACH

In September, Dartmouth joined this elite group when it was named as one of nine Centers of Nanotechnology Excellence (CCNE) in the country, and was awarded a five-year, $12.8 million grant from the NCI. CCNEs are charged with integrating nanotechnology into cancer research in order to provide new and more effective ways to diagnose and treat cancer.

### HIGHLY INTEGRATED APPROACH

In September, Dartmouth joined this elite group when it was named as one of nine Centers of Nanotechnology Excellence (CCNE) in the country, and was awarded a five-year, $12.8 million grant from the NCI. CCNEs are charged with integrating nanotechnology into cancer research in order to provide new and more effective ways to diagnose and treat cancer.

### HIGHLY INTEGRATED APPROACH

In September, Dartmouth joined this elite group when it was named as one of nine Centers of Nanotechnology Excellence (CCNE) in the country, and was awarded a five-year, $12.8 million grant from the NCI. CCNEs are charged with integrating nanotechnology into cancer research in order to provide new and more effective ways to diagnose and treat cancer.

### HIGHLY INTEGRATED APPROACH

In September, Dartmouth joined this elite group when it was named as one of nine Centers of Nanotechnology Excellence (CCNE) in the country, and was awarded a five-year, $12.8 million grant from the NCI. CCNEs are charged with integrating nanotechnology into cancer research in order to provide new and more effective ways to diagnose and treat cancer.

### HIGHLY INTEGRATED APPROACH

In September, Dartmouth joined this elite group when it was named as one of nine Centers of Nanotechnology Excellence (CCNE) in the country, and was awarded a five-year, $12.8 million grant from the NCI. CCNEs are charged with integrating nanotechnology into cancer research in order to provide new and more effective ways to diagnose and treat cancer.

### HIGHLY INTEGRATED APPROACH

In September, Dartmouth joined this elite group when it was named as one of nine Centers of Nanotechnology Excellence (CCNE) in the country, and was awarded a five-year, $12.8 million grant from the NCI. CCNEs are charged with integrating nanotechnology into cancer research in order to provide new and more effective ways to diagnose and treat cancer.
Barbara and Foster Blough Honored for Years of Service

Barbara Blough and her late husband Foster were honored as Dartmouth-Hitchcock’s 2010 Outstanding Community Ambassadors. Above, the couple at work at the DHMC information desk in 2008.

FEW HAVE HAD as deep a history of support and involvement in Dartmouth-Hitchcock and Dartmouth Medical School as long-time volunteers Barbara Blough and her late husband, Foster. Together, the Bloughs have given almost four decades of devoted volunteer service to DHMC—activities ranging from cuddling babies in the intensive care nursery to writing the business plan for the 2007 expansion of the Pink Snook Gift Shop and taking leadership roles on the DHMC Auxiliary Board.

This couple’s extraordinary dedication was celebrated at a gathering of donors to Dartmouth-Hitchcock and Dartmouth Medical School in September, when Barbara Blough received Dartmouth-Hitchcock’s 2010 Outstanding Community Ambassador Award. The annual award honors those who exemplify Dartmouth-Hitchcock and Dartmouth Medical School’s core values and connection to the community.

“What we did over the years was, for us, totally rewarding and great, great fun,” said Blough in accepting the award presented by Nancy Formella, co-president of Dartmouth-Hitchcock. “To get this award tonight is just icing on the cake. The old Ma-

DARTMOUTH CCNE (from page 1)

... or even when injected into the tumor,” Weaver explains. “There’s a lot going on at the molecular level, and we’re not yet certain whether the antibodies will bind or just collect in places because of other factors. One project that I’m working on with Brian Pogue involves measuring whether nanoparticles collect where they do. Are the antibody-bound, or are they just caught in a place with very little flow? That knowledge will allow us to improve our ability to deliver nanoparticles where they need to go for therapies and diagnosis.

By using sophisticated imaging techniques, Weaver and his colleagues hope to determine the effectiveness of certain antibody fragments in “driving” nanoparticles to tumor cells. “We’re still a ways away from getting things to work as well in practice as they do in theory,” says Weaver. “But I think this grant reflects the promise that nanotechnology holds for treating cancer in a much more targeted way.”

