NEW PRESIDENT AND CEO ARRIVES

Connecticut Children’s welcomed its new president and chief executive officer, James E. Shmerling, DHA, in early November. He assumes the role held for more than nine years by Martin Gavin, who announced his retirement in early 2015.

Shmerling, who was chosen after a national search that attracted hundreds of candidates, served for the last seven years as president and chief executive officer at Children’s Hospital Colorado. His accomplishments there included directing successful efforts to renegotiate a joint operating agreement between the hospital and the University of Colorado, implementing an integrated health record system, relocating the hospital to a new campus, overseeing a hospital-wide service-excellence initiative and increasing the hospital’s endowment by more than 300 percent.

Prior to joining Children’s Hospital Colorado, Shmerling was chief executive officer of Monroe Carell Jr. Children’s Hospital at Vanderbilt University Medical Center and, before that, held executive positions at Methodist Healthcare and Le Bonheur Children’s Medical Center.

“We are very excited to bring such a well-regarded administrative leader in pediatrics to Connecticut Children’s and our region,” said Robert M. Le Blanc, Connecticut Children’s board member and chair of the search committee. “We look forward to having Jim’s experience and expertise propel us further toward our vision to make Connecticut’s children the healthiest in the country.”

PEDIATRIC GRAND ROUNDS GOES LIVE

Has the distance between your practice and Hartford prevented you from attending Connecticut Children’s Pediatric Grand Rounds lectures? Good news: Now you can take in those lectures without making the drive. This fall, Connecticut Children’s began live streaming all Grand Rounds presentations, which take place on Tuesday mornings from 8 to 9 a.m. in Gilman Auditorium.

Accessing the lectures remotely is easy. Users can either use the link Connecticut Children’s includes in weekly emails to referring providers or go to www.connecticutchildrens.org/cme and click the “View Live Stream” icon.

The lectures also are available on demand for providers who join after the lecture is underway or who want to view a program at a later date. All lectures are archived and available for two years. The rare exception is when a speaker requests that his or her talk not be captured. In that case, the lecture is available on demand only until noon of the same day. Providers can also listen to the audio of the lectures via smart phones while commuting.

Referring providers can obtain continuing medical education credits after streaming the talks. A post-test evaluation is made available at 8:45 a.m., just before the end of the live lecture, and can be completed online.

Annamarie Beaulieu, MPH, director of academic administration at Connecticut Children’s, said the first Grand Rounds that was streamed, in September, attracted better-than-expected participation, both online and in person.

“Live Web streaming of Grand Rounds has been very well received by our affiliated and community pediatricians,” Beaulieu says. “Making the lectures available live online allows Connecticut Children’s to share with physicians in distant towns and regions our quality speakers and valued educational topics.”

“Connecticut Children’s faculty and local community physicians have attended Pediatric Grand Rounds since the hospital’s opening in 1996,” says Dennis Crean, RN, director of regional pediatrics. “Now, even more practitioners can be part of this grand tradition.”

STAY CONNECTED - Register your email address today. At CONNECTICUTCHILDRENS.ORG, click For Health Care Professionals, then Education. At the bottom of the far-left column, click Register for Emails.
PRESENTATION
A 15-year-old nonverbal female with spastic quadriplegic cerebral palsy and hypoxic ischemic encephalopathy presented to an outside hospital (OSH) with a three-day history of decreased activity and oral intake, fevers to 101 F and labored breathing. At the OSH, she was found to have a left-lower-lobe pneumonia with pleural effusion, as well as a possible urinary tract infection. She was given a bolus of intravenous (IV) saline solution and a dose of IV azithromycin and transferred to the Connecticut Children’s Medical Center Emergency Department (ED) for further care.

On arrival from the OSH, the patient was noted to have nasal flaring and retractions with decreased lung sounds on the left. Her temperature was 100.6 F, her heart rate was 164 beats per minute and her respiratory rate was 40. Her oxygen saturation was 96 percent on blow-by oxygen. She was given additional IV fluids and a dose of ceftriaxone. Review of the outside X-ray was concerning for empyema but the presence of associated pneumothorax would be unusual.

