

Pediatric INSIGHTS

A Physician Resource from Children's Hospital of Pittsburgh of UPMC • www.chp.edu



Special Page 4 Feature

Growing Together

Procedure pioneered by Children's surgeon repairs congenital heart condition

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Behavioral Health Hotline
Consults for family practitioners

IBD Center
New co-director

Ear Infections
Study supports 10-day antibiotics

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The WINTER 2017 issue of Pediatric INSIGHTS

Cover story: **Laney Cook** of Bradford, Pennsylvania, lived with a congenital heart condition called Ebstein's anomaly for nine years before receiving a revolutionary procedure in December pioneered by **José Pedro da Silva, MD**, founding director of the Center for Valve Therapy at Children's Hospital of Pittsburgh of UPMC.

In addition:

- > A new, free tele-health program known as **Children's TiPS** (Telephonic Psychiatric Consultation Service) connects family physicians and other clinicians on the front lines of pediatric health care to consultations with behavior health specialists.
- > **Meet Sandra Kim, MD**, the new co-director of the Children's Inflammatory Bowel Disease Center, a part of the Division of Pediatric Gastroenterology, Hepatology, and Nutrition. Also, **Uta Lichter-Konecki, MD**, joins the Metabolism Program in the Division of Medical Genetics at Children's.
- > **Andy Urbach, MD**, medical director of Patient Experience and Development, offers perspective on Children's Culture Team, which promotes a collaborative environment to enhance the patient, family, and staff experience.

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 7.

Physician Referral Service
412-692-PEDS
(7337)

To refer a patient to any of Children's Hospital of Pittsburgh of UPMC's clinical services, please call our Physician Referral Service at **412-692-PEDS (7337)**.

Visit the Referring Physicians section of Children's website at www.chp.edu/physicians.

TiPS for Behavioral Health

Hotline Connects Family Physicians to Specialists

Primary care doctors and other clinicians on the front lines of pediatric and family health care have a new resource for behavioral health consultations and advice for Medicaid patients up to age 21.

Children's Hospital of Pittsburgh of UPMC was selected to administer behavioral health treatment through a Telephonic Psychiatric Consultation Service Program (TiPS) introduced in July 2016. The free program, funded by Pennsylvania HealthChoices managed care organizations, gives clinicians in all 26 western Pennsylvania counties access to Children's world-class behavioral health specialists, often within 30 minutes.

The program is part of Children's Hospital's ongoing effort to bring enhanced pediatric health care to patients using telemedicine technology, says Abigail Schlesinger, MD, medical director, Community Based Services, Children's Behavioral Science Division. "Many times primary care doctors are a patient's first contact for psychiatric care. Children's TiPS fills a gap in the system, connecting primary care clinicians and families with behavioral health services in a way that is convenient," she says.

The Children's TiPS hotline is answered weekdays by trained care coordinators who arrange same-day consultations with a child and adolescent psychiatrist. Children's TiPS psychiatrists can answer questions about medications, diagnoses, screening tools, resources, and other topics, and refer patients to licensed therapists and other community resources. The service is open to all clinicians.

The program also offers hubs for individual therapeutic intervention — in-person evaluation and tele-psychiatry using video communication — at Children's Hospital's main campus in Lawrenceville, Children's Pine Center, Children's South, and Children's Hospital Specialty Care Center Erie.

Children's TiPS team features doctors, social workers, counselors, and care coordinators, including:

David Benhayon, MD, PhD
 Katie Ewing, LSW
 Colleen Gianneski, LCSW
 Sheri Goldstroh, PhD
 Courtney Hopkins, LPC
 Roberto Ortiz Aguayo, MD, PhD
 Abigail Schlesinger, MD
 Justin Schreiber, DO
 Nechama Splaver, LSW
 Kelley Victor, MD
 Emma Walton, LPC
 Victoria Winkeller, MD



ABOVE: Telemedicine connects Kelley Victor, MD, in Allegheny County, to therapists Courtney Hopkins, LPC, and Emma Walton, LPC, in Erie, for psychiatric consultation.

