



Medical News

MEDICAL UPDATE FOR REFERRING PROVIDERS

Spring 2018

& the Department of Pediatrics of the University of Connecticut School of Medicine

Referrals Made Easy - One Call Does It All! 1.833.CCMC.DOC

The Connecticut Children's One Call Center is up and running at 10 Columbus Blvd. in Hartford – a.k.a. the “Candy Cane Building.” This is where our trained team members receive referrals and records from community providers AND connect patients to schedulers to make an appointment with a specialist. In addition, the team takes community physician requests to speak to a specialist for a phone consultation. The team works to have the specialist call the physician back within 15 minutes.

Here's how it works: The One Call team accepts referral requests and enters the information into the medical record within the hour it's received. The referral automatically goes to the scheduling department of the specialist once the referral is entered into the electronic medical record. The specialty works with the family to schedule the appointment while the central referral office works with the community pediatrician's office to collect supporting documents.

Brooke Drum, Manager of the One Call Center, says that this system dramatically streamlines the intake info process. “One Call lifts the burden off the front office staff in each department,” said Drum.



CRO Team, left to right: Monica Neu, Kathy Boyle, Brooke Drum, Myriam Torres

There's a big perk for providers, too. Now everything is electronically uploaded and the specialists have all the information attached to the patients' charts — right at their fingertips. Plus, this service can be used for direct MD to MD calls. Just dial the same number and ask to speak to the on call physician.

This centralized system is also “one stop shopping” for the patients themselves because scheduling happens faster. The goal is to get all patients in for a visit within 30 days of the referral request.

Not only does this new system save time, but it saves money and the environment because it eliminates the paper chase.

Originally, everything was on hard copy.

The calls, emails, and faxes aren't the only things centralized by this real-time solution. The One Call team is physically centralized in one office, making communication much easier.

A pilot program was launched at the end of last year. Now, a few short months later, all referrals from referring providers are coming in through the office.

Keep this information handy:

Phone: **833.CCMCDOC** (833.226.2362)

Fax: **833-CCMFAX** (833.226.2329)

Email: referrals@connecticutchildrens.org

Hours: Monday – Friday 9 am - 6 pm

Children's Ophthalmology Services Expand

Our friends and colleagues at Children's Eye Care are now part of the Connecticut Children's family.

What does this mean for patients?

At Children's Eye Care — now Connecticut Children's Division of Ophthalmology — patients will continue to receive great care and expand their access to physicians and providers throughout the state. They can

also continue to have their visits at current locations in Farmington, Glastonbury and Hartford.

What does this mean for Connecticut Children's? Enhancing ophthalmic care for children of all ages, ranging from the youngest NICU babies to young adults. And it welcomes four new team members: Paul Mitchell, MD; Majida Gaffar, MD;

Marnie Smith, OD; and Maria Varela, OD.

As part of this transition, Dr. Peter Walden celebrated his retirement and Dr. Christopher Kelly relocated to another state. We congratulate them on their achievements and wish them well on their new ventures.

For more information, the Division of Ophthalmology is at: 860.837.9600.

STAY CONNECTED - Register your email address today at **CONNECTICUTCHILDRENS.ORG**.

Choose **For Medical Professionals**, then, under **Stay Informed**, choose **Register for Email Updates**.

CLASP Referral Guidelines Expand

More Primary Care Physicians are empowered to expand the scope of their practice to treat common ailments. One reason? The CLASP Referral Guidelines now include more of these common conditions.

CLASP stands for Connecticut Children's Leaders in Advanced Solutions in Pediatrics. Thanks to the leadership at Connecticut Children's, nearly 1,000 physicians have used this service and soon that number could expand beyond Connecticut.

When it comes to headaches, obesity, hypertension or any of the 32 active conditions on the referral guideline list (with 18 more in the pipeline), PCPs are now equipped with extra knowledge to treat their patients quickly and effectively. Moreover, patients no longer have to deal

with unnecessary anxiety or financial burdens because they had to wait to see a specialist. Meanwhile specialists themselves benefit because they can give more attention to patients who truly need their expertise and care.