DIAGNOSIS/TREATMENT
Pediatric Surgery was consulted and a left chest tube was placed; 800 ml of brown murky liquid was evacuated immediately.

Due to concern for fluid origin from the gastrointestinal tract, the patient was taken immediately to fluoroscopy. Fluoroscopy revealed an unusual tubular structure extending from the fundus of the stomach into the left pleural space, presumably representing a plastic straw with a fistula from the stomach to the left pleural space. The patient was taken to the operating room, where she had an upper endoscopy and diagnostic laparoscopy. Findings during surgery were a gastropleural fistula and a pericardial effusion. Mass effect was also present, with shift of the heart and mediastinal structures to the right. There was again concern for empyema, but the presence of associated pneumothorax would be unusual.

Gastropleural fistulas may be diagnosed with fluoroscopy and upper endoscopy. Gastropleural fistulas are reported in the literature as complications of previous surgery, often bariatric or secondary to malignancy. Gastropleural fistula was first described in 1960 by Markowitz and Herter. They made the observation that a gastropleural fistula may happen after perforation of the intrathoracic portion of the stomach in an esophageal hiatal hernia, from post-traumatic diaphragmatic hernia with subsequent perforation of the intrathoracic portion of the stomach, or from the erosion of an intra-abdominal abscess through the diaphragm. One case report from Bini et al. describes a gastropleural fistula due to stomach perforation by nasogastric tube. The diagnosis of gastropleural fistula is generally made with contrast radiology, at upper gastrointestinal endoscopy or at surgery.

Our patient also had gastric contents and empyema secondary to her gastropleural fistula. This was previously reported and it is thought to be due to inflammatory erosion of the pleura after pneumonia or pulmonary abscess formation; however, it may also occur after visceral perforation. Our patient had been reported by caregivers to swallow objects in the past such as a hair tie, which she had vomited up in the weeks prior to admission. It is unknown when the patient ingested the straw causing the gastropleural fistula. Karcher et al. reported a case of gastrobronchial fistula after toothbrush ingestion by a developmentally delayed 20-year-old patient. Jayachandra found in a review of pediatric foreign body ingestions that complications were more likely to occur the longer the foreign body had been impacted.

In summary, pediatric and emergency medicine health care practitioners should have suspicion for foreign body ingestion in nonverbal, developmentally delayed children. This case describes the diagnosis and management of a gastropleural fistula.
UTC FAMILY RESOURCE CENTER OPENS

Connecticut Children’s officially opened the doors of the United Technologies Family Resource Center at a ribbon-cutting on Thursday, Oct. 22. The new center was made possible by a $1.5 million donation from United Technologies Corp.

The center is 2,000 square feet of renovated space located in the heart of the hospital. Designed with children in mind, the center’s bright colors and modern architecture offer a fresh look that appeals to both children and adults. The facility provides expanded resources to help families better understand and manage their children’s health and medical care. Its features include a Family Learning Center—a classroom and simulation space where parents can learn to administer treatments for their child and practice their skills. It also has an interactive learning center and six computer stations parents and children can use to search the Internet for information on medical conditions.

The Family Resource Center is staffed by a medical resource librarian, an education specialist and highly trained volunteers who guide families through dedicated resources and support offerings. In addition to offering the latest technology and simulation training equipment, the center is accessible 24 hours a day and is completely free of charge to patients’ families. More than 300,000 families are expected to use the center annually.

“Coming in for medical care can be an isolating experience for families,” said Martin Gavin, then president and chief executive officer of Connecticut Children’s Medical Center. “As our clinical services have expanded to care for children who require more complex care, the need for this resource has increased. United Technologies’ partnership with us has allowed for the creation of this exceptional space for all of Connecticut Children’s patient families, and for that we are extremely grateful.”

UTC Family Resource Center are (from left): 6-year-old Jordan Strom, of New Britain; Connecticut Children’s CEO Marty Gavin; UTC CEO Greg Hayes and 13-year-old David Teli, of Torrington.

