

# Pediatric INSIGHTS

A Physician Resource from UPMC Children's Hospital of Pittsburgh • [www.chp.edu](http://www.chp.edu)

Special Page 4 Feature

## An Upbeat Heart

Overcoming cardiac defects  
with dedicated care from  
UPMC Children's specialists

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### Healthy Kids

UPMC Children's launches  
long-term local study

### CAR T-Cell Therapy

New weapon in the battle  
against blood cancer

### Andy's INSIGHTS

Working together to  
reduce readmissions





# Pediatric INSIGHTS

WINTER 2019

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## The WINTER 2019 issue of Pediatric INSIGHTS

**Cover story:** UPMC Children's Hospital of Pittsburgh physicians have closely monitored Lexi Miller since she was born with multiple heart defects 22 years ago. With two open-heart surgeries behind her, Miss Miller is upbeat about her future.

### In addition:

- > UPMC Children's now offers **follow-up visits via telemedicine** in select locations for patients of the **Division of Adolescent and Young Adult Medicine**, making it even easier to access the hospital's world-renowned specialty care. Read about it on page 2.
- > On page 3, learn about **CAR T, the new immunotherapy offered at UPMC Children's** for pediatric and young adult patients with relapsed or refractory acute lymphoblastic leukemia.
- > On page 7, Andy Urbach, MD, medical director for Patient Experience and Development, explains how **UPMC Children's is working with pediatricians to reduce hospital readmission rates** for high-risk patients.

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

Visit the Referring Physicians section of UPMC Children's  
website at [www.chp.edu/physicians](http://www.chp.edu/physicians).

# UPMC Children's Launches Long-Term Study To Make Pittsburgh Kids Healthiest in Nation

## THE PITTSBURGH STUDY

UPMC Children's Hospital of Pittsburgh has launched a longitudinal, community-partnered intervention study to examine the social, biological, and environmental factors that affect a thriving childhood.

"Our vision is to have all children in our community graduate from high school on time, to be healthy, and to thrive in this ever-changing environment," says Terence Dermody, MD, chair of the Department of Pediatrics at the University of Pittsburgh School of Medicine, and physician-in-chief and scientific director at UPMC Children's Hospital. "In this study, we will identify the factors of health that will allow us to expand scientifically the possibilities for children and pave the way toward greater attainment and improving their overall health."

Led by Elizabeth Miller, MD, PhD, chief of the Division of Adolescent and Young Adult Medicine at UPMC Children's and professor of Pediatrics at the University of Pittsburgh School of Medicine, and Val Chavis, project director of the Urban League of Greater Pittsburgh, the Pittsburgh Study addresses health equity by supporting, evaluating, and optimizing proven, evidence-based interventions for the youth of Allegheny County. These efforts will produce a data set, allowing the study to identify the most pressing factors influencing the health of the region's kids along their developmental paths.



**LEFT:** Terence Dermody, MD, physician-in-chief and scientific director at UPMC Children's Hospital of Pittsburgh, speaks about the launch of the Pittsburgh Study.

The Pittsburgh Study enrolls participants in six age blocks — newborns, infants and toddlers, early childhood, early school age, middle school age, and adolescents — from across Allegheny County. Following each child's life course to adulthood in an accelerated fashion produces timely results to inform interventions in a tenth of the time it will take the newborns of 2019 to make it to adulthood.



**ABOVE:** Community leaders, physicians, and researchers met at PNC Park in 2018 to discuss how to promote a healthy childhood for local children with the Pittsburgh Study.

The study started by engaging community members in defining what a thriving childhood means to them through a process called concept mapping. The results will drive ongoing study design and selection of interventions to test. The study is also assembling and aligning existing data from the county, schools, and other sources. It will fill in gaps in knowledge, combining biological samples, genetic information, survey data, environmental sampling, and geographic information systems. Analyzing the data with machine learning will reveal which trajectories tend toward thriving and which interventions bend the curves best.