Answers are just a few clicks away and on an easy to navigate website. PCPs go online for the additional information and come away with knowing when, if, and how to refer their patient, or how to treat the situation right then and there in their office.

"Co-management arms PCPs with the technology and tools to contribute to the population's health, improve quality and access for patients, and bring efficiency to the health care system," said Karen Rubin, MD, Head of Clinical Care Innovation.

Rubin points out how the CLASP logo



says it all: Two stethoscopes – one for PCPs and one for specialists – are joined together, taking care of kids.

"It's a win, win, win for everyone," said Michele Krivickas, Program and Data Coordinator.

MOC Part 4 credits are also being offered for two CLASP projects, "Full CLASP Adoption" and "Obesity Referral Guidelines".

Please email moc@connecticutchildrens.org for more information.

New Primary Care Dermatology Clinic Now Open



Keri Wallace, MD

What started as a "love of rashes" has now turned into the new Primary Care Dermatology Clinic headed by Keri Wallace, MD, a general pediatrician who is a member of the Society for Pediatric Dermatology.

Back on January 1, the clinic opened to community pediatricians, who can now refer patients with skin issues to Dr. Wallace. This includes eczema, warts, acne, and the like.

"It takes a long time to see a pediatric dermatologist. The wait can often be months," said Dr. Wallace. "This area of medicine is one of the most underserved pediatric subspecialties. Kids need to be seen and not all the referrals need to see a specialist. Improving access to care is crucial."

Dr. Wallace would eventually like to roll out an educational opportunity to community pediatricians. Enhancing a doctor's skill set is important to patient care.

Right now, Dr. Wallace is working with dozens of community pediatricians and the Primary Care Dermatology Clinic is taking on more referrals.

The office can be reached at 860.837.6302.

Nationally Renowned Cardiac Surgeon Returns to Connecticut Children's



Dennis Mello, MD

Welcome back Dennis Mello, MD!

This nationally recognized pediatric cardiac surgeon returns to Connecticut Children's Medical Center as Clinical Director of Cardiovascular Surgery.

"Dr. Mello's appointment represents a significant step towards fulfilling our commitment to provide unparalleled pediatric cardiac care close to home for the children of Connecticut," said Christine Finck, MD, Surgeon-in-Chief of Connecticut Children's Medical Center. "With Dr. Mello's return to our team, we now have the ability to manage the entire spectrum of congenital heart disease and provide care for children with the most complex conditions at all times."

Previous stops for Dr. Mello include serving as Director of Pediatric Cardiac Surgery at Floating Hospital for Children's at Tufts Medical Center in Boston, MA. and Chief of Pediatric and Adult Congenital Cardiac Surgery at Ochsner Clinic Foundation in Jefferson, LA. A native New Englander, he also has prior experience working at five Connecticut hospitals, including Connecticut Children's.

After earning his bachelor's degree from Yale University, he went on to receive his medical degree from the University of Connecticut. Dr. Mello completed his postgraduate training in Cardiothoracic Surgery and Pediatric Cardiothoracic Surgery at the University of California, San Francisco.

Dr. Mello is a member of the Division of Cardiology and Cardiac Surgery. He may be reached at: 860.545.9400

CASE REVIEW More Than a Headache

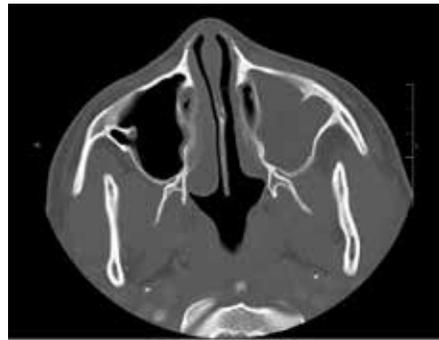
This issue's case was prepared by Nicholas Bennett, MA (Cantab), MBBChir, PhD, of the Division of Infectious Diseases.