Between July and December 2016, more than 90 practice locations and 400 clinicians were enrolled in Children's TiPS. Dr. Schlesinger expects the number of enrolled clinicians to double in 2017.

More than just telephone consultation and referral, the program brings behavioral health education to individual practices and also offers regional group training events so primary care physicians are better prepared to care for pediatric behavioral health issues.

"This program was designed to decrease barriers and improve access to high quality behavioral health services for children and adolescents. Our goal is to support primary care clinicians and improve treatment outcomes for children and families in western Pennsylvania," says Colleen Gianneski, LCSW, program manager and behavioral health therapist, Children's TiPS. •

TiPS Hotline

For consultation, call

1-844-WPA-TIPS (1-844-972-8477)

from 9 a.m. to 5 p.m. Monday through Friday.

For more information about the TiPS program and how to enroll, visit www.chp.edu/TiPS.

Updates from the Brain Care Institute

Program Adds New Staff, Conducts Outreach and Research

the
brain care
institute

The Brain Care Institute represents a unique collaboration among some of the top experts in pediatric neurology, neurosurgery, neurocritical care, neuro-oncology, behavioral health, neuroradiology, and other areas to offer complete, state-of-the-art care for pediatric patients with issues of the brain, spine, and nerves. If you have questions or would like more information about referring patients to the BCI, please email braincareinstitute@chp.edu.

Pediatric Neuropsychology Adds Three New Providers

The Section of Pediatric Neuropsychology in the Division of Pediatric Rehabilitation Medicine provides neuropsychological services to children cared for at Children's Hospital of Pittsburgh of UPMC ages 3 to 26 years with cognitive dysfunction due to their medical conditions. Amery Treble, PhD; Daryaneh Badaly, PhD; and John Hamilton, PhD joined Melissa Sutcliffe, PhD, this fall. The Pediatric Neuropsychology Service assesses brain-behavior relationships in children and adolescents who have underlying or acquired medical and neurological disorders and whose medical condition or treatment places them at risk for developmental, cognitive, and behavioral problems. Children referred to the Pediatric Neuropsychology Service must currently obtain services at Children's Hospital, and the referral must be made by a Children's Hospital specialty physician.

BCI Members Take Part in Regional Family Support Meeting

Angela Garcia, MD; Amy Goldstein, MD; and Beth Heuer, DNP, RN, CPNP-PC, PMHS, recently participated in a regional family support group meeting for congenital disorders

of glycosylation (CDG) with families in attendance from Pennsylvania, West Virginia, Ohio, and Michigan. CDG are a group of inherited metabolic disorders that affect glycosylation. Glycosylation is the complex process by which long sugar chains are attached to proteins (glycoproteins) or to lipids (glycolipids). Individuals with a CDG are missing one of the enzymes that is required for glycosylation. Currently, there are 80 identified types of CDG. The most common type of CDG presents in the first year of life with cerebellar hypoplasia, hypotonia, severe developmental delay, failure to thrive, and multisystemic disease (liver failure, hypothyroidism, pericardial effusion). Topics covered by the representatives from the Brain Care Institute included ADHD and learning disabilities, rehabilitation and therapies, and CDG and clinical trials.

Groundbreaking ADAPT Trial Enrollment Completed

The ADAPT Trial (Approaches and Decisions for Acute Pediatric Traumatic Brain Injury) led by Michael Bell, MD, and Stephen Wisniewski, PhD, has completed enrollment of its 1,000 subjects. Funded by the National Institute of Neurological Disorders and Stroke and conceived and implemented by the Departments of Critical Care Medicine, the Safar Center for Resuscitation Research, and the Department of Epidemiology in the Graduate School of Public Health at the University of Pittsburgh, the ADAPT Trial will compare the effectiveness of intracranial hypertension therapies, secondary insults, and metabolic support in infants and children with severe traumatic brain injury (TBI). A number of secondary analyses also are planned including the ability of various characteristics to predict mortality/outcomes, the effect of multi-system trauma on mortality from severe TBI, and differences in the epidemiology of severe TBI across countries in the developed world.