CQPs (from page 1)

“The people who were chosen from Nashua aren’t the supervisors or the team leaders, but people who were identified as energetic, who wanted to learn something new, and with a good sense of humor. The QIP training has really given the folks on the front lines of patient care the opportunity to learn techniques to improve processes at the patient level,” Laliberte says. “I’ve been thrilled. I can see that they’ve gained in confidence and feel like they have the techniques and ability to make change.”

Laliberte cites the example of an LPN who attended the trainings and has since begun to restructure how nurse visits for hypertension are conducted in the clinic she works in. “She saw ways to restructure the visits and even ways to market them,” Laliberte explains. “She gained the confidence in herself to do this project.”

The training was spread over three months. This gave the participants time to work with their teams and apply their new skills. QIPs met regularly with their supervisors and leaders to keep them aligned and apprised of their project work. “It’s exciting to be building a culture where front line people recognize the need to improve and welcome the support of the QIPs to guide them through improvement work,” Patchett says. “It’s great to have leadership aligned with vision and strategy, because change happens when beliefs and behavior change at every level.” Every member of the team needs to be empowered. As one of the participants wrote in an evaluation of the training, “Understand you can do anything but not everything.”

“Also exciting,” says Patchett, “to see people engaging across practices and telling real stories about making change in real medical practices that are both content and process specific. We talk about the lessons learned about making change at an emotional level and we teach new tools to support the D-H Quality Loop by teaching about measuring, prioritizing, designing and implementing change.”

Patrice adds “Measurement is at the core of improvement work and tells us whether the changes we are making are an improvement.”

Barbara Blough and Foster are the couple at work at the DHMC information desk in 2008. Joining Barbara for the special occasion on September 16 were her daughter, Diana, and son-in-law, Steve Geck.

Corton Cancer Center, and Keith Paulsen, PhD, a professor at both the Thayer School of Engineering and at DMS and director of DHHMC’s Advanced Imaging Center. Speaking about the power of innovative cross-disciplinary collaborations between medicine and engineering, Dartmouth to fuel medical advances, Israel and Paulsen shared breaking news of a $12.8 million grant for cancer nanotechnology research awarded to DMS, Thayer, and the Cancer Center by the National Cancer Institute. With the award, Dartmouth will develop a Center of Cancer Nanotechnology Excellence (CCNE), placing it among the top centers nationwide integrating nanotechnology into basic and applied cancer research in order to provide new solutions for the diagnosis and treatment of cancer.
Maria Padin is committed to finding ways to help more people receive affordable quality care.

“IN OUR SOCIETY TODAY,” says Lisa Lamadriz, RNC, IBCLC, Lactation Consultant at Dartmouth-Hitchcock Medical Center (DHMC), “it is surprisingly difficult to be successful at breastfeeding.”

While Michelle Obama works to raise awareness of childhood obesity in the U.S., it turns out there is something new moms can do to help prevent it in the first place: breastfeed. Breastfeeding has been shown to reduce the risk of childhood obesity, as well as diabetes, leukemia and other now-all-too-common childhood diseases. Why is it so difficult to be successful breast-feeding? Some of the reasons might surprise you. “They start right at the hospital. "We can get in the way,” Lamadriz says simply. “Sometimes we need to intervene medically to help the baby or mother be stable, but sometimes it’s just routine care that we think we need to get done before the baby is fed.”

The first hour after delivery is critical, it turns out. “When we take the baby away from the mother, give it a bath, and wash all the amniotic fluid off, the baby loses the road map to the breast,” Lamadriz says. “The baby completing the first feeding at the breast is really the end of the delivery process. As it is for all other mammals on the planet,” she adds.

The Baby-friendly Hospital Initiative (BFHI) was started by the World Health Organization and UNICEF to improve children’s health. Those two organizations looked globally both at practices that help moms be successful breastfeeding, and those that create barriers.

They came up with ten steps for hospitals to follow. DHMC is in the process of earning the designation ‘Baby-friendly Hospital’ and hopes to have it secured by the March of Dimes in Los Angeles before entering Dartmouth Medical School in her late twenties. She completed her residency in Obstetrics and Gynecology at Maine Medical Center in 1997, then immediately started her practice at Dartmouth-Hitchcock Concord. Eventually she was promoted to chair of the OB-Gyn department at DHHC and then served as chair of the Ob/Gyn department at Concord Hospital. She was appointed medical director in 2004.