A BETTER WAY TO DIAGNOSE EAR INFECTIONS

A new partnership between Connecticut Children’s and the Massachusetts Institute of Technology has fostered new approaches to diagnosing middle ear diseases. Connecticut Children’s otolaryngologist Tulio Valdez, MD, and his MIT collaborators are developing noninvasive ways to diagnose and treat ear infections in children.

“The whole idea behind this is taking an ear diagnosis which is mostly made in a subjective manner and making it more quantitative,” says Valdez.

The traditional otoscope physicians typically use to examine children’s ears for possible infection provides limited access to the middle ear. One of the first developments of the research partnership is a working prototype of a completely new type of otoscope that gently retrieves chemical information from the middle ear without rupturing the delicate membrane. The analysis will reveal whether an infection is present or whether symptoms are being caused by a simple case of fluid buildup. This knowledge will enable physicians to recommend the best course of treatment for the patient and ultimately reduce over-prescription of antibiotics.

“The reason it has taken so long to develop a device like this is because of a lack of communication between scientists and physicians,” says Valdez. “There is a need for translation, and this is exactly what this partnership accomplishes. It’s a way to bring two separate skill sets together and create a device that could ultimately change the pediatric landscape when it comes to diagnosing ear infections.”

He and the MIT team have used this technology to noninvasively identify and analyze differentially expressed molecules from proliferative lesions in the middle ear, namely cholesteatoma and myringosclerosis. The results demonstrate the potential of this technique to provide new understanding of the etiology of these conditions.

“Being able to turn an idea into a useful device that is able to change a diagnostic modality and contribute to a patient's well-being is the most exciting part about this for me,” Valdez says.

HOSPITALIST COVERAGE EXPANDED

Connecticut Children’s expanded its daytime in-house hospitalist coverage into the evening hours this past fall. Additional hospital medicine physicians are now on-site from 2 p.m. to midnight, Sunday through Friday. The two physicians the Medical Center engaged to provide the extended coverage are Emilee Colella, MD, and Sumith Madhavarapu, D.O. (See Welcome Aboard, p. 5.)

FREE “LUNCH & LEARN” TALKS FOR YOUR PRACTICE

Would you like to learn more about clinical issues you may encounter in your practice? Connecticut Children’s can help. Our specialists will visit your office to present information on topics you choose and engage in informal discussions with you and your colleagues. The talks are free of charge. Lunch is provided for physicians, APRNs and PAs. To schedule a talk, contact Trish Masse at tmasse@connecticutchildrens.org or 860.837.6251.

COMING SOON: CME CREDIT FOR WEBINARS

Beginning in January, pediatric providers will be able to earn continuing medical education credit for viewing webinars presented by Connecticut Children’s. For more information, including a list of archived and upcoming webinars, visit the For Health Care Professionals page of connecticutchildrens.org and click on Education.
New Cardiovascular Care Center Opens

In September, Connecticut Children’s Vincent J. Dowling Family Cardiovascular Care Center officially opened its doors on the Medical Center’s main campus in Hartford following an 18-month construction project.

Patients, families and staff returned to the original location of Connecticut Children’s Division of Cardiology, which has now doubled in size to accommodate growing patient and surgical volumes.

Aside from a fresh look and feel, the center now includes a stress lab, family consultation room, reading room and the Cardiovascular Surgery Operating Room Suite. The number of rooms also has increased, with eight patient exam rooms and four echocardiography rooms now on site.

The new facility will provide the most advanced technology in a space that nurtures collaboration on diagnosis, treatment and long-term care in a comfortable, family-friendly environment.

“The Division of Cardiology at Connecticut Children’s continues to grow,” says Harris Leopold, MD, director of cardiology. “We have an expanding group of pediatric cardiologists, nurses and assistants who work as a team to deliver exceptional care. In order to provide this care, it is essential that we have state-of-the-art facilities, and our new center will further our ability to ensure that every patient and family has an exceptional experience when cared for here.”