This cohort — generated from 50 clinical sites from eight countries — is the largest studied to date in the field. At the completion of the follow-up and analysis phases of the study, several new Level II guidelines are anticipated to improve clinical care and enhance clinical research protocols for future trials.

Safar Center Moving to Rangos Research Center

The Safar Center for Resuscitation Research at the University of Pittsburgh, currently located in Oakland, is due to move to the John G. Rangos Sr. Research Center on Children's campus. The move is expected in early 2017. •

Kim Appointed Co-Director of IBD Center



Sandra Kim, MD, a nationally recognized expert in pediatric and adolescent inflammatory bowel disease, is the new co-director of the Inflammatory Bowel Disease (IBD) Center, a part of the Division of Pediatric Gastroenterology, Hepatology, and Nutrition at Children's Hospital of Pittsburgh of UPMC. She joins David Keljo, MD, PhD, co-director of the IBD Center. Dr. Kim is also Associate Professor of Pediatrics

at the University of Pittsburgh School of Medicine. Prior to joining Children's Hospital, Dr. Kim was co-director of the Center for Pediatric and Adolescent Inflammatory Bowel Disease at Nationwide Children's Hospital in Columbus, Ohio.

Dr. Kim's clinical and research interests focus on pediatric inflammatory bowel diseases, including adolescent transitioning and quality improvement in pediatric IBD and the impact of the gastrointestinal microbiota in IBD. Her research has been funded by the National Institutes of Health (NIH) and the Crohn's and Colitis Foundation of America (CCFA). She has authored numerous studies on pediatric and adolescent inflammatory bowel diseases.

In Pittsburgh, Dr. Kim, along with Sapana Shah, MD, will establish the hospital's participation in Improved Care Now, a national consortium to improve the care of children with IBD.

Dr. Kim currently serves as past chair of Pediatric Affairs and current co-chair of Government Affairs/Advocacy for the CCFA nationally. In addition, she chairs the Clinical Practice and Adolescent Transitioning committees and serves on the Physician Leadership committee and Strategy Council for Improve Care Now.

As a reflection of her

dedication to her profession, Dr. Kim was awarded the 2011 Rosenthal Award for her leadership in patient education and advocacy by the CCFA. She also was the 2015 faculty inductee at the Ohio State University College of Medicine chapters of Gold Humanism Honor Society and Alpha Omega Alpha.

Dr. Kim is a graduate of the University of Michigan's Inteflex (Integrated Pre-medical/Medical) Program, earning bachelor's degrees in Biomedical Sciences and Psychology as well as her medical degree. She completed clinical training in General Pediatrics and Pediatric Gastroenterology at Texas Children's Hospital and the Baylor College of Medicine. She was a recipient of the Outstanding Clinical Fellow Award during her GI fellowship and was on the NIH/NIDDK-funded T32 grant for her research project investigating zinc metabolism in children with IBD. After her clinical training, she pursued additional training as a post-doctoral fellow at the NIH-funded Center for GI and Disease at the University of North Carolina at Chapel Hill.

To make a referral or for more information, contact the IBD Center at Children's Hospital of Pittsburgh of UPMC at 412-692-5180. •

Lichter-Konecki Leads Metabolism Program



Uta Lichter-Konecki, MD, PhD, an international leader in medical genetics and metabolic disease, is the new director of the Metabolism

Program in the Division of Medical Genetics at Children's Hospital of Pittsburgh of UPMC. She was the former director of the Metabolism Program at Children's National Medical Center in Washington, D.C.

Dr. Lichter's practice in medical genetics spans more than two decades.

As a clinician, she sees patients with inborn errors of metabolism and other genetic diseases. She is committed to improving the lives of children with rare diseases through progressive translational research, innovative clinical research, and excellence in clinical care.

Dr. Lichter's main research interest focuses on understanding the causes of intellectual disability in patients with metabolic diseases and developing neuroprotective therapies to prevent compromise of intellectual function through translational research and improvement of treatment. Other research interests include Phenylketonuria and Urea Cycle Disorders.

Dr. Lichter is published in leading medical journals. She has taught medical students and fellows in the Medical Genetics Training Program at the National Human Genome Research Institute of the National Institutes of Health. She received her postgraduate degree from the University of Heidelberg in Germany where she trained in metabolic diseases at Children's Hospital in Heidelberg, an international center for inborn errors of metabolism. She received her medical degree from the Ruprecht Karls University Faculty of Medicine.

To make a referral or for more information, contact the Division of Medical Genetics at Children's Hospital of Pittsburgh of UPMC at 412-692-5070. •

Growing Together

Procedure
Pioneered
by Children's
Surgeon Repairs
Heart Condition



ABOVE: Laney Cook lived with Ebstein's anomaly, a congenital heart condition, for nine years before undergoing a cardiac repair performed by José Pedro da Silva, MD (*inset*) at Children's Hospital of Pittsburgh of UPMC.

Laney Cook, 9, of Bradford, Pennsylvania, was born during an emergency Cesarean section in October 2007. During the procedure, Laney went into cardiac arrest, and was airlifted to Children's Hospital of Pittsburgh of UPMC. Her parents, Troy and Melissa Cook, were told Laney had a 10 percent chance of making it through the night. They also learned that Laney has a congenital heart condition called Ebstein's anomaly.

Ebstein's anomaly

Located between the heart's right atrium and ventricle, the tricuspid valve is formed by three leaflets. They part and come together, allowing blood to flow with each contraction. But in patients with Ebstein's anomaly, one or more of the leaflets is tethered to the wall of the heart, preventing it from moving freely. This can cause blood to flow back into the atrium, and lead to congestive heart failure.

Laney made it through the night, and with the support of her family and her health care team, she has made it through nine years, despite some scary episodes and additional surgical and nonsurgical procedures. “Then in the summer of 2016 we found out that her cardiac output was more decreased than you’d expect, and that her heart was becoming more enlarged. It startled us all a little bit,” says Mr. Cook.

“Laney was beginning to slow down a little bit, and we were concerned by the degree that the valve was leaking. It seemed like a good time to talk about surgery,” says Lee B. Beerman, MD, Laney’s pediatric cardiologist. A renowned cardiac surgeon had also recently joined Children’s — José Pedro da Silva, MD, founding director of the Center for Valve Therapy. Dr. da Silva pioneered an innovative treatment for Ebstein’s anomaly that has become the standard of care around the world.

The cone procedure

Following medical school in his native Brazil, Dr. da Silva pursued training in cardiovascular surgery at the Cleveland Clinic Foundation where he developed an interest in the challenge of treating patients with Ebstein’s anomaly. The condition was most often treated through valve repair (by reshaping the leaflets or by repairing the ring of tissue to which they are attached) or replacement, but these approaches had a number of limitations. Depending on the degree of malformation, a patient might not be a candidate for repair. And even when a repair or replacement can be done, the procedure often needs to be repeated as the patient ages.