"The scope of the Pittsburgh Study parallels its value — the more data, the stronger and more numerous the findings," adds Dr. Dermody. "The children of Pittsburgh have so much to teach the world. This is our effort to lean in, in the service of all children flourishing all the way to their high school diplomas."

In 2018, members of the Pittsburgh community met for two planning retreats. Participants included: Esther Bush, president and CEO, Urban League of Greater Pittsburgh; Jamil Bey, PhD, president and CEO, UrbanKind Institute; Pittsburgh Mayor Bill Peduto; Allegheny County Executive Rich Fitzgerald; Karen Hacker, MD, MPH, director, Allegheny County Health Department; UPMC Children's physicians and researchers; and other community members. The June retreat at PNC Park made it clear that UPMC Children's has the capacity and will to initiate the study. The November retreat built trust and ownership in the study.

**For more information on the Pittsburgh Study at UPMC Children's, visit [www.pittsburghstudy.org](http://www.pittsburghstudy.org).**

## Telemedicine Expands for Adolescents and Young Adults



**ABOVE:** Loreta Matheo, MD, offers specialty care via telemedicine.

For Loreta Matheo, MD, making specialty care more accessible to adolescents and young adults means bringing it to them on their home turf with the help of telemedicine.

In January, Dr. Matheo added the Division of Adolescent and Young Adult (AYA) Medicine to the

growing list of specialty care services available with telemedicine from UPMC Children's Hospital of Pittsburgh. In the Pittsburgh area, the service is initially available at two Children's Community Pediatrics (CCP) locations where adolescents routinely visit with their primary care physicians.

"Research and practical experience shows that young people are very comfortable with technology and communicating with video screens," says Dr. Matheo. "They are used to being on their phones, tablets, and laptops, so telemedicine is a great way to reach out to them."

Telemedicine provides additional opportunities for patients to see Dr. Matheo, who is the CCP Adolescent and Young Adult physician liaison, outside the hospital in Lawrenceville and Dr. Matheo's main practice location in Oakland, without the need to travel beyond their own neighborhood.

AYA telemedicine is a natural extension of the AYA "embedded" program that brings AYA health care providers to seven CCP practices for consultative care. "We bring specialty care to the patient's medical home to make it easier for patients," Dr. Matheo says.

But even with the embedded visits, availability for neighborhood-based follow-up appointments is limited because the need for specialty care outpaces the number of providers. "Telemedicine allows UPMC Children's specialists to see more patients in more places. It also makes it easier for patients to keep follow-up appointments — which are important to assess how the patient is progressing under the plan of care — because the appointments are closer to home," she adds.

AYA embedded nurse practitioner Yukiko Giho, MSN, CRNP, visits CCP – South Hills Pediatric Associates, Mon Valley Office and CCP – White Oak one day per week. A second day of follow-up appointments is now available at each location via telemedicine with Dr. Matheo for a wide range of AYA medical issues, including birth control, menstrual management, polycystic ovarian syndrome, medication checks, and lab work reviews. During a telemedicine visit, patients can see and speak with Dr. Matheo. Specialized equipment allows her to review blood pressure and other vital signs in real time.

**For a consultation or to refer a patient, please call the Division of Adolescent and Young Adult Medicine at 412-692-6677. •**



## Pediatric INSIGHTS Webinar Series

**Third Wednesday of each month  
Noon to 1 p.m.**

Earn CME or CEU credits when you participate in free lunchtime webinars featuring UPMC Children's Hospital of Pittsburgh specialists presenting on challenging topics for pediatric providers. For more details, visit [www.chp.edu/webinars](http://www.chp.edu/webinars).

