Special Page 4 Feature

Heart Institute
Tenacious teen's cardiac recovery

Children's South Opens
New location, expanded services

Pediatric Research
Mellon Scholar studies heart regeneration

Treating Ear Infections
Antibiotics vs. antimicrobial resistance
The FALL 2014 issue of Pediatric INSIGHTS

In this issue of Pediatric INSIGHTS, learn how a Tennessee family turned to Children's Hospital of Pittsburgh of UPMC's Heart Institute to treat complications from a debilitating genetic cardiovascular disorder. Teenager Miranda Jones overcame a stroke, heart failure and a heart transplant with personal determination matched by novel care from the Children's Heart Failure and Recovery team.

In addition:

- The Richard King Mellon Foundation Institute for Pediatric Research appointed its third Mellon Scholar. Physician-scientist Bernhard Kühn, MD, will serve as director of research for the Division of Cardiology at Children's and study heart regeneration in pediatric patients with heart failure.

- As the prime season for respiratory illnesses begins, Children's Hospital researchers explore the relationship between pediatric ear infections, antibiotics and the growing concern over antimicrobial resistance in a $9.5 million study funded by the National Institutes of Health.

- The DVE Rocks for Children's Radiothon raises $626,254 from nearly 4,000 generous donors to help fund programs and services in areas such as family life, pet therapy, and pastoral care that help enhance patient care at Children's.

We welcome your feedback, thoughts, and story suggestions. Please share them with one of our physician liaisons, whose contact information you can find on page 3.
Pediatric patients in the Erie region have had access to Children’s Hospital of Pittsburgh of UPMC specialists at the Children’s Hospital Specialty Care Center Erie since 2012. Until recently, that center was housed at Shriners Hospitals for Children®–Erie. Now, most of the pediatric services have moved temporarily to a pediatrics practice about 2.5 miles away from Shriners. Only one Children’s service — pediatric orthopaedic surgery — remains at the Shrine. All other Children’s services have moved temporarily to the main location of Children’s Community Pediatrics–Hamot Pediatrics, 301 State Street, Suite 301, Erie, PA 16507.

A ribbon-cutting for the new facility was held Sept. 9. State and local elected officials joined Children’s and UPMC officials, members of the South Fayette community, and physicians and staff at the first of a pair of opening events prior to the first patients being seen.

A community open house was held Sept. 20. It welcomed members of the community to bring their kids, enjoy activities in partnership with Radio Disney and the South Fayette High School, and take self-directed tours of the building.

A new Express Care Center, Children’s Express Care–Erie, opened in November 2013, offering urgent care services to children and their families, without the need for a prior doctor visit. The center is located at 3406 Peach Street, Erie, PA 16508.

The phone number remains the same and is 814-454-8674. For pediatric orthopaedic services, call 412-875-8700. Outpatient specialty care visits will be at CCP–Hamot Pediatrics until summer 2015, when they will move to a permanent location: a brand-new, 6,000-square-foot facility under construction on the UPMC Hamot Women’s Hospital campus. More information about this move will be forthcoming.

The new Children’s South offers expanded health services.

“The space in South Fayette allows us to consolidate Children’s pediatric subspecialty care, primary care, and after-hours and weekend care all under one roof, and gives us the opportunity to expand our services now and in the future,” says Kathy Guatteri, vice president of Outpatient Services at Children’s Hospital and president, Children’s Community Pediatrics.

Children’s South
205 Millers Run Road
Bridgeville, PA 15017
Located near the Bridgeville exit of Interstate 79 (Exit 54); also near State Route 50

EXPANDING OUR SERVICES

An Increased Presence in Erie

Pediatric patients in the Erie region have had access to Children’s Hospital of Pittsburgh of UPMC specialists at the Children’s Hospital Specialty Care Center Erie since 2012. Until recently, that center was housed at Shriners Hospitals for Children®–Erie. Now, most of the pediatric services have moved temporarily to a pediatrics practice about 2.5 miles away from Shriners. Only one Children’s Hospital service — pediatric orthopaedic surgery — remains at the Shrine.

