

FALL 2019

Pediatric INSIGHTS

A Physician Resource From UPMC Children's Hospital of Pittsburgh | chp.edu



Special Feature (page 4)

Courageous Pioneer

Pittsburgh's First In Utero
Spina Bifida Repair

UPMC | **CHILDREN'S**
HOSPITAL OF PITTSBURGH

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The FALL 2019 Issue of Pediatric INSIGHTS

Cover story: Allee Mullen, a nurse at UPMC Children's Hospital of Pittsburgh, named her daughter, Emery Greene Mullen, for the two specialists at UPMC Children's and UPMC Magee-Womens Hospital who guided her to a healthy birth. The combined expertise of the two hospitals created the opportunity to achieve **Pittsburgh's first in utero spina bifida repair**.

In addition:

- UPMC Children's is named one of the top "**Leaders in LGBTQ Healthcare Equality**" for the fourth year by the Human Rights Campaign Foundation.
- A UPMC Children's study **examines the prevalence of reproductive coercion** — a form of relationship abuse — which can lead to poor health outcomes for adolescents.
- For the third consecutive year, the Heart Institute at UPMC Children's is named an accredited center of care for **excellence in cardiomyopathy diagnosis and treatment**.

Physician Referral Service

412-692-PEDS
(7337)

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

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

UPMC Children's Named Leader in LGBTQ Care

Healthcare Equality Index Recognizes Seven UPMC Hospitals



UPMC Children's Hospital of Pittsburgh has been recognized for the fourth year as one of the top **"Leaders in LGBTQ Healthcare Equality"** by the Human Rights Campaign Foundation, the education arm of America's largest civil rights organization working to achieve equality for lesbian, gay, bisexual, transgender, and queer (LGBTQ) people.

The designation was reported Aug. 16 in the 12th edition of the Healthcare Equality Index (HEI), an annual survey that scores health care facilities on policies and practices dedicated to the equitable treatment and inclusion of their LGBTQ patients, visitors, and employees.

"Thanks to the hard work of a diverse group of faculty and staff, UPMC Children's Hospital continues to make great strides in increasing health care access for LGBTQ children and young adults," says Gerald Montano, DO, MS, medical director, Gender and Sexual Development Program, UPMC Children's. "Although there is still work to be done, receiving this designation for four years shows that we are committed to an inclusive environment."

UPMC Children's Gender and Sexual Development Program is the largest referral center for gender-affirming care in the western Pennsylvania, eastern Ohio, and West Virginia regions. "People travel to seek our care. There is a great need for this care and it's important to learn to work with these patients," says Dr. Montano.

The UPMC Children's program serves children and youth (up to age 26) with questions around gender and sexual identity development and transgender care.

The program:

- > Provides thorough clinical assessments
- > Promotes shared decision making around treatment options
- > Advocates for safe, inclusive policies in school systems, health care settings, and the workplace
- > Connects patients and families to community supports

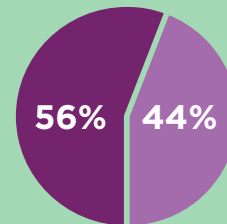
UPMC was among a select group of just over 400 health care facilities nationwide to be named leaders in LGBTQ health care equality, the highest designation. Another 148 facilities earned the "Top Performer" designation. Facilities were assessed in four key areas: LGBTQ patient-centered care, LGBTQ patient services and support, employee benefits and policies, and LGBTQ patient and community engagement.

UPMC Health Plan was named one of the "Best Places to Work for LGBTQ Equality" in the Human Rights Campaign Foundation's 2019 Corporate Equality Index, the national benchmarking tool related to corporate policies and practices for LGBTQ employees.

For referrals or more information about UPMC Children's Gender and Sexual Development Program, call 412-692-6677 and ask for gender care, or visit chp.edu/gendercare. •

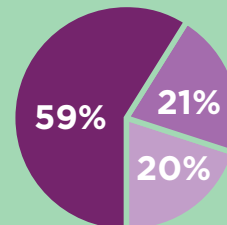
At UPMC Children's

The Gender and Sexual Development Program at UPMC Children's serves children and youth up to age 26. Almost one-third of the program's patients travel more than one hour for care.



Patients are:

- Younger than 18
- Older than 18



- Transmasculine
- Transfeminine
- Gender nonbinary

HEI Leaders

UPMC Children's Hospital
UPMC Western Psychiatric Hospital
UPMC St. Margaret

HEI Top Performers

UPMC Magee-Womens Hospital
UPMC Passavant – McCandless
UPMC Passavant – Cranberry
UPMC McKeesport

Study Examines Reproductive Coercion

Researchers Investigate Prevalence Among Girls Seeking Health Care

Reproductive coercion, a form of relationship abuse that includes pressuring a partner to become pregnant when they don't want to be, is prevalent among teenage girls seeking care at high school health centers, according to a UPMC Children's Hospital of Pittsburgh study published in July in the online version of *Obstetrics & Gynecology*.

"Young women and teens experience relationship abuse at alarming rates," says study co-author Elizabeth Miller, MD, PhD, chief, Adolescent and Young Adult Medicine, UPMC Children's. "In fact, the Centers for Disease Control and Prevention estimates about one in five high school girls have experienced physical or sexual dating abuse in the past year."

"We know from previous studies among young adult women that racial disparities in reproductive coercion exist," says lead author Amber Hill, MSPH, an MD/PhD student at the University of Pittsburgh School of Medicine. "We also know that in studies with adults, women experiencing reproductive coercion use the health care system differently. We wanted to see if this was true with an adolescent population. This is important given the unique aspects of adolescent romantic relationships and the different ways adolescents seek health care when compared to adults."

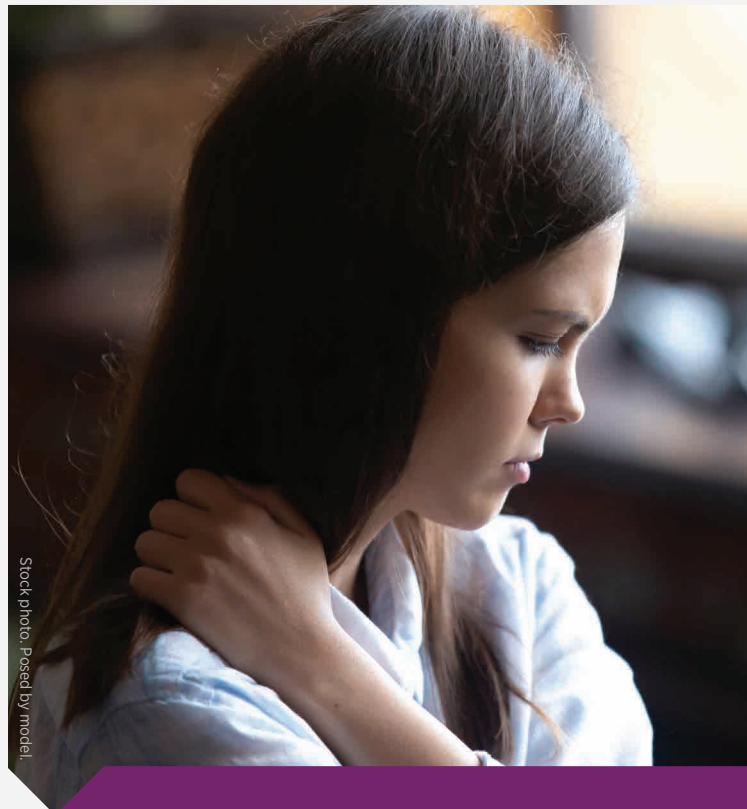
Reproductive coercion leads to poor health outcomes, such as unintended pregnancy and sexually transmitted infections. In studies with adults, researchers found disparities in reproductive coercion by race and ethnicity. Black and Latina adult women are more likely to experience reproductive coercion than white women.

The study used data from a previously conducted randomized trial at eight school-based health centers in California during the 2012–2013 school year and assessed 550 sexually active female teens ages 14 to 19.

Across all racial groups, approximately one in eight sexually active high school girls had experienced reproductive coercion within the last three months, and about one in six reported physical or sexual abuse in a relationship in the past three months. About 15 percent of Latina and black girls experienced reproductive coercion, compared to 4 percent of white girls, similar to earlier studies among adult women.

The researchers also explored whether adolescent girls' experiences with relationship abuse or reproductive coercion affected how often and what type of health care they sought at school health centers, and found no differences between girls who experienced abuse compared to those who did not.

"This is different from what we see in studies with adults, where partner violence substantially impacts health care-seeking



This is the largest adolescent study on reproductive coercion and the only one looking at care-seeking patterns.

behaviors," says Hill. "Our inability to show distinct patterns for seeking care supports the need for health care providers to always consider whether the young person is experiencing relationship abuse and to offer education and resources about healthy relationships to all of their adolescent and young adult patients."

Additional authors include Kelley Jones, PhD, UPMC Children's Hospital; Heather McCauley, ScD, Michigan State University; Daniel Tancredi, PhD, University of California Davis School of Medicine; and Jay G. Silverman, PhD, University of California San Diego School of Medicine.

This study was funded by the National Institute of Justice and the National Center for Advancing Translational Sciences. •

UPMC Children's Named Accredited Center of Care for Cardiomyopathy

Designation Recognizes Excellent Treatment

The Heart Institute at UPMC Children's Hospital of Pittsburgh has again been named an accredited center of care by the Children's Cardiomyopathy Foundation (CCF), a national nonprofit organization committed to improving health outcomes and quality of life for children with cardiomyopathy.

This is the third consecutive year the hospital has been named an accredited center of care for cardiomyopathy, a chronic, potentially life-threatening heart disease that limits how the heart pumps blood through the body. UPMC Children's is the only hospital in the region to receive this designation.

"Cardiomyopathy is a complex disease and requires a team approach to comprehensive care. We have the best group of doctors, nurses, and staff providing unwavering care and expertise for children with cardiomyopathy and heart failure," says Brian Feingold, MD, MS, medical director, Heart Failure and Heart Transplant Programs, UPMC Children's. "The CCF accreditation shows that if your child is one of 100,000 who receives a cardiomyopathy diagnosis, UPMC Children's is here to help."

As a leader in treating children with heart failure, the UPMC Children's Heart Failure and Recovery Program helps pediatric patients and their families on both an inpatient and outpatient basis, with its dedicated cardiomyopathy clinics receiving more than 750 visits last year.

The CCF accreditation program was established in 2017 to recognize excellence in diagnosing and treating pediatric cardiomyopathy and to assist families in selecting highly skilled cardiomyopathy care.

National accreditation means a hospital meets CCF's criteria of managing a high volume of cardiomyopathy patients, offers a variety of pediatric services, specializes in the treatment and management of cardiomyopathy in children, and affiliates with an academic research institution.

UPMC Children's has one of the top-ranked cardiology and heart surgery programs in the country, according to *U.S. News & World Report*, with surgeons who provide complex, life-saving heart surgeries, including transplantation. •

Heart Institute Attains Highest Level STS Rating



The Society of Thoracic Surgeons (STS) has awarded the Heart Institute at UPMC Children's a three-star rating out of three stars for its congenital heart surgery program for the sixth consecutive reporting period.

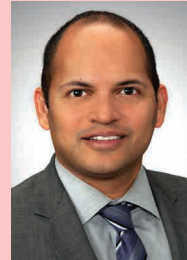
The latest rankings analyzed program data from participating health care systems from Jan. 1, 2015, to Dec. 31, 2018. UPMC Children's was one of 42 high-volume centers. Only 10 programs in North America received a three-star designation.

In the highest-risk congenital heart disease neonatal surgical cases, UPMC Children's outperformed the rest of the nation, not just in overall outcomes, but in the most complex repairs. UPMC Children's adjusted mortality is 4.6 percent, while the national average is 15.4 percent, for neonatal congenital cardiac operations categorized as STAT 5 — the most complex.

For complete ratings details and methodology, visit the STS website at publicreporting.sts.org. •

New Director of Adult Congenital Heart Disease Center

Hoskoppal's Appointment Adds New Level of Care



Arvind Hoskoppal, MD, has been appointed director of the UPMC Children's Adult Congenital Heart Disease (ACHD) Center.

His clinical area of expertise is pediatric cardiology, with a focus on ACHD, advanced echocardiography including transesophageal echocardiography, and aortopathies.

"We are delighted to have Dr. Hoskoppal join the UPMC Children's Heart Institute, where he will help to lead a vision of ACHD growth and excellence in care for western Pennsylvania and surrounding areas," says Jacqueline Kreuzer, MD, FACC, FSCAI, chief of the Division of Pediatric Cardiology, co-director of the Heart Institute, and director of the Cardiac Catheterization Laboratory.

