Chief Of Cardiovascular Surgery Named

Northeast Pediatric Specialists Inc., the co-owned venture of Connecticut Children’s and Yale-New Haven Hospital, has engaged Paul Kirshbom, MD, as chief of Cardiovascular Surgery. Dr. Kirshbom will provide pediatric cardiothoracic surgery services to the heart programs at both institutions and will hold joint appointments at the University of Connecticut School of Medicine and the Yale School of Medicine.

Dr. Kirshbom comes to us from Children’s Healthcare of Atlanta, where he was the medical director of the Cardic ECMO Program. He was also an associate professor of surgery at Emory University School of Medicine.

Dr. Kirshbom has been an attending surgeon since 2002. He obtained his medical degree at Johns Hopkins University, did his surgical residency training at Duke University and completed his pediatric cardiothoracic surgery fellowship at Children’s Hospital of Philadelphia.

Advanced Intestinal Rehabilitation, Close To Home

Connecticut Children’s Multidisciplinary Intestinal Rehabilitation Team helps newborns with intestinal failure survive and thrive.

Connecticut Children’s is among a group of major national children’s hospitals that provide infants with a sophisticated, multidisciplinary approach to intestinal rehabilitation following complicated surgery. The Multidisciplinary Intestinal Rehabilitation Team (MIRT) includes representatives from Neonatology, Surgery, Digestive Diseases, Nutrition, Pharmacy, Physical and Occupational Therapy, and the Feeding Team as well as nursing personnel across all disciplines.

The MIRT was formed as a result of a significant increase in the number of newborns being admitted to Connecticut Children’s NICU after complicated intestinal surgery. As a tertiary care, regional referral center, Connecticut Children’s NICU found itself caring for a large number of infants who had had surgery for omphalocele, gastrochisis, necrotizing enterocolitis or other conditions that required surgical removal of part or most of the intestine. These very complicated babies need sophisticated nutritional support, often for extended periods of time. The staff was eager to identify the best way to care for these babies, both while in the NICU and after transfer to pediatric floors and then home.

Leslie Wolkoff, MD, noted that all the evidence indicates that these complicated babies do better with a multidisciplinary approach. “That was the genesis of MIRT,” Dr. Wolkoff says. “Many major children’s hospitals were taking this approach. We felt that it was something we needed to provide our babies so they could get this kind of care close to home.”

Dr. Wolkoff founded and co-directs the MIRT with Karan Emerick, MD.

Children’s Ranks Among The Best

Connecticut Children’s has been named to U.S. News & World Report’s 2012-2013 Best Children’s Hospitals ranking. This is the third consecutive year the Medical Center has achieved this distinction. This year, Children’s was recognized for programs in diabetes & endocrinology and neonatology.
Presentation
A 1-day-old male infant was referred from the St. Francis Hospital and Medical Center NICU to the Connecticut Children’s ICU for progressive hypoxia and hypotension. The infant was born by vaginal delivery at 40 weeks gestation and had APGARS of 9 at one minute and 9 at five minutes. Prenatal care had occurred abroad with no reported prenatal concerns. At delivery, features of Down syndrome were noted.

At 3 hours of age, the infant had desaturations. He was placed on 2L nasal cannula oxygen and had the following ABG: 7.34/70/374/27/+1. At 9 hours of age, due to continued desaturations, he was intubated and given surfactant, and an echocardiogram was performed. The ECHO demonstrated a structurally normal heart, increased pulmonary arterial pressures, and right-to-left shunting across the ductus arteriosus consistent with pulmonary hypertension.

Nitric oxide was instituted at 20 ppm. Umbilical lines were placed. A rule-out sepsis work-up was performed and ampicillin and gentamicin were started. Over the next 12 hours, his cardiovascular function deteriorated and he required fluid resuscitation, red blood cells, dopamine at 10 mcg/kg/min and epinephrine at 0.1 mcg/kg/min. The infant was transferred to Connecticut Children’s for further management, including the possible need for extracorporeal membrane oxygenation (ECMO).

Diagnosis/Treatment
On arrival at Connecticut Children’s, the patient required escalating therapy for pulmonary hypertension. His FiO2 remained at 1.0. He received mild hyperventilation. Nitric oxide was increased to 40 ppm, dopamine was increased to 20 mcg/kg/min, epinephrine was increased to 0.2 mcg/kg/min and milrinone was added at 0.75 mcg/kg/min. With vasopressor unresponsive shock and a cortisol level of 4.6, hydrocortisone was started at 25 mg/m2/dose q 12 hours.

Despite maximal medical management, at 37 hours of age the infant’s saturations remained in the low 90’s, his PaO2 had declined to 19, his oxygenation index reached 64 and his lactate level climbed to 7.5. At 38 hours of age, he was cannulated for veno-arterial ECMO. He remained on ECMO for approximately 98 hours. His ECMO course was uncomplicated. He had no head ultrasounds throughout. He had no bleeding issues despite heparinization for ECMO. When his ventricular function had normalized and his pulmonary pressure was one-half to two-thirds systemic, he was decannulated. He was extubated five days later. He required placement of a feeding tube due to poor oral feeding.