A 13-year-old male presented to an outside hospital emergency department (ED) with left-sided facial, eye, and forehead swelling for 1 day. He had been complaining of left-sided frontal headaches for 2 weeks, described as stabbing and throbbing, which would occasionally wake him at night. Two days prior to presentation, he developed tactile fever and nausea and was evaluated at an urgent care center. Providers at the urgent care center diagnosed him with a migraine and gave Reglan and Marcaine injections. Facial swelling developed on the day prior to presentation and the family was seen again at an urgent care and then the ED.

In the outside ED, he was febrile to 102F, but in no acute distress. Physical exam was pertinent for left-sided facial and forehead swelling, maxillary and frontal sinus tenderness and a normal neurological exam. CT scan without contrast revealed left-sided frontal, maxillary and ethmoidal sinusitis, as well as an intracranial collection consistent with a left frontal extra-axial epidural abscess. He was given a dose of ceftazidime then transferred to Connecticut Children's Medical Center.

Upon arrival to Connecticut Children's, he was taken to the operating room by Neurosurgery and Otolaryngology, where his abscesses were drained. Per the operative note, when the burr hole was made "there was a burst of very foul smelling rancid pus". He returned to the pediatric intensive care unit for close monitoring and the Infectious Diseases service was consulted. Vancomycin and metronidazole were added; the ceftazidime was changed to ceftriaxone. He recovered well and was ready for discharge within another 5 days. Cultures were positive for *Streptococcus viridans* and a gram-negative rod that was not viable in subculture. Blood cultures obtained at the outside hospital grew *S. intermedius* (a member of the anginosus group of *S. viridans*).

He was transitioned to IV ceftriaxone for the streptococcus; metronidazole was continued orally due to a concern for anaerobic infection. After 6 weeks of antibiotic therapy a follow-up CT scan showed complete resolution of his infection and he was discharged from the Neurosurgery and ID clinics.



CT scan showing extensive opacification of left maxillary sinus.

DISCUSSION:

Intracranial abscesses are rare, but serious infections, requiring hospitalization and urgent neurosurgical consultation. Treatment typically involves immediate surgical drainage of the collection as well as broad-spectrum antibiotic therapy targeting streptococcal species, *Staphylococcus aureus*, and respiratory flora including *Haemophilus* species and anaerobic organisms. *Streptococcus viridans*, especially *S. anginosus* group, is very common, but infections are often assumed to be polymicrobial. Anaerobic bacteria may be difficult to culture, as exposure to air during the surgical procedure might inadvertently kill strict anaerobes during the sampling process.

Optimal antimicrobial coverage can be met with the combination of ceftriaxone, vancomycin, and metronidazole, and all antibiotics should be continued until the results of bacterial cultures are complete. De-escalation of therapy can be problematic if cultures are negative. Specific agents are often continued empirically without positive cultures due to concern for specific organisms, such as metronidazole for anaerobes and vancomycin for methicillin-resistant staphylococcus. For this reason, consultation with an infectious disease specialist is recommended to assist with interpretation of initial gram stain and culture results and selection of the optimal antibiotic regimen. Due to excellent oral bioavailability and tissue penetration, agents such as metronidazole or rifampin might be given via the oral route after discharge from hospital. However, no good oral options exist to treat streptococci or staphylococci that reliably reach the central nervous system.



CT scan showing epidural collection (white arrow) and small amount of intracranial air (black arrow).

A prolonged course of intravenous antibiotics (6 weeks or longer) is expected to prevent the risk of relapse after antibiotics are discontinued. Treatment is typically continued until there is radiographic resolution of the lesions.

The source of the infection should also be investigated and addressed. Infections occur most commonly from direct spread of contiguous areas (e.g. sinusitis, mastoiditis) or hematogenous seeding (e.g. endocarditis). Because the lungs are a very effective filter for bacterial infections, if hematogenous seeding from a distant infection is strongly suspected or proven then a search should be undertaken for right-to-left vascular shunts or anomalies that might bypass the lungs. Rarely a bony defect of the skull might predispose to intracranial infection.

Intracranial abscess can also occur as a complication of bacterial meningitis. In that instance, antibiotics should be targeted against the organism identified from cerebrospinal fluid. Although antimicrobial therapy selection is easier, these patients often have more complicated courses with high rates of hemorrhagic and ischemic stroke, as well as ventriculitis that may be more difficult to drain surgically. In addition, increased intracranial pressure due to meningeal inflammation can be worsened if the flow of CSF is disrupted, requiring surgical intervention.

