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**Series:** Speech File Backup Files  
**Subseries:** Chron File, 1989-1993

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**OA/ID Number:** 13760  
**Folder ID Number:** 13760-003

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**Folder Title:**  
Groundbreaking-Hospital for Sick Children 6/13/91 [OA 8324] [1]

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June 3, 1991

MEMORANDUM FOR THE QUEEN OF SICK CHILDREN

FROM: THE DEPUTY QUEEN OF SICK CHILDREN  
SUBJECT: HOSPITAL FOR SICK CHILDREN

Hi! I spoke to Jed Nitzberg, a communications guy for Constance Battle, this morning and here's what he had to say. The groundbreaking ceremony is on the 13th at 10 a.m. It will take place at a park across the street from the Hospital, since construction has already been started.

The Hospital is already in existence; it has a number of wings. The 1929 wing, of which they are tearing down a section to build this new wing; a 1968 section; and now this new wing. Something interesting about the 1929 wing -- Mrs. Herbert Hoover laid the cornerstone.

The new wing will house 80 beds, all new therapy areas, nursery areas, and most importantly, quiet areas. The hospital decided that parents needed a quiet, private place to confer with physicians, or even their children. The wing should be complete in 1995. This groundbreaking marks the start of a \$19 million expansion and renovation project.

After they've finished doing this expansion project, they have plans to renovate the remainder of the 1929 wing. They will build a conference area where they will continue their employee education programs. They have an on-going education program, dealing with such issues as how to work a new monitor to caring extensively for sick children.

Also after this expansion project, they plan to develop a parent training program apartment situation where they will have parents and their sick children living in an apartment situation to get them used to caring for their child without round-the-clock professional care. Again, this is not the wing we're talking about at the speech, I just thought it would be nice for you to know, and maybe make a reference to somewhere in the speech.

POTUS and FLOTUS have had prior involvement with this hospital. FLOTUS has visited at least two times. She appeared in their video and 60-second PSA. The Bushes have sent visiting dignitaries to visit, like Queen Noor. Some of the patients have come to the WH for events, like the Christmas party for the handicapped, and I think the Easter Egg Roll.

- continued -

I spoke with my minister about biblical quotes, and he suggested the following:

From Psalms 127:3

"Lo, sons are a heritage from the Lord, the fruit of the womb a reward."

This is nice, because we could say something like, "Psalms 127 says that children are a gift from the Lord. We must leave a Godly heritage to our children -- we must leave the world a better place than we found it. This hospital is ensuring that these children are given a chance at life -- a chance at making their world a better place to live."

From 1 Thessalonians 2:7

"But we were gentle among you, like a nurse taking care of her children."

This is in reference to those apostles who preach for the sheer joy of preaching the word of God, that they seek no special pleasure or privilege, no special glory. They talk about the fact that they could have used the fact that they were apostles of Christ to their advantage, but they did not, as they "... were gentle among you..."

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From All I Really Need to Know I Learned in Kindergarten

"Be aware of wonder, remember the little seeds in the styrofoam cup, the roots go down and the plant goes up and nobody really knows how or why, but we are all like that and it is still true, no matter how old you are when you go out unto the world it is best to hold hands and stick together."

From "Where will the Children Play?" by the musical group Take 6

"We look in the mirror every morning  
Not realizing there's a warning  
These are our children  
Don't let them slip away  
We've got to uplift them  
Give them guidance  
Show them a future free of sadness"

From State of the Union, 1990

"To the children out there tonight, with you rests our hope, all that America will mean in the years ahead. Fix your vision on a new century -- your century, on dreams you cannot see, on the destiny that is yours and yours alone."

June 3, 1991

MEMORANDUM FOR BETH-O-RAMA

FROM: CAROL-O-RAMA

SUBJECT: FOLLOW-UP ON THE HOSPITAL-O-RAMA

There's a package being hand-delivered this afternoon that will go into detail on all of this, but I thought I'd familiarize you with the scoop. The walk-through for this is on the 7th, I think, but we should go tomorrow.

There will be some local dignitaries present: DC Commissioner of Social Services, DC commissioner of Public Health, etc. This event is supposed to tie-in somehow to the immunization event that precedes it in the Rose Garden. The President will probably be accompanied by Secretary Sullivan, although they're not quite sure yet.

Dr. Battle will welcome everyone to the event, there will be an invocation, and then POTUS speaks. After his remarks, he will signal the groundbreaking to begin. They plan for him to sound an air horn, and the backhoe will start digging. Maybe this might work into a neat piece -- the backhoe, or whatever large piece of equipment will be doing the damage, will be breaking down a wall. Maybe you could work in one of your Bethisms about breaking down walls means breaking down barriers to caring for sick children, etc. You're better at this than I am, so I'll shut up now.

Mrs. Quayle has been to this hospital, as well -- I forgot that in the last memo. Also, FLOTUS will be accompanying POTUS. There will be children from the hospital in the front two or three rows. They don't have an exact number, it depends on the kids' health. The new wing has no name, because they haven't found a major donor yet.

This hospital is so neat because it specializes in transitional care. Very few hospitals in the country do this, and this is the only one of its kind in the area. A clinical liaison nurse handles admissions and discharges. Patients only get in by referral, there is no emergency room or anything like that. Here's an example of the kind of patient: A premature infant born at a local hospital who has received intensive neonatal care, but who is still too sick to go home. He would spend some time in this transition care before going home.

- continued -

This type of care is important for the family because it teaches them how to care for their child. Family involvement is important here, although some patients are wards of the state. The Hospital has been at capacity for years, and have a waiting list to get in. The hospital is working on developing a curriculum on how to implement this type of program elsewhere. They're still in the research phase, but it's a good idea.

I think this speech should be a call to creating more facilities like this one. It is cost-effective (1/3 to 1/2 the cost of regular hospital care), and is medically-effective. It's important to stress that this Hospital should be a role model for others to follow. This type of care can cut health care costs, I would imagine, because parents can learn how to take care of their children instead of taking them to the emergency room anytime anything small happens.

I asked him to be thinking about anecdotes. He said he sent some over in the package, and that if we wanted different ones, we should call. I did want to ask him one more thing -- about volunteer services at the Hospital. I bet POTUS would like to know about that. I'll ask him tomorrow, or whenever we can get up there.

I think this is going to be a great speech. I still haven't found out if we're announcing any policy -- I heard from Kathy Jeavons that it is supposed to tie in with the immunization event.

P.S. Run the word "Quayle" through SpellCheck. My favorite alternative is letter L.

NEWS FEATURE ALERT      NEWS FEATURE ALERT      NEWS FEATURE ALERT

PRESIDENT/FIRST LADY TO ATTEND AS HOSPITAL LAUNCHES BUILDING EFFORT

**Who:** President George Bush and First Lady Barbara Bush will be the special guests of The Hospital for Sick Children, the Washington metropolitan area's only pediatric specialty transitional care hospital.

**What:** A Groundbreaking Celebration to mark the start of the Hospital's expansion and renovation program. The public ceremony will feature variety of speakers, demolition to mark the start of the project, and a reception featuring clowns, food and more!

**When:** Thursday, June 13, 1991      10:00am

**Where:** The Hospital for Sick Children, 1731 Bunker Hill Road, NE

**Why:** With more and more children requiring extensive treatment for the debilitating effects of prematurity, low birthweight, and other severe illnesses and injuries, the Hospital for Sick Children must grow to meet pressing demands for beds. The Hospital's specialized treatment programs are a valuable step in the process of treatment and recovery.

**How:** The \$19 million project, scheduled for completion in 1993, will add features such as 50 beds, a conference and training center, new therapy suites, and a parent training apartment to the Washington metropolitan area's healthcare resources.

**Special Guests:**      President George Bush  
                            First Lady Barbara Bush  
                            District of Columbia political leaders  
                            District of Columbia healthcare leaders

PHOTO OPPORTUNITIES OF GUESTS, HOSPITAL PATIENTS AND MINOR DEMOLITION TO MARK PROJECT'S START AVAILABLE.

PLEASE NOTE: DUE TO SPACE LIMITATIONS AT THE HOSPITAL, THERE WILL BE NO FILING FACILITY AVAILABLE.

CONTACT: Jed Nitzberg, Director of Public Relations  
          (202) 526-8937 or 526-8938

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For more information, contact:  
Jed Nitzberg, (202) 526-8937  
June 13, 1991

FOR IMMEDIATE RELEASE

MAJOR DONORS HONORED AT START OF PROJECT

In order to get the expansion and renovation project of the Hospital for Sick Children off to a strong start, many financial supporters stepped forward early. These important, lead donors were honored at a luncheon as part of the Groundbreaking Celebration Day held at the Hospital on June 13.

"These people recognize the need for strong, viable facilities to care for our children," said Mitchell Rales, one of the founders of D.C.-based Danaher Corporation. "They know that without proper care too many children will not grow up to lead the best possible lives. We want to see these children recover and succeed." Rales and his wife, Lyn, are the Capital Campaign's co-Chairmen.

To date, over \$1.3 million in donations and pledges has been raised toward the Capital Campaign's \$2.5 million goal. The entire project is estimated to cost \$19 million. The bulk of the project's funding is being raised through the sale of bonds.

"Early support is crucial to the success of a campaign. It shows everyone the importance of the need and gives people a strong lead to follow," said Sally Smith, the Hospital's Director of Development and Community Relations. Smith pointed out that more donors are still being sought to help reach the Campaign goal. She also hopes that support will be strong enough to go far beyond the goal amount.

The donors who were honored include some of Washington's most prominent citizens and companies. They were:

**\$100,000 AND ABOVE**

The Walter Brownley Trust  
The Estate of Mary McConville  
Mr. & Mrs. Mitchell P. Rales  
The Maurice C. & Jacob B. Shapiro  
Foundation

-more-

Hospital Donors  
page 2

\$50,000 - \$99,999

The Eaton Foundation  
HSC Board of Development  
The Estate of Wilhelmina L. S. Riley  
The Washington Post

\$25,000 - \$49,999

C & P Telephone  
The Estate of Nancy Leiter Clagett  
The Clark-Winchcole Foundation  
The George Preston Marshall Foundation  
Meyer Foundation  
The Walter G. Ross Foundation

\$10,000 - \$24,999

Mr. Gregory T. Abell  
Constance U. Battle, M.D.  
Ms. Diana K. Pryor Cashen  
Mr. George Chopivsky  
Miss Anne C. Eagles  
Roselyn P. Epps, M.D.  
The James M. Johnston Trust  
The Kiplinger Foundation, Inc.  
The Mary and Daniel Loughran Foundation  
Mr. and Mrs. Stephen Montgomery  
Miss Ruth Paul

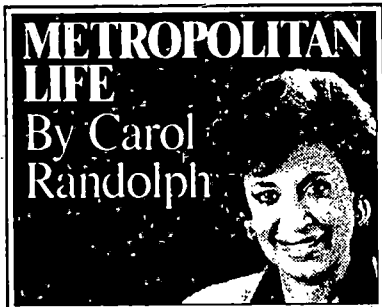
\$5,000 - \$9,999

ARA Services  
Mrs. Ann Asher  
Mr. Harrison Brand, III  
Gwendolyn A. Bullock, Ph.D  
The Mary W. Harriman Foundation  
Mr. & Mrs. Charles R. Ince  
Mr. John J. Mallon, Jr.  
Capt. & Mrs. Elmon A. Miller, Jr.  
Mr. & Mrs. Michael Miller

The Hospital for Sick Children's renovation and expansion project will be completed in 1993. It will bring the number of beds up to 130 from the current 80, create new nursing and therapy treatment areas, have new parent-oriented facilities such as private, quiet consultation rooms and a fully-equipped parent training apartment. There will also be new therapy treatment areas, a conference and education center, and a 130-space underground parking garage among the new facilities.

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# METROPOLITAN



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## A tender Yule gift from a special source

Some of the most precious gifts are often intangible and can come from some unexpected places.

I was the recent recipient of such a gift from a place and staff that was, until today, unaware that an exchange had taken place. They were simply giving me a tour of their facility and doing their jobs.

This column, as with so many others, originally started out on another topic: the prevention of birth defects and mental retardation. And as with so many columns, my contact came about through a casual conversation with a person who had met a doctor he thought I ought to interview.

This doctor had conducted a seminar where she stated, "many cases of mental retardation can be prevented before birth." Curiosity and interest led me to Dr. Beverly A. Powell, a clinical assistant professor at Georgetown University Hospital and a developmental pediatrician in private practice in Arlington.

During one of our conversations, Dr. Powell suggested I tour The Hospital for Sick Children where I would see some examples of preventable cases of mental retardation and birth defects.

Chartered in 1883, The Hospital for Sick Children's original purpose was to serve as a convalescent home for underprivileged children.

Today it offers habilitative and rehabilitative treatment to infants and children with severe chronic illnesses or handicapped conditions.

This 80-bed facility has cared for youngsters from two weeks to 21 years of age, youngsters in various states of health; from those who began life weighing less than 2 pounds to those who lie in comas resulting from accidents, birth defects or trauma at birth.

I'll admit it. The prospects of seeing children, who in many instances will never lead a "normal" life was not a pleasant thought, and I began my tour with much reluctance.

And I did see youngsters who were severely retarded, and children who were victims of accidents or abuse. And there were the tiny, premature babies who, but for the advancements of modern medicine, would not be alive today. I saw them all and had prepared myself to be depressed. But that emotion seemed inappropriate among all the love displayed by the staff toward their young patients.