Discussion
Persistent pulmonary hypertension of the newborn (PPHN), sometimes referred to as persistent fetal circulation (PFC), occurs when pulmonary vascular resistance remains elevated after birth and the normal circulatory transition does not occur. In the presence of a patent foramen ovale and a patent ductus arteriosus, blood shunts right to left, bypassing the lungs and leading to respiratory distress, marked hypoxemia and acidosis. PPHN occurs in approximately 0.1-0.2% of live-born term infants. The incidence is higher, estimated between 1.2-6.6%, in newborns with Down syndrome.1 In general, PPHN can result from pulmonary vascular constriction as seen in lung parenchymal diseases (e.g., meconium aspiration) or from hypoplastic pulmonary vasculature (e.g., congenital diaphragmatic hernia), but in 10-20% of cases the cause is idiopathic. While the prevalence of congenital heart disease in Down syndrome is 43-58%, in fact, almost three-quarters of patients with Down syndrome and PPHN do not have a congenital heart defect.1,2

Infants with PPHN typically present with worsening hypoxia and respiratory distress over the first 12 hours of life, as seen here. Demonstrating lower post-ductal (left or right foot) saturations when compared to pre-ductal saturations (right hand) can help in making the diagnosis, although a ductus-level shunt is not universally present in all patients. Echocardiography is essential to exclude cyanotic congenital heart disease and can also be helpful in making a diagnosis of PPHN.

Commonly used therapies for PPHN include minimizing patient stimulation; mechanical ventilation, including high-frequency oscillation, inhaled nitric oxide, surfactant administration, ventilation, including high-frequency oscillation, minimizing patient stimulation; mechanical ventilation, including high-frequency oscillation, inhaled nitric oxide, surfactant administration, fluid and blood product resuscitation; inotropic support; correction of acidosis; and sedation and analgesia.3 Use of forced alkalosis by hyperventilation or buffer supplementation and use of paralytics are generally discouraged.

Patients with persistent hypoxia or shock require increasingly aggressive medical management and may benefit from ECMO. Recognizing the time point at which the likelihood of success with conventional therapies has waned, irreversible organ damage has not yet occurred, and the patient is still stable enough for transport to an ECMO Center can be challenging. Early consultation with an ECMO Center physician can be beneficial.

A large, randomized controlled trial by the UK Collaborative ECMO Trial Group and a Cochrane meta-analysis both concluded that the use of ECMO in infants with severe respiratory failure results in improved survival.4,5 The Extracorporeal Life Support Organization (ELSO) registry reports cumulative survival for pulmonary hypertension treated with ECMO at 78% in 2012.6 In patients like this one, with idiopathic pulmonary hypertension, the UK Collaborative ECMO Trial demonstrated that 13/15 patients (87%) survived when treated with ECMO compared to 6/16 patients (38%) surviving after conventional management.4

Down syndrome, PPHN and ECMO have each been associated with an increased risk of neurodevelopmental abnormalities and feeding difficulties. In a five-year follow-up study of 103 neonates who received ECMO, Glass and colleagues found that the majority of neonatal ECMO survivors functioned in the normal range on general intelligence testing but scored lower than the general population. A major disability was present in 15% and a severe or profound impairment in 5%. Of neonatal ECMO survivors.7 Sensorineural hearing loss is reported in 2-20%. These neurodevelopmental outcomes are comparable to those of other high-risk neonates. It is recommended that all neonatal ECMO survivors receive intensive neurodevelopmental follow-up.

References

Oxygenation Index (OI) = (Mean Airway Pressure (MAP) x FiO2 x 100) / PaO2
Oi has been used to help guide therapy in PPHN. An Oi > 25 has been used as an indication to start inhaled nitric oxide. An Oi<40 may be an indication for ECMO.

Have you had an interesting case involving Connecticut Children’s?
Contact Medical News Managing Editor Dennis Crean, RN, at 860.837.6248 or dcrean@connecticutchildrens.org.
of Digestive Diseases, Hepatology and Nutrition with much support from Victor Herson, MD, and Jeffrey Hyams, MD, the directors of the Divisions of Neonatology and Digestive Diseases, respectively. The team has broad support and cooperation from the surgical team, as well.

GUIDELINES DEVELOPED
One of the MIRT's priorities was to develop a standard of care for taking care of these complicated babies. “We came up with guidelines on how to initiate feeds; how fast to advance them; what to use; the amount of calories, protein and fat needed; and how best to deliver enteral and parenteral nutrition,” Dr. Wolkoff says. “We wanted people to be able to refer to this so they could start with these guidelines in managing the babies.”

When a physician determines that a baby is especially complicated, and the guidelines alone aren’t enough, the MIRT team is called in. Out of the 500 or so babies the NICU cares for annually, 12 to 15 need this level of care. The team introduced MIRT to the rest of the hospital at a symposium held in late 2010. They continue to do extensive education, especially for bedside nurses, since nurses provide so much of the care, both in the NICU and on the pediatric units. Education is critical, Dr. Wolkoff says, because caring for such young and complicated babies with intestinal failure requires an entirely new way of thinking—one different from that used for the usual NICU patients.

“This is the kind of sophisticated care that really can only happen in a children’s hospital,” says Dr. Wolkoff.

Dr. Wolkoff is a neonatologist at Connecticut Children’s and assistant professor of pediatrics at the University of Connecticut School of Medicine. He can be reached at lwolkof@connecticutchildrens.org.

Down Syndrome Program Launched
A new Comprehensive Down Syndrome Program got under way at Connecticut Children’s on Sept. 1. Developed in collaboration with the Connecticut Down Syndrome Congress, the new program provides consultation and care coordination services to patients with Down Syndrome from birth to age 18. Robert Greenstein, MD, is the program’s medical director. Services are provided at Connecticut Children’s facility at 100 Retreat Ave., Suite 500. For more information, contact Rachel King, 860.837.5940.