► Wednesday, March 20

### Common Primary Care Challenges in Hemostasis and Thrombosis

Frederico Xavier, MD, and James Cooper, MD  
*Division of Pediatric Hematology/Oncology*

► Wednesday, April 17

### Diagnosis and Management of Allergic Rhinitis and Conjunctivitis: Helpful Tips for the Pollen Season

Allyson Larkin, MD  
*Division of Pediatric Allergy and Immunology*

► Wednesday, May 15

### Gender-Affirming Care in the Primary Care Setting

Gerald Montano, DO  
*Division of Adolescent and Young Adult Medicine*



## UPMC Children's Adds New Blood Cancer Treatment

### CAR T Uses Patient's Own Genetically Modified T Cells



Drs. Paul Szabolcs (*left*) and Randy Windreich, (*right*) chief and clinical director (respectively) of the Division of Blood and Marrow Transplantation and Cellular Therapies.

Chimeric antigen receptor T-cell therapy (CAR T) is being offered at UPMC Children's Hospital of Pittsburgh for pediatric and young adult patients with relapsed or refractory acute lymphoblastic leukemia (ALL). UPMC Children's Hospital is the second UPMC facility to offer CAR T therapy; it also is available at the Hillman Cancer Center for adults with relapsed or refractory diffuse large B-cell lymphoma.

CAR T is a type of immunotherapy that uses a patient's own genetically modified T cells to find and kill cancer cells. At UPMC Children's Hospital, we use KYMRIAH® (tisagenlecleucel), an FDA-approved CAR T-cell therapy for pediatric and young adult patients with relapsed or refractory ALL.

#### What is CAR T-cell therapy?

T cells are a type of white blood cell that can fight infection and disease. When a T cell recognizes something as a threat — like a cell infected by a virus — it attacks and destroys it to help keep the body healthy. The goal of CAR T-cell therapy is to direct the engineered T cells to kill cancer cells.

"We're pleased to be able to offer this advanced immunotherapy to certain of our ALL patients here in Pittsburgh," says Randy Windreich, MD, clinical director of the Division of Blood and Marrow Transplantation and Cellular Therapies at UPMC Children's.

During CAR T-cell therapy, a patient's own T cells are extracted and genetically modified to express a chimeric antigen receptor, or CAR, that recognizes a protein on the surface of the cancer cells. Once the cells are modified, they're also multiplied to increase in number over the course of two to three weeks.

The modified T cells are then infused back into the patient, where they will hopefully identify and destroy cancer cells. Because CAR T-cell therapy can cause serious side effects, patients remain in the hospital for one to two weeks following the infusion for monitoring.

Early trials of CAR T-cell therapy have shown positive results in the treatment of certain blood cancers.

**For more information about CAR T-cell therapy at UPMC Children's Hospital, call 412-692-6740. •**

## UPMC Children's Joins Mitochondrial Network

UPMC Children's Hospital of Pittsburgh has been named a certified Mitochondrial Medicine Center and is now part of the newly established, first-of-its-kind Mitochondrial Care Network (MCN).



The MCN represents a significant step to address the unmet needs of clinical care for many patients with mitochondrial disease

and will result in better care in the future. It is a collaborative effort on behalf of mitochondrial disease professional and patient advocacy groups including the Foundation for Mitochondrial Medicine, MitoAction, the United Mitochondrial Disease Foundation, and the Mitochondrial Medicine Society.

The network intends to formally unify clinicians who provide medical care to individuals with mitochondrial diseases; define, design, and implement best practices in mitochondrial medicine; and optimize management and care for patients with mitochondrial diseases.

"We are very excited to be a part of the Mitochondrial Care Network," says Uta Lichter-Konecki, MD, PhD, director of the MCN at

UPMC Children's Hospital. "We have worked with the United Mitochondrial Disease Foundation for many years and we look forward to offering nationally recommended treatment to our patients and their families impacted by mitochondrial disease."

The MCN will be a part of the Center for Rare Disease Therapy at UPMC Children's, an integrated team of experts who have developed innovative therapies to treat a multitude of rare diseases.

UPMC Children's is one of 18 hospitals and research centers in the Mitochondrial Care Network.

**For more information regarding the MCN at UPMC Children's, call 412-692-7273. •**

# An Upbeat Heart

Lexi Miller's life includes two open-heart surgeries, but that hasn't stopped her from living it.