Yes, most of the children are desperately ill, but this hospital is overflowing with positive feelings, and it's contagious.

I will always remember a child in a state Dr. Jackson called a "vigil coma" — one where the patient's eyes are opened and there is believed to be some minimal perception of the external environment. This child had been dressed in a lovely outfit with coordinating stockings, an outfit she would never see. But the person who dressed this child cared about her appearance.

The staff believes this tiny patient and others like her can tell the difference in a person's touch. A nurse said, "They can feel our love."

There was also a goodbye party for a child well enough to go home. Among the presents, cake and ice cream, were the feelings of hope and accomplishment. This time, a job well done resulted in a child going home.

Never before had I seen such positive examples of the strength and power of love and how it could reach even those whose minds lie in a twilight state. I left feeling love could overcome many obstacles.

What a gift! It's something to think about as we scurry about trying to purchase Christmas presents.

Who so loves/Believes the impossible.

— Elizabeth Barrett Browning

# METRO

Photocopy-Preservation



Dr. Constance Urciolo Battle, medical director of the Hospital for Sick Children, works with Carlos, 1½, who has been in the respiratory care unit for a year. PHOTOS BY JAMES M. THRESHLER FOR THE WASHINGTON POST

## Fighting to Save Desperately Ill Children

By Anne Simpson

Washington Post Staff Writer

While making rounds one morning at the Hospital for Sick Children, Dr. Constance Urciolo Battle heard a soft announcement over the public address system. Suddenly, she froze. "Did they say Code Blue? Come on."

She sprinted to a ward where two doctors, a therapist and three nurses huddled over a 7-month-old boy whose severely malformed heart had just stopped beating. "No pulse," a voice reported.

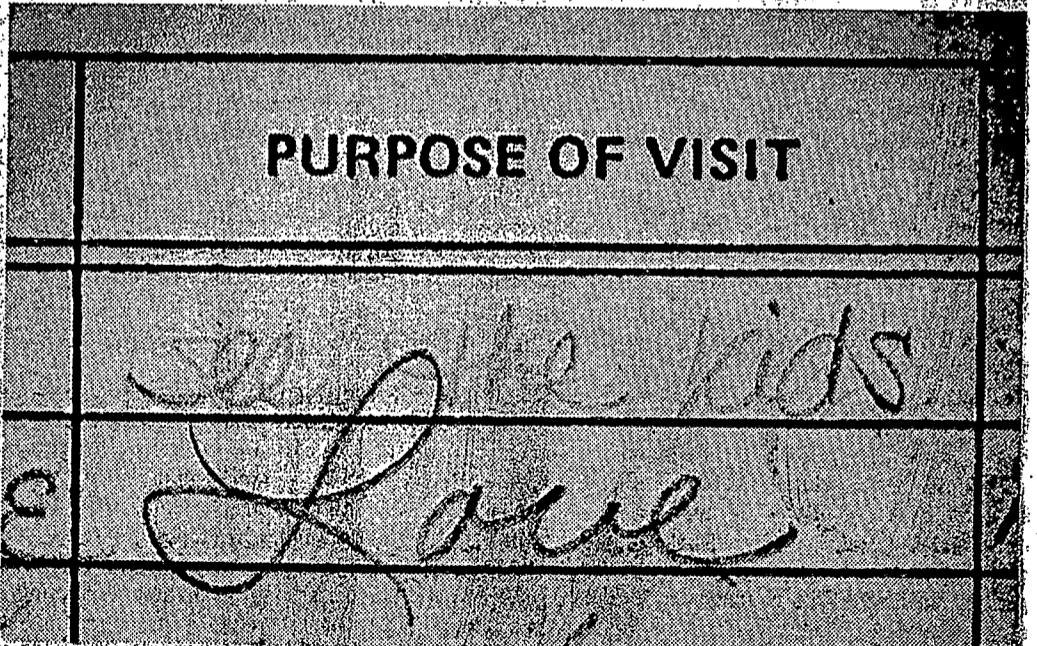
Though the voice repeated "No pulse," the team struggled, working and willing a heart-beat into the motionless baby. After more than 30 minutes with no response, they pulled back; the child was lost. And only then did tears well; did adult heads sink with the gravity of the baby's life and death.

Battle watched from nearby. "You never get used to it with children," she said softly. "If he's 86 years old and you lose him, you say he had a chance at life. But at 7 months..."

When Battle resumed her rounds, a young nurse stopped her to say that she hadn't had the time to get to know the baby, but missed him already.

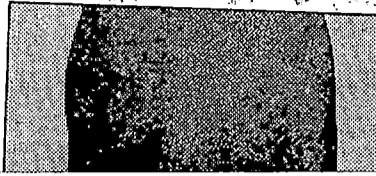
"Dr. Battle," she said slowly, "it's so sad to see babies die. I'll never get used to it."

"Don't get used to it," Battle said, her voice



Some visitors write in log under the purpose of visit column, "Love" or "Jesus," others draw hearts. Battle said, "That's not our business." For Battle, the medical director and executive officer of The Hospital for Sick Children, the business of the hospital is to give desperately ill children—those with crippling birth defects or debilitating injuries—a chance to live to their fullest potential through therapy and care. Through her 13 years at the hospital, plagued with near anonymity and packed with See BATTLE, D7, Col. 1

Photocopy-Preservation



D8 MONDAY, APRIL 13, 1987

THE WASHINGTON POST



# THE OTHER CHILDREN'S HOSPITAL

PHOTOGRAPHS BY JAMES M. THRESHER



Above, Adam, 2 1/2, who has cerebral palsy, is learning to use a wheelchair. Below, speech therapist Gina Solle teaches Jamal, also a cerebral palsy patient, to use sign language.



atics, Battle has learned first-hand about the concern, love and hard

of... learned to rejuvenate herself, and has become a popular lecturer and writer on burnout

Recently, as Battle toured the hospital, the staff seemed eager to

question is if you have the grace to get through things." Battle said.

# Hospital for Sick Children

Dr. Constance Battie, CEO and Medical Director 832-4400

Debbie Messick, HHS 245-1850

Jed Nitzberg, Hospital 526-8937



THE HOSPITAL  
FOR SICK CHILDREN

June 18, 1991

The Honorable David Demarest  
Assistant to the President for  
Communications  
The White House  
Washington, DC 20500

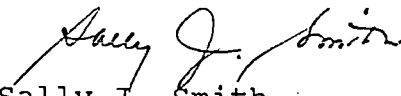
Dear Mr. Demarest:

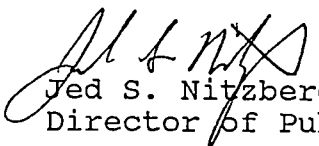
We are writing to compliment the performance of Beth Hinchliffe and Carol Blymire, the speechwriter and research assistant who worked on the President's presentation for our recent Groundbreaking Celebration.