References: Brouwer et al, *Brain Abscess*, *N Engl J Med* 2014; 371:447-456
Bonfield, Sharma and Dobson, *Pediatric Intracranial Abscess*, *Journal of Infection*, Volume 71, Supplement 1, June 2015, Pages S42-S46

Dr. Bourque Prepares for Retirement After 30 Years of Continuous Service to Connecticut Children's



Michael Bourque, MD

Dr. Michael Bourque is literally preparing to stop and smell the roses. His wife, Clemence Corriveau, just recently retired from landscape designing and the couple now wants

to travel, hike, garden, and spend more time with his children.

But don't think this pediatric surgeon of 29 years is hanging up his scalpel all together come May. He has generously agreed to provide on call coverage and assist with complex cases until his replacement is hired.

Connecticut Children's has big shoes to fill Dr. Bourque has spent his professional career performing surgery on preemies as young as 23-weeks old and weighing less than a pound to working head-to-toe on teenagers and young adults on a broad range of surgical procedures.

It was 1989 when this doctor from Quebec City, Canada had a conversation with Dr.

George McGowan — half in English and half in French — and he decided to check out Hartford.

Back then, care for kids was fragmented with different specialists at different hospitals. Dr. Bourque said, "With Children's, everything is under one roof. It is great for the kids and great for the doctors." Dr. Bourque has been a fixture here since the doors opened in 1996.

Dr. Bourque has found so much joy in medicine. "Nothing is more satisfying than a little baby with so many problems then growing up and living a healthy life. And you know you've been at it a while when you are taking care of your patients' kids."

Along the way, Dr. Bourque started illustrating surgical procedures to help his patients and his co-workers better understand what was going to happen. He would often then give those drawings to the families. This unique talent could soon be put to good use for an upcoming book for the pediatric surgical community.

So, it is baby steps into retirement. While he will be spending more time with his family, he'll still making valuable contributions to saving lives.



Welcome Aboard to the newest additions to our medical staff!



Dennis Mello, MD

Division of Cardiology and Cardiac Surgery

- BA, Yale University
- MD, University of Connecticut
- Residency and fellowship, Cardiothoracic & Pediatric Cardiothoracic Surgery, University of California. San Francisco
- Surgical residency, University of Connecticut
- Chief of Pediatric and Adult Congenital Cardiac Surgery, Ochsner clinic Foundation



Majida Gaffar, MD

Division of Ophthalmology

- MD, State University of New York, Downstate Medical Center
- Internal medicine internship, Long Island Jewish Medical Center
- Ophthalmology residency, State University of New York, Downstate Medical Center
- Pediatric Ophthalmology Fellowship, Children's National Medical Center



Paul Mitchell, MD

Division of Ophthalmology

- MD, George Washington University Medical School
- Surgical internship, Dartmouth Medical School/Mary Hitchcock Hospital
- Served, U.S. Public Health Service in Claremore, Oklahoma
- Residency in Ophthalmology, Wills Eye Hospital
- Fellowship in Pediatric Ophthalmology

Whaler's License Plate to Benefit Future Infusion and Dialysis Center

Cue the Brass Bonanza!

Whaler pride is still alive and well in the nutmeg state and now you can show it on your car while helping children. The long wait is over and the new commemorative license plate is now on sale at the DMV. Proceeds will benefit Connecticut Children's new Infusion and Dialysis Center.



Connecticut Children's will receive \$45 from each Whaler's plate order. The cost is \$60 for those who wish to have their current plate remade to feature a Whaler's background. Go to ct.gov/dmv/orderwhalersplate to get yours.

Lunch & Learns Now Offer CMEs!

Referring providers can now earn CME credit through Connecticut Children's popular Lunch & Learn talks. Specialists will visit your private practice to discuss topics of your choice. Talks are for physicians, APRNs and PAs.

To schedule a visit, contact **Trish Masse** at tmasse@connecticutchildrens.org or 860.837.6251.