Collaboration Aids Earthquake Victim
An 8-year-old Haitian girl is back home and doing well, thanks to a Catholic mission group and a team effort here in Hartford. The girl, whose leg was crushed during Haiti’s catastrophic 2010 earthquake, had the leg amputated in Haiti. But, as she grew, the bones of her leg began to protrude from the stump, causing pain and infection and preventing her from walking.

The Little Children of Mary, a Martha’s Vineyard-based mission group, learned of the little girl’s plight and reached out to help. Seeking a medical center in the Northeast, they contacted Connecticut Children’s. Mark Lee, MD, of the Medical Center’s Department of Orthopaedics coordinated arrangements. Jeffrey Thomson, MD, chief of the department, agreed to perform the needed surgical procedure. Hartford Anesthesiology Associates agreed to provide the anesthesia for the operation, and Hanger Inc. donated the prosthetic leg.

The two-phase operation was performed on an outpatient basis. With help from Connecticut Children’s physical therapists, the child adapted to her new leg and soon was able to return home to her father.

NIH Grant Funds Ulcerative Colitis Study
Connecticut Children’s has received a $10.5 million grant from the National Institutes of Health for a five-year, first-of-its-kind study of the effects of standardized therapy for children with ulcerative colitis. Jeffrey Hyams, MD, director of the Division of Digestive Diseases, Hepatology and Nutrition and professor of pediatrics at the UConn School of Medicine, is co-leader of the study, which will involve 25 leading pediatric institutions throughout the United States and Canada. The goal is to better understand reasons for the variability of responses to standard therapies in order to design ones that are more effective.

Jeffrey Thomson, MD, longtime director of Connecticut Children’s Department of Orthopaedics, has been named president of Connecticut Children’s Specialty Group following a national search. In addition to his new position, Dr. Thomson will continue in his roles as director of orthopaedics and associate professor of orthopaedic surgery at the University of Connecticut School of Medicine.

Dr. Thomson replaces Dean Rapoza, who has been named senior vice president, marketing, strategy and business development.
Connecticut Children’s Pain Relief Program is part of the Division of Pain and Palliative Medicine. The division also includes Sedation, Integrative Medicine and Palliative Medicine. Under the leadership of William Zempsky, MD, the division has made a number of changes recently. “We have hired several new people and have a new vision for the division and for the Pain Relief Program that will expand our ability to take care of kids with acute and chronic pain problems,” says Dr. Zempsky.

One of the newest people to join the group is Michael “Mick” Connors, MD, a nationally known expert in sedation and former president of the Society for Pediatric Sedation (see pg. 5). He will join Drs. David Marcello and Len Comeau on the sedation service.

ACUTE PAIN PROGRAM
Caring for children with acute pain is one aspect of the division’s Pain Relief Program. The Acute Pain Program is a consultative service that focuses on hospitalized children who are having pain. The program’s professionals collaborate with the primary service to reduce discomfort for children having postoperative pain, pain of disease or frequent procedures.

Last year, Renee Manworren, APRN, PhD, joined the group. She is a national and international leader in pain medicine who ran an acute pain service in Dallas before coming to Connecticut Children’s. Nurse Practitioner Kimberly Kempner, APRN, was also recruited to assist with both the Acute and Chronic Pain Programs.

“Our newest initiative is to develop strong collaborative relationships with our surgical programs,” Dr. Zempsky says. Goals include providing postoperative pain services to inpatients. Dr. Manworren and Ms. Kempner have been rounding with the surgical service to provide direct consultation and education for residents and staff.

The team is also beginning to develop a preoperative collaboration with Surgery. “For children having surgeries expected to have challenging pain management problems, such as spinal fusions and the Nuss procedure for pectus excavatum, we will evaluate preoperatively to smooth the intraoperative and postoperative course,” says Dr. Zempsky.

Ana Maria Verissimo, MD, who is experienced in integrative medicine, will work with patients pre- and postoperatively to teach them to use guided imagery and self-hypnosis.

Dr. Zempsky also plans to establish an outpatient postoperative pain clinic, so children can have access to his team’s expertise, even after discharge.

CHRONIC PAIN PROGRAM
Connecticut Children’s Chronic Pain Program is the only program of its kind for children in the state. The multidisciplinary initiative focuses largely on helping children who have problems such as chronic headache, abdominal pain or back pain or who have fibromyalgia. The program, Dr. Zempsky says, is geared to “kids for whom pain has become a barrier to having a normal life and is impacting function.” Examples would be children having behavioral or emotional issues or trouble with school, sleeping or forming relationships.

At their first visit, children will have a two-hour evaluation by a multidisciplinary team made up of a physician, a psychologist, a physical therapist and a nurse. The team will develop a multidisciplinary treatment plan. “We’ll also work with school systems, pediatricians and others in the community to help these kids get their life back,” says Dr. Zempsky.

Patients who don’t progress as outpatients may be admitted for a two- to three-week period for intensive intervention to help them move forward.

RESEARCH AND EDUCATION
The Division of Pain and Palliative Medicine is active in research. Dr. Zempsky has two major grants, both of which focus on evaluation and treatment of pain in children with sickle cell disease. Dr. Manworren is involved in research on improving postoperative pain management and concerns about diversion of opioids.

The division spearheaded development of the Medical Center’s PRN Nursing Program, which seeks to educate and develop nursing champions across the institution to improve pain management for all patients.

Dr. Zempsky is the director of the Division of Pain and Palliative Medicine and professor of pediatrics at the University of Connecticut School of Medicine. He may be reached at wzempsk@connecticutchildrens.org. ■
Dr. Palma Sisto says her approach is to be innovative and work with families to find new ways to address both common and uncommon endocrine conditions. “Sometimes you have to try something, as long as you know the risks and benefits and the family is in agreement with you,” she says. “By the textbook, you wouldn’t treat certain cases, but if it’s something you feel comfortable with and the primary care physician and the family are OK with it, you try it. It’s just looking at the problem in a different way, not necessarily just by the book.”

COLLABORATIVE PROVIDER
Dr. Palma Sisto describes herself as a “very collaborative provider” who is comfortable working closely with families and primary care providers.

“I welcome referring providers’ calling to discuss cases with me prior to referring or sending in the referral with a request for me to call them,” she says. “I also welcome emails to discuss any concerns or questions about existing or new patients.”

EDUCATIONAL FOCUS
Medical education is a major interest of Dr. Palma Sisto’s. In addition to being a visiting associate professor of pediatrics at the University of Connecticut School of Medicine, she is the school’s assistant dean for education at Connecticut Children’s.

“I oversee all educational activities related to medical students, residents and fellows,” she says. “This role allows me to support and represent the hospital at the medical school and help develop and expand education-related activities at Connecticut Children’s.”

As medical director for endocrinology, Dr. Palma Sisto oversees any issues related to program development specific to endocrine diagnoses.

Her educational focus is long-standing. She has presented at national meetings on medical student education topics nearly every year since 2004 and has chaired and served on the Education Committee of the Pediatric Endocrine Society. She also edits a newsletter published by the national Council on Medical Student Education in Pediatrics.

Dr. Palma Sisto has a busy family life, as well. She and her husband have four children under 11 years old. When she’s not spending time with her children or volunteering with Little League, she enjoys preparing gourmet meals.

Dr. Palma Sisto can be reached at ppalmasisto@connecticutchildrens.org or 860.545.9370.
Connecticut Children’s Receives EPA Award For Asthma Management

The federal Environmental Protection Agency has honored Connecticut Children’s with the 2012 National Environmental Leadership Award in Asthma Management. The award recognizes the Medical Center’s Easy Breathing program as a stellar asthma management program that uses an innovative approach—with a strong environmental component—to improve patient health and quality of life. Founded in the late 1990s by Michelle Cloutier, MD, director of Connecticut Children’s Asthma Center and professor of pediatrics at the UConn School of Medicine, Easy Breathing has now enrolled more than 100,000 patients.

Rehabilitation Services Upgrades Adaptive Equipment

Enhancements improve children’s comfort and quality of life.

Thanks to a $50,000 grant from the Harold and Rebecca H. Gross Foundation, Connecticut Children’s Division of Education and Rehabilitation Services was recently able to complete upgrades to its Adaptive Equipment Program. The state-of-the-art technology is now in use by the Medical Center’s Departments of Physical Therapy, Occupational Therapy and Speech-Language Pathology.

SEATING AND MOBILITY SOLUTIONS

Children with physical disabilities need expertly fitted, specialized wheelchairs and other adaptive equipment to maximize comfort and function and prevent the development of new deformities. Connecticut Children’s physical therapists perform 50 to 60 adaptive equipment evaluations each month, seeking to provide the optimal seating for each child. With a portion of the grant funding, Physical Therapy was able to acquire a pressure mapping system that will help therapists better customize seating to each child’s needs.

According to Scott Van Epps, PT, MS, PCS, manager of Physical Therapy and the Center for Motion Analysis, the system allows therapists to identify where each child’s body needs most cushioning or support and then choose the best materials and design to provide it. The result is seating that minimizes or prevents skin breakdown and ensures optimal pressure distribution.

“The grant also enabled us to obtain training on the mapping system so we can use it most effectively,” notes Barbara Brown, MS, MEd, senior director of Rehabilitation Services.

FEEDING ASSISTANCE

Occupational Therapy acquired several pieces of equipment that allow children with physical disabilities or motor control problems to feed themselves. The devices include feeding utensils with special curvatures, wider handles and other modifications; and specialized cups and straws. In addition, three specialized devices were purchased that enable a child to hit a switch with any body part to bring the spoon to his/her mouth. According to Jeanne Kagan, MA, OTR, manager of Occupational Therapy, children can be evaluated with a variety of devices to determine which will best meet their unique needs.

“Once we understand a child’s physical limitations and have cleared the safety of a child’s swallow,” Ms. Brown says, “we can provide adaptive, state-of-the-art tools to help children become independent feeders.”

SWALLOWING AND SPEAKING

When speech-language pathologists and radiologists are trying to diagnose the cause of a child’s swallowing problem, they often perform a modified barium swallow. To have the test, the child must be properly seated and supported. This is difficult for any child, because virtually all seating manufactured for radiology suites is sized for adults. It’s even more of a challenge when a child has multiple physical handicaps. Connecticut Children’s has made numerous adaptations to the seating over the years to better accommodate children. The grant enabled Speech-Language Pathology to implement several additional changes that have resulted in “more comfort for patients and a better diagnostic result for clinicians,” says Virginia McGoeby Radshaw, MEd, CCC-SLP, manager of Speech-Language Pathology.

Speech-Language Pathology also used the grant to obtain augmentative communication devices that give patients a way to communicate even when they can’t use their voices.

“We are glad to be able to serve a more complex population of children with special needs, using the newest technology,” Ms. Brown says. “We love things that help kids throughout our region.”

Barbara Brown may be reached at bbrwon@connecticutchildrens.org or 860.545.8587.

Grand Rounds Online

Remember that Grand Rounds Online is now FREE of charge.