Despite the administrative demands of her new position, Padin still spends one day of her busy work week providing patient care and another day in the operating room, where she specializes in laparoscopic surgery, including robotics. Why continue to treat patients? “It keeps you engaged and in touch with how the decisions you make as an administrator affect patient care. I told someone once, before you become a general it’s always good to be a soldier, and I don’t want to lose that perspective.”

As medical director, part of Padin’s vision includes developing more collaborative projects across Dartmouth-Hitchcock’s community campuses, as a way to enhance care, nurture opportunities for research and shared learning, and avoid duplication of services. “If we’re thinking about a bariatric program, for example,” Padin explains, “it may be more efficient to centralize all the counseling and support groups in a single site for better access and care coordination.”

Padin is also committed to finding ways to help more people receive affordable quality care—her determination fed by memories of the families in her old neighborhood. “In our population here, we don’t experience many ethnic or language barriers, but people do face economic obstacles,” she explains. She cites one possible initiative: group visits for prenatal care, which would save money all around, while improving patient education and outcomes.

“My greatest hope,” Padin says with enthusiasm, “is that we will continue to provide each person in the Concord community with the highest value care in the right place, at the right time, every time.” In any language, that’s the kind of passion that needs no translation.

Breastfeeding has been shown to reduce the risk of childhood obesity, as well as diabetes, leukemia and other now-all-too-common childhood diseases.

1. Have a written breastfeeding policy that is routinely communicated to all health care staff.
2. Train all health care staff in skills necessary to implement the policy.
3. Inform all pregnant women about the benefits and management of breastfeeding.
4. Help mothers initiate breastfeeding within one hour of birth.
5. Show mothers how to breastfeed and how to maintain lactation, even if they are separated from infants.
6. Give newborn infants no food or drink other than breast milk, unless medically indicated.
7. Practice “rooming in”: allow mothers and infants to remain together 24 hours a day.
8. Encourage breastfeeding on demand.
9. Give no pacifiers or artificial substitutes to breastfeeding infants.
10. Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.

Breastfeeding is Where It’s At
By themselves, the symptoms that 13-year-old Shane Foye of Merrimack started experiencing last summer seemed innocent enough. “Right after school had gotten out, he’d had a fever of 102 or 103 for 3 days,” recalls Shane’s mom, Kelly. “But his friend down the street had had a fever the week before, so we didn’t think anything of it. He’d also been complaining that his knee hurt. Then the knee pain went away and moved into his hip. It wasn’t a sharp pain; he just said it was uncomfortable.”

For a teenager as active and as athletically-inclined as Shane occasional aches and pains are often the norm rather than the exception, so the Foyes sent him as planned to his summer hockey camp at Norwich University in Vermont. But by the second day of camp, his symptoms had gotten much worse. “I thought maybe it would pass, but it didn’t,” Shane remembers. “When I was trying to skate, every time I pushed off my left leg it hurt really bad.”

“We got a call from the trainer, saying that she thought he had pulled a muscle and that he couldn’t skate,” says Shane’s dad, Sean. “Then Shane called me and said, ‘I can’t walk, Dad. I’m in so much pain; you need to come get me.’ So I called the trainer back and said I was picking him up. We were alarmed and concerned—it wasn’t like Shane to say he wanted to come home. He goes to that camp every year and he loves it.”

“Got a call from the trainer, saying that she thought he had pulled a muscle and that he couldn’t skate,” says Shane’s dad, Sean. “Then Shane called me and said, ‘I can’t walk, Dad. I’m in so much pain; you need to come get me.’ So I called the trainer back and said I was picking him up. We were alarmed and concerned—it wasn’t like Shane to say he wanted to come home. He goes to that camp every year and he loves it.”

Looking for Answers

As soon as they got home, the Foyes took Shane to his pediatrician, Dr. Donald Levi, at St. Joseph’s Hospital in Nashua. “He sent him right over to get blood work and X-rays,” says Kelly. “Nothing showed on the X-rays, but the blood work showed something was off the charts. Initially, he thought it was Lyme disease, which would take 24 hours to confirm.”

But the call Levi made to the Foyes the next morning wasn’t about Lyme disease. “He said he’d been thinking about Shane all night and suspected something else might be going on,” Kelly says. “He’d already talked to an orthopaedic surgeon at Dartmouth-Hitchcock Nashua that he wanted us to see, Dr. Ken Weintraub. As soon as I hung up the phone, Dr. Weintraub’s office called and said we could bring Shane in right away.”