Beth and Carol, after a tour and extensive interviewing with our personnel, captured the true spirit of the Hospital for Sick Children. They were able to put images of our mission, our patients and our staff into a compelling speech. They also helped the President express clearly our hopes for the Hospital's future, as well as the support we need from the community.

Not only were their words effective, but Beth and Carol each proved to have a sense of professionalism and cooperation which made working with them a true pleasure. If the President chooses to visit us again, hopefully we will be able to work with these two writers again.

Sincerely,

  
Sally J. Smith  
Director of Development and Community Relations

  
Jed S. Nitzberg  
Director of Public Relations

cc: Tony Snow, Deputy Assistant for Communications/Director of  
Speechwriters

Beth Hinchliffe .....  
Carol Blymire

1731 Bunker Hill Road, NE  
Washington, DC 20017  
202-832-4400

June 21, 1991

C. C. [Signature]

Dear Mrs. Smith and Mr. Nitzberg,

Thanks for the nice note about the job Beth Hinkhite and Carol Dymna  
did in preparing presidential remarks for your groundbreaking. I can assure you that  
both of them appreciate your compliments deeply. They do great work routinely,  
but seldom get the credit they deserve. I'm proud of them - and I feel  
very fortunate to have them on my staff.  
Of course, you, too, are ought to be proud. Beth and Carol could write  
- over -

Eloquently because they were truly impressed by the hospital, its staff, its  
volunteers - and its families.

Again, thank you for the note. We all appreciate your kindness -  
and your work.

Best regards,

[Signature]

NEWS FEATURE ALERT      NEWS FEATURE ALERT      NEWS FEATURE ALERT

PRESIDENT/FIRST LADY TO ATTEND AS HOSPITAL LAUNCHES BUILDING EFFORT

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**CONTACT:** Jed Nitzberg, Director of Public Relations  
                 (202) 526-8937 or 526-8938

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# NEWS FROM THE HOSPITAL FOR SICK CHILDREN

1731 Bunker Hill Road, NE · Washington, DC 20017 · 202 · 832 · 4400

For more information, contact:  
Jed Nitzberg, (202) 526-8937  
June 13, 1991

FOR IMMEDIATE RELEASE

## HOSPITAL BUILDING TO MEET PRESENT AND FUTURE NEEDS

With a huge crowd of donors, neighbors and dignitaries looking on, officials of the Hospital for Sick Children launched one of the most monumental efforts of its 108 year history. It was the start of a \$19 million renovation and expansion project which will bring sophisticated medical services to even more children of the Washington area.

"This is a moment we've dreamed about for a long time," said Constance U. Battle, M.D., the Hospital's Chief Executive Officer/Medical Director. "This Hospital is committed to one overriding mission -- to bring each of our young patients to the best possible level of physical and mental development. They are the reason we exist, and we owe them the best possible care and facilities we can provide."

The thunderous highlight of the ceremony was the ceremonial start of the building project. As the signal was given, a construction front loader roared into life and crashed through over a section of boundary wall, bringing down part of the old to make way for the new.

The project, scheduled to be completed in 1993, will add 50 beds to the current 80, provide new therapy and treatment areas, create a 130-space underground parking garage, provide a parent training apartment, and create new conference and educational facilities. In addition to the new wing, the two existing buildings will be renovated to provide other treatment and administrative facilities.

The Hospital for Sick Children, the only transitional care facility in the Washington area, undertook the building project due to increasing numbers of patients requiring its specialized rehabilitation care. Since 1986 the Hospital has operated at full capacity, producing a persistent waiting list. Studies have also shown that there will be a need for at least 200 transitional care beds in the Washington area by the year 2000.

-more-

Hospital Building  
page 2

Many local and national political and healthcare officials joined in the ceremonies. Prominent speakers included President George Bush, First Lady Barbara Bush, D.C. Senator Jesse Jackson, D.C. Commissioner of Social Services Katherine Williams, and Ward 5 Councilman Harry Thomas Sr.

The building project is being financed with a combination of donations and a bond issue. The Hospital's Capital Campaign, with a \$2.5 million goal, has raised \$1.3 million to date.

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Jed Nitzberg, (202) 526-8937  
June 13, 1991

FOR IMMEDIATE RELEASE

PRESIDENT/FIRST LADY PRAISE HOSPITAL; CONTINUE HISTORY OF INVOLVEMENT

Citing the Hospital for Sick Children's commitment to providing the best possible care to severely ill children, President and Mrs. Bush joined the festivities at the Hospital for Sick Children's Groundbreaking Celebration on June 13. During the ceremony to launch the Hospital's \$19 million expansion and renovation project the President and the First Lady also restated the importance of having committed professionals such as the Hospital's staff focused on improving children's healthcare.

The Hospital for Sick Children has been honored to forge an ongoing relationship with President and Mrs. Bush. Their interest in the Hospital's work with children who are well enough to leave acute care hospitals but still too sick to return home has been evinced in different ways.

Mrs. Bush has not only visited the Hospital to spend time with the children, but she also participated in public awareness projects. She graciously consented to speak on the Hospital's behalf in its descriptive presentation video, as well as appearing in a public service announcement which has been seen extensively on local television.

Their awareness of the Hospital has also led President and Mrs. Bush to recommend it for visits by other dignitaries. For example, in 1989 Queen Noor of Jordan was persuaded to visit as part of her trip to Washington.

The Hospital's patients have also participated in activities such as the annual Christmas tour of the White House for the handicapped, and the popular Easter Egg roll on the lawn.

###

For more information, contact:  
Jed Nitzberg, (202) 526-8937  
June 13, 1991

FOR IMMEDIATE RELEASE

MAJOR DONORS HONORED AT START OF PROJECT

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"These people recognize the need for strong, viable facilities to care for our children," said Mitchell Rales, one of the founders of D.C.-based Danaher Corporation. "They know that without proper care too many children will not grow up to lead the best possible lives. We want to see these children recover and succeed." Rales and his wife, Lyn, are the Capital Campaign's co-Chairmen.