As the program grows, the number of cardiac specialties that Connecticut Children’s cares for continues to grow as well. Services provided in the cardiology division now include:

- Cardiac intensive care and inpatient cardiology
- Cardiac catheterization and interventional cardiology
- Electrophysiology and cardiac ablation
- Echocardiography
- Cardiac MR imaging
- Fetal echocardiography
- Adult congenital heart disease
- Outpatient cardiology

The division’s plans for the future include developing specialties in preventive cardiology, as well as cardiology as it relates to sports medicine.

Treating Esophageal Abnormalities Through Bioengineering

Christine Finck, MD, chief of pediatric surgery at Connecticut Children’s, is making great strides in finding a potential cure for the life-threatening congenital birth defect, esophageal atresia. Finck and her staff are regenerating the organ using a patient’s own cells so they can repair or replace the defective esophagus.

“We have a scaffold that’s synthetic that we know the body can handle, and we seed it with biopsy cells from a patient, epithelial cells, and we recreate an esophageal type of tube,” Dr. Finck says.

In order to secure that scaffold for this research, Connecticut Children’s entered into an agreement with Harvard Apparatus Regenerative Technology, or HART, on a pre-clinical collaboration to help develop this process.

“Utilizing the principles of regenerative medicine has shown significant potential to provide additional treatment options and improve care for patients,” says Dr. Finck. “By working with the HART team to utilize a bioengineered organ scaffold, we are working to develop a process that will allow a child’s esophagus to be repaired or replaced to address life-threatening conditions.”

Jim McGorry, president and CEO of HART, says, “We are proud to continue and expand our collaboration with Connecticut Children’s Medical Center to develop new treatment options for children using regenerative medicine principles. Dr. Finck and her team are recognized leaders in the regenerative medicine community, well-known for their passion and commitment to bringing new treatments to children and their families.”

With this collaboration, Connecticut Children’s and HART will focus on translating bench research into treatments that can directly benefit the children who need them.

“I do think this is going to be a viable solution,” says Finck. “We are optimizing our synthetic scaffold. We have something that is very elastic and durable, and the ability for us to culture a patient’s specific cell means that it won’t reject over time if we put it in. It’s an exciting time at Connecticut Children’s, to be sure.”
**THIS CLINIC ROCKS**

Last year, Connecticut Children’s consolidated two of its premier programs—urology and nephrology—to form the Center for Urology and Nephrology. One of the center’s first steps was to launch the multidisciplinary ROCKS (Reduction of Children’s Kidney Stones) clinic, which is dedicated to caring for children who have or are at risk for kidney stones. Pediatric urologist Eric Nelson, MD, and pediatric nephrologist Sherene Mason, MD, MBA, operate the clinic, which is held monthly in the main hospital building.

“The idea of the multidisciplinary clinic is to provide more comprehensive, complete and unified care for patients,” Dr. Nelson says. The clinic is also more convenient for patients and families. They can see both specialists in a single visit, make fewer trips to the hospital, and miss less time from school and work.

The combined clinic also enhances communication, according to Dr. Mason. “This is one way of providing a consistent message for patients and families,” she says. “It also allows for increased communication among Dr. Nelson, myself and community providers. Recommendations will be clear all the way around, from the patient’s point of view and from the referring provider’s point of view.”

In addition to coordinating treatment, the ROCKS clinic aims to prevent stones from occurring. Diet is one of several risk factors that can contribute to the development of kidney stones, so the clinic includes a registered dietician who looks at dietary risk factors in all patients and provides guidelines and recommendations.

Drs. Mason and Nelson presented a webinar this past fall on pediatric kidney stone disorders and the ROCKS Clinic. To view the archived webinar, go to the For Health Care Professionals page of connecticutchildrens.org, then Education, then Webinars.

Dr. Mason may be contacted at smason01@connecticutchildrens.org or 860.545.9395. She is assistant professor of pediatrics at the UConn School of Medicine. Dr. Nelson may be reached at enelson@connecticutchildrens.org or 860.545.9520. He is assistant professor of surgery (urology) at the UConn School of Medicine.