“When Dr. Levi called me, he said he was worried that Shane might have an infected hip,” says Weintraub. “Then when I examined him, that’s what I thought. He wasn’t febrile at the time but he had a very painful hip and couldn’t weight-bear. An ongoing staph infection can basically destroy a joint, so it was an urgent situation. We got him in for an MRI immediately.”

Good Connections

The radiologist, Dr. Dan Abbis, who supervised the MRI test and reviewed the results with Weintraub, also suspected a septic hip when he first read the images. “Knowing that some serious actions would need to be taken for this kid and family, I sought an opinion from my colleagues,” says Abbis.

Thanks to the responsiveness and expertise of his care teams, 13-year-old Shane Foye has fully recovered from a debilitating hip infection and is back on the ice. “I’m so happy that I got better because now I can do everything I used to do,” says Shane.

Dartmouth-Hitchcock’s Care Network: One Family’s Journey

Dartmouth-Hitchcock’s Care Network: One Family’s Journey

Thanks to the responsiveness and expertise of his care teams, 13-year-old Shane Foye has fully recovered from a debilitating hip infection and is back on the ice. “I’m so happy that I got better because now I can do everything I used to do,” says Shane.
Ed Thompson wasn’t feeling well on March 17, 2010. An upset stomach and cold sweats—“I just didn’t feel right,” he says—were the original symptoms of something that turned out to be much worse: 10 minutes after arriving at Rutland Regional Medical Center, the 43-year-old Thompson went into cardiac arrest. He was defibrillated 14 times while in the emergency room, in dire need of advanced cardiac care.

Thompson’s best chance sat 150 miles away, in the Dartmouth-Hitchcock Advanced Response Team (DHART) hangar at Manchester-Boston Regional Airport.

“I was told that Ed probably wouldn’t make it,” says Thompson’s wife, Mary Lou. “They told me his only hope was to get him on that chopper.”

Once the DHART team arrived at Rutland and Thompson was stabilized, he was loaded aboard for the 12-minute flight to DHMC, where four stents were implanted and Thompson’s battle back began. Seven months later, Thompson is back at work, undergoing cardiac rehabilitation, and well on the road to recovery.

“I just thank everyone who helped save my husband’s life,” adds Mary Lou Thompson.

It’s been one year since New Hampshire’s only medical air transport provider began service out of the Manchester-Boston Regional Airport, far exceeding expectations in providing care and transport to critically ill and injured patients in southern New Hampshire.

“The goal of establishing a base in Manchester was to provide faster response times to the largest population centers in New Hampshire and around northern New England,” says DHART Program Director Frank Erdman. “Faster response times mean that critically ill or injured patients will arrive sooner at the closest appropriate hospital, setting the stage for better outcomes.” Erdman adds that having a second base of operations—DHART is headquartered at the Dartmouth-Hitchcock Medical Center in Lebanon—also means DHART helicopter response will not be limited by the weather conditions in a single location.

From its launch on Sept. 1, 2009, until Aug. 31, 2010, DHART at Manchester flew 610 missions, far more than the 400-450 originally projected for the service. Of those flights, 457 were interhospital transports, involving more than 60 hospitals and medical centers around northern New England and New York.

“DHART services are a part of a continuum of care,” noted Dartmouth-Hitchcock Health President Thomas A. Colacchio, MD. “From prevention and education in schools to primary care … you need the entire continuum to be a successful system, and DHART represents a key component of that successful system.”

Over the past six months, cardiac patients have been among DHART’s most frequently transported patients. Studies show that patients suffering myocardial infarction benefit significantly by receiving treatment in a specialized catheterization lab within 90 minutes of the onset of chest pain. Rapid treatment of MI saves heart muscle, and reduces the length and cost of hospital stay, as well as reducing patients’ long-term disability. “DHART is playing an important role in getting these patients to definitive care within the 90 minute timeframe from within a wide geographic area,” says Erdman, who notes that there is a similar time-dependent treatment benefit for patients suffering stroke as well.

With an average of two flights a day from Manchester, DHART is one of the most visible and most successful examples of Dartmouth-Hitchcock’s vision of achieving the healthiest population possible, by delivering the best care, in the right place, at the right time, every time. Although DHART is most visible when transporting trauma patients from accident scenes, approximately 75% of the program’s work involves transporting critically ill or injured patients from one hospital to another, when the time it takes for a patient to receive the most appropriate care makes all the difference in terms of outcome.