"Dr. Hoskoppal's expertise in ACHD brings a new level of care for patients at UPMC Children's. His impact in joining the UPMC Children's Heart Institute will be felt immediately in our clinical programs and patient care," says Vivek Allada, MD, executive director, Heart Institute.

Most recently, Dr. Hoskoppal was director of the University of Utah ACHD program. He completed an ACHD fellowship at the Mayo Clinic and a pediatric cardiology fellowship at the University of California San Francisco Medical Center following his residency at Creighton University Medical Center. In addition to his medical degree, he has a master's in health finance and management from Johns Hopkins University. •

Courageous Pioneer

Pittsburgh's First In Utero Spina Bifida Repair Brightens Prospects for Daughter of UPMC Children's Nurse



ABOVE: Kevin and Allee Mullen are the proud parents of Anistyn (center) and Emery, who underwent surgery to repair spina bifida before she was born.

Allee Mullen didn't set out to be the first. When she became pregnant in the summer of 2018, it wasn't even her first child. But what this courageous mom undertook has opened the door to a potentially life-altering procedure for prenatal spina bifida patients in Pittsburgh.

In early December, a routine ultrasound at 20 weeks of pregnancy uncovered prenatal signs of spina bifida, a condition present in about 1,645 births in the United States each year, according to the Centers for Disease Control and Prevention.

More testing the following day at UPMC Magee-Womens Hospital in Oakland confirmed the baby's neural tube anomaly. The baby had myelomeningocele, the most serious type of spina bifida, where the unformed spinal cord protrudes through defects in the bone, muscle, and skin of the back and is exposed outside the body.

Mrs. Mullen, who is a Pediatric Intensive Care Unit nurse at UPMC Children's Hospital of Pittsburgh, has cared for pediatric patients with spina bifida. She knew the moderate to severe disabilities that could occur with myelomeningocele — it can affect a child's ability to move the legs and feet, walk, and empty the bowels and bladder.

The options were daunting: pregnancy termination, postnatal repair of the defect, or newer in utero surgery. And if she wanted to have the protracted treatment for an in utero repair near her home in Eighty Four, Pennsylvania, it would be managed by a team of doctors from UPMC Children's and UPMC Magee-Womens who had received

intensive training for the fetal procedure, but never performed one in utero.

“Termination was not an option for my husband and me,” Mrs. Mullen says. “We spent the next weekend researching and looking into things, and praying with our family.”

Collaborative care

A unique and ongoing collaboration between UPMC Children’s and UPMC Magee-Womens allows the area’s youngest patients to get help before they are even born. The Mullens consulted with Stephen Emery, MD, director of the Center for Innovative Fetal Intervention, Division of Ultrasound at UPMC Magee-Womens, then met with Stephanie Greene, MD, director of Perinatal Neurosurgery, Division of Pediatric Neurosurgery at UPMC Children’s, to discuss and compare the likely outcomes for in utero and postnatal surgery.

A study published in the *New England Journal of Medicine* in 2011 showed that repairs performed in utero significantly reduced the incidence of three common effects of myelomeningocele:

- Fewer children required surgical shunt placement to alleviate a buildup of fluid on the brain, known as hydrocephalus.
- Leg function was better than predicted by the anatomic defect.
- Chiari Type II, a potentially fatal brain stem malformation, resolved on postnatal imaging in the majority of cases.

“Dr. Greene gave us an idea of what kind of life the baby would have after in utero surgery,” says Mrs. Mullen. “It is probably the best decision my husband and I could have made.”

Perfect candidate

Following the release of the study, a joint team from UPMC Children’s and UPMC Magee-Womens was among those from multiple health centers in the United States who trained to perform the new technique. But there were no suitable candidates in Pittsburgh with the physical and mental attributes to successfully undergo such a rigorous course of treatment ... until Mrs. Mullen and her baby.

“Allee is medically savvy because she’s an intensive care unit nurse. She understood all the risks that we were talking about more than the average person. She was also in good health, and this was going to be her last baby,” says Dr. Greene, who performs from 10 to 20 postnatal spina bifida repairs at UPMC Children’s each year. “There were no disqualifiers for the baby, either.” The fetal anomaly was at a level where fetal surgery can make a difference (not too high or too low), she didn’t have kyphosis (excessive convex curvature of the spine), and her ventricles were not so large as to make the need for a shunt inevitable regardless of fetal intervention.