All other Children’s services have moved temporarily to the main location of Children’s Community Pediatrics–Hamot Pediatrics, 301 State Street, Suite 301, Erie, PA 16507.

The services that have moved are Endocrinology, Gastroenterology, Nephrology, Neurology, Neurosurgery, and Pulmonary Medicine.

Two New Express Care Centers Opening
Stay tuned for more information about the two newest Express Care Centers, opening later this year.

• Children’s Express Care–Erie, 3406 Peach Street, Erie, PA 16508
• Children’s Express Care–Natrona Heights, 1604 Burtner Road Natrona Heights, PA 15065
Bernhard Kühn, MD, a physician-scientist whose research focuses on heart failure, has been named a scholar within the Richard King Mellon Foundation Institute for Pediatric Research and director of research for the Division of Cardiology at Children’s Hospital of Pittsburgh of UPMC.

Dr. Kühn is the third physician-scientist in the Mellon Scholars Program, which enables promising researchers in the early stages of their careers to pursue potential breakthrough research projects in biomedicine.

“The recruitment of Dr. Kühn will bring in one of the leading researchers in heart regeneration to further explore heart cell growth and to give hope to advancing treatments for heart failure.”

— Jay Kolls, MD, Institute director

A board-certified and practicing pediatric cardiologist, Dr. Kühn focuses his research on regenerative therapies for the heart. The long-term objective of his research is to provide novel approaches and molecular targets for the treatment of heart failure, primarily by studying the mechanisms of growth and regeneration of the myocardium, the muscle tissue of the heart.

“The recruitment of Dr. Kühn will bring in one of the leading researchers in heart regeneration to further explore heart cell growth and to give hope to advancing treatments for heart failure,” says Jay Kolls, MD, Institute director. “He will be an outstanding addition to the Mellon Scholar Program to continually increase our understanding of the causes and treatment of pediatric diseases.”

Dr. Kühn, also associate professor of Pediatrics at the University of Pittsburgh School of Medicine, earned his medical and doctoral degrees from Freie Universität Berlin in Germany. He completed his post-doctoral fellowship at Boston Children’s Hospital where he then established an independent research lab in 2005.

In a landmark paper published in the highly prestigious journal Cell, Dr. Kühn showed that heart muscle cells, previously thought to be incapable of proliferating, could be induced to divide with the growth factor neuregulin1. This research has opened up the possibility of using this growth factor to stimulate heart regeneration. In a follow-up study published in the Proceedings of the National Academy of Sciences, the Kühn lab showed that in humans, heart muscle cell proliferation is a mechanism of heart growth in infants and children. Together, these two papers provide the foundation for administering the growth factor to stimulate heart regeneration in pediatric patients with heart failure.

Scholars are selected on the basis of work that is highly innovative, delivering new expertise to the biomedical research community; likely to lead to major breakthroughs; and capable of having a long-lasting impact on the practice of medicine.

Stephen Maricich, MD, PhD, and Timothy Sanders, MD, PhD, were the first two physician-scientists recruited for the Mellon Scholars Program.

Established through a groundbreaking gift from the Richard King Mellon Foundation, the Institute is an incubator for research that challenges conventional wisdom and can lead to paradigm shifts in pediatric medicine. This kind of high-risk, high-impact investigation is not typically funded through government or conventional sources, placing Children’s Hospital in a unique realm of pediatric research centers. Dr. Kolls’ goal is to recruit a total of five scholars. Located within the John G. Rangos Sr. Research Center on Children’s main campus, the Institute’s faculty and programs are a part of the University of Pittsburgh School of Medicine.

To learn more about Dr. Kühn’s research, visit www.chp.edu/kuhnlab.
Advancing care locally and globally

Children’s Hospital of Pittsburgh of UPMC is a dynamic organization. It’s an exciting time for us and I’d like to share some of our most exciting projects with you.