Mary Lou and Ed Thompson thank Deanna McGrew, the flight nurse who brought Ed to DHMC from Rutland after he went into cardiac arrest in March.
“I WAS REALLY SURPRISED, really honored and humbled,” says Danielle Salvas, a registered nurse in Dartmouth-Hitchcock Medical Center’s Pediatric/Adolescent Unit, of being named New Hampshire Direct Care Nurse of the Year by New Hampshire Nursing Association. “The award means so much because my job is everything to me.”

Salvas decided to become a nurse after working with kids in a variety of settings including summer camps. “I was always drawn to the kids who had a lot of special needs,” she says. After graduating from nursing school in 2007, Salvas joined DHMC’s Pediatric/Adolescent Unit where she’d also completed her senior practicum. “In school I wondered if the reality of nursing would be as exciting as all the information we were getting,” says Salvas. “As soon as I started working, I loved it.”

The Pediatric/Adolescent Unit serves oncology, surgical, and medical patients— anyone who fits the age criteria and needs in-hospital care. Since joining the unit, Salvas has developed a special interest in oncology cases. “I always sign up to be on the primary care team for oncology patients,” she says. “I talk about the kids I’m treating to my co-workers all the time. They’re really my kids. They really teach me a lot.”

To show her support for kids with cancer outside of work, Salvas ran in last year’s CHaD Half Marathon. “The race had a superhero theme,” says Salvas. “We were all encouraged to dress like superheroes and there were signs that said ‘Be a Hero.’ I remember thinking, ‘The patients are the real heroes.’”

Having worked as a nurse’s aide and completed clinical assignments in other hospitals, Salvas is glad to be at DHMC. “The camaraderie and support here really keep you going,” she says. “We push ourselves and we help each other. And it’s great to work with a diverse patient population.”

When she thinks about her future in nursing, Salvas wants to stay with her patients. “The kids make it so easy,” she says. “They give us all so much it’s easy to give back to them. To see them go through their ups and downs and triumphs and to see their parents give everything they have—it’s really an inspiration.”

THE 1,541 Dartmouth-Hitchcock and Dartmouth Medical School employees who made gifts during this year’s Employee Giving Campaign set a new record for participation in the annual campaign. Together, they contributed more than $860,000 to the Dartmouth-Hitchcock Annual Fund, the Fund for DMS, the Cancer Center, CHaD, and many other programs, making the 2010 Employee Giving at Dartmouth-Hitchcock and DMS a resounding success. Combined with the gifts of other community donors, employee contributions provide essential support for medical education, patient care, and research.

This year’s campaign was led by a committee of employees that included (right, back row left to right) Fran Robinson, Dr. Alden Hall, Dave Evanchich, Kevin Williams, (middle row left to right) Sue Kaufman, Dr. Joan Barhold, Dennis Tobin, (front row left to right) Tina Wilcox and Pat Tobin. “We’re very pleased with the outcome of this campaign,” says Dennis Tobin, who co-chaired the committee with his wife, Pat. “It’s refreshing to see the response from so many dedicated staff members who are committed to supporting the important work we do.”

First launched in 2007, the Employee Giving Campaign runs from September 1 through August 31 annually. In sum, employee giving for the past four years totals more than $4 million. The annual generosity of employees is recognized on a special employee donor recognition display on Level 3 of Dartmouth-Hitchcock’s East Mall.
By Popular Demand: 
Dartmouth-Hitchcock Aging Resource Center

DARTMOUTH-HITCHCOCK’S NEW AGING RESOURCE CENTER is open to the public, welcoming older adults, their families, and their neighbors from around New Hampshire and Vermont.

The center offers a comfortable and restful space—designed by patients and community members—for visitors to read, or browse the Internet. It also includes a lending library of books and DVDs and other free materials, educational programs for caregivers, wellness classes, Alzheimer’s disease workshops, spiritual support, and several support groups.

The resource center library and reading room are open weekdays from 9 a.m. to 4 p.m. Staff members and volunteers can help callers and visitors find the information they need to make healthy choices and reduce the confusion that older people often encounter while navigating the health care system.