Earn CME credit from your home or office by accessing selected Grand Rounds presentations online. Go to WWW.CONNECTICUTCHILDRENS.ORG to register and obtain a password. If you have questions or need assistance, contact Deirdre Palmer at 860.837.6281 or dpalmer01@connecticutchildrens.org.

S A V E  T H E  D A T E

CONNECTICUT CHILDRENS MEDICAL CENTER PRESENTS

STUMBLING BLOCKS TO PEDIATRIC WELLNESS

Friday, October 12, 2012 7am - 4pm
Aqua Turf Club, Plantsville, CT.

Childhood isn’t always a time of innocence. In this less than carefree world, kids often face big issues that can alter the course of childhood and overall wellness. As professionals, we need to be able to identify and overcome these hurdles before the repercussions become life-changing. Come gather with your colleagues to discuss current issues facing pediatric wellness and strategies to help kids reach their maximum potential.

Speaker Topics:
Asthma, ADHD, Autism, Integrative Medicine and Epilepsy. Also a family panel will share perspectives on the challenges and rewards of caring for children with chronic illnesses.

For more information visit: www.connecticutchildrens.org/pediatricwellness or 860.545.8890.
CME Program Praised
The Connecticut State Medical Society has renewed Connecticut Children’s Continuing Medical Education accreditation “with Commendation,” indicating that the program is in full compliance with all seven criteria for this high honor. In addition, the renewal was issued for six years—the longest time possible.

Check Out The New CME Website
Connecticut Children’s has redesigned and expanded our Continuing Medical Education Website, www.connecticutchildrens.org/cme. Please visit the site to see what we’ve done to provide you with even better service. On this new site you can:
• View Grand Rounds online and receive free AMA PRA Category 1™ credit
• Check your participation status and total online CME credits
• Print certificates of attendance
• Manage your State of Connecticut-mandated CME requirements
• Participate in a variety of online CME activities
• View Connecticut Children’s Level 4 Maintenance of Certification project listing
• View upcoming activity listings
• Check the calendar for Connecticut Children’s faculty speaking engagements throughout the state
• Use ALERT button for changes and cancellations

For additional information or assistance, please contact: Deirdre Palmer (dpalmer01@connecticutchildrens.org or 860.837.6281) or Diane Mouradjian (Dmouradjian@connecticutchildrens.org or 860.837.6264). You may also fax us at 860.837.6261. PLEASE NOTE THAT OUR PHONE AND FAX NUMBERS HAVE CHANGED.

Out And About
Members of Connecticut Children’s medical staff will present CME lectures at several Connecticut hospitals in the coming months.

Bristol Hospital, Bristol
Oct. 16, 2012
Michael Soltis, MD, Division of Emergency Medicine
Topic: Evaluation of Child Abuse in Community Hospital Emergency Departments

Jan. 15, 2013
Steven Rogers, MD, Division of Emergency Medicine
Topic: Car Safety

Day Kimball Hospital, Putnam
Oct. 10, 2012
Scott Schoem, MD, division director, Department of Otolaryngology
Topic: Cochlear Implants

Nov. 14, 2012
Gyula Acsadi, MD, chief, Division of Pediatric Neurology
Topic: TBA

March 1, 2013
Gyula Acsadi, MD, chief, Division of Pediatric Neurology
Topic: TBA

Lawrence & Memorial Hospital, New London
Nov. 2, 2012
Scott Schoem, MD, division director, Department of Otolaryngology
Topic: Cochlear Implants

Jan. 1, 2013
Paola Palma Sisto, MD, Division of Endocrinology
Topic: Short Stature

March 1, 2013
Gyula Acsadi, MD, chief, Division of Pediatric Neurology
Topic: TBA

Continuing Medical Education Programs
All programs are held at the Pond House Café, 1555 Asylum Ave., West Hartford, Conn. Schedule for all lectures: 5 to 6 p.m. – Registration; 5:30 to 6:30 p.m. – Buffet Dinner; 6:30 p.m. – Lecture, followed by Q&A

Pediatric Evening Lecture Series
Sept. 27, 2012
The Good, the Bad and the Ugly: Ear Disease Beyond Otitis Media; and Update on Cochlear Implants and Bone-Anchored Hearing Aid

Nov. 15, 2012
Emergency! Current Evaluation of Abdominal Pain, Concussion and “Winteritis” in the Connecticut Children’s Medical Center Emergency Department

Feb. 12, 2013
Unwrapping RAP (Recurrent Abdominal Pain): What Dr. Apley Never Imagined

Apr. 23, 2013
Radiology Update

Andrulonis Child Mental Health Evening Lecture Series
Oct. 16, 2012
Supporting Children in Times of Crisis

Jan. 17, 2013
Suspected Abuse: Triage and Talking with Families; and Suspected Abuse: A Framework for Understanding and Assessment of Parents, and Those Difficult Moments

Mar. 14, 2013
The Family Experience with Primary Care: Families with Mental Health Needs

To register or obtain more information, contact Diane Mouradjian at 860.837.6264 or dmouradjian@connecticutchildrens.org or Deirdre Palmer at 860.837.6281 or dpalmer01@connecticutchildrens.org
Let's Hear It For The “A” Team

Advanced practice professionals play a vital role in care at Connecticut Children’s

While it’s a fact that each person at Connecticut Children’s Medical Center is essential to providing top-quality care for children, advanced practice professionals play a unique role. Their high skill levels, developed through rigorous academic training and hands-on experience, enhance the ability of attending physicians to provide a broad spectrum of quality care to patients. As collaborators with busy specialists, advanced practitioners enable more patients to be seen promptly and to experience the extra education and counseling that make for a better patient and family experience.