Dramatic growth

Children’s Hospital moved into its new Lawrenceville location more than five years ago. Surprisingly, our dramatic growth has already resulted in full utilization of space. In many ways it has pushed us to expand our footprint throughout western Pennsylvania and beyond. We now have specialty care centers in Chippewa, Erie, Hermitage, Johnstown, Mt. Morris, and Wheeling, West Virginia. Express Care Centers are also expanding. The newest sites include West Mifflin, The Washington Hospital, and the new Children’s South in South Fayette. Express Care Centers supplement primary care locations by offering pediatric care from 5 to 9 p.m. Monday through Friday and noon to 8 p.m. Saturday and Sunday. Patient and family satisfaction as well as primary care satisfaction at these sites has been outstanding.

Telemedicine is growing rapidly, connecting clinicians, patients and families in regional communities and around the world. The tele-dermatology program, developed by Robin Gehris, MD, chief, Pediatric Dermatology, has become extremely popular. We use “store-and-forward” technology that promises a response in 24 hours or less. We’re also linked to eight institutions for neonatal and emergency department consults, including Armstrong County Memorial, Cole Memorial, Somerset Hospital, Uniontown Hospital, UPMC Altoona, UPMC Horizon, UPMC Northwest, and The Washington Hospital. Via telemedicine, we also help sickle cell patients in Erie and consult with physicians as far away as Colombia, Italy, and Mexico.

Because medical care has become increasingly complex we do our best to simplify the process for our patients and families. Heather Klodowski, RN, BSN, has developed a spectacular Visit Navigation service. She coordinates visits for families who need three or more follow-up appointments to minimize family stress and maximize a trip to our Lawrenceville campus or outreach location. Heather and her team listen carefully to patients’ needs and address them before and during hospital visits.

Hospital expansion

When our Lawrenceville campus was designed we were certain of one thing — that nothing is certain about the future of medicine. As a result we constructed a building that offered flexibility and that vision has paid dividends already. Our 31-bed Neonatal Intensive Care unit has expanded to 55 beds and may expand further as needs require. An observation unit that can accommodate 10 patients is anticipated to open in November adjacent to our Emergency Department. This will help streamline care and decompress the Emergency Department and inpatient units. Families will continue to receive the same outstanding care but will return home much faster.

Stay tuned for this quarterly column which will highlight just how dynamic a resource Children’s Hospital is for the region. My next column will explore all the ways we communicate with referring physicians and new initiatives for easier access. *

Andy Urbach, MD, is associate chief medical officer at Children’s Hospital. He welcomes your comments and questions. Please send an email to chpphysicianliaisons@chp.edu.

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**Physician Liaisons at Your Call**

Our team serves as liaisons between physicians in the community and our pediatric specialists. Contact them with questions, comments, and concerns.

**EAST**
Judi Morris-Feinberg
412-692-5428
judi.feinberg@chp.edu

**SOUTH**
Laura Mull
412-692-7157
laura.mull2@chp.edu

**NORTH**
Monica Reisz
412-692-5376
monica.reisz@chp.edu
That’s when his teenager, Miranda, unexpectedly went into heart failure, landing her in a local hospital that had limited expertise with pediatric cases as severe as hers.

After being contacted by the Tennessee hospital, the Heart Institute of Children’s Hospital of Pittsburgh of UPMC dispatched its specialized transport team to fly Miranda to Pittsburgh. Upon arrival, her situation was found to be even more dire, when doctors discovered that she had suffered a massive stroke. The notion of any kind of heart surgery seemed out of the question.