**ABOVE:** Lexi Miller (*right*) and her mother, Suzette, are looking ahead to a bright and healthy future.

Whoever thought open-heart surgery could be a cool experience? When Miss Miller, 22, describes her 2018 heart valve replacement that way, the excitement in her voice makes you believe it.

It was the most recent of three invasive heart procedures doctors at UPMC Children's Hospital of Pittsburgh Heart Institute used to treat Miss Miller's tetralogy of Fallot, a congenital condition that affects how the heart pumps blood. And it exemplifies UPMC Children's Hospital's commitment to care for the region's children from infancy through young adulthood and far, far beyond.

Miss Miller credits a lifelong relationship with her cardiologist, Johanna Drickman, MD, Division of Pediatric Cardiology, for her positive outlook, even before the latest surgery. "Dr. Drickman made me feel safe and helped me understand that the doctors at UPMC Children's were going to take good care of me. She just took the worry out of my mind," she says.

## Heart anomalies

Tetralogy of Fallot appears in an estimated 1,660 babies born in the United States each year, according to the Centers for Disease Control and Prevention. The condition is known as a tetralogy for the perfect storm of four heart defects that commonly occur together, including:

- > A ventricular septal defect, or hole, between the two lower chambers of the heart
- > The aorta lies over the hole in the lower chambers and seems to direct blood flow from both ventricles rather than from the left chamber only
- > Pulmonary stenosis, or an obstruction for blood flowing from the heart to the lungs
- > Ventricular hypertrophy, or a thickening of muscle surrounding the lower right ventricle

"Frequently, there is also an atrial septal defect — a hole between the upper chambers of the heart. Sometimes the condition is called pentalogy of Fallot," says Dr. Drickman. Miss Miller was born with this additional hole in the heart.

These defects can be life-threatening if not addressed in infancy. "Without surgical intervention the prognosis is not good. With surgical intervention,

children can do very well, although they often require a second surgery or procedure,” says Dr. Drickman. Tetralogy of Fallot is a common cause of cyanotic episodes, making a child appear blue when oxygen-poor blood is pumped to the body instead of the lungs.

Miss Miller didn’t exhibit blue symptoms as a baby. A newborn screening pointed to the heart defects — a frightening diagnosis for young parents. “When she was born I found out [about her diagnosis] before I even got to bring her home,” says her mother, Suzette Miller. “It was awful. I was terrified that she had something wrong with her heart.”

Dr. Drickman became Miss Miller’s cardiologist soon after she was born. “I remember counseling her parents on symptoms to watch for. Our goal with treatment then, as now, is to hopefully be able to send children for surgery before they have blue spells, because that can be a very scary experience,” says Dr. Drickman, who joined UPMC Children’s in 1991.

### Treatment begins early

In 1997, when she was just 6 months old, Miss Miller underwent her first open-heart surgery. The pulmonary stenosis was relieved by removing some of the muscle below the pulmonic valve that was causing the narrowing, enlarging the pulmonic valve and using a transannular patch to enlarge the pulmonary artery. The hole between the ventricles — the ventricular septal defect — was closed with a patch, which also directs the blue blood to the pulmonary artery and the red blood to the aorta.

“I have learned not to worry about things and put things in God’s hands. I knew that with Dr. Drickman and UPMC Children’s, Lexi was in good hands. I just had the faith that she was going to be OK,” says Mrs. Miller. “Early on I really liked Dr. Drickman. She’s so honest and when you need to know something, she tells you. I really think she’s amazing.”

In 2008, at age 11, Miss Miller had a device inserted into her heart to address the atrial septal defect. Jacqueline Kreutzer, MD, FAAC, FSCAI, now chief of the Division of Pediatric Cardiology and medical director of the Heart Institute, advanced the double-disk device through a catheter inserted into a blood vessel in the groin to the right upper chamber of the heart, where the inner skin of the heart could grow around it.