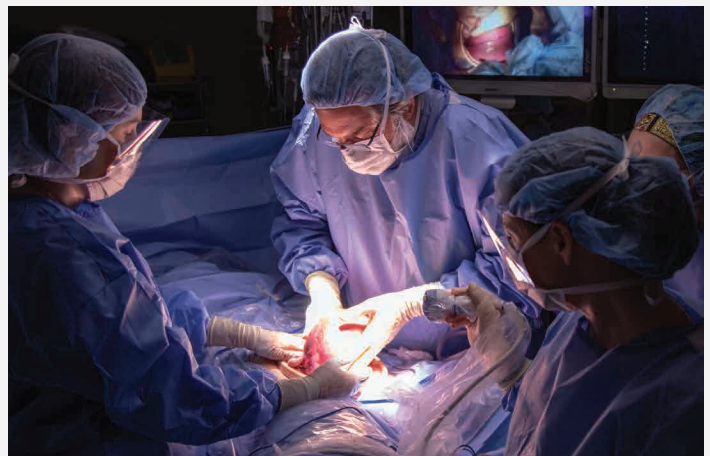
“Allee knew it was the first time the procedure was being done here and she was OK with that. She trusted us,” adds Dr. Greene.

Despite the challenges facing them, the Mullens were steadfast in their decision. “With Allee working at UPMC, she had a lot of confidence in the doctors and the staff. We had faith in them,” says her husband, Kevin Mullen. “And why not do it here at home where you’re close to family members rather than going somewhere else?”

Surgical intervention

Because the surgery needed to take place by the 26th week of pregnancy, doctors moved quickly to plan the procedure for Jan. 4, 2019, and organize a team that included not only specialists in Pediatric Neurosurgery and Maternal Fetal Medicine, but also specialists from Cardiology, Critical Care Medicine, Genetics, Neonatology, Obstetric Anesthesiology, Ultrasound, and other areas. “Basically the whole hospital — all of UPMC — was available if we needed them,” says Dr. Emery.

Continued on page 6



TOP: Stephen Emery, MD (*center*), first opened the womb to expose the area of repair on the fetus.

BOTTOM: Stephanie Greene, MD, used a microscope to visualize the fetus while she repaired the myelomeningocele.

Hospitals Work Together to Treat Fetal Anomalies

The successful in utero repair of spina bifida is the latest collaboration between UPMC Children's Hospital of Pittsburgh and UPMC Magee-Womens Hospital, but it's not the first.

Working together, the two hospitals have long served the health care needs of expectant parents from the Pittsburgh region and beyond.

For nonsurgical spina bifida interventions, parents are referred to UPMC Children's for prenatal consultation once the diagnosis has been confirmed with testing at UPMC Magee-Womens. "Even though I don't treat them until the baby is born, I think it provides a lot of peace to the family to know who's going to care for their baby and what the Intensive Care Unit at UPMC Children's looks like," says Stephanie Greene, MD, director, Perinatal Neurosurgery, UPMC Children's.

"They have changed our lives as a family. And I am excited to see how many more lives UPMC Magee-Womens and UPMC Children's will change!"

— Allee Mullen

from UPMC Children's establish a functioning airway before the oxygen-rich placenta is detached, says Stephen Emery, MD, director, UPMC Magee-Womens Center for Innovative Fetal Intervention.

And Pediatric Interventional Radiology specialists from UPMC Children's assist in the treatment of fetal heart defects that require aortic dilation to prevent ventricle collapse, he adds.

"The collaboration between UPMC Children's and UPMC Magee-Womens is very important. That was a very significant factor for my husband and me when making our decision to have our surgery in Pittsburgh," says Allee Mullen, whose baby underwent in utero surgery.

"Dr. Emery and Dr. Greene showed us that they were on the same page with the in utero surgery for our sweet baby and we are forever grateful to the two of them," she adds. •

More complex conditions require surgery before, during, or at the time of birth, attended by specialists from both hospitals.

Ex-utero intrapartum treatment, known as an EXIT procedure, is required when prenatal testing reveals an anomaly that obstructs the fetus' airway. UPMC Magee-Womens Maternal Fetal Medicine specialists partially deliver the baby, then Pediatric Otolaryngology specialists

To begin the operation, Dr. Emery made incisions in the abdomen and the uterus to reveal the fetus. He manipulated the baby's position to expose the neural tube anomaly. Then Dr. Greene's team stepped in to repair the myelomeningocele. An obstetrician from the University of North Carolina at Chapel Hill who had experience with in utero repair consulted in the operating room via telemedicine.

Visualizing the defect through a microscope, Dr. Greene separated the nerve tissue from surrounding skin, sewed a patch in to close the dura over it, and closed the skin. The neurosurgical portion of the three-hour surgery took about 40 minutes.

For two weeks following surgery, Mrs. Mullen was put on a regimen of strict bed rest while she healed. The doctors wanted her to carry the baby as long as possible but monitored her closely for the risk of uterine rupture.

What's in a name?

Emery Greene Mullen was born by Caesarian section on Feb. 26, 2019, at 32 weeks gestation, and weighed 4 pounds 7 ounces. "When I delivered her, she was kicking her feet and flexing and extending her toes," says Dr. Emery. "She should not have nerve function to her toes. She should not be able to do that based on the level of the lesion. It was like, wow, we made that happen. It's a win."

Mrs. Mullen, now 29, recalls: "Dr. Emery told everybody in the operating room that day that they were a part of history. It was pretty cool to know that now there will be other moms that will be helped, too."

That's right. Emery Greene is named in honor of the surgeons who made a lasting impact on her life. "They both have changed our lives forever. I hope that Emery will be proud to carry those two names as she gets older," Mrs. Mullen says.

At 8 months old, Emery has beautiful blue eyes and is able to curl her toes. She has slight weakness in her toes on one side, and a small scar on her back where the repair was made, but no sign of hydrocephalus. "Based on the anatomic level of the defect, she should have had no movement below her knees. That is a big improvement," says Dr. Greene, who predicts Emery will be able to walk.

"The one thing that I've learned in my nursing career is that kids are resilient and they usually overcome more than what is to be expected," says Mrs. Mullen. "I've seen that with Emery. She has definitely exceeded everybody's expectations."

Emery will have follow-up visits at the UPMC Children's Spina Bifida Clinic, Division of Pediatric Rehabilitation Medicine, which offers a comprehensive, coordinated set of services for children up to age 22.

"What a perfect family they were to be our first patients. They show up for every appointment. They take great care of her. They are maximizing her outcome," says Dr. Greene. "They are making us look good!" •



ANDY'S INSIGHTS

Teaming Up to Reduce Hospital Readmissions

We listened, we learned, and we refined our approach — internally and externally — to improve our process to reduce the unnecessary readmission of high-risk patients. This includes some important changes that will affect your pediatric practice.

Nearly a year ago, I shared with you an initiative to reduce unnecessary readmissions at UPMC Children's Hospital of Pittsburgh. The good news is we're getting better at it, thanks to a hospital-wide commitment to this effort, aided by your candid feedback and support. Following are key elements that we've accomplished so far.

Enhanced at-risk identification

Since June, we've been using a new readmission predictor tool developed by UPMC to identify the sickest patients who are at high risk of returning to our care within seven days of discharge — an average of about 12 patients a day. We're now refining that tool for even better results.

More deliberate discharge process

The insight and experiences of our front-line nurses and care managers have led to a new discharge process that more fully engages and prepares families with children at higher risk for readmission.

- We consolidated discharge instructions to a single form that is easier to read, understand, and follow when families leave the hospital.
- We send the primary caregiver a copy of the instructions.
- A member of the care team meets with parents to carefully review discharge instructions and encourage questions.

This includes asking parents to repeat instructions, like when to take their child to the Emergency Department and what symptoms to look for when their child is taking medicine.

- Children of families with limited English proficiency are nearly three times more likely to be readmitted. A generous donation has enabled the purchase of 15 translation carts to provide these families with electronic access to a translator.