Yet today Miranda is looking forward to her senior year of high school, much like any 17-year-old, thanks to her own strong spirit, pioneering capabilities developed by Children’s Heart Failure and Recovery team, and a remarkable and nearly full recovery from the stroke that made her a candidate for a successful heart transplant.
Obstructive condition
The condition at the center of Miranda’s case is hypertrophic cardiomyopathy (HCM), an inherited and disabling disease in which part of the heart muscle thickens and stiffens without any obvious cause. With a prevalence of one in 500, HCM is considered to be the most common genetic cardiovascular disorder. HCM can affect the electrical functions of the heart, leading to serious and life-threatening arrhythmias. It often goes undiagnosed because many patients have no symptoms, or only mild symptoms. The asymptomatic nature of HCM makes it a common cause of sudden cardiac arrest in young people, including athletes.

Miranda suffered from HCM with obstruction, or hypertrophic obstructive cardiomyopathy (HOCM). With this condition, the wall separating the heart’s two bottom chambers, or ventricles, becomes so enlarged that it obstructs blood flow. The most common symptom is shortness of breath due to decreased blood filling the ventricles leading to diminished blood oxygenation by the lungs. Fatigue and loss of stamina also occur.

The Jones family has endured more than its share of experiences with HOCM. A brother, Damian, who Miranda never knew, died in 1994 at age 14 when he suddenly collapsed after a pick-up basketball game at school. In 2008, Miranda’s mother, Marilyn, died from congestive heart failure at age 50. A month later, the disease robbed older sister, Jennifer, then 18, of a college music scholarship when she collapsed during the first season of summer band camp at the University of Arkansas – Pine Bluff.

“It wasn’t while doing any physical exertion,” says her father, Erwin. “She collapsed while warming up her horn.”

Following hospitalization, Jennifer was unable to continue in her first-trumpet role, was cut from the program and went home. In the years since, Jennifer has been in and out of hospitals with associated problems, particularly atrial fibrillation, an irregular and rapid heart rate that results in poor blood flow. She has had ablation surgery to correct faulty electrical pathways, takes medications and wears a defibrillator.

Miranda received her diagnosis at age 14 after a nurse at a school health fair detected an irregular heartbeat and recommended she follow up with a cardiologist. Until that time, Miranda experienced nothing to suggest she had a heart condition, even though her doctor was aware of the possibility based on family history.

Following diagnosis, Miranda was placed on medications to promote blood flow, but occasionally experienced problems. Sometimes she would get short of breath during her five-minute walk to school, her father says. She fainted while attending a local carnival with family. Miranda found that breathing was easier if propped up in bed while sleeping — until the fateful night before Halloween in 2013 when she awoke gasping for breath, prompting a call to 911.

Compounding problems
Miranda was rushed to the hospital, where doctors tried surgical means to promote blood flow through her constricted heart.

“They said her heart stopped two times in the operating room,” Erwin recalls. “She flat-lined twice. They said there wasn’t a lot they could do for her, but they were going to try to make her as comfortable as possible, because they didn’t know if she was going to make it.”

Sedated, Miranda was placed on Extracorporeal Membrane Oxygenation (ECMO), a heart and lung bypass machine to temporarily support her circulation and blood oxygenation, while doctors contacted other hospitals around the country in search of help. The Heart Institute at Children’s Hospital answered the call.

“They had contacted other centers who turned her down,” says Peter Wearden, MD, PhD, surgical director, Pediatric Heart

Continued on page 6
and Lung Transplantation. “We rapidly mobilized a team to transport her on ECMO, a capability we have developed that few centers have.”

Within four hours, the specialized Transport Team was on the scene. On Nov. 9, Miranda was taken by helicopter to a Memphis airport, then flown by private jet to Pittsburgh where she was transferred to a helicopter for the final sprint to Children’s — all while she remained on ECMO. Once in Pittsburgh, doctors assessed her condition.

“We anticipated that we might transfer her to a total artificial heart, as ventricular assist devices (VAD) can be problematic in patients with this condition,” Dr. Wearden says. “However, a CT scan was obtained on her arrival that showed she had suffered a stroke on one side of her brain. This significantly complicated things.”