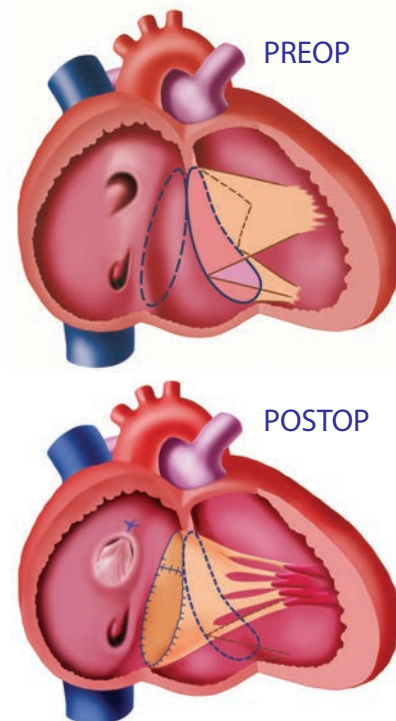
Timing was also an issue. “The younger the patient was when the procedure was done, the more likely it was that the valve would need to be replaced because it would not grow along with them, so we used to delay it until the patient was 12 or so,” says Dr. da Silva. “The problem with delaying was that the myocardium would weaken with time, making the surgical risk higher and the recovery more difficult.” In this technique, the issue is eliminated.

Dr. da Silva discovered that it was possible to construct an anatomical solution to the malformation. “In Ebstein’s anomaly, the leaflet is attached to the walls of the heart. We started taking down

EBSTEIN’S ANOMALY: THE CONE REPAIR

“The good thing about the cone procedure is that it’s an operation that can solve nearly all kinds of anatomical variations.”

— José Pedro da Silva, MD



Modified from Dearani J, Bacha E, Da Silva JP. Operative Techniques CVS 2008

the leaflet, freeing it of abnormal connections, looking behind it. Once we did that, we saw that we had a lot of tissue to work with, and could construct a cone,” he says.

“In the heart, the tricuspid valve is like a window connecting the right atrium and right ventricle. Normally the tissue covers the whole window,” Dr. da Silva explains. “In Ebstein’s anomaly, the tissue isn’t in the right place; it’s displaced way down in the ventricle. For that reason, the tissues can’t close properly. We take the tissues, construct the cone, put the cone at the atrium-ventricle junction. It covers the whole circumference, just like a normal valve. The difference between the cone procedure and other repairs is that other repairs don’t cover everything, and as the patient grows, the distance increases.”

“When people see the cone procedure being performed, they initially think it’s a very daring operation,” Dr. da Silva says. “But it is essential to take down the tissues completely, otherwise the cone will not close when the heart squeezes it.”

In 1993, following four years of work to refine the technique, Dr. da Silva and his team performed the cone procedure for the first time.

“It took a long time to prove, even to myself, that the technique was good because we didn’t have a lot of patients,” says Dr. da Silva. “Then I started writing to cardiologists about it and they started referring cases to me. I had a chance to build up

Continued on page 6



ABOVE: Lee Beerman, MD, examines Laney. **RIGHT:** A supportive family is important to a patient's recovery. The Cook family includes (left to right) Troy, Laney, Evan, and Melissa.

experience." To date, he has performed the procedure over 200 times. He travels around the world speaking about it and training others to perform it.

"The cone procedure developed by Dr. da Silva is now the surgical standard of care for Ebstein's anomaly, and we're fortunate that he's joined us in the Heart Institute at Children's," says Victor Morell, MD, chief of Pediatric Cardiothoracic Surgery and co-director of the Heart Institute.

Dr. da Silva says that the principle behind the procedure could in theory be extended to repairing other valves. "The good thing about the cone procedure is that it's an operation that can solve nearly all kinds of anatomical variations."

Back in Pittsburgh

Dr. da Silva reviewed Laney's case, and thought she would be a good candidate for the cone procedure. The surgery was scheduled for Thursday, Dec. 1, 2016.

Dr. da Silva estimates that the repair portion of the cone procedure takes between 60 and 90 minutes, depending on the severity of the malformation. In Laney's case, the right ventricle was in worse shape than expected, so more work than anticipated needed to be done. Her chest had to be left open for a day and a half. It was closed back up the following Saturday, and Laney has been steadily improving ever since.

"With the cone technique, we expect it will be necessary to replace the valve only rarely," says Dr. da Silva. "In over 200 cases, we've had to do it only once, for a patient who was 54, and that time, we knew that we would have to do it going in."

