

Looking Ahead to Influenza Season

As fall approaches, it is time once again that we at Children's Hospital and our pediatricians in our community prepare for the influenza season. Seasonal influenza generally begins in the late fall and extends into the early spring. This year will be unique as seasonal influenza viruses will co-circulate with the novel Influenza A H1N1 pandemic virus, formerly known as "swine flu."

Here are some recommendations:

Ensure flu vaccinations for all children: As recommended by the American Academy of Pediatrics, all children ages 6 months to 18 years old – with or without an underlying medical condition – should receive the seasonal flu vaccination. Primary care providers routinely administer the vaccination or refer their patient to another appropriate facility for inoculation. High priority patients at greatest risk for severe influenza include those with chronic medical conditions such as congenital heart disease, asthma and other chronic lung conditions, and immunosuppressed children. Offer influenza vaccinations as soon as the vaccine is available. Continue to offer the vaccine to unimmunized children throughout the influenza season.

We suggest you prepare your practice as well. While we do not know exactly how bad this year's flu season will be, there are precautions to take ahead of time to reduce the spread of infection. We as healthcare workers should receive the seasonal influenza vaccine. Protecting ourselves is an important way to protect our patients from acquiring the flu.

Reinforce prevention guidelines: Remind your patients and their families that influenza is spread by coughing, sneezing and unclean hands. Ask them to continue following the Centers for Disease Control and Prevention (CDC) recommendations:

- Cover your nose and mouth with a tissue when you cough or sneeze. If the cough persists, wear a mask to avoid infecting others.
- If you don't have a tissue, cough or sneeze into your upper sleeve – not your hands.
- Put used tissues in the trash.
- Clean your hands after coughing or sneezing. Wash with soap and water, or with alcohol-based hand cleaner.
- Avoid touching your eyes, nose and mouth.
- Stay at least three feet from a person who is coughing.



David Pugatch, MD, Medical Director,
Infectious Disease, Children's Hospital
Central California

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Our New Team Members



ENT: Angela Martin, MD

A pediatric otolaryngologist, Dr. Angela Martin joins the otolaryngology department in October. Dr. Martin comes to Children's Hospital from the University of New Mexico Health Sciences Center in Albuquerque where she is an assistant professor in the Division of Otolaryngology.

Board certified in pediatric otolaryngology by the American Board of Otolaryngology, Dr. Martin earned her medical degree at Loma Linda University School of Medicine. She completed an internship in general surgery and residency in otorhinolaryngology at Mayo Clinic in Rochester, Minn. She did her fellowship in pediatric otolaryngology at Minneapolis Children's Hospital and the University of Minnesota.



Endocrinology: Abigail Gelb, MD

Dr. Abigail Gelb is training with Children's endocrinology department for a year before she moves to San Diego to complete her pediatric endocrinology fellowship at University of California – San Diego/Rady Children's Hospital. She received her medical degree from Albert Einstein College of Medicine in New York and completed an internship and residency in pediatrics at Children's Hospital and Research Center in Oakland, Calif. Dr. Gelb is board eligible in pediatrics. She is a member of the American Academy of Pediatrics.

INFLUENZA SEASON CONTINUED FROM PAGE 1 >>

- If you get sick, stay home from work or school, and limit contact with others to keep from infecting them. Adults should not leave home until seven days after symptoms begin; children should stay home 10 days after the onset of illness.
- Parents who suspect their child has influenza should call their pediatrician.

Novel H1N1 Influenza

The novel H1N1 virus was first identified in the United States in April in two children in Southern California. Subsequently, novel H1N1 influenza has been identified in persons throughout the continental United States and the world. Novel H1N1 influenza is a new hybrid virus with genetic elements of swine, avian and human influenza, against which humans have little immunity.

Despite the end of the regular flu season in May, the novel H1N1 virus continues to persist. As of July 30, the CDC reports 5,514 hospitalized cases and 353 deaths in the United States. In California, as of July 30, the California Department of Public Health (CDPH) reported 699 hospitalized cases due to novel H1N1 and 80 deaths. In the Central Valley, we have had 44 hospitalized cases and one death. Many more have acquired the virus and have recovered at home.