When Jennifer arrived at Children’s from Memphis, she got the news.

“They said Miranda was no longer a candidate for surgery because she had a massive stroke,” Jennifer recalls. “She was still sedated, and no one knew how much damage it did, whether she would be able to function properly or be able to walk.”

Inventive solution

While surgery seemed out of the question, Dr. Wearden knew that Miranda could not be sustained for long on ECMO in a drug-induced coma. He approached the family with an idea to remove her from ECMO and use a VAD, a type of miniature pump, in an unconventional way to support the heart and allow her lungs to handle blood oxygenation on their own.

As the name “ventricular assist device” implies, a VAD is typically connected via tubing to either of the heart’s lower chambers, called ventricles, to promote blood flow when the heart muscles cannot perform as needed. However, with Miranda’s left ventricle narrowed and seriously compromised by her condition, Dr. Wearden’s novel approach was to use a CentriMag blood pump to flow oxygenated blood from the left atrium directly to the aorta, essentially bypassing the left ventricle. Dr. Wearden was highly familiar with the capabilities of the CentriMag pump, having participated in preclinical tests of the device developed in part by the McGowan Institute for Regenerative Medicine at UPMC.

Miranda’s father told Dr. Wearden that he was tired of losing people to this heart condition and asked him to do whatever he could “to save my baby.” Two weeks after she arrived at Children’s she was removed from ECMO and placed on the VAD.

When Miranda awoke following the VAD procedure, no one was quite sure what to expect. Remarkably she had experienced a nearly full neurologic recovery. Because tubes in her mouth made it difficult for her to speak initially, she used note cards and gestures to communicate. Her sister Jennifer recalls that one of Miranda’s first questions was, “When can I walk?”

“They said, ‘Slow down. We want to see if you can sit up first,’ Jennifer says, adding, ‘Miranda said, ‘I feel like I can walk.”

And walk she did. Miranda was able to walk while wearing a VAD — initially with a physical therapist, and eventually on her own.

“Once they saw that she could walk with the VAD, I think that’s one of the reasons they put her back on the transplant list,” her father says. “She would do like eight laps around the ward. She has a very strong constitution.”

Within three days of receiving the VAD, she was put back on the transplant candidate list. On Feb. 8, 2014, Miranda received her new heart. She was later discharged to the Ronald McDonald House for the duration of her recovery, which included occupational therapy to regain the slightly diminished movement in her left hand related to the stroke, and physical and cardio therapy to build up her endurance.

With a new heart, she no longer has HOCM. That means no shortness of breath, no occasional chest pain. When she sleeps, she can now lay perfectly flat, an ability that was not lost on her sister, who has cared for Miranda while dealing with her own HCM. Both Jones girls eagerly anticipated their return to Memphis by the end of summer, where Miranda picked up with her senior year and hopes to study acting.

For Miranda, life is no longer compromised by obstructions of the heart. Her future is as wide open as the skies.

For more information about the Heart Failure and Recovery Program at Children’s Hospital’s Heart Institute, please call 412-692-5540. Visit us online at www.chp.edu/heart.
Antibiotics and Ear Infections

NIH grant focuses on reducing side effects and antimicrobial resistance

A $9.5 million study conducted by researchers at Children’s Hospital of Pittsburgh of UPMC could change a decades-old treatment protocol for children with ear infections.

The goal of the study, funded by the National Institutes of Health (NIH), is to determine whether children ages 6 to 23 months who are diagnosed with an ear infection, also known as acute otitis media (AOM), can be effectively treated with antibiotics for five days rather than the standard 10 days. A shorter course may reduce unpleasant side effects such as diarrhea and diaper rash and impact the broader problem of antimicrobial resistance.