A couple of weeks following the procedure, Laney was resting at home. According to Mr. Cook, this busy third-grader has a full roster of activities to get back to, including tumbling, swimming, riding her bike, and camping with her parents and 5-year-old brother, Evan. Laney is also prolific at drawing, coloring, and other crafts, as she had the chance to share with Dr. da Silva in the hospital.

"Once Laney was coming off her sedatives, Dr. da Silva would come in and sit down, and Laney would show him the crafts she was working on," says Mr. Cook. "Not something I had expected to see from what I had read — he's this big-time surgeon, busy guy — but he was so good with Laney. It was very nice to see them together." •

Procedure Helps Kids Live Normal Lives

The first patient to undergo the cone procedure was a 12-year-old girl in Brazil. She had lost her father, and her sister. It was just her and her mother.

A particular sadness of Ebstein's anomaly is the risk it poses during pregnancy. Giving girls born with the condition the ability to bear children when they grow up was a prime motivator for José Pedro da Silva, MD, when he developed the cone procedure.

"In most instances, pregnancy is not recommended," he says. "But it was very important to her to get in good clinical condition and to have babies."

Dr. da Silva performed an initial repair on the patient. She improved, and came back several years later. "Her heart was smaller than before," says Dr. da Silva, "so we had more time to operate on her, and it wasn't so dangerous. That's when we did the first cone procedure."

He adds: "If we do the cone procedure at the right time, the patient can live a normal life — have babies, practice sports, everything. After everything is stable, you don't have to think about coming back for another procedure."

Today, that first patient is a 34-year-old mother of two.



Andy's INSIGHTS

Working Together for Change

What impact can an hour a week make on an organization? Just ask more than 360 staff members in our innovative Children's Leadership Academy who are helping to transform our hospital's culture of care and service. Together, we're striving for a consistently positive and safe experience for patients and families — as well as an enhanced employee experience.

When it comes to daily operations, health care historically rewards specialization over collaboration. As a result, most hospitals have built "silos of excellence" that do a great job in their area, but lack the big picture view needed to deliver an outstanding patient experience.

Four years ago, Chris Gessner, president of Children's Hospital of Pittsburgh of UPMC, sought to "flip the pyramid" and empower front-line staff members, as well as supervisors, managers, and other hospital leaders, to avoid that cultural mindset. He approached a team of leaders to become our catalysts for cultural change, including Heather Ambrose, RN, DNP, director of nursing; Sarah Ball, MHSA, manager of patient experience; Amanda Barclay, PHR, SHRM-CP, human resources manager, retention and engagement; and Joy Gero, PsyD, LPC, patient representative manager.

Dubbed the Culture Team, each member has a diverse background and wide network of relationships. They spent their first year asking questions, listening, and immersing themselves in best practices in organizational culture.

The Children's Leadership Academy (CLA) emerged as a comprehensive approach that acknowledges that a negative experience in one area — such as poor service, safety slip, miscommunication, or lack of information — can have a ripple effect on the entire patient experience. But, by empowering individuals and departments to own their work, problem solve, and communicate and collaborate across departments, the result is a cultural shift that moves us from working in silos to working together.

Now, every Wednesday morning, representatives from virtually every department — from housekeeping and information technology to radiology and nursing — take time to participate in Culture Hour rounds. Representatives from Children's outreach locations also participate.

I make it a point to join the rounds often, as do other key administrators and a growing number of Board members, with fellow staff, patients, parents, and caregivers. CLA members inquire about patient safety concerns, customer service issues, and anything else that is on the minds of our patients, families, and staff. It's been a remarkable experience to understand the challenges they face and the solutions that have emerged to make our patient, family, and staff experiences as positive as possible.

In addition to weekly Culture Hours, the CLA organizes quarterly workshops that train and empower employees to do their best, and give them the authority and resources to solve problems. The approach is always collegial, respectful, and non-judgmental.