More than 140 advanced practice professionals are on staff at Connecticut Children’s. They collaborate closely with both primary care providers and subspecialists daily and touch the lives of thousands of children and families every year. Here, we feature just a few of the PAs and NPs so critical to quality care.

ORTHOBOAEDICS

Bruce Bowman, PA-C, of the Department of Orthopaedics, has been a physician assistant for 28 years. Like most PAs, he is master’s prepared, having earned a master’s degree in allied health sciences from Duke University. Mr. Bowman is experienced in dealing with a wide variety of non-operative musculoskeletal problems in children, including sprains, knee pain, Osgood-Schlatter syndrome, sports injuries and fractures. He has his own panel of patients and sees approximately 3,000 visits each year.

“We’re comfortable taking care of kids with a wide range of problems,” Mr. Bowman says of himself and his advanced practice colleagues, “but if something indicates that the patient is more complex, we involve the surgeons, and the appropriate level of care can be given.”

When a community-based physician wants to refer a patient to Orthopaedics on an urgent basis, Mr. Bowman says, he and his colleagues “are readily available to see the patient and get them into treatment in the system.”

Mr. Bowman is the clinical coordinator of the department’s limb-lengthening program. In this capacity, he does the preoperative deformity analysis for the surgeons, is in the operating room when the device is placed and manages patients throughout their treatment. “These are very complex patients who require a lot of attention on a frequent basis,” he says. “They often have weekly visits where I make adjustments to the devices.”

Because of his longevity in this role, he has seen more of these disorders than the surgeons he works with and often teaches residents. The surgeons, he says, “appreciate the collaborative relationship of what I can offer in experience to help deliver optimal care to patients.”

Mr. Bowman’s reputation among referring providers is stellar. “It’s difficult for me to convey the level of confidence we have in him,” says Thomas Fromson, MD, of West Hartford Pediatrics. “If I need to get a patient into the system, he can define the level of severity and determine whether it needs immediate intervention, and he has immediate access to the surgical expertise.”

PRIMARY CARE

Dianne Powers, APRN, provides primary care to children from newborn to 21 years old. A nurse for 17 years before pursuing her master’s degree in nursing at Boston College, Ms. Powers says that her nursing background “gives me an advantage in terms of extensive experience with hands-on care and patient education.” In addition to doing well-child care, Ms. Powers says, she and her colleagues “are care coordinators for children with multiple needs. We make sure they’re referred to the appropriate specialist and that they follow up with that specialist.”

She, too, has her own panel of patients, and she notes that her presence gives patients increased access to care. “Because we’re a teaching hospital, the attendings have teaching responsibilities with residents and medical students. I am fortunate to be able to focus my own time entirely on direct patient care, five days a week.”

Ms. Powers has been at Connecticut Children’s for 15 years. She often cares for extended families and sometimes sees patients who are the children of former patients. “I really like the continuity of care,” she says.

EMERGENCY MEDICINE

Joshua Freund, PA-C, was a paramedic for several years before deciding to pursue a master’s degree and become a physician assistant. He was accepted into the 27-month program at Quinnipiac University. “It was as rigorous as an academic experience can be,” Mr. Freund says. “It is a highly selective program. They want people who’ve had life experience and who are academically superior.”

He worked in Middlesex Hospital’s ED for five years before joining Connecticut Children’s in 2007. Working collaboratively with attending physicians, Mr. Freund sees patients with conditions ranging from moderate to more complex. “Some of what I do, I do fairly autonomously, and sometimes it’s more a case of partnering with the physician in the care of the patient,” he says. “It depends on the complexity of the patient and my level of comfort. That comfort level changes over time. Something that might have been new five years ago is now old hat.”

Mr. Freund is working to develop a residency program at Connecticut Children’s for physician assistants and, eventually, nurse practitioners. He expects to make a formal presentation to Medical Center administrators this fall and hopes to begin accepting students in fall 2013. The residency program would be the only one in the country focusing exclusively on pediatrics.

Mr. Freund says seeing to the emotional comfort of families is as important to his job as the actual medical care. “Our role,” he says, “is to spend additional time with them and to make sure the patient’s experience is a good one.”

ENDOCRINOLOGY

Nancy Paulhus-Orkin, APRN, has 15 years’ experience as a certified diabetes educator in the Division of Endocrinology. She is highly involved with children who are newly diagnosed with diabetes. She and the other nurse practitioners who specialize in diabetes educate patients and families about how to manage the disease. Helping
Connecticut Children’s Well-Represented At PAS

A number of faculty members and fellows from Connecticut Children’s Medical Center—the UConn School of Medicine’s Department of Pediatrics—gave presentations at the Pediatric Academic Societies’ 2012 Annual Meeting.