While an effective vaccine has not been manufactured yet to protect humans against novel H1N1, health officials anticipate that a vaccine will become available in the fall. Assuming the vaccine is widely available, the advisory committee to the CDC is likely to recommend the following groups be prioritized for vaccination:

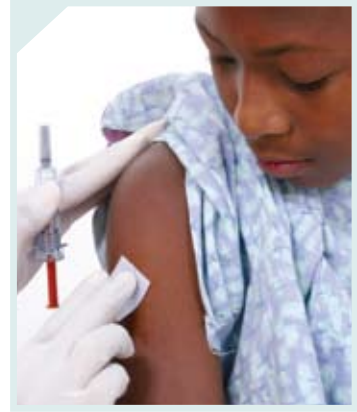
- Pregnant women.
- People who live with or care for children younger than 6 months of age.
- Healthcare and emergency services personnel.
- Persons between the ages of 6 months through 24 years.
- People ages 25 through 64 years who are at higher risk for novel H1N1 because of chronic health disorders or compromised immune systems.

The pediatric medical community should stay alert for news on the status of novel H1N1 vaccine development and availability from the CDC and the CDPH. For the latest updates, visit the CDC website: <http://www.cdc.gov>.

We are prepared

If necessary, should novel H1N1 cases increase, Children's has a plan and team ready to expand services to accommodate a surge in Central Valley patients coming to our Emergency Department for increased illness, respiratory problems and pneumonia.

Several years ago, Children's drafted an influenza preparedness plan in response to the Avian influenza outbreak in Asia. Given the new concern about a possible novel H1N1 pandemic in the United States, we began implementing parts of that plan earlier this year. Preparedness is a priority for Children's Hospital, especially since the majority of novel H1N1 influenza patients have been children or adolescents. We do expect to see new cases in the fall. While the severity of novel H1N1 flu remains to be seen, it's important to stay vigilant and continue to take common-sense steps to prevent the spread of the virus. ■



Children's Hospital Expands to the Central Coast

Beginning in September, Specialty Medical Group (SMG), in affiliation with Children's Hospital, will expand outpatient services to the Central Coast – providing greater access to board certified pediatric subspecialists and high quality care throughout the region.

In collaboration with Sierra Vista Regional Medical Center in San Luis Obispo, children who require a subspecialist in endocrinology, pulmonology and cardiology will be treated on the second Friday of each month.

While SMG, in affiliation with Children's Hospital, has been conducting outpatient services in Modesto and Merced for years, this effort marks the Hospital's first step toward serving patient families directly on the Central Coast.

"As the only children's hospital between San Francisco and Los Angeles, our service area totals about 45,000 square miles – one of the largest service areas of any children's hospital in the country," said William F. Haug, CEO, Children's Hospital. "This partnership with Sierra Vista Regional Medical Center will help us toward our shared goal of providing the best care and convenient access to board certified pediatric subspecialists."

This isn't the first time these medical providers have worked together. For the past few years, Children's physicians have consulted on various pediatric cases for Sierra Vista, including reading echocardiograms. The idea to extend service to San Luis Obispo grew from this successful relationship.

"San Luis Obispo County has a pronounced gap in its healthcare delivery system – pediatric subspecialty care," said Candy Markwith, CEO, Sierra Vista Regional Medical Center. "For some time we have been seeking a partner to help fill this gap and we couldn't be more grateful to Children's Hospital Central California for providing access to its expertise."

Founded in 1959, Sierra Vista features 164 licensed acute care beds and more than 400 physicians on its medical staff. Specialties offered range from general medicine to complex surgeries. Sierra Vista houses the only dedicated Pediatric Unit in San Luis Obispo County and the only Neonatal Intensive Care Unit between Santa Barbara and Salinas. For Children's new outpatient services, the three subspecialties were selected based on results from Sierra Vista's recent survey of community pediatricians who identified these as the greatest need.