“The Aging Resource Center is a critical component of the Dartmouth Centers for Health and Aging, which also includes the Northern New England Geriatric Education Center and the Center for Aging Research,” says Stephen J. Bartels, MD, director of the Dartmouth Centers and a professor of psychiatry at Dartmouth Medical School.

“Collectively, the Dartmouth Centers for Health and Aging strive to improve the health and well-being of older adults and their families through research, education, and a variety of programs. The launch of our Aging Resource Center represents the culmination of years of thought and careful planning by community members and professionals who voiced a need to address the health needs of our rapidly aging population.”

Bartels points to a 2007 community listening session on aging at Dartmouth-Hitchcock Medical Center, where an audience of patients and families “identified the creation of a health resource center for older adults and their families as the ‘number one priority likely to support positive aging in the Upper Valley.’

“We took this as a call to action,” Bartels continues. “And after partnering with community members through every step of the planning, we are thrilled to be able to open our doors to the public and welcome them.”

The Center is located at 46 Centerra Parkway, 2nd Floor, Lebanon, NH. To see the slide show from the September open house, and the ribbon cutting ceremony, or for more information about the Center, visit www.dhmc.org/goto/AgingCenter, call (603) 653-3460, or send e-mail to AgingCenter@Hitchcock.org.

Former DMS Dean, Robert W. McCollum, MD, Passes

RENOWNED EPIDEMIOLOGIST Robert W. McCollum, MD, who in 8½ years as dean of Dartmouth Medical School (DMS) helped pave the way for the evolution of Dartmouth-Hitchcock Medical Center to national recognition as an academic medical center, died at his home in Etna, NH on Monday, September 13, 2010, after a long illness. He was the husband of psychotherapist and author Audrey McCollum.

“Bob was my first dean when I arrived here in late 1983,” recalls William Green, PhD, the previous DMS dean (2008-10) and current chair of the Department of Microbiology and Immunology. “I was very fortunate to begin my career at DMS under his leadership, which was characterized by his positivity, integrity, and humanity.”

Dr. McCollum came to Dartmouth in 1982 from the Yale University School of Medicine, where he chaired the department of epidemiology and public health for 12 years and taught for 27 years. “He made seminal contributions to our understanding of the pathophysiology of polio, infectious mononucleosis, and hepatitis B infection while he was at Yale,” says infectious disease specialist John Modlin, MD, a DMS professor of pediatrics and of medicine. “He was influential as a physician and scientist because he was always able to see the big picture and communicate clearly and effectively. He was a humble and unassuming person who downplayed his own accomplishments and thus may not have received the credit he deserved for all he did.”

Dr. McCollum’s colleagues at Dartmouth appreciated both his personal and professional sides. “Bob’s tenure as dean of our medical school was one that reflected his kind- ness and compassion towards others,” recalls Ethan Dmitrovsky, MD, a former interim dean who is DMS’s American Cancer Society clinical research professor and a professor of pharmacology and toxicology and of medicine. “He cared deeply about Dartmouth and made substantial contributions to our community during and after his deanship. He was a role model for all who served after him as dean.”

In addition to his wife, Dr. McCollum leaves a son, Doug McCollum, and a daughter, Cindy McCollum. The family held a celebration of his life for friends and medical colleagues in October. Donations in his memory may be made to the Dean Robert W. McCollum Scholarship Fund, c/o Dartmouth Medical School, Office of Development, One Medical Center Drive, Lebanon, N.H. 03756.

According to Stephen J. Bartels, MD, director of the Dartmouth Centers for Health and Aging, the Aging Resource Center “represents the culmination of years of thought and careful planning by community members and professionals who voiced a need to address the health needs of our rapidly aging population.” Above, volunteers and staff are on-hand weekdays from 9 a.m. to 4 p.m. to help visitors find information to aid them in making informed health care choices, and to minimize the confusion often encountered while navigating the health care system. A variety of literature, as well as Internet access is available at the center.
**DAwNTH-HITCHCOCK Mission:**

We advance health through research, education, clinical practice and community partnerships, providing each person the best care, in the right place, at the right time, every time.

**About Dartmouth-Hitchcock**

Dartmouth-Hitchcock includes hundreds of physicians, specialists, and other providers who work together at different locations to meet the health care needs of patients in northern New England.