**Melissa Held, MD**, Division of Infectious Diseases – Designing Qualitative Research (workshop)

**James Parker, MD**, Department of Emergency Medicine – Creation and Delphi-Method Refinement of Prehospital Pediatric Disaster Triage Simulations (poster session)

**Nina McFarlane-Johansson, MD, Zoe Casey, MD, and Sharon Smith, MD**, Department of Emergency Medicine – Video Discharge Instructions for Fever and ED Recidivism (poster session)

**Nicholas Bennet, MD**, Division of Infectious Diseases – Look before You LEAPP! Evidence-Based Pediatric Procedural Management (poster session)

**Jennifer Trzaski, MD, David Sink, MD, and James Hagadorn, MD**, Division of Neonatology – Nurse Variation in Achievement of Oxygen Saturation Goals in Premature Infants before and after Revising a Neonatal ICU Oxygen Management Policy (poster session)

**Shabnam Lainwala, MD, and James Hagadorn, MD**, Division of Neonatology, and **Sandra Motta, MD**, Primary Care – Nutrition and Clinical Outcomes after Introduction of Short Trophic Feed Period in VLBW Infants (poster session)

**Karen Rubin, MD**, Division of Endocrinology – PES Practice Session II: Referral Guideline Initiative at the Connecticut Children’s Medical Center (symposium)

**Susan Ratzan, MD**, Division of Endocrinology – When To Refer: Outcomes of Referrals for Precocious Puberty to Pediatric Endocrinology (poster session)

**Ralyne Maitland, DO, Marvin C. Culbertson, MD, and Sharon Smith, MD**, Department of Emergency Medicine, and **Harris Leopold, MD**, Division of Cardiology – ECG Management in the Pediatric Emergency Department (poster session)

**Christine Skurkus, MD**, Pediatric Residency Training Program/Inpatient Services – The New Era of Nighttime Education: What Do Residents Want? (poster symposium session)

**Melissa Held, MD**, Undergraduate Medical Education, and **Edwin Zalneraitis, MD**, Pediatric Residency Program – Hand-Overs: A Survey of Pediatric Program Directors (poster symposium presentation)

**Adam Matson, MD**, Division of Neonatology – Characterization of Cord Blood Basophils and Plasmacytoid Dendritic Cells in Infants Born to Allergic and Non-Allergic Women (poster symposium presentation)

**Paul Dworkin, MD**, Developmental and Behavioral Pediatrics – Impact of Practice-Based Care Coordination on Mental Health Services Utilization by High-Risk Children in Hartford, Connecticut (poster session)

**Christopher Carroll, MD**, Critical Care/Pediatric Intensive Care – Variations in the Treatment of Critically Ill Children with Bronchiolitis; Factors Associated with Respiratory Failure in Children with RSV Bronchiolitis: A Multicenter Review; Previously Healthy Infants and Hospitalization for Bronchiolitis; and Non-Invasive Positive Pressure Ventilation in Children with Bronchiolitis (poster sessions)

**Craig Schramm, MD**, Division of Pulmonary Medicine, and **Christopher Carroll, MD**, Critical Care/Pediatric Intensive Care – Poor Inter-Observer Reliability When Assessing Response to Albuterol in Critically Ill Children with Bronchiolitis (poster session)

**Kathleen Marinelli, MD, Victor Herson, MD, and James Hagadorn, MD**, Division of Neonatology – 28-Day Outcomes and Costs of a New NICU Donor Milk (DM) Program Compared to Historical Controls (poster session)

**Naveed Hussain, MD**, Division of Neonatology – Infant Gastroesophageal Reflux Assessment Score (IGERS) in Diagnosis of GERD in Premature Infants (poster session)

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Let’s Hear It For The “A” Team, continued from page 8

patients come to terms with their illness is a big part of her role.

“It’s a very emotionally difficult disease,” Ms. Paulhus-Orkin says. “You can never forget that you have diabetes. In addition to helping patients cope, we try to help them fit diabetes into their lives rather than arranging their lives around diabetes.”

Her role has a high-tech side, as well as a high-touch one. She and her fellow NPs run the insulin pump program. When patients are deemed candidates for the insulin pump, Ms. Paulhus-Orkin follows up with families every day for at least a week, just as they do with families of newly diagnosed patients, to make sure they understand all instructions and that things are going well.

Ms. Paulhus-Orkin and the other NPs take calls from pediatricians with newly diagnosed patients or children with diabetes who are ill. They gather information from the pediatrician and determine whether the child is well enough to come to the office or should go to the Emergency Department. In most cases, the nurse practitioner on call sees a newly diagnosed patient the same day.

West Hartford-based pediatrician Neil Stein, MD, has collaborated with Ms. Paulhus-Orkin many times. He describes her as “a great person to work with—very easy to reach and to talk to and obtain information from. And my patients feel the same way.”

“We appreciate the opportunity to take care of [referring providers’] patients,” Ms. Paulhus-Orkin says. “We work to provide the very best, evidence-based treatment and to provide it in a very caring way, considering the emotional and developmental needs of the child and the needs of a family stressed by a new diagnosis of diabetes.”

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New Medical Staff Model at Waterbury Inpatient Unit

Physicians on staff at Connecticut Children’s now provide the evening and weekend coverage for the Connecticut Children’s – Waterbury inpatient unit. The change took effect in July. “We very much appreciate the time and dedication of the community physicians who provided coverage prior to this change,” says MacDara Tynan, MD, the unit’s medical director.
Welcome, New Fellows

Talia Brooks, MD
Emergency Medicine
• Residency in pediatrics, Cohen Children’s Medical Center of New York
• MD, Columbia University College of Physicians and Surgeons
• BA, Columbia University

Ajay Rana, MD
Digestive Diseases, Hepatology & Nutrition
• Residency in pediatrics, Albany Medical Center
• MBBS, B.J. Medical College, Pune, India

Soji Varghese, MD
Neonatology
• Residency in pediatrics, Brookdale University Hospital and Medical Center
• MD, Kasturba Medical College Manipal
• MS, community health, Old Dominion University

Sasi Penukonda, MD
Endocrinology
• Residency in pediatrics, St. Joseph’s Children’s Hospital
• MBBS, Sri Venkatesvara Medical College, Tirupati, India

Miriam Harel, MD
Urology
• Residency in urology, SUNY Downstate Medical Center
• BA/MD, Brooklyn College/SUNY

Annie McLaughlin, MD
Pulmonary Medicine
• Residency in pediatrics, Connecticut Children’s Medical Center
• MD, SUNY Upstate Medical University
• MS, medical sciences, Boston University
• BA, sociology and Spanish, Bowdoin College

Arvin Bundhoo, MD
Neonatology
• Residency in pediatrics, St. John Hospital and Medical Center
• BS/MD, Rostov State Medical University

Welcome
Welcome, New House Staff

**CHIEF RESIDENTS**

**Patricia Garcia, MD, MPH**
- MD, MPH, University of Medicine and Dentistry of New Jersey-New Jersey Medical School
- BS, biology, The College of New Jersey

**Kirsten Morrissey, MD**
- MD, Jefferson Medical College of Thomas Jefferson University
- BS, neuroscience, Brown University

**Arlene Tyler, MD**
- MD, University of Connecticut School of Medicine
- BS, biochemistry/human rights, Trinity College

**Frank Han, MD**
- MD, University of Florida College of Medicine
- BS, chemistry – biochemistry, University of Florida

**Lauren Jeffries, DO**
- DO, Kansas City University of Medicine and Biosciences
- BA, philosophy, University of Tennessee at Chattanooga

**Leila Kashani, DO**
- DO, Lake Erie College of Osteopathic Medicine
- BA, anthropology, Wayne State University

**Thomas Kennedy, MD**
- MD, Jefferson Medical College
- BS, biology, Villanova University

**Nicholas Matarazzo, MD**
- MD, Columbia University College of Physicians and Surgeons
- BA, classics (Latin), Yale University

**Wallis Molchen, DO**
- DO, Philadelphia College of Osteopathic Medicine
- BA, psychology, Amherst College

**Molly Naples, MD**
- MD, University of Connecticut School of Medicine
- BS, biology, Boston College

**Christine Pulice, DO**
- DO, Philadelphia College of Osteopathic Medicine
- BS, biology, Susquehanna University

**Aaron Slaiby, DO**
- DO, University of New England College of Osteopathic Medicine
- BS, biology, University of Connecticut

**Ginnie Taylor, MD**
- MD, University of New Mexico School of Medicine
- BA, psychology, New Mexico State University

**Carolyn Vitale, MD**
- MD, Temple University School of Medicine
- BS, biology, Ithaca College

**Christen Vogel, MD**
- MD, University of Connecticut School of Medicine
- BA, biology and American literary history, Vassar College

**PL-1 PEDIATRIC RESIDENTS**

**Jennifer Berrick, MD**
- MD, SUNY Downstate Medical Center College of Medicine
- BS, psychobiology with minor in biological anthropology, Binghamton University

**Jennifer Dorr, DO, MPH**
- DO, Philadelphia College of Osteopathic Medicine
- MPH, public health, epidemiology, The George Washington University
- BS, biology, Susquehanna University

**Paula Lucuara Revelo, MD**
- MD, University of Connecticut School of Medicine
- BS, biological sciences, University of Connecticut

**Sumith Madhavarapu, DO**
- DO, Rocky Vista University College of Osteopathic Medicine
- BA, business administration, Baylor University

**Laurie Malia, DO**
- DO, Edward Via Virginia College of Osteopathic Medicine
- BA, psychology/BS, biology, Providence College

**Serwa Gyanfli, MD**
- MD, Georgetown University School of Medicine
- BS, biology, Georgetown University
Connecticut Children’s Medical Center At Your Service

Connecticut Children’s provides a variety of services at locations statewide and beyond. Here’s a summary:

**Danbury**, Danbury Hospital, 79 Sand Pit Road
Cardiology • Digestive Diseases • General Surgery • Hematology/Oncology

**Fairfield**, 95 Reef Road
Digestive Disease, Hepatology and Nutrition • Urology

**Farmington**, 399 Farmington Avenue
Center for Motion Analysis • Digestive Diseases • Endocrinology • General Surgery • Hematology/Oncology • Neurology • Occupational and Physical Therapy • Orthopaedics • Pulmonary Medicine • Radiology • Sports Medicine • Urology

**Farmington**, 11 South Road
Otolaryngology-Head & Neck Surgery • Audiology • Speech-Language

**Glastonbury**, 310 Western Boulevard
Audiology • Cardiology • Digestive Diseases • Endocrinology • Hematology/Oncology • Neurology • Occupational and Physical Therapy • Orthopaedics • Otolaryngology-Head & Neck Surgery • Pulmonary Medicine • Radiology • Rheumatology • Speech-Language

**New Britain**, 100 Grand Street
Pulmonary Medicine

**New London**, 365 Montauk Avenue
Rheumatology

**Putnam**, 320 Pomfret Street
Cardiology

**Shelton**, 4 Corporate Drive
Cardiology • Digestive Diseases • Endocrinology • Nephrology • Neurology • Orthopaedics • Pulmonary Medicine • Rheumatology • Urology

**Stamford**, 32 Strawberry Hill Court
Rheumatology

**Torrington**, 157 Litchfield Street
Endocrinology

**Waterbury**, 64 Robbins Street
Cardiology

**Massachusetts**, 516 Carew Street, Springfield
Rheumatology

To make an appointment, call the specialty’s main number as listed in the Directory of Medical Programs and Services found at [WWW.CONNECTICUTCHILDRENS.ORG](http://WWW.CONNECTICUTCHILDRENS.ORG).