New pediatrician follow-up process

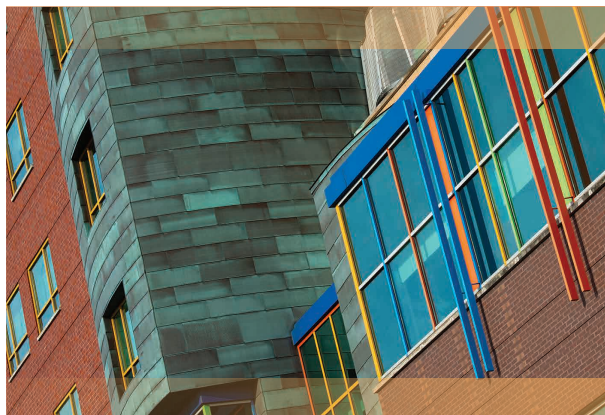
Patients at risk for readmission will not be discharged without an established follow-up appointment. Parents of these children will contact the pediatrician's office one to three days prior to discharge to arrange to be seen within 72 hours after leaving UPMC Children's. Should parents not secure an appointment in advance, a care manager from our staff will contact the pediatrician's office during the discharge process.

If a follow-up appointment with one of our own specialists is the more appropriate plan of care, we will make the arrangements during discharge.

We know the essential difference it makes when high-risk patients are seen by a trusted doctor who knows them well. You're the best judge of whether they're properly taking their medications, following other critical discharge instructions, and making satisfactory progress.

We cannot prevent every readmission, but when a child isn't taking medicine properly, or the family is struggling to understand care instructions, the best and earliest intervention starts with you.

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



Visit Navigation



Our outpatient visit coordinator helps manage the complexities of scheduling multiple medical appointments for patients who need to return to UPMC Children's Hospital of Pittsburgh three or more times within the same month. For more information, contact Visit Navigation at visitnavigation@chp.edu or 412-692-5687. Julia Angotti is the Visit Navigation manager.

Laurels



These UPMC Children's Hospital of Pittsburgh staff members recently received recognition in their fields.



Michael Green, MD, MPH, Division of Infectious Diseases, was named the recipient of the 2019 Eugene S. Wiener, MD Award for Outstanding Contributions to Pediatric Health Care.



Brian Martin, DMD, Division of Pediatric Dentistry and vice president of Medical Affairs, was named one of Pittsburgh's top dentists in the August issue of *Pittsburgh Magazine*.



Timothy Hand, PhD, research scientist at The Richard King Mellon Foundation Institute for Pediatric Research at UPMC Children's Hospital specializing in gastrointestinal immunology, received renewed funding from the Kenneth Rainin Foundation for his ongoing research investigating the role of dietary simple sugars in predisposing to inflammatory bowel disease. Dr. Hand initially received the Kenneth Rainin Foundation Innovator Award in 2017, and he has since received two years of additional support to continue work.



Michael Moritz, MD, clinical director, Division of Pediatric Nephrology, and medical director, Pediatric Kidney Transplant Program and Pediatric Dialysis, was recently ranked one of the top four experts in the world for water-electrolyte imbalance disorders by Expertscape. Additionally, he is an author of an article published in July 2019 by BMJ Case Report titled, "Fragility Fractures and Reversible Osteopaenia Due to Chronic Hyponatraemia in an Adolescent Male." Resident **Mital Patel, MD**, co-authored the report.



Amy Houtrow, MD, MPH, PhD, chief of the Division of Pediatric Rehabilitation Medicine and medical director of the Rehabilitation Institute, was elected into the National Academy of Medicine.

At the American Academy of Pediatrics (AAP) National Conference in New Orleans, Dr. Houtrow was awarded the 2019 Arnold J. Capute Award for her contribution to improving the health of children with disabilities. The AAP also recognized the late **Aviva Katz, MD, MA, FACS, FAAP**, with the William G. Bartholome Award for Ethical Excellence. Dr. Katz was a pediatric surgeon, bioethicist, and former chair of the academy's Section on Bioethics Executive Committee. She directed the ethics consultation service at UPMC Children's prior to her death in 2018.



UPMC Children's Hospital of Pittsburgh achieved Titanium status — the highest designation — in the 2019 HAP Donate Life Hospital Challenge. The program is sponsored by The Hospital and Healthsystem Association of Pennsylvania (HAP), the Center for Organ Recovery & Education, Gift of Life Donor Program, and the Pennsylvania Department of Health. It encourages Pennsylvania hospitals to increase organ donation awareness and designations within their hospital and community.

UPMC Children's is one of 23 UPMC hospitals and health systems to be recognized. UPMC and UPMC Susquehanna were named top-performing health systems, and UPMC Presbyterian was a top-performing hospital.