Medical News Managing Editor & Your Friendly Neighbor Physician Liaison Bids Farewell!

On February 1, 2018, Dennis Crean, Connecticut Children's long-time physician liaison and main contributor to the Pedi Advice Line (PAL) retired after more than 20 years of service to Connecticut Children's. Dennis began at Newington Children's Hospital and remained with them through the transition to Connecticut Children's Medical Center. Dennis was instrumental in creating the Pedi Advice Line and transformed our Physician

Liaison Services to include outreach to referring providers across the entire State of Connecticut. He helped create the Referring Provider Advisory Board and served as managing editor of Medical News. In his retirement, he will pursue his love of the outdoors, especially ice climbing. For any needs you may have, please rest assured he leaves behind a very capable and dynamic team led by Ryan Calhoun.



Colleagues celebrating with Dennis Crean.

For more information, Ryan Calhoun may be reached at: 860.545.9632

A Woman of Innovation

Dr. Christine Finck, Connecticut Children's Medical Center's Surgeon-in-Chief was recently honored with a Women of Innovation award by The Connecticut Technology Council (CTC) for her research innovation and leadership.

Finck also serves as an associate professor of pediatrics and surgery at UConn Health. Her novel research is focused on identifying and developing new treatments for a variety of pediatric and neonatal diseases that affect the lungs and esophagus.

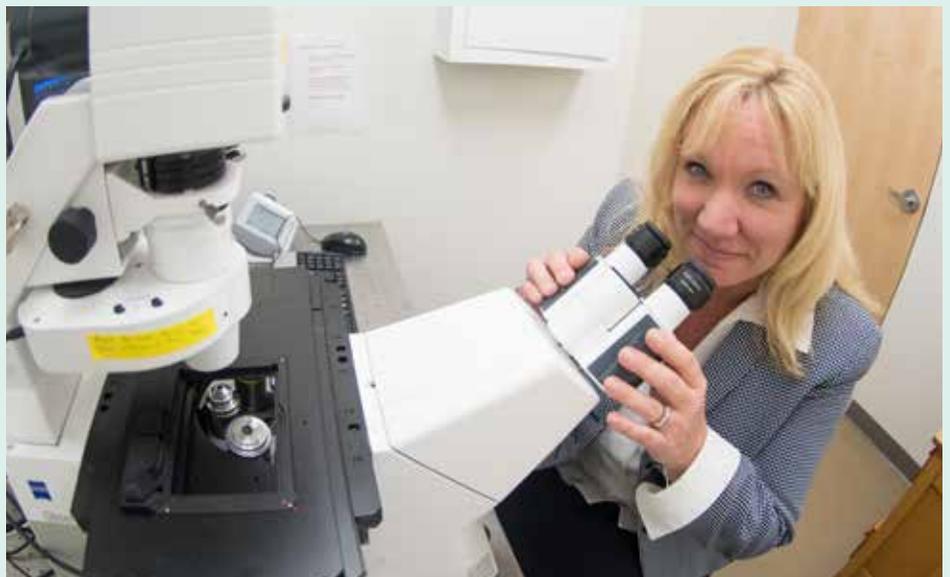
On March 28, Finck was one of eight award winners of 50 finalists announced at CTC's Women of Innovation awards gala.

"Dr. Finck is an outstanding physician scientist, leader and mentor for young women who want to pursue STEM careers. She is making integral contributions to the sphere of medicine, and we are absolutely thrilled her hard work and dedication to our patients is being recognized," said Gil Peri, president & COO, Connecticut Children's Medical Center. "As Connecticut Children's Surgeon-in-Chief, we are proud of the impact she is making across the region and nationally."

"Congratulations to Dr. Finck on winning the Women of Innovation award," said Dr. Bruce T. Liang, dean of UConn School of Medicine. "We are proud of you."

Each year CTC's Women of Innovation

"Dr. Finck you are doing amazing work as a surgeon, physician-scientist," shared Hurley. "As Chair of the Group on Women in Medicine and Sciences, it is my pleasure to ensure that our women faculty are recognized for their work."