“This is an important study that may help determine whether we can safely treat young children with a shorter course of antibiotics, which is appealing from the standpoint of reducing frequently occurring side effects and may help curb the emergence of bacterial resistance. However, if the shorter course is not adequate to resolve the infection, then the study will provide much needed evidence to support what we do on a daily basis,” says principal investigator Alejandro Hoberman, MD, chief, Division of General Academic Pediatrics at Children’s and professor of Pediatrics, University of Pittsburgh School of Medicine.

A common problem

Affecting three out of four children by age 3, ear infections are the most common reason parents bring their children to a doctor, according to the NIH. Because infectious organisms have become increasingly resistant to antibiotics with widespread use to treat a variety of illnesses, the American Academy of Pediatrics guidelines had suggested an option of watchful waiting in children older than 2 years, and in those younger than 2 years with unilateral non-severe disease.

Antibiotic resistance is a big problem in the United States: The Centers for Disease Control and Prevention estimates that each year it causes $20 billion in excess health care, $35 million in other societal costs and more than 8 million additional days that people spend in the hospital.

Finding balance

The current study was initiated in 2012, following a previous Children’s study also led by Dr. Hoberman. The original study determined that children who received antibiotics responded significantly faster and were less likely to have persistent signs of an ear infection at the end of treatment.

“The goal is to be more precise with what antimicrobial drugs a patient needs, at what dose, and for how long, to treat the infection while considering the emergence of bacterial resistance,” Dr. Hoberman says.

Through 2016, researchers hope to examine 600 participants in western Pennsylvania and Bardstown, Kentucky.

Dr. Hoberman leads a collaborative team of physicians, nurse practitioners, registered nurses and research assistants at Children’s Primary Care Center in Oakland. The team works in conjunction with Stanley Block, MD, Kentucky Pediatric and Adult Research, and Children’s Community Pediatric offices in Armstrong and Butler counties. All children receive an antibiotic for the first five days of treatment. Half receive antibiotic for days 6-10, and the other half receive a placebo. Free, convenient access to the clinical team, follow-up visits, and medication make the study attractive to families.

“Families have been overwhelmingly happy to be part of the study,” says Diana Kearney, RN, CCRC, clinical research manager, Division of General Academic Pediatrics. “Along with treatment, we teach them about ear infections, colds, best practices for taking temperatures, and correct dosing for over-the-counter medications.”

STUDY ELIGIBILITY CRITERIA

This study is open to children, ages 6 through 23 months, who are diagnosed but not yet treated for an ear infection during the respiratory illness season. Participation in the study includes:

• Enrollment visit between Oct. 1 and March 31
• Follow-up visit about two weeks after enrollment
• Monitoring by doctors and nurse practitioners, who are experts at looking at young children’s ears, every six weeks until May 31
• Interim visits for episodes of illness
• Final visit in September

For information or to enroll, call 412-999-EARS (3277) or visit www.chp.edu/ears.
These Children’s Hospital staff members recently received the following recognition in their fields.

**Ericka Fink, MD, MS (right)**, of the Department of Pediatric Critical Care Medicine at Children’s Hospital of Pittsburgh of UPMC, leads a multidisciplinary research project that recently was approved for a $1.9 million funding award by the Patient-Centered Outcomes Research Institute (PCORI) to study “Early Rehabilitation Protocol in the Pediatric ICU for Children With Acute Brain Injury.” The two-center, randomized, controlled trial and resource survey is one of 33 proposals PCORI approved for funding to advance the field of patient-centered comparative effectiveness research and provide patients, health care providers, and other clinical decision makers with information that will help them make better-informed choices.

**Amy Houtrow, MD, PhD, MPH**, chief, Division of Pediatric Rehabilitation Medicine and medical director of Children’s Hospital’s Rehabilitation Institute, recently published “Changing Trends of Childhood Disability” in the journal *Pediatrics* and received substantial media attention as a result. She was interviewed by *U.S. News and World Report*, CNN, NPR, *Washington Post*, and *USA Today*, in addition to local news outlets.