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**\$100,000 AND ABOVE**

The Walter Brownley Trust  
The Estate of Mary McConville  
Mr. & Mrs. Mitchell P. Rales  
The Maurice C. & Jacob B. Shapiro  
Foundation

-more-

Hospital Donors  
page 2

\$50,000 - \$99,999

The Eaton Foundation  
HSC Board of Development  
The Estate of Wilhelmina L. S. Riley  
The Washington Post

\$25,000 - \$49,999

C & P Telephone  
The Estate of Nancy Leiter Clagett  
The Clark-Winchcole Foundation  
The George Preston Marshall Foundation  
Meyer Foundation  
The Walter G. Ross Foundation

\$10,000 - \$24,999

Mr. Gregory T. Abell  
Constance U. Battle, M.D.  
Ms. Diana K. Pryor Cashen  
Mr. George Chopivsky  
Miss Anne C. Eagles  
Roselyn P. Epps, M.D.  
The James M. Johnston Trust  
The Kiplinger Foundation, Inc.  
The Mary and Daniel Loughran Foundation  
Mr. and Mrs. Stephen Montgomery  
Miss Ruth Paul

\$5,000 - \$9,999

ARA Services  
Mrs. Ann Asher  
Mr. Harrison Brand, III  
Gwendolyn A. Bullock, Ph.D  
The Mary W. Harriman Foundation  
Mr. & Mrs. Charles R. Ince  
Mr. John J. Mallon, Jr.  
Capt. & Mrs. Elmon A. Miller, Jr.  
Mr. & Mrs. Michael Miller

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Jed Nitzberg, (202) 526-8937  
June 13, 1991

FOR IMMEDIATE RELEASE

## WASHINGTON POST AMONG TOP DONORS BACKING HOSPITAL GROWTH

In response to the Washington metropolitan area's growing need for specialized pediatric medical services, The Washington Post has emerged as a significant donor to the Hospital for Sick Children's building and renovation project.

"When one thinks of news in Washington, the first organization which comes to mind is The Washington Post," said Sally Smith, the Hospital for Sick Children's Director of Development and Community Relations. "And when we were looking for supporters, one of our first actions was to turn to The Post. Its leadership recognized our need, and responded. They helped make the job of providing care to children a little easier."

The Post has, over the years, donated nearly \$200,000 towards the Hospital's medical and therapeutic programs for severely ill and disabled children. Of that, \$50,000 has been targeted for the construction of the new 80-bed wing, an underground garage, education and conference center, therapy suites, parent training center and needed renovations.

As part of the Groundbreaking Celebration marking the start of the project, representatives from the newspaper were acknowledged at a special luncheon honoring leading donors to the Hospital's Capital Campaign. (See "Major Donors Honored at Start of Project").

The newspaper's involvement with the Hospital for Sick Children has had a personal as well as corporate flavor. When she was a young woman, Kay Graham was an active volunteer on behalf of the Hospital. She participated in a variety of fund raising efforts with others similarly concerned about the health and welfare of Washington's children.

That personal concern, combined with The Post's interest in local issues due to its prominence in the Washington business community, has transformed the connection from one individual to the current, significant corporate support. But the personal touch has not been lost: Vincent Reed, Ph.D., The Post's Vice President of Communications is currently a member of the Hospital's Board of Directors.

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# NEWS FROM THE HOSPITAL FOR SICK CHILDREN

1731 Bunker Hill Road, NE · Washington, DC 20017 · 202 · 832 · 4400

The Hospital for Sick Children suggests these other story ideas for use in connection with the Groundbreaking Celebration and the Hospital for Sick Children:

1) Cutting Costs Through Prenatal Care

Health care costs are skyrocketing due to many factors. One high cost is caring for babies with complex problems, born to mothers who had little or no prenatal care. Many of these babies are now being treated at the Hospital for Sick Children. How could good prenatal care have kept them out and saved the health care system a great deal of money?

2) Having a Severely Ill or Disabled Child: Stress or Strength?

Most parents expect the birth of a healthy child. In cases, however, the outcome is less than successful. Having a child with a severe illness or disability can cause stress, financial bankruptcy, or even the breakup of a marriage. But there are times when having a child with an illness or disability can be the catalyst for strengthening a family.

3) Helping Siblings Cope With A Severely Ill or Handicapped Sibling

Parents often focus so much attention on a severely ill or handicapped child that siblings can feel ignored or forgotten. How can parents balance the needs of their healthy and ill children? What are some of the emotional pitfalls parents should watch for? Is there an attainable state of emotional balance?

4) Who Will Pay The Bill?

Does the District of Columbia have the finances and services needed to address the growing numbers of severely ill children, especially those born prematurely and with low birthweight? What will happen if the demand cannot be met?

5) Building Project Points Out Growing Dependence On Fund Raising/Image Building

With no government funds available for many healthcare projects, there is a growing reliance on fund raising and a strong public relations program to woo donors and other supporters. How are hospitals doing this? Is this a shaky way to finance healthcare and hospital survival?

-more-

6) Transitional Hospital Care: What Is It?

The Hospital for Sick Children is a transitional care facility: it is a bridge between the intensive, acute care setting and the child's home. How does this type of facility ease the transition back to home? How do patients and families benefit from this type of care? Is it more cost-effective? Why is it so effective?

7) More Children Are Being Saved, But At What Cost?

The Hospital for Sick Children is one facility seeing the impact of rapidly advancing medical technology. More children are surviving traumatic accidents and illnesses, but they are often left with many debilitating conditions. They also need a great deal of ongoing care. What kinds of problems does the Hospital see in these patients? Why has this boom required an expansion of physical facilities? What are the ethical issues facing caregivers at the Hospital and in healthcare today? Are more facilities like the Hospital for Sick Children an answer to the questions? Is society willing to pay the cost of caring for these children?

8) Strengthening the Image [THIS COULD ALSO BE A GREAT BUSINESS STORY]

How does a hospital in existence for 108 years build an image when most people don't know its name? How does that image impact on professional stature, fund raising and community relations? How will a strong image spell success for a very special, unique facility? Could a poor image mean failure?

9) Hospitals Loaded With Role Models

Too many students drop out of school because they believe there are no worthwhile jobs available. They don't know that health care has plenty of important, exciting careers and there are shortages of qualified personnel.

###

Hospital for Sick Children  
Groundbreaking Celebration  
Thursday, June 13, 1991 10:00am

Registration Procedures

- 1) All registration tables equipped with guest lists.
- 2) Guest arrives and proceeds to clearly marked registration tables.
- 3) Guest's name is matched against list. If it is present on the list, a metal key tag is given. A tag will only be issued to those guests whose names appear on the list. This must be presented before entering the tent.
- 4) If the guest is on the list and a VIP, he is directed to the VIP Special Instruction Table. An usher then escorts the guest to the appropriate seating area.
- 5) If the guest is on the list and not a VIP, he is ushered to the non-reserved seating section in the tent.
- 6) If the guest's name does not appear on the registration lists, no key tag will be issued. The guest will be directed to the non-reserved seating outside of the tent.
- 7) Any overflow from the seating areas will be handled as Standing Room Only.