"We look forward to working with and supporting the local pediatric providers," said Dr. Larry Satkowiak, Regional Medical Director, Children's Hospital. "As they help us determine additional pediatric subspecialty needs, we plan to expand and enhance our services to meet the demand." ■

Our New Team Members



Orthopaedics: Jon Oda, MD

Dr. Jon Oda is board certified in orthopaedic surgery and joins Children's in September after completing a second pediatric orthopaedic surgery fellowship focused on spinal deformity, neuromuscular conditions and genetic syndromes at Alfred I. duPont Hospital for Children. Previously, Dr. Oda practiced at Mid County Orthopaedic Surgery and Sports Medicine in St. Louis, Mo. After earning a medical degree at Washington University School of Medicine in St. Louis, Dr. Oda completed a general surgery internship and orthopaedic surgery residency at Barnes – Jewish Hospital/Washington University School of Medicine and a pediatric orthopaedic surgery fellowship at Children's Hospital Los Angeles.

Orthopaedics: Daniel Ruggles, DO

Dr. Daniel Ruggles is board eligible in pediatric orthopaedics and joins the orthopaedic surgery department in August. He earned a degree in osteopathic medicine at Ohio University College of Osteopathic Medicine, completed an internship at University Hospitals – Richmond Heights Hospital in Ohio and a residency in orthopaedic surgery at Riverside County Regional Medical Center in California. He did a fellowship in pediatric orthopaedics at Children's Hospital Los Angeles. After a year at Children's, Dr. Ruggles will move to the Dominican Republic to serve as medical director of the CURE Center for Orthopedic Specialties in Santo Domingo.

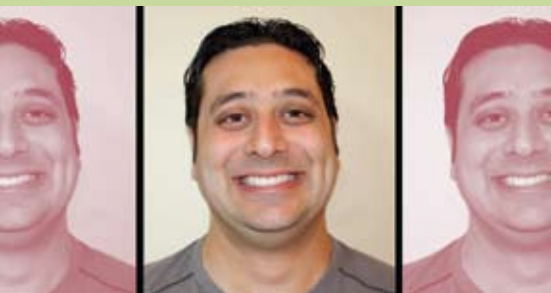
Hospitalist: Preetha Krishnan, MD

A hospitalist, Dr. Preetha Krishnan joined Children's Hospital in July. Dr. Krishnan earned her medical degree at University of Vermont College of Medicine in Burlington and completed a residency in pediatrics at University of California – San Francisco in Fresno. She is board eligible in pediatrics and is a member of the American Academy of Pediatrics.

Dr. Krishnan's research interests include MRSA. She has presented on the topic at numerous conferences and her work has been published in the "Journal of Investigative Medicine."

Dr. Krishnan is fluent in Spanish.

Our New Team Members



Hematology/Oncology: Faisal Razzaqi, MD

Dr. Faisal Razzaqi is board eligible in pediatric hematology/oncology and joins Children's in November. He earned his medical degree at American University of the Caribbean School of Medicine and completed a residency in pediatrics at Marshfield Clinic/St. Joseph's Hospital in Marshfield, Wis., where he was chief resident. Dr. Razzaqi did his fellowship in pediatric hematology/oncology at Louisiana State University Health Sciences Center – Children's Hospital of New Orleans and served as chief fellow. Dr. Razzaqi speaks Urdu/Hindi and is learning Spanish.



Pediatric Intensive Care: J. Anthony Reid, MD

Board eligible in pediatric critical care medicine, Dr. Anthony Reid joined the PICU at Children's in August. He earned his medical degree at the University of Oklahoma Health Sciences Center and completed a pediatric residency at Oregon Health and Sciences University in Portland. He was fellowship trained in pediatric critical care at Children's Medical Center of Dallas where he served as chief fellow.

Other Medical Staff Changes:

Dr. Karen Cartwright, pediatric surgeon, is working as a locum tenens physician at hospitals across the country and participating in medical missions.

Dr. Jil Huong Nguyen, an endocrinologist, is moving into private practice.

Dr. Ralph Diaz, a hospitalist, left Children's in May.

Willson Heart Center Significantly Improves Access to Care

Understanding the importance of when a child needs to see a specialist, Children's Hospital's well-known Willson Heart Center has been improving access at an impressive rate. Two years ago, it took months to get an appointment. Today, 90 percent of the center's new referrals see a physician within 30 days.

"We've worked diligently to achieve this result," said Dr. James Prochazka, one of eight cardiologists at the state-of-the-art center, which sees more than 13,000 outpatient visits annually and produces some of the best outcomes in the country. "Once a child is diagnosed with a possible heart condition, it's agonizing to wait to see a specialist. We think our referring physicians and their patient families will notice and appreciate a difference."