Center for Rare Disease Therapy Webinar Series

Wednesday, Dec. 4, 2019
2 to 3 p.m.



UPCOMING WEBINAR

Advances in the Management of Pediatric Cardiomyopathies

Mousumi Moulik, MBBS

Director, Pediatric Cardiovascular Genetics Clinic
UPMC Children's Hospital of Pittsburgh

Our experts in the Center for Rare Disease Therapy provide free webinars designed for parents and caregivers who are caring for a child with a rare inherited disorder.

Telenutrition Program Offered in Johnstown

Clinical Dietitians Counsel Patients With Diabetes on Healthy Living Habits

Children's Specialty Care Center Johnstown now offers nutrition consultation via telemedicine for pediatric patients with diabetes.

The new service allows patients and families to meet face-to-face with UPMC Children's Hospital of Pittsburgh dietitians during their Johnstown-based diabetes appointments, without the need to travel to the hospital's main campus in Lawrenceville.

"Patients with diabetes already have so many appointments to attend that it saves them time and energy if nutrition services are provided at their routine diabetes visit," says Jodi Ewing, RD, LDN, Division of Pediatric Endocrinology and Diabetes, one of four clinical dietitians who connect with patients in Johnstown using telemedicine.



Up to 30 patients per month are expected to use the service, which began in August 2019.

"Having the technological capabilities to build a relationship with patients and families is extremely important. The education that they are receiving now really has the ability to shape the rest of their lives," says Evan Fraundorfer, senior practice manager.

Up to 30 patients per month are expected to use the service, which began in August 2019.

"The patients really enjoy it, especially the teenagers. Communicating using technology is very natural to them," says clinical dietitian Cara Reifschneider, MS, RD, LDN.

Amr Morsi, MD, is the full-time physician in the Division of Pediatric Endocrinology and Diabetes at Children's Specialty Care Center Johnstown. Additional physicians include Natalie Baldauff, DO; Oscar Escobar, MD; Amanda Flint, MD; Luigi Garibaldi, MD; Nursen Gurtunca, MD; and Mohamed Saleh, MD. Additional clinical dietitians are Rebecca Grecek, MS, RD, LDN, and Carly Johns, MS, RD, LDN.

For more information about UPMC Children's diabetes services, call the Division of Endocrinology and Diabetes at 412-692-5170. •

Telemedicine Center Gets New Manager

Clinics, Consults, and Webinars Among Center's Capabilities



In a hospital full of specialists, connecting physicians and patients using new medical technology is Vanessa Swickline's area of expertise.

Ms. Swickline, MS, ATC, LAT, began as project manager for Telemedicine in July 2019, with the goal to help grow telemedicine at UPMC Children's Hospital of Pittsburgh domestically and internationally for inpatient and outpatient services, including expanded regional services designed to provide more patients with access to specialty care in their home communities.

"We are reviewing existing clinics and locations and looking at new ways we can incorporate telemedicine," says Ms. Swickline, who coordinates the Telemedicine Center on the fifth floor of the main hospital in Lawrenceville.

Patients can visit a UPMC Children's location that features telemedicine equipment and connect with a specialist located offsite. "Not only does it reduce the travel time for our patients who don't have to visit the main hospital for follow-up care, it also decreases travel time for our providers. By seeing patients using telemedicine, it allows providers to maximize their time," says Ms. Swickline.

The Telemedicine Center can connect patients and providers worldwide with capabilities that include:

- **Real-time physician interaction compliant with Health Insurance Portability and Accountability Act (HIPAA) standards for patient confidentiality.**
- **Connection to Bluetooth® peripheral devices such as a stethoscope, otoscope, or dermatology camera.**
- **Streaming patient telemetry from the originating site in real time.**
- **Audio options that support private consultation and team collaboration.**
- **Hosting podcasts and webinars.**

Ms. Swickline also is available to assist physicians who want the ability to offer telemedicine consultations from home or their own offices.

The enhanced Telemedicine Center opened in 2017 under the direction of Mariel Garcia, senior director, International Business, Telemedicine, and UPMC Global Care.

For more information, contact Vanessa Swickline at 412-692-8633 (TMED) or telemedicine@chp.edu. •



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Ellie
NICU Patient

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