Our system includes:
- **Dartmouth-Hitchcock Medical Center** in Lebanon, New Hampshire’s only academic medical center.
- **The Dartmouth-Hitchcock Clinic**, a network of more than 1,000 primary and specialty care physicians located throughout New Hampshire and Vermont.
- **Community Group Practices**, including those located in Concord, Brentwood, Manchester, and Nashua, New Hampshire.
- **Dartmouth Medical School**, one of the nation’s leading educational and research institutions.
- **Children’s Hospital at Dartmouth (CHaD)**, New Hampshire’s only children’s hospital.
- **Norris Cotton Cancer Center**, one of only 70 National Cancer Institute–designated comprehensive cancer centers in the United States.

The collaborative relationship between these organizations allows all Dartmouth-Hitchcock patients to receive nationally-recognized health care.

---

**Heroes Helping CHaD**

With your superhero attitude and wearing your superhero costume you have proven once again there is a hero in each of us! At the 5th Annual CHaD Half Marathon held Sunday, August 29, in Hanover, NH, a league of heroes raised over $470,000 to support programs and services at CHaD, the Children’s Hospital at Dartmouth-Hitchcock.

With an earth-shaking, 3,500 men and women of steel, capped crusaders, masked avengers, and an assortment of ferocious and adorable junior leaguers, for a brief, shining moment we reclaimed the GUINNESS WORLD RECORD for the most people dressed as superheroes running. Iron Man was quickly usurped by actor Wil Ferrell, (“Drats, Batman!”) we know the real reason we came, and that is for the children.

Each and every day the Children’s Hospital at Dartmouth (CHaD) is dedicated to children’s health. And costume or no costume, record or no record, each one of you is superhuman in your devotion to advancing health, curing illness, and improving the lives of children—and we super thank you!

Be a CHaD Hero. Commit to Kids. chad.dartmouth-hitchcock.org

---

**Family Journey** (From Page 4)

leagues in Lebanon,” explains Abbis. “Our radiology information system allows us to view images simultaneously from various Dartmouth-Hitchcock locations, and to tap into the expertise of our subspecialists in Lebanon. I conferred with Dr. Doug Goodwin, who agreed that the hip looked infected which confirmed Dr. Weintraub’s clinical diagnosis.”

But to know for sure what was going on inside the hip, Shane would need to have surgery as soon as possible. “After talking with Dr. Abbs and other specialists in Lebanon, Dr. Weintraub recommended that we have Chris Cook, a pediatric orthopaedic surgeon at Children’s Hospital at Dartmouth (CHaD), do the procedure,” says Kelly. “We said, ‘Okay; what’s his number? We’ll make the appointment today.’ He said, ‘No; you need to go now. I just talked to him and they’re waiting for you.’”

The Foyes did their best to stay calm during the drive to Lebanon. “But when we walked into the lobby at CHaD, Shane was in a wheelchair crying and I was nearly hysterical,” Kelly remembers. “There was a young man from Admissions there who said, ‘This must be Shane.’ Personally, that’s one of the biggest things that stands out in my mind—everyone was prepared for us and knew what needed to be done. The fact that I could relax a little bit and didn’t have to do a lot of advocating for my son was such a relief.”

From the time we arrived to the time they got Shane into his room was only 30 minutes away,” says Sean. “And since Dr. Cook has his office hours a couple of days a week there, we were able to have Shane see the same doctor who operated on him, which was important to us.”

Shane showed steady progress through his recovery period, but had to adjust to some limitations during his summer vacation. “I had a PICC (peripherally-inserted central catheter) line, and for 5 weeks I had to wear a backpack with a device that pumped the IV fluids into my body,” he says. “It basically made my summer boring because I couldn’t go swimming or do much of anything. About 8 weeks after surgery, I was able to play hockey again. I’ve been feeling a lot stronger because I’ve been working out and doing stretches for my leg. I’m so happy that I got better because now I can do everything I used to do.”

**Seamless Care**

The Foyes still aren’t sure how Shane acquired the staph infection. “Neither are the doctors,” says Sean. “We suspect that it was through his hockey equipment somehow. We’ve always been diligent about sanitation; now we leave nothing to chance.”

“Until something like this happens to your family, you don’t appreciate how scary it can be,” he adds. “But Shane got great care. And it was amazing how well-coordinated everything was—from his diagnosis in Nashua to his surgery and inpatient care in Lebanon to his follow up visits in Manchester. It was just seamless from our end.”