Dr. Christine Finck

program celebrates the growing network of women in STEM in the state who are creating tomorrow's advancements through their efforts in Connecticut today. Honorees range from scientists, researchers, and academics to manufacturers, student leaders, entrepreneurs and technicians.

Women of innovation finalists are nominated by their peers, coworkers, and mentors. They are selected based on

their professional experience, history of innovation, ability to think creatively, solve problems and demonstrate leadership skills.

Finck was nominated by Dr. Marja Hurley, professor of medicine and orthopedics, and The Group on Women in Medicine and Science (GWIMS) at UConn Health.

For more information, contact Christine Finck, MD at 860.545.9520.

Medical News

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Inside Glance...

CLASP Referral Guidelines Expanded.....	2	Whaler's License Plate to Benefit Future Infusion and Dialysis Center.....	4
New Primary Care Dermatology Clinic Now Open.....	2	Welcome Aboard to the newest additions to our medical staff.....	4
Nationally Renowned Cardiac Surgeon Returns to Connecticut Children's.....	2	Medical News Managing Editor & Your Friendly Neighbor Physician Liaison Bids Farewell.....	5
Case Review.....	3	A Woman of Innovation.....	5
Longtime Pediatric Surgeon Prepares for Retirement.....	4		



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Ask the Specialist

*This column features questions referring providers have asked specialists at Lunch & Learn presentations. **Sonia Chaudhry, MD**, of Connecticut Children's Department of Orthopedics, prepared this issue's column.*

Q: Is there any way to minimize injuries in toddlers who so easily get their hands crushed?

My pediatrician has not been able to recommend a safe bubble wrap for my kids. Instead, I have gone the route of at least trying to prevent their fingers from getting stuck in door hinges by having door stoppers or throwing a towel over the top of the door to prevent full closure but still allow some door movement.

Q. Which hand injuries warrant an Xray?

Simple, fractures! Unfortunately, they may be difficult to differentiate from soft tissue injuries, which in the hand can be as disabling if not more so than bony injuries. Acutely injured patients demonstrating bony tenderness, swelling, or bruising along with those that may not have pain but exhibit limited active or passive motion generally benefit from imaging. Importantly, tendon and ligament injuries may or may not have an associated fracture, and this should be evaluated for with the clinical exam.

Q. Which injuries should be referred to a specialist and how soon?

The disconnect between the apparent severity of the injury and the necessary treatment precludes a simple

answer to this question. "Jamming" or hyperextension injuries may cause a swollen and bruised knuckle associated with a fracture of a phalangeal base that involves the joint, yet management is buddy taping and return to activity when tolerated. Meanwhile, a phalangeal neck fracture does not involve the joint but is unstable and often warrants surgery, yet these patients may demonstrate only minimal bruising and swelling due to the relative avascularity of this region. Rapid healing potential in the pediatric skeleton gives a narrow window of 2-3 weeks to realign fractures without having to re-break the bone. Fortunately, patients are usually able to be seen within 1-2 days of the referral.

Q. How long should I keep someone with a hand/wrist injury out of sports?

A general criteria for lifting all restrictions is full range of motion for the hand and the ability to painlessly do a pushup for the wrist. Specific injuries can have additional considerations. With a Boxer's fracture (5th metacarpal neck), for example, kids can return to contact sports as soon as they are comfortable, perhaps with a brace. Similarly, most injuries amenable to buddy taping can return to sports immediately, understanding that they will be more likely to jam the digit as long as it has impaired mobility. Wrestling, however, is a sport that does not allow for return with hard splints, and unfortunately any obvious injury becomes a target for one's opponent.

Continuing Medical Education Programs

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

Pediatric Evening Lecture Series

April 5, 2018 Sleep Disorders

Andrulonis Child Mental Health Evening Lecture Series

April 10, 2018 Adolescent Mental Health: A Primer for Primary Care Practitioners

May 18, 2018 Half-Day Andrulonis Mental Health Symposium: Opioids

To register or obtain more information, contact

Diane Mouradjian at 860.837.6264 or dmouradjian@connecticutchildrens.org.