**Michele Poe, PhD (left), Sarah Chagnon, MD (center), and Maria Escolar, MD (right)**, of the Program for the Study of Neurodevelopment in Rare Disorders will have an article published in an upcoming *Annals of Neurology*. The article is titled “Early Treatment Is Associated With Improved Cognition in Hurler Syndrome.” Hurler syndrome is the most clinically severe form of an autosomal recessive lysosomal disorder characterized by the deficiency of α-L-iduronidase and often results in death in childhood. Umbilical cord blood transplantation from unrelated donors has been shown to improve neurological outcomes of children younger than 2 years of age and prolong life.

**Sara Trucco, MD**, pediatric cardiologist with the Heart Institute at Children’s Hospital and assistant professor, Pediatrics, at the University of Pittsburgh School of Medicine, co-authored a report based on a study titled “Radiation Dose Benchmarks During Cardiac Catheterization for Congenital Heart Disease in the United States.” It was published in the September 2014 issue of the *Journal of the American College of Cardiology, Cardiac Interventions*. The study presents age-stratified radiation dose values for six common congenital heart interventional catheterization procedures that will be used as a baseline for measuring the effectiveness of future quality improvement activities by the Congenital Cardiac Catheterization Project on Outcomes collaborative.

**Under the leadership of David Perlmutter, MD, chair**, Department of Pediatrics, the Children’s Hospital’s medical education programs recently were ranked eighth among pediatrics programs in the country for 2014 by *U.S. News & World Report* and Doximity. Of the top 10 programs, the percentage of Children’s alumni who subspecialize (49 percent) and our board pass rate (93 percent) were near the top.

**Jennifer Wolford, DO**, of the Child Advocacy Center at Children’s Hospital, was invited by state Rep. Dan Frankel to participate earlier this month in a public policy discussion on his proposed legislation that would protect the doctor-patient relationship — particularly the accuracy of information provided by doctors to their patients. The roundtable discussion on the proposed Patient Trust Act included state representatives, health care advocates, and physicians.

**Top 10 pediatrics programs:**

1. Children’s Hospital of Philadelphia
2. Children’s Hospital Boston
3. Cincinnati Children’s Medical Center
4. University of Washington
5. Johns Hopkins University
6. Baylor College of Medicine
7. Stanford University
8. UPMC/Children’s (tied with University of Colorado)
9. University of Colorado (tied with UPMC/Children’s)
10. University of California
In October 2014, Children’s Hospital of Pittsburgh of UPMC announced a partnership with St. Joseph’s Children’s Hospital in Florida to enhance pediatric heart services. Together, Children’s and St. Joseph’s will provide highly specialized cardiovascular care for everything from fetal cardiology to adult congenital heart disease inside St. Joseph’s Heart Institute (right), a new 35,000-square-foot, state-of-the-art facility located on the hospital campus in Tampa.

St. Joseph’s Children’s Hospital has been home to one of the largest pediatric cardiovascular programs in the Southeast and is a regional referral center for the diagnosis and treatment of congenital heart defects.

“This partnership brings the expertise of some of the country’s top-ranking pediatric heart physicians to our community, providing families across Florida with unprecedented access to the highest level of pediatric heart care available,” says Kimberly Guy, president, St. Joseph’s Children’s Hospital.

In addition to collaborating with St. Joseph’s Children’s Hospital’s multidisciplinary cardiac team on surgical and non-invasive cardiology services, experts from the Heart Institute at Children’s will provide additional support to patients, families, and caregivers in St. Joseph’s Children’s Hospital’s cardiac intensive care unit via telemedicine.

“We are grateful for the opportunity to bring our unique expertise in pediatric heart surgery to families in Florida,” says Victor Morell, MD, chief of the Division of Pediatric Cardiothoracic Surgery at Children’s and co-director of the Heart Institute.

“We share a commitment with St. Joseph’s Children’s Hospital to provide the absolute best possible pediatric care to patients and families from the Tampa area and beyond.”
GIVE

givetochildrens.org/freecare