Employees and physicians are our greatest assets. By investing in CLA, we're recognizing the powerful role that a positive employee experience plays in assuring the best possible care and experience for patients and families.

Andy Urbach, MD, is medical director for Patient Experience and Development at Children's Hospital. He welcomes your comments and questions. Please send an email to MDrelations@chp.edu. •

At Your Call

CONNECT WITH CHILDREN'S HOSPITAL OF PITTSBURGH OF UPMC

VISIT NAVIGATION

Our outpatient visit coordinator helps manage the complexities of scheduling multiple medical appointments for patients from outside Allegheny County who need to return to Children's Hospital of Pittsburgh of UPMC three or more times within the same month.



Erin Marlowe
Outpatient Visit Coordinator
412-692-5687
erin.marlowe@chp.edu

PHYSICIAN LIAISONS

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



Judi Morris-Feinberg
412-692-5428
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Monica Reisz
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Laurels

These Children's Hospital staff members recently received the following recognition in their fields.



Victor Morell, MD, chief of the Division of Pediatric Cardiothoracic Surgery at Children's Hospital of Pittsburgh of UPMC, received the Eugene S. Wiener Endowed Chair in Pediatric Cardiothoracic Surgery established in memory of pediatric surgeon Eugene S. Wiener, MD. Dr. Wiener served as the hospital's chief medical officer and was a dedicated teacher, visionary hospital leader, and compassionate caregiver who devoted his life to caring for children and their families over his 34-year career at Children's. Dr. Morell, also co-director of the UPMC Heart and Vascular Institute and co-director of the Heart Institute at Children's, was honored at an event at PNC Park last November.



NATIONAL PANCREAS FOUNDATION CENTER

The National Pancreas Foundation (NPF), a nonprofit organization that provides hope for those suffering from pancreatitis and pancreatic cancer, designated **Children's Hospital of Pittsburgh of UPMC** as a National Pancreas Foundation Center for the treatment of pancreatitis. NPF Centers are at premier health care facilities that focus on multidisciplinary treatment of pancreatitis, treating the "whole patient" with a focus on the best possible outcomes and an improved quality of life.



Children's Hospital of Pittsburgh of UPMC earned first place among western Pennsylvania hospitals in the 2016 HAP Donate Life Hospital Challenge. The challenge, coordinated by HAP (Hospital and Healthsystem Association of Pennsylvania), the Center

for Organ Recovery & Education, Gift of Life Donor Program, and the Pennsylvania Department of Health, encouraged Pennsylvania hospitals to increase the number of organ and tissue donors,

as well as raise donation awareness within their hospitals and throughout their communities. Nearly 100 hospitals and health systems across the state participated in the challenge, which ran from April 1 through Aug. 31, 2016. Organ donation is critically important in Pennsylvania, where more than 8,500 people currently are awaiting a life-saving transplant.



John Alcorn, PhD, Division of Pulmonary Medicine, Allergy, and Immunology at Children's Hospital of Pittsburgh of UPMC, was recently elected to the Society for Pediatric Research in recognition of his substantial research contributions. Dr. Alcorn studies the mechanisms of asthma and allergic airway disease.



Stephanie Dewar, MD, director of the Pediatric Residency Program at Children's Hospital of Pittsburgh of UPMC, was recently named to the Accreditation Council for Graduate Medical Education's Review Committee for Pediatrics.

At the 30th annual North American Cystic Fibrosis Conference held last October, **Raymond Frizzell, PhD**, Division of Pulmonary Medicine, Allergy, and Immunology at Children's Hospital of Pittsburgh of UPMC, was awarded the Paul di Sant'Agnese Award for Distinguished Scientific Achievement, the highest scientific award bestowed by the Cystic Fibrosis Foundation. **Megan Kiedrowski, PhD**, a postdoctoral associate at the University of Pittsburgh, was awarded the 2016 Junior Investigator Best Abstract in Basic Science.