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PROPOSED PROGRAM

<u>ACTION</u>	<u>DURATION</u>
1) Taped music, band or singer performs as time filler	
2) At appropriate time, Montgomery gives welcome	3 min.
3) White House announcer introduces President and Mrs. Bush	1 min.
4) President and Mrs. Bush enter and take places on dais	3 min.
5) Invocation	2 min.
6) Montgomery welcomes President and First Lady	1 min.
7) Montgomery leads into President's remarks	1 min.
8) President's remarks [Therapists and patients moving to steps]	
9) Montgomery calls on Battle and patients	1 min.
10) Presentation of items by patients and Battle	4 min.
11) President signals wall destruction with bullhorn	4 min.
12) President and First Lady exit	2 min.
13) Montgomery says goodbyes and introduces Liles	1 min.
14) Liles performs one song	4 min.
15) Intro of Jackson Jackson speaks	4 min.
16) Intro of Ein, Epps, or Sweeney speaks	4 min.
17) Intro. of Mayor's rep Mayor's rep speaks	4 min.
18) Intro of Thomas Thomas speaks [He is also prepped to introduce Boxley]	4 min.
19) Boxley speaks	3 min.
20) Battle speech as wrap up/reception invitation	5 min.
21) Audience exits to closing song	

Hospital for Sick Children  
Groundbreaking Celebration  
Thursday, June 13, 1991 10:00am

PRODUCTION SCRIPT

- | <u>ACTION</u>   | <u>DURATION</u> |
|---|-----------------|
| 1) Starting at 9:45am, TAPED MUSIC UP   | 20 min          |
| 2) At 10:05am, MUSIC DOWN AND EMCEE TAKES STAGE<br>Emcee introduces self, gives short welcome,<br>describes being friend of HSC and involvement<br>Apologizes for delay, assures that program will begin<br>shortly, please continue to enjoy music                               | 5-7 min         |
| 3) MUSIC RESUMES  |                 |
| 4) 5 minutes after conclusion of remarks, MUSIC DOWN.<br>EMCEE RETURNS TO STAGE. Repeats apology for delay. Explains<br>that it is a preparation time for our special guests.<br>Describes the mission of the Hospital for "those of you who<br>are new friends to the Hospital." | 5-7 min         |
| 5) MUSIC RESUMES  |                 |
| 6) IF PROGRAM IS STILL NOT READY TO BEGIN<br>5 minutes after conclusion of remarks, MUSIC DOWN.<br>EMCEE RETURNS TO STAGE. Repeats apology for delay.<br>Talk about need for public support of Hospital and many ways<br>to get involved: donor, volunteer.                       | 5-7 min         |
| 7) MUSIC RESUMES  |                 |
| 8) VIPs mount to dais.  |                 |
| 9) As Montgomery moves to podium, MUSIC DOWN.   |                 |
| 10) At conclusion of welcome, ANNOUNCEMENT OF PRESIDENT AND FIRST<br>LADY.  |                 |
| 11) SOUND REMAINS UP FOR REMAINDER OF PROGRAM   |                 |

Hospital for Sick Children  
Groundbreaking Celebration  
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EMCEE'S SPEAKING POINTS

ACTION

DURATION

EMCEE REMAINS POSITIONED AT BOTTOM OF STAIRS TO SIDE OF STAGE  
EXCEPT WHEN SPEAKING

- 1) At 10:05am, MOVE TO MICROPHONE 5-7 min  
Introduce self and welcome everyone to the  
Groundbreaking Celebration  
Describe involvement with HSC and appreciation  
of the important services it provides to community  
Apologize for the delay in the program  
Assure audience that program will begin shortly  
Ask them to please relax and continue to enjoy the music
- 2) RETURN TO SIDE OF STAGE AT END OF REMARKS
- 3) MUSIC RESUMES
- 4) 5 minutes after conclusion of remarks, MOVE TO MICROPHONE 5-7 min  
Repeat apology for delay.  
Explain our special guests are getting ready.  
Describe the mission of the Hospital for "those of you who  
are new friends to the Hospital."  
Transitional care facility  
Helps children well enough to leave the acute care  
hospitals but still too sick to return home  
Takes a family centered approach to care  
Not only are the children helped, but the parents and  
other members of the family are trained to handle  
the child's return home.  
They learn to provide daily, physical care.  
They also learn how to cope emotionally with the changes.  
The Hospital is the only transitional care facility in  
the Washington metro area.  
It's a unique resource we are lucky to have.  
Works in cooperation with all other area acute care  
hospitals.
- 5) RETURN TO SIDE OF STAGE AT END OF REMARKS
- 6) MUSIC RESUMES

- 7) IF PROGRAM IS STILL NOT READY TO BEGIN 5-7 min  
5 minutes after conclusion of remarks, MOVE TO MICROPHONE.  
Repeat apology for delay.  
Talk about need for public support of Hospital  
Many ways to get involved: become a donor  
Donors provide support for special projects such as the  
building project starting today.  
They also provide for day-to-day operating costs,  
equipment, help for families who can't afford  
everything their children need.  
Volunteers are also needed. They work with the patients,  
help the staff with special projects and clerical  
duties. They can also become ambassadors on behalf  
of the Hospital and takes its message out to the  
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-more-

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For more information, contact:  
Jed Nitzberg, (202) 526-8937  
June 13, 1991

FOR IMMEDIATE RELEASE

## HOSPITAL BUILDING TO MEET PRESENT AND FUTURE NEEDS

With a huge crowd of donors, neighbors and dignitaries looking on, officials of the Hospital for Sick Children launched one of the most monumental efforts of its 108 year history. It was the start of a \$19 million renovation and expansion project which will bring sophisticated medical services to even more children of the Washington area.

"This is a moment we've dreamed about for a long time," said Constance U. Battle, M.D., the Hospital's Chief Executive Officer/Medical Director. "This Hospital is committed to one overriding mission -- to bring each of our young patients to the best possible level of physical and mental development. They are the reason we exist, and we owe them the best possible care and facilities we can provide."

The thunderous highlight of the ceremony was the ceremonial start of the building project. As the signal was given, a construction front loader roared into life, crashed through over a section of boundary wall, bringing down part of the old to make way for the new.

The project, scheduled to be completed in 1993, will add 50 beds to the current 80, provide new therapy and treatment areas, create a 130-space underground parking garage, provide a parent training apartment, and create new conference and educational facilities. In addition to the new wing, the two existing buildings will be renovated to provide other treatment and administrative facilities.

The Hospital for Sick Children, the only transitional care facility in the Washington area, undertook the building project due to increasing numbers of patients requiring its specialized rehabilitation care. Since 1986 the Hospital has operated at full capacity, producing a persistent waiting list. Studies have also shown that there will be a need for at least 200 transitional care beds in the Washington area by the year 2000.

-more-

Hospital Building  
page 2

Many local and national political and healthcare officials joined in the ceremonies. Prominent speakers included President George Bush, First Lady Barbara Bush, D.C. Senator Jesse Jackson, D.C. Commissioner of Social Services Katherine Williams, and Ward 5 Councilman Harry Thomas Sr.

The building project is being financed with a combination of donations and a bond issue. The Hospital's Capital Campaign, with a \$2.5 million goal, has raised \$1.3 million to date.