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**“ANGEL EYES” IN NICU**

Parents whose newborns are being cared for in Connecticut Children’s Neonatal Intensive Care Unit in Hartford can now see their babies anytime, day or night, from their mobile phones or computer. The interaction is made possible by 10 camera systems installed in the unit by Angel Eye Camera Systems, a company founded in 2013 with support from the University of Arkansas for Medical Sciences BioVEntures. Angel Eye Camera Systems soon will install cameras in Connecticut Children’s NICU at the University of Connecticut Health Center, as well.

Angel Eye represents not only the latest technology, but also a way of providing patient- and family-centered care for parents and family members who are away from their babies.

“One of the hardest things for our families to do is to leave their babies’ bedsides,” says Jim Moore, MD, PhD, medical director of the Medical Center’s NICU. “Having this system available will allow families to see and remain involved with their infants, no matter where the parents are, and to stay connected.”

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**WELCOME ABOARD**

A warm welcome to the newest members of our medical staff.

**Emilee Colella, MD**

*Division of Hospital Medicine*

- Internship and residency in pediatrics, Children’s National Medical Center
- MD, University of North Carolina at Chapel Hill School of Medicine
- BS, biology, University of North Carolina at Chapel Hill

**Sumith Rao Madhavarapu, DO**

*Division of Hospital Medicine*

- Residency in pediatrics, University of Connecticut School of Medicine, Connecticut Children’s Medical Center
- DO, Rocky Vista University College of Osteopathic Medicine
- Postbaccalaureate, University of Texas-Arlington
- BS, business administration, Baylor University

**Anne V. McLaughlin, MD**

*Division of Pulmonary Medicine*

- Fellowship in pediatric pulmonary medicine, University of Connecticut School of Medicine, Connecticut Children’s Medical Center
- Residency in pediatrics, University of Connecticut School of Medicine, Connecticut Children’s Medical Center
- MD, State University of New York Upstate Medical University
- MA, medical sciences, Boston University School of Medicine
- BA, premedicine, Bowdoin College
MOC PORTFOLIO SUPPORTS QUALITY IMPROVEMENT

Connecticut Children’s Maintenance of Certification (MOC) Practice Quality Improvement Program focuses broadly on supporting practice-level quality-improvement activities. In addition to offering projects to help physicians satisfy the American Board of Pediatrics MOC Part 4 requirements, the program allows practices to engage in data-driven continuous quality improvement activities as they pursue a variety of opportunities that require documentation of quality performance (e.g., National Committee on Quality Assurance (NCOA) Person-Centered Medical Home recognition, value-based payments, etc.).

Connecticut Children’s has worked in close partnership with the Child Health and Development Institute’s (CHDI’s) Educating Practices in the Community (EPIC) program to offer MOC activities to child health providers in the state. CHDI has been instrumental in the development and growth of the MOC portfolio program. All EPIC training modules, including those offering MOC credit, are now approved for CME credit.

CONTINUING MEDICAL EDUCATION PROGRAMS

All programs are held at the Pond House Café, 1555 Asylum Ave., West Hartford, Connecticut, and begin at 5:30 p.m. with registration and buffet dinner.

PEDIATRIC EVENING LECTURE SERIES

Feb. 11, 2016
More Than Meets the Eye: Common Problems in Pediatric Ophthalmology

April 7, 2016
The 5 E’s to an Exceptional Eczema Experience

To register or obtain more information, contact:
Diane Mouradjian – 860.837.6264, dmouradjian@connecticutchildrens.org
Deidre Palmer – 860.837.6281, dpalmer01@connecticutchildrens.org

ANDRULONIS CHILD MENTAL HEALTH EVENING LECTURE SERIES

Jan. 12, 2016
Addressing Postpartum Mood and Anxiety Disorders in Primary Care: From Screening to Triage

March 1, 2016
Assessment and Treatment of Autism and Transition to Adulthood

May 10, 2016
Gender Nonconformity and Dysphoria in Childhood & Adolescence: Clinical Issues for the Primary Care Pediatrician