Amy Houtrow, MD, PhD, MPH, chief of the Division of Pediatric Rehabilitation Medicine at Children's Hospital of Pittsburgh of UPMC, was honored with the Outstanding Council Service Award for Pediatric Rehabilitation/Developmental Disabilities Council by the American Academy of Physical Medicine and Rehabilitation. The award recognizes service and volunteerism of members who contribute to the success of the Academy in fulfilling its mission and serving its membership in ways not limited to research, education, and product development.

Community Report Now Available



Imagine a place where anything is possible. That place is Children's Hospital of Pittsburgh of UPMC.

The 2015–2016 Children's Hospital and Children's Hospital of Pittsburgh Foundation Community Report takes a look back at two years of innovation and imagination in all aspects of the work that we do here, from excellence in clinical care, to

breakthroughs in the research setting, to new and creative ways of addressing mental health in the pediatric and adolescent populations.

Visit www.chp.edu/communityreport and you can:

- > Meet some of the big thinkers at Children's Hospital, who are curing diabetes, helping kids get healthier, and imagining new ways to give back
- > Look back on the yearlong commemoration of our 125th anniversary
- > Make a secure online donation to support the life-changing work we do every day

If you'd like a hard copy of the 2015–2016 Community Report, email Kate Lindholm at kathleen.lindholm@chp.edu. •

2017

COMING EVENTS

Child Maltreatment Pittsburgh Conference

April 27-28, 2017

Children's Hospital of Pittsburgh of UPMC

Join us for this two-day conference featuring nationally known presenters, innovative ideas, educational sessions, and networking.

Learn more at www.chp.edu/ChildMaltreatment.

Nephrotic Syndrome Symposium

Sept. 28, 2017

Children's Hospital of Pittsburgh of UPMC

This one-day symposium covers all aspects of nephrotic syndrome, including cutting-edge basic and clinical research, topics to educate general practitioners and allied professionals, and patient and family support.

For more information, visit chp.edu/nss.

Landmark Ear Infection Study Upholds 10-Day Antibiotic Treatment



In a landmark trial conducted at Children's Hospital of Pittsburgh of UPMC and the University of Pittsburgh School of Medicine, researchers have demonstrated that when treating children between 9 and 23 months of age with antibiotics for ear infections, a shortened course has worse clinical outcomes without reducing the risk of antibiotic resistance or adverse events. The results of the trial were published in December in the *New England Journal of Medicine*.

Acute otitis media is a bacterial infection of the middle ear behind the ear drum which

causes it to become painfully inflamed. Three out of four children experience this infection within their first year. Consequently, it is the most common reason why children are prescribed an antibiotic.

"Given significant concerns regarding overuse of antibiotics and increased antibiotic resistance, we conducted this trial to see if reducing the duration of antibiotic treatment would be equally effective along with decreased antibiotic resistance and fewer adverse reactions," says Alejandro Hoberman, MD, chief, Division of General Academic Pediatrics at Children's, and the Jack L. Paradise

Endowed Professor of Pediatric Research at the University of Pittsburgh School of Medicine.

In the trial, 520 children with acute otitis media were randomly assigned to either a standard 10-day regimen of the antibiotic amoxicillin-clavulanate or a shortened five-day treatment followed by five days of placebo. Researchers found that the risk of treatment failure in the five-day group (34 percent) was more than twice as much as the risk in the 10-day group (16 percent). Also, reduced duration antibiotics did not decrease the risk of frequent adverse events like diarrhea or diaper rash. •



As he grows,
give him care that fits.

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they receive expert pediatric care.
Even if it is after-hours.**

Conveniently open on evenings and weekends, Children's Express Care is staffed by certified pediatric providers who treat minor injuries and illnesses. Equipped with proper pediatric medical tools and staffed by providers who understand a child's needs, these locations will allow your patients to get back to feeling their best.

Learn more by visiting
chp.edu/express