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For more information, contact:  
Jed Nitzberg, (202) 526-8937  
June 13, 1991

FOR IMMEDIATE RELEASE

PRESIDENT/FIRST LADY PRAISE HOSPITAL; CONTINUE HISTORY OF INVOLVEMENT

Citing the Hospital for Sick Children's commitment to providing the best possible care to severely ill children, President and Mrs. Bush joined the festivities at the Hospital for Sick Children's Groundbreaking Celebration on June 13. During the ceremony to launch the Hospital's \$19 million expansion and renovation project the President and the First Lady also restated the importance of having committed professionals such as the Hospital's staff focused on improving children's healthcare.

The Hospital for Sick Children has been honored to forge an ongoing relationship with President and Mrs. Bush. Their interest in the Hospital's work with children who are well enough to leave acute care hospitals but still too sick to return home has been evinced in different ways.

Mrs. Bush has not only visited the Hospital to spend time with the children, but she also participated in public awareness projects. She graciously consented to speak on the Hospital's behalf in its descriptive presentation video, as well as appearing in a public service announcement which has been seen extensively on local television.

Their awareness of the Hospital has also led President and Mrs. Bush to recommend it for visits by other dignitaries. For example, in 1989 Queen Noor of Jordan was persuaded to visit as part of her trip to Washington.

The Hospital's patients have also participated in activities such as the annual Christmas tour of the White House for the handicapped, and the popular Easter Egg roll on the lawn.

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F A C T S

THE HOSPITAL FOR SICK CHILDREN

1731 Bunker Hill Road, NE  
Washington, DC 20017, (202) 832-4400





## OUR BEGINNINGS

The Hospital for Sick Children, founded in 1883, has a long history of service to the children of the Washington area.

In the late 1800s, the Hospital was a fresh air camp, providing a respite to inner-city children. Its services were soon expanded to include care of chronically ill and handicapped children in the Washington community. As medical technology advanced, our range of services grew, and in 1956 we were officially designated as a hospital.

In 1968, an 80-bed addition was built to better accommodate our patients. Gas rail systems were added in 1984, enabling the Hospital to care for premature infants with respiratory problems. Today, the Hospital is planning yet another change. It is renovating and expanding to address the complex and intense pediatric medical problems of the 1990s and beyond. The result will be a 130-bed hospital complex—the *new* Hospital for Sick Children.

## HOW TO FIND US

### For More Information

If you have questions about programs and services at the Hospital for Sick Children, please call us:

**(202) 832-4400**

**(202) 832-7848 TDD (for hearing impaired)**

### For questions about:

### Ask for the following department:

Admissions

Continuity of Care

Billing

Business Office

Donations

Development &  
Community Relations

Employment

Personnel

Financial  
Information

Business Office

Public Information

Development &  
Community Relations

Publications

Development &  
Community Relations

Speakers Bureau

Development &  
Community Relations

Special Events

Development &  
Community Relations

Volunteering

Volunteer Services

The Hospital for Sick Children meets the strict local licensing standards of the District of Columbia and the national regulations of the Joint Commission on Accreditation of Health-care Organizations.

The Hospital for Sick Children abides by all federal legislation which prohibits discrimination of its membership on its Board of Trustees, medical and employee staff, and treatment of its patients by the medical and employee staff regardless of race, color, religion, sex, age, handicap or national origin.

## YOUR OPPORTUNITIES FOR INVOLVEMENT



The Hospital for Sick Children welcomes volunteers who are 16 years and older and want to work with our children. If you are interested, contact the Volunteer Services Coordinator at 832-4400.

There are also opportunities for other types of involvement. The Speakers Bureau trains volunteers to introduce the Hospital to community and civic groups. In addition, there are numerous opportunities for individuals to help with the annual Children's Miracle Network Telethon and other special fund raising events.

You can also play a special role by making a donation. Contributions help us cover the high cost of our sophisticated care.

## ABOUT US



The Hospital for Sick Children is the only pediatric transitional care hospital in the Washington metropolitan area and one of only a handful of

such facilities in the country.

Our challenge is to prepare a child to go home. Going home for our children, however, requires hard work and the support of a committed and dedicated staff. The Hospital's multidisciplinary team (physicians, nurses, social workers, therapists) leads this effort. This team assesses and evaluates all aspects of a child's development (physical, social and psychological), and designs and coordinates an Individualized Treatment Plan for the patient. It also works with a child's family, completing our integrated and responsive approach to health care.

We strive to provide a nurturing environment. The time needed for treatment and recovery allows our staff to get to know our patients very well. We know their likes and dislikes, their habits, what makes them smile and giggle, and what frustrates them. We share our patients' struggles and their triumphs, and we celebrate their going home.

## OUR PATIENTS

The Hospital's patients range in age from infancy to 21 years. All patients are referred from other medical facilities, and there are no geographic restrictions.

Patients are referred to the Hospital for Sick Children for many different problems. These include:

- respiratory impairments
- orthopedic/post-operative rehabilitation
- feeding disorders
- birth abnormalities
- failure to thrive
- developmental delays
- burns
- spina bifida
- infectious diseases
- seizure disorders
- congenital anomalies
- neuromuscular disorders

## OUR PROGRAMS

### Respiratory Care Program

Many of the Hospital's youngest patients are extremely vulnerable infants. Alive thanks to today's technological advances, these premature, low birthweight babies suffer from underdeveloped lungs and severe respiratory problems.

The Hospital's Respiratory Care Program is designed to address these complex problems and help patients to improve their breathing and lung function. A pediatrician specializing in

the Hospital. The parent training apartment will let parents spend time with their child before discharge, practicing care skills in a safe, comfortable environment.

## OUR STAFF

Dedicated and compassionate professionals comprise the Hospital's staff. The Hospital's Chief Executive Officer and Medical Director, Constance U. Battle, M.D., is a distinguished pediatrician. She has devoted her 20-year professional career to improving the lives of chronically ill and severely disabled children.

The Hospital's professional staff works with Dr. Battle to develop new programs and services. The professional staff includes pediatricians, a pediatric pulmonologist, specially trained pediatric nurses, therapists and social workers who are deeply committed to providing the best quality of care to our patients. In addition, the Hospital retains a staff of specialists for consultation in areas such as pedodontics, ophthalmology, neurosurgery, developmental pediatrics and psychology.

### **The Parent Support Group**

The Parent Support Group gives parents an opportunity to share their fears and concerns. Hearing other parents' experiences teaches them how to cope with their child's illness and other stresses of life. A staff member is present to facilitate discussion and address questions parents may not be able to answer.

### **The Kids to Kids Group**

To further support the family unit, the Hospital offers a weekly group for sisters and brothers of our patients. With a trained Child Life Specialist, these children can explore their feelings, vent their frustrations, or ask questions about their sibling's illness. The Hospital also brings patients and their siblings together to foster family relationships despite stressful circumstances.

### **Visitation Policy**

The Hospital has a flexible family visitation policy. This policy reinforces parents' rights to be with their child. We strongly encourage parents to visit their child as often as possible.