The device made the atrial septal defect smaller, but it did not completely close it. “That helped some. It may have delayed the time that we needed to put the new valve in. It got her through high school,” says Dr. Drickman.

Miss Miller never let her congenital heart condition slow her down — except one time when she felt winded on the basketball court and decided that sport wasn’t for her. She played competitive softball until she was 18 years old, and continues to exercise and eat healthy as a senior at Indiana University of Pennsylvania. “Other than (basketball) I have lived a normal and full life with no restrictions, and I’m able to do pretty much whatever I want. Sometimes I even forget I have heart problems or I’ve had open heart surgery,” says Miss Miller, who lives in Robinson.

When echocardiogram and magnetic resonance imaging tests during periodic check-ups began to reveal an enlarged heart on the side where it was working harder, Dr. Drickman told Miss Miller and her parents, Suzette and Scott Miller, that it was time to consider a heart valve replacement. “We follow

patients closely to catch problems before they develop symptoms. That’s what we did in Lexi’s case. She didn’t have any symptoms, but we could see the changes starting to take place,” Dr. Drickman says.

“Lexi’s right ventricle was getting progressively more dilated and her pulmonary valve was incompetent. This long-standing combination can eventually put her at risk for worsening right heart failure and fatal arrhythmias,” says Melita Viegas, MD, Division of Pediatric Cardiothoracic Surgery, who performed Lexi’s second open-heart surgery. “We work together with the cardiologists to time the surgery appropriately to decrease this risk.”



**ABOVE:** Johanna Drickman, MD, Division of Pediatric Cardiology, at Children’s South.

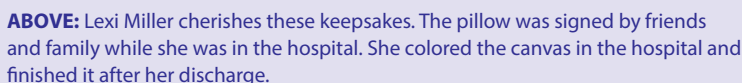
“That’s when her mother was diagnosed with breast cancer. We were able to postpone Lexi’s surgery until her mother completed her treatment for breast cancer” and was well enough to help her daughter face surgery, says Dr. Drickman. “We just don’t treat a person — we treat whole families. In this case, I don’t think it hurt Lexi to wait another year.”

Mrs. Miller received her cancer diagnosis in March 2017, and underwent a year of chemotherapy and radiation treatments. “Dr. Drickman wanted to wait so that I could be strong for my daughter,” she recalls.

“Having a support system during recovery is key. There is a lot of hard work that goes into the hospital stay, but even more once patients go home. Lexi’s mom is part of her support system. Making sure she was healthy was an extremely important part of Lexi’s recovery,” adds Dr. Viegas.

*Continued on page 6*





In June 2018 — 21 years after Lexi's first open-heart surgery — her leaky pulmonic valve was replaced with a bioprosthetic porcine valve. Dr. Viegas also closed the residual hole from the atrial septal defect during the two-hour surgery.

Her doctors had considered using a mechanical valve that tends to last longer than a bioprosthetic, which can last 10 to 20 years depending on the individual. Ultimately Miss Miller was not a candidate, but the upside is a porcine valve typically requires a less severe anticoagulant protocol following surgery — long-term use of aspirin rather than much stronger blood thinners that could force activity limits.

She received her pig valve on a Wednesday, and was discharged the following Saturday. "They had me out of bed and sitting up in a chair not even 24 hours after surgery," she says.

Dr. Drickman recalls Miss Miller's first follow-up appointment two weeks after surgery. "Her first question was, 'When can I go back to the gym?' I think the reason she did so well is because she was in very good condition going into this surgery. It really made a difference. She recovered very quickly," says Dr. Drickman.

Even after repairs, patients who have been diagnosed with tetralogy of Fallot require lifelong follow-up care. In a few years, Dr. Drickman will pass Lexi's care to specialists at the Adult Congenital Heart Disease Center at UPMC Children's. The center is designed to help patients transition from pediatric to adult care; provide complete long-term care to adults with congenital heart disease to help them lead happy and fruitful lives; and counsel and assist the safe and successful care of adults with inborn heart disease who want to have children.

"She's doing really well. She's on her way to becoming a great young adult, because she's been a great young person all this time. Right now, I wouldn't limit her from any of the activities that she was doing before this," says Dr. Drickman.

Dr. Viegas adds: "If she needs another intervention on her valve, it is our hope that it can be done in the cardiac catheterization lab with a Melody™ valve. Saving her another open-heart surgery would be great."

Adolescents, young adults, and maternal patients with congenital heart disease can find long-term care at the Adult Congenital Heart Disease (ACHD) Center at UPMC Children's Hospital of Pittsburgh.

Doctors and staff have a broad spectrum of knowledge around issues faced by people born with heart disease.

- > Inpatient and outpatient assessments, management, and continued congenital heart disease care
- > Maternal-perinatal program with genetic counseling
- > Diagnostic imaging including transthoracic and transesophageal echocardiography, magnetic resonance imaging, and computed tomography scans
- > Electrophysiology tests including radio frequency ablation, cryoablation, and pacemaker and AICD implants
- > Heart catheterization to diagnose or treat heart disease
- > Adult congenital cardiothoracic surgery
- > Ventricular assist device program
- > Cardiomyopathy and heart transplant program

**For a consultation or to refer a patient,  
contact the ACHD Center at UPMC Children's  
at 412-692-5540, or UPMC Presbyterian at  
412-864-2614.**

After a tumultuous few years of medical treatments for daughter and mother, they're both upbeat. With a repaired heart and a cancer-free bill of health, the family is looking ahead to a bright future. "2019 is our year," says Miss Miller. And she means it.

**For more information about UPMC Children's Heart Institute, visit [www.chp.edu/heart](http://www.chp.edu/heart). •**





## Andy's INSIGHTS

### Reducing Hospital Readmissions



The health care industry has studied hospital readmission rates among older adults for years, but we know far less about pediatric readmissions

and how to avoid them. At UPMC Children's Hospital of Pittsburgh, we're working to change that — with your help.

Over the past six months, we've collected a great deal of information on how we as a hospital can minimize the problems, anxieties, and costs associated with pediatric readmissions. We began by distributing a monthly hospitalwide report that identified, by division, every readmitted patient. And we charged divisional teams of "readmit specialists" to systematically review each case to learn the reasons behind these readmissions and identify steps we can take to avert them.

We learned that some families are overwhelmed by the care challenges they face, while others don't fully understand care instructions, particularly if English is not their primary language. Some cannot afford or lack access to transportation to purchase prescribed medicines. Most readmissions are made through our Emergency Department. Not surprisingly, patients with a condition or circumstance that puts them at high risk of readmission — a quarter of our hospital population — are those most frequently readmitted.

Armed with these insights, we've put into place a variety of proactive measures, including enhanced care instructions and bedside pharmacy support. In collaboration with the University of

Pittsburgh, we've developed a predictive tool, System for Hospital Adaptive Readmission Prediction (SHARP), to offer targeted support before and after discharge to those children most likely to be readmitted. We're already seeing declines in our 30-day readmission rates, but many of these children are readmitted within three days.

UPMC Children's has always been proactive in helping families transition home. Our nursing staff checks in by phone, and several insurers even cover in-home nurse visits within 72 hours, which have proven very effective.

We've also stipulated that families should schedule a visit with their pediatrician within 72 hours of discharge. But we've learned this important connection doesn't always happen. We're now convinced that 72 hours is too long for a patient we've identified as a high risk for readmission to wait to be seen by their pediatrician. That's where we need your help.

We ask that you see your patients who have a high risk of readmission within 48 hours of discharge.

Your practice now receives same-day notification from us whenever we discharge one of your patients with a high risk of readmission. You're the medical professional who best understands that child's needs and who has earned the family's trust. Seeing your high-risk patients **within 48 hours of discharge** will enable you to identify potential problems before they escalate — and help us set up more effective treatment as needed, such as a same-day appointment with a specialist at UPMC Children's or with one of our specialty clinics.

Working together, we can avoid unnecessary readmissions and provide better patient care. My sincere thanks for your help in this important effort.

**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](mailto:MDrelations@chp.edu).** •

## At Your Call

CONNECT WITH UPMC CHILDREN'S HOSPITAL OF PITTSBURGH

### 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](mailto:visitnavigation@chp.edu) or 412-692-5687. **Erinn Kasubinski, RN, BSN**, is the Visit Navigation manager.

### 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  
[judi.feinberg@chp.edu](mailto:judi.feinberg@chp.edu)



**Monica Reisz**  
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# Laurels

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



**Amy Houtrow, MD, PhD, MPH**, chief of the Division of Pediatric Rehabilitation Medicine, has been elected to the National Academy of Medicine. The academy addresses critical issues in health, science, medicine, and related policy, and inspires positive actions across sectors. Dr. Houtrow is among 75 new members recognized for outstanding contributions to the health sciences and public health, and she is the first pediatric physiatrist to receive this honor. Houtrow was chosen for her research evaluating disability trends in childhood and the interactions among families, the health system, and social factors. Her work has uncovered disparities with enormous policy implications for the pediatric population.



**Ingrid Libman, MD, PhD**, Division of Pediatric Endocrinology, has been named to the International Society for Pediatric and Adolescent Diabetes Advisory Council for 2018 to 2021. The organization promotes clinical and basic science, research, education, and advocacy in all types of childhood and adolescent diabetes.



**Jennifer Marin, MD, MSc**, Division of Pediatric Emergency Medicine, was recognized for her contributions to the Academic Pediatric Association. As chair of the association's Pediatric Emergency Medicine Special Interest Group from 2017 to 2019, Dr. Marin is responsible for organizing the Pediatric Emergency Medicine educational session at the Pediatric Academic Societies annual meeting.



**Hilary Michel, MD**, a fellow in the Division of Gastroenterology, Hepatology, and Nutrition, UPMC Children's, authored an article titled "Shared Decision Making About Starting Anti-TNFs, a Pediatric Perspective," that was accepted for publication in the *Journal of Pediatric Gastroenterology and Nutrition*. Her faculty co-authors in Pittsburgh are: **Robert Noll, PhD**, Division of Child Neurology, UPMC Children's; **Nalyn Siripong, PhD**, Clinical Translational Science Institute, University of Pittsburgh; and **Sandra Kim, MD**, Division of Pediatric Gastroenterology, Hepatology, and Nutrition, UPMC Children's. Additional author: Ellen Lipstein, MD, MPH, James M. Anderson Center for Health Systems, Cincinnati Children's Hospital Medical Center and University of Cincinnati College of Medicine.



**Andrew Nowalk, MD, PhD**, was recently appointed clinical director of the Division of Infectious Diseases. Dr. Nowalk was also appointed to the University of Pittsburgh School of Medicine Academy of Master Educators.



**Abigail Overacre-Delgoffe, PhD**, a postdoctoral fellow in the laboratory of Timothy Hand, PhD, at the Richard King Mellon Institute for Pediatric Research, has been awarded a four-year fellowship from the Damon Runyon Cancer Research Foundation, a non-profit organization focused on supporting innovative early career researchers.



**Ana Radovic, MD, MSc**, Division of Adolescent and Young Adult Medicine, has been accepted for membership in the Society for Pediatric Research (SPR). Membership signifies peer recognition of substantial achievements in pediatric research. The goal of SPR is to create a network of multidisciplinary researchers to improve child health.



**Nader Shaikh, MD, MPH**, Division of General Academic Pediatrics, is lead author of a study titled, "Development and Validation of a Calculator for Estimating the Probability of Urinary Tract Infection in Young Febrile Children," that is named a Top 10 Study of 2018 by *Contemporary Pediatrics*. Additional authors on the study are **Alejandro Hoberman, MD**; **Anastasia Alberty, BS**; **Gysella Muniz, MD**; and **Marcia Kurs-Lasky, MS**, all from UPMC Children's Hospital; and **Stephanie Hum, BS**; and **Douglas Landsittel, PhD**, from the University of Pittsburgh School of Medicine.



Awards for excellence in quality and safety were recently announced. They recognize top performing divisions, physicians, and medical staff within UPMC. Winners from

UPMC Children's Hospital include:

- Excellence in Patient Experience Award — Pediatric Inpatient Unit: Overall Rating of Hospital, **7B Transplant Unit**
- Ron Yount Compassionate Care Award — **Jami Andrews, RN, BSN, CPHON**, senior professional staff nurse II, Unit 9B
- Richard L. Simmons, MD, Speak Up for Patient Safety Award — **Marit Aspenleiter, BS, CCP**, ECMO coordinator



# Lexie's Legacy Shines On

Shoeshiner and Philanthropist Dies at 76



Albert Lexie, the Monessen native who shined shoes at UPMC Children's Hospital of Pittsburgh for more than three decades, died on Oct. 16, 2018.

Lexie committed his life to raising money for the Free Care Fund at Children's Hospital of Pittsburgh Foundation. He donated all the tips he earned from his one-man shoeshine business to help ensure no children from the region go without the care they need. Since he started in 1982, Lexie raised more than \$202,000 for the Free Care Fund.

Every Tuesday and Thursday for more than three decades, Lexie would make his trip to the hospital by bus, leaving home at 5:50 a.m. and

arriving at the hospital around 7:25 a.m. He would then begin his day by picking up his purple shoeshine cart, and set off on his routine — visiting doctors, executives, and staff members to shine their shoes.

"He represented the true spirit of volunteerism and philanthropy and the contributions he made to the hospital far exceeded the tips he donated," says Christopher Gessner, former president, UPMC Children's Hospital.

Lexie began his shoeshine career about 40 years ago, when he built a shoeshine box in shop class. In addition to shining shoes at UPMC Children's, Lexie traveled to other areas in Pittsburgh and surrounding communities to offer his services.

Lexie received several awards over the decades for his years of charity work, including being honored as one of 30 "All-Stars Among Us" by Major League Baseball and *People* magazine in 2010, which recognized individuals who are serving the community in extraordinary ways. He also received the 2006 National Caring Award given by the Caring Institute, and was inducted into the Hall of Fame for Caring Americans. In addition, his work was recognized on several television programs including "The Oprah Winfrey Show," "The Jane Pauley Show," "ABC News," and "CBS Evening News," among many others. •

**"First and foremost, Albert was our friend. He was a fixture at Children's Hospital for more than three decades, and his kindness and generosity were and continue to be an inspiration for all of us."**

— Christopher Gessner, former president, UPMC Children's Hospital

# Saladino Named to Key Hospital Roles



Richard Saladino, MD, has been appointed to two new leadership positions at UPMC Children's Hospital of Pittsburgh.

In January, Dr. Saladino became the associate vice chair for faculty development, with a focus on development of curricular programs in support of leadership excellence and career mentorship. "In this capacity, Rick will play a vital role as a coach for faculty in the areas of professional development, promotion, and leadership," says Terence Dermody, MD, chair of the Department of Pediatrics at the University of Pittsburgh School of Medicine, physician-in-chief and scientific director at UPMC Children's Hospital.

In addition, Dr. Saladino will serve as medical director for UPMC Children's care management and payor relations and work with the hospital's executive leadership as a physician lead for hospital-payor relations. He will focus on optimization of clinical documentation and organizational process change in the context of utilization management, and act as an advisor to interprofessional leadership teams.

Dr. Saladino previously served as chief of the Division of Pediatric Emergency Medicine at UPMC Children's for 18 years. He remains an active member of the clinical staff in the hospital's Emergency Department.

Ray Pitetti, MD, former associate medical director of the Division of Pediatric Emergency Medicine, has been named interim chief of the division. He is also medical director for Patient Safety. •



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