Mary Solis, General Manager, Cardiology, said the effort to improve became a priority in 2007 when access measured about 50 percent. "We began by taking a comprehensive look at our setup, and identified gaps and a new system to enhance patient care," she said.

The evaluation resulted in developing a more effective patient screening process, reviewing the frequency of follow-up visits more closely, and transitioning older patients when ready to the appropriate physician in the community. Beginning in February, Saturday hours are held as needed to maintain high access. At the same time, the center's patient no-show and reschedule rates continue to meet or exceed Hospital targets.

"It has been a collaborative effort to achieve this success," said Solis. "The doctors have been flexible with their schedules and staff has taken ownership of the new system." ■



Dr. James Prochazka examines a patient at Children's Hospital's Willson Heart Center.

Information Technology Initiatives Designed to Improve Patient Safety and Care

Ten years ago, the landmark patient safety article, “The Institute of Medicine Report: To Err is Human,” reported that 50,000 to 100,000 people die each year due to preventable medical errors. During the past decade, Children’s Hospital Central California took part in many nationwide safety initiatives to decrease this risk for our patients and their families.

For the past two years, we have concentrated on expanding use of electronic tools for medication management to improve safety, accuracy and availability of this information. Last year we expanded our focus to inpatient documentation for similar reasons. This year the Obama Administration heightened the focus on Information Technology initiatives designed to improve patient safety and care. During the next five years we will help lead the way in this technological revolution by continuing to focus on the following projects:

Meditech Upgrade — Meditech’s Magic platform has served as our legacy computer system for over 20 years. On Oct. 1, we will undergo a conversion to Meditech’s newer Client/Server platform. This system is more advanced and will prepare us for many of the important changes noted below. If you access Children’s system remotely, you should be contacted regarding necessary training before Oct. 1. You will continue to have access to all of the same data but will enjoy a more contemporary view and improved ease of navigation.

New Prescription System — A major focus of healthcare safety is medication management. Our physicians are now using an electronic system to generate prescriptions and track our patients’ medication usage. This will improve safety by limiting errors related to illegible or incomplete prescriptions. It also will allow us to share this information more easily with our mutual patients, referring providers and internal colleagues. Your



Dr. Joel Brownell, Chief Medical Information Officer, Children’s Hospital Central California



PhysFocus

NICU Medical Director Shares a Passion for Quality Care

Dr. Kajori Thusu, interim medical director of Children’s Hospital’s Regional Level III Neonatal Intensive Care Unit (NICU), cares for premature infants with compassion and skill – a combination that contributes to exceptional outcomes and parent satisfaction.

Dr. Thusu joined Children’s Hospital medical staff in 2001 and was appointed to her current position in March. She is well known for her expertise, dedication and candor.

Ashley Larios, whose daughter, Lucy, was born at 23 weeks and spent three-and-a-half months at Children’s, said she is thankful for Dr. Thusu. “She is incredible,” said Larios, who cut the ribbon on our new NICU wing last year with Lucy, now 3 and very healthy. “We knew she was doing everything possible to save our child.”

Children’s Hospital excels at treating seriously ill babies, performing better than many other Level III centers across the country in national benchmark studies. Emphasizing it takes a team to produce remarkable results, Dr. Thusu directs more than 260 specialty-trained staff members who see about 1,000 cases a year.

She considers family involvement vital to these babies’ success. Following rounds, she often talks with parents even if she is not their child’s physician, attends “Meet the Doctor” nights and knows most of the families at the annual NICU reunion picnic.

Dr. Thusu graduated from medical school and completed her internship, pediatric residency and fellowship in neonatology in her native India. She also completed a pediatrics residency and a neonatal-perinatal medicine fellowship at Children’s Hospital of Buffalo in New York. She initially chose neonatology because India sorely lacked skilled practitioners and treatment in this field.

“My goal was to return to India and help the people,” said Dr. Thusu, who is board certified in neonatology by the American Board of Pediatrics. “But I love it here. Some of these babies wouldn’t have made it if they hadn’t come to Children’s Hospital. It’s wonderful to know you made a difference in their life.”

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Children's Clinical Symposiums Target Pediatric Needs

Do you sometimes question if a particular condition is appropriate to refer to Children's Hospital Central California, or what a pediatric subspecialist's opinion might be of a new medical treatment?

You can get these questions answered and more at Children's Hospital's pediatric clinical symposiums offered every spring and fall. The free, half-day event provides pediatricians, family practice physicians and allied health professionals practical, up-to-date information relating to the recognition, diagnosis and treatment of the most prevalent pediatric conditions encountered in your practice. Information on educational credits will be provided as it becomes available.

The interactive course typically features physician experts from Children's Hospital and includes breakfast and lunch. During a recent symposium in Madera, for example, Dr. David Pugatch, Medical Director, Infectious Disease, addressed the increasing frequency and severity of MRSA infections in Valley children and treatment.

Meanwhile, Dr. Reddivalam Sudhakar, Medical Director, Pulmonology, discussed treatment for common pediatric respiratory problems such as stridor, hemoptysis and asthma.

Dr. Peter Witt, Medical Director, Plastic Surgery, provided examples of conditions his practice treats – including cleft lip and palate, webbed fingers, vascular anomalies, facial trauma and burns – and how to manage these in your office and when to refer. And Dr. Larry Satkowiak, Medical Director, Emergency Medicine, advised how to recognize and treat minor emergencies in the primary care office such as fever, and buckle and clavicle fractures, and emphasized the importance of holding mock emergency drills with staff.

“I thought it was going to be a dog-and-pony show,” said John Latin, MD, of the Northwest Medical Group in Fresno. “They were extremely informative sessions with good academic information and very practical tips.” ■

INFORMATION TECHNOLOGY INITIATIVES CONTINUED FROM PAGE 5 >>

feedback related to this new process and the communication tools will help us continue to improve our care.

Electronic Documentation — The same advantages found in our electronic prescription system are being realized with our physician inpatient documentation. Several of our inpatient services now write their inpatient notes electronically. The history and physicals and discharge summaries you receive will most likely be generated with this system rather than be dictated as in the past. This allows us to make the notes immediately available rather than waiting for transcriptions to be completed. This immediacy improves availability of information for Children's providers while the child is in the Hospital and will decrease the time it takes to provide this information to our referring providers at the time of discharge. The format and process are evolving quickly based on our experiences and we will be expanding this practice.

Future Plans — Our Emergency Department (ED) has led the way for our Hospital toward computerized physician

order entry (CPOE) and electronic nursing documentation. For about two years, our ED physicians and nurses have utilized this tool designed to decrease errors and improve efficiency of our care. Since implementation, this system and other projects focused on patient flow resulted in record numbers of patients seen in the ED and a dramatic decrease in families leaving without being treated due to long waits. Within the next 18 months, we plan to expand electronic documentation and CPOE throughout the Hospital to provide this improved level of safety and quality to all of our patients.

By modifying our processes, increasing accuracy and creating efficiencies, we anticipate these changes will further improve patient and family care. Along with these internal enhancements, we want to continue improving customer service to our referring physicians. We would appreciate hearing from you about how we can better provide you necessary information to help care for our mutual patients. ■

Please contact Dr. Joel Brownell, Chief Medical Information Officer, at jbrownell@childrenscentralcal.org with any questions or comments.

Merced Educational Partnership

Children's Hospital Central California has partnered with the Family Practice Residency Program at Mercy Medical Center Merced to bring specialized pediatric training to physicians, clinical staff and allied health professionals. **Courses occur on the first Thursday of every month** (beginning in September) at the Mercy campus and are available to healthcare professionals at the hospital and from the community. Children's subspecialists will focus on recognition and stabilization of pediatric patients and the diagnosis and management of pediatric patients in a general acute care hospital. Information on educational credits will be provided monthly. To receive schedules or information, please call 559-353-6621 or email programs@childrenscentralcal.org. ■



CME Calendar

CHILDREN'S PEDIATRIC CLINICAL SYMPOSIUM SERIES

Free half-day symposiums for pediatricians, family practice physicians and allied health professionals. Sessions focus on advances in diagnosis and treatment of commonly encountered issues in pediatrics. Interactive lunchtime sessions foster discussion of best clinical practices, provide updates on common and relevant clinical problems for the practitioner, and provide attendees with an opportunity to discuss clinical cases and questions with faculty.

Free registration includes all symposium materials, continental breakfast, plenary session and lunch.

San Luis Obispo Sierra Vista Regional Medical Center

Saturday, September 12th
7:30 a.m. – 1:30 p.m.

Topics (subject to change):
Pulmonology, Endocrinology,
Emergency Medicine, Cardiology

Madera Children's Hospital Central California

Saturday, October 10th
8 a.m. – 1:30 p.m.

Topics (subject to change):
Nephrology, Neonatal Care,
Pediatric Surgery, Rheumatology

Modesto Doubletree Hotel 1150 9th Street, Modesto, CA 95354

Saturday, October 24th
8 a.m. – 1:30 p.m.

Topics (subject to change):
Nephrology, Neonatal Care,
Pediatric Surgery, Rheumatology

ADDITIONAL PHYSICIAN EDUCATION OPPORTUNITIES

Advances in Fetal Health Series

San Joaquin Country Club • 3484 W. Bluff Ave., Fresno, CA 93711

Thursday, September 17th • 6 p.m. – 8 p.m.

Topics (subject to change): Cardiology and Urology

Space is limited, so early registration is recommended. To register, call 559.353.6621 or email programs@childrenscentralcal.org.

« Every Tuesday & Thursday:

Pediatric Consulting & Subspecialty Lectures

12:30 p.m. – 1:30 p.m.

August Series: Genetics

September Series: Endocrinology

October Series: Infectious Disease

November Series: Neurology

December Series: Adolescent Medicine

For a complete list of monthly CME topics visit
www.childrenscentralcal.org.

Children's Hospital is accredited by the Institute for Medical Quality/California Medical Association (IMQ/CMA) to provide continuing medical education for physicians. For questions about our CME program, contact Norma Barajas, Ph.D., at 559.353.7230 or email nbarajas@childrenscentralcal.org.



Specialized Infant Care Extends Beyond Neonatal Intensive Care Unit

The only program of its kind in the area, the Regional High Risk Infant Follow-Up (HRIF) Program at Children’s Hospital works to ensure premature babies continue thriving after they leave the Hospital.

In coordination with Children’s Regional Level III Neonatal Intensive Care Unit (NICU), the program strives to improve NICU graduates’ developmental potential in all areas including cognitive, fine motor, gross motor, and language development. The nutritional status and physical growth of the neonate are also evaluated. Premature babies are at greater risk of developmental issues so they require close monitoring. The effect of potential health problems can be reduced if identified in advance.

The HRIF multidisciplinary team looks for any medical, neurological or developmental abnormalities during a child’s first three years of life. Experienced board certified neonatologists, nurse practitioners, developmental specialists, HRIF coordinator and social worker educate parents on how to care for their premie and link them to valuable resources and medical services. The program integrates seamlessly with all the Hospital’s pediatric subspecialties to make sure neonates receive the best treatment possible.

A number of local hospitals with community level neonatal intensive care units depend on Children’s Hospital’s regional HRIF program to provide the necessary developmental follow-up care neonates require. The Hospital’s range and depth of services make it possible to serve a seven-county area, including Fresno, Madera, Tulare and Merced counties. ■

Referring a Patient

For urgent referrals, or to transfer a patient, call the Children’s Access Center toll free at **866.353.KIDS (5437)**. Or go online to **childrenscentralcal.org** for a complete list of physician office numbers and information.

Direct link:
www.childrenscentralcal.org/services/medicaloffice/refer

Outreach Centers:

Merced Subspecialty Pediatric Center
209.726.0199

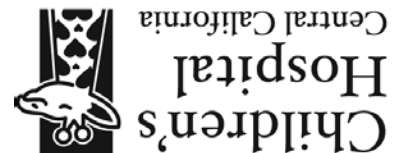
Modesto Subspecialty Pediatric Center
209.572.3880

For a copy of Children’s Quick Reference Telephone Guide, call 559.353.6621.

? Children’s Physician Liaison David Chuhlantseff is available to answer any questions or assist you in any way. He can be reached at (559) 353-7229 or emailed at physicianrelations@childrenscentralcal.org.

RETURN SERVICE REQUESTED

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