### **The Parent Training Apartment**

We want parents to feel confident and competent in the skills they will use regularly at home to care for their child with special needs. To enhance parents' skills training and simulate the home setting, we are building a fully equipped apartment contained entirely within

lung and respiratory care evaluates and prescribes the course of medical treatment. Respiratory therapists monitor patients and their changing needs, adjust treatments and provide therapy to improve breathing.

One of the most challenging aspects of the Respiratory Care Program involves therapy to wean a child from a ventilator, enabling him to finally breathe on his own. In cases where weaning is not possible, our staff trains parents to care for their ventilator-dependent child at home.

### **Developmental Intervention Program**

Long-term illness and hospital stays can have severe, negative effects on the growth and development of children, especially infants. Such delays can prolong a child's recovery and impede opportunities to develop physical skills and cognitive abilities.

The Developmental Intervention Program fosters natural childhood development in the hospital setting with cognitive, social and motor stimulation and special therapies. Individualized programs are developed for each patient by our multidisciplinary team of experts. The child's parents are also an integral part of this process and provide input for their child's program.

The Hospital has received national attention for pioneering the implementation of developmental intervention in a transitional care setting.

### Feeding Programs

For children with complex medical problems, feeding is often a serious concern. Children who are born prematurely may have difficulty absorbing their food properly, or they have been so sick that they have not yet learned how to eat by mouth. These feeding problems, in turn, complicate a patient's ability to thrive.

*Total Parenteral Nutrition (TPN)* is used with children who cannot absorb food normally. Nutrition is "fed" to the child intravenously so that nutrients can be absorbed directly into the bloodstream, thus bypassing the digestive tract problem.

*Tube feedings* are used for children who are not yet able to receive nutrition orally but whose stomachs and intestines are working properly.

*Feeding therapy* helps children dependent on non-oral feedings learn to eat. This specialized therapy provides oral stimulation to teach a child to coordinate the sucking, swallowing and breathing process which so many of us take for granted.

*Caloric adjustments and specialized diets* are used for children who are having difficulty thriving or, conversely, for children who are overweight. Specialized diets are developed to help each child reach a desirable weight.

Families of chronically ill or developmentally delayed children face many challenges. Parents must adjust to the fact that their child is very ill, or impaired, while attending to everyday concerns such as medical care, payment for services and nurturing other family members. The Hospital provides crucial support for parents in these difficult times.

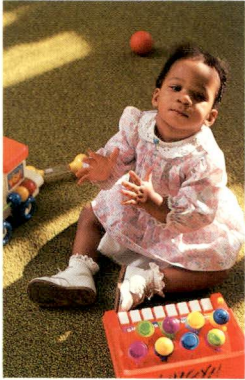
### Family-Centered Care

The family-centered care approach seeks to empower the patient's family through involvement and education. We encourage parents to become advocates for their children, to make decisions about their child's treatment, and to play an active role in their child's care.

### Parent/Family Training Program

The Parent/Family Training Program is an ongoing education process beginning with the child's referral to the Hospital for Sick Children. The Hospital staff encourages parents to take part in the course of care for their child by nurturing their child, participating in feeding, bathing and other daily care activities.

As families become accustomed to caring for their child in the Hospital environment, training becomes more sophisticated and the focus shifts to teaching parents how to care for their child at home. Medical procedures and developmental techniques are taught to parents so that the child's progress will continue after discharge to home.



Our Child Life Specialists are also responsible for preparing children for medical procedures which may be painful or intrusive.

### Respiratory Therapy Services

Many of the patients at the Hospital for Sick Children have compromised respiratory function because of premature birth, ventilator dependence or disease. Respiratory Therapists work with these patients to improve breathing and lung function and, in some cases, assist in safely weaning patients from ventilators.

In addition, therapists provide:

- *Breathing treatments* to increase patients' lung capacity.
- *Mist treatments* to help open airways.
- *Chest physical therapy* to clear fluids in the lungs.
- *Humidification therapy* (warming air before it enters the lungs) to avoid buildup of secretions which impair breathing.

### Education Programs

The Education Programs provide patients with enriching experiences during their Hospital stay. The Hospital's Education Specialist assesses each patient's education needs, identifies potential school placement and acts as a liaison between the school and the student.

Several educational options are available:

- *Public schools* which meet the special needs of handicapped and developmentally delayed children.
- *On-site instruction* for children who are unable to leave the Hospital.
- *After-school tutors* help with homework assignments, setting individualized educational goals and overcoming scholastic weaknesses.

## OUR SERVICES

### Physical Therapy Services

Children who are sick or confined to a bed or wheelchair have limited opportunities to attain age-appropriate motor skills. Using Individualized Treatment Plans, physical therapists work with patients to improve range of motion, strengthen muscles, and develop tone and flexibility.

### Occupational Therapy Services

Occupational therapists focus on improving a patient's fine motor and thinking skills and those



other specialized skills needed for the activities of daily living. Selected activities are used to improve coordination and to help achieve the highest functional ability.

As coordination improves, a child can be taught self-care activities such as dressing, feeding, and hygiene. To make these activities fun, the Hospital has developed different clubs. For example, our very successful “Breakfast Club” meets every morning to practice eating skills and to socialize in a real-life situation: a breakfast table, typical breakfast food, and the social interaction of a “family”—patients and therapists.

### **Speech and Hearing Therapy Services**

The Hospital’s Speech-Language Pathologists evaluate and treat a variety of communication disorders affecting speech, language, hearing, oral-motor skills and feeding. They also assist in stimulating pre-speech and early language skills. Feeding therapy focuses on strengthening a child’s facial muscles and developing coordination between sucking, swallowing and breathing.

Therapists also screen infants and toddlers for hearing problems. At the Hospital for Sick Children, therapists help these patients to adapt to hearing deficiencies and corrective devices and to develop communication skills.

### **Social Services**

The Hospital’s Social Service Department coordinates the family’s involvement in the care and treatment of their child. The Social Worker acts as a liaison, helping families to develop a partnership with the professional staff and strengthen their ability to take an active role in decision making for their child’s care.

Planning a patient’s discharge to home is one important aspect of Social Services. Planning begins when a child is admitted to the Hospital for Sick Children. Counselors learn about the family and the child’s home environment. They also coordinate home care services.

### **Recreational Therapy Services**

Children who are hospitalized or who suffer from chronic illnesses or handicaps are often removed from normal play activities vital to their development. The Hospital for Sick Children’s Recreation Therapy Department reaches out to meet our special children’s needs.

Recreation Therapists and Child Life Specialists help our patients learn about themselves and their conditions while helping them to develop positive self-images. Part of this process includes teaching patients about hospital life. Through play and leisure activities, the positive aspects and unique experiences of hospital life are presented, aiding children to better cope with their conditions.