SPRING 2019

Pediatric INSIGHTS

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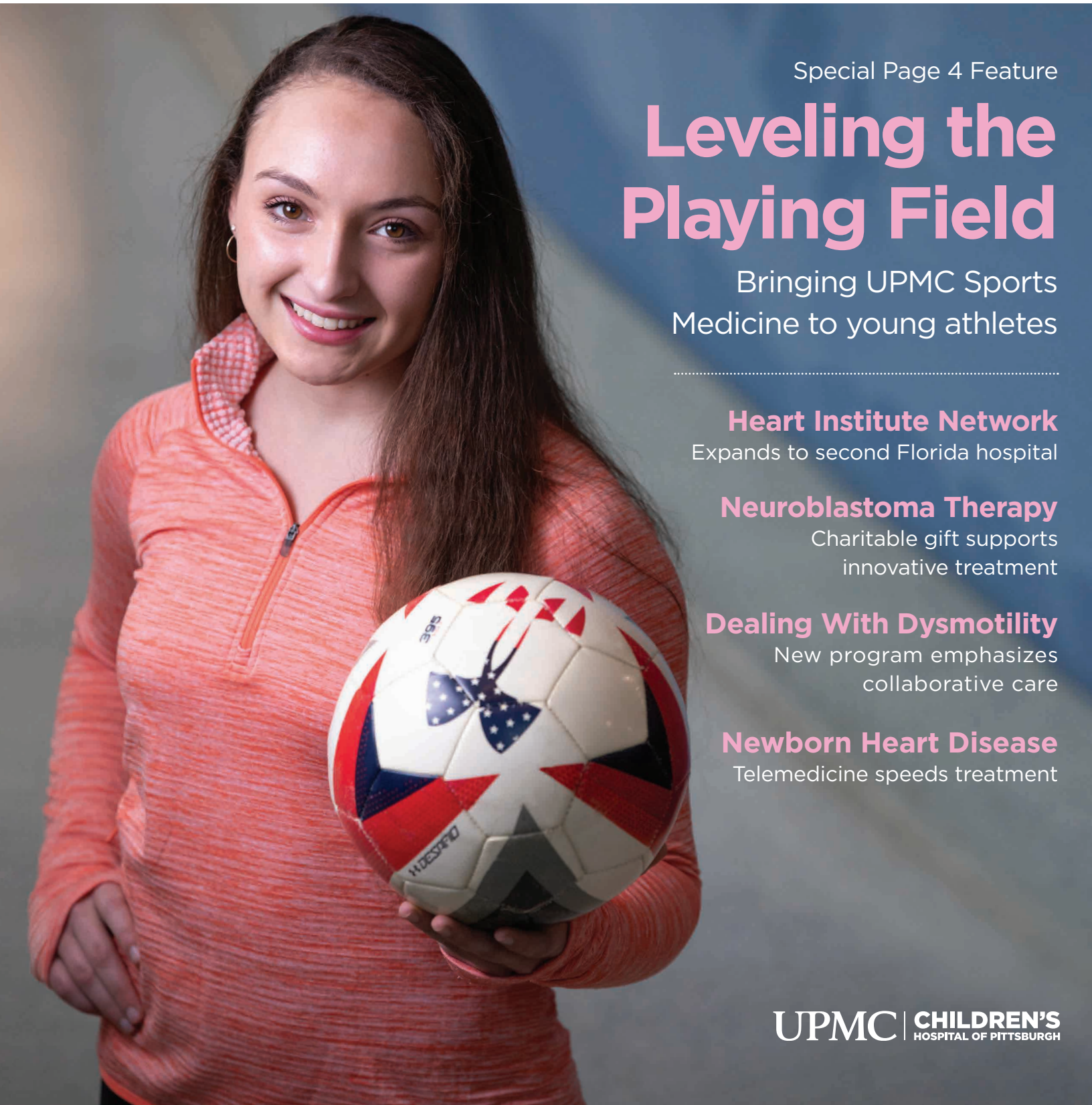

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UPMC | CHILDREN'S HOSPITAL OF PITTSBURGH

Pediatric
INSIGHTS
SPRING 2019

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The SPRING 2019 issue of Pediatric INSIGHTS

Cover story: Teen soccer enthusiast Jordan Bourkab is one of 45 million American kids who play sports. When a fractured femur sidelined her, she turned to the specialists at the **UPMC Sports Medicine Center for Young Athletes**, which combines the expertise of UPMC Sports Medicine with the focused pediatric care available at UPMC Children's Hospital of Pittsburgh.

In addition:

- Thanks in part to a generous $1 million donation, UPMC Children's now offers **the only pediatric MIBG therapy suite in western Pennsylvania** for patients with relapsed or refractory neuroblastoma. Read about it on page 2.
- On page 3, learn about UPMC Children's new **Motility and Neurogastroenterology Program** for pediatric patients with motility or functional gastrointestinal disorders, and the program's new director.
- UPMC Children's is working to streamline emergency care. Learn more on page 7 from Andy Urbach, MD, medical director for Patient Experience and Development.

Heart Institute Network Grows

Partnership Provides Pediatric Cardiac Care

UPMC Children's Hospital of Pittsburgh and Wolfson Children's Hospital of Jacksonville, Florida, have announced a partnership that will enhance and expand specialized cardiac care for children in the North Florida/South Georgia region, as well as the entire Southeastern United States.

"We are grateful to partner with Wolfson Children's Hospital to help establish an even higher level of cardiac care in the area, which will lead to improved outcomes for children with congenital heart disease," says Victor Morell, MD, chief, Division of Pediatric Cardiothoracic Surgery, UPMC Children's Hospital. "We will be an extension to the Wolfson surgical team to offer life-saving cardiac treatment options for families in Florida and to help these kids achieve a better and brighter quality of life."

Wolfson Children's Hospital is the second member of the UPMC Children's Hospital of Pittsburgh's Heart Institute Network, joining St. Joseph's Children's Hospital in Tampa. The network is led by Dr. Morell, who also is co-director of the Heart Institute at UPMC Children's and the hospital's surgeon-in-chief.

ABOVE: Wolfson Children's Hospital of Jacksonville, Florida, joined UPMC Children's Hospital of Pittsburgh's Heart Institute Network in December. (*Photo credit: Wolfson Children's Hospital)*

"We recognized that we needed additional pediatric cardiac surgery resources and expertise to make our care even better. That's why we chose to become a member of **UPMC Children's Hospital of Pittsburgh's Heart Institute Network**."

— Michael D. Aubin, president, Wolfson Children's Hospital

"For decades, our Terry Heart Center at Wolfson Children's Hospital of Jacksonville has served children with congenital heart disease from throughout the region and has patient outcomes that are equal to or better than the national benchmarks tracked by the Society for Thoracic Surgeons (STS)," says Michael D. Aubin, president of Wolfson Children's Hospital. "With the growing population in North Florida, South Georgia, and southern Alabama, as well as ever-advancing heart diagnostic capabilities, we are diagnosing and treating a higher incidence of congenital heart disease among the nearly 1 million children who live in the region we serve."

UPMC Children's Heart Institute experts are providing support to patients, families, and caregivers in Wolfson Children's Cardiovascular Intensive Care Unit via telemedicine. UPMC Children's is a leader in the development of telemedicine services to meet the needs of young patients regionally and around the world with videoconferencing technologies that provide complex pediatric cardiac care through remote and virtual examinations — whenever and wherever expertise is needed.

"The Heart Institute at UPMC Children's Hospital of Pittsburgh is an outstanding, high-volume center that is recognized nationally for treating some of the most complex cardiac surgery cases in the country and the world," says Michael S. Shillingford, MD, chief of Pediatric Cardiothoracic Surgery at the Terry Heart Center at Wolfson Children's Hospital. "In fact, they are among the top children's hospitals in the country and ranked number 6 among *U.S. News & World Report's* Best Children's Hospitals for pediatric cardiology and heart surgery.

"Likewise, UPMC Children's Hospital of Pittsburgh recognizes the value of a partnership with the Terry Heart Center at Wolfson Children's Hospital, which has great outcomes and is recognized regionally for providing excellence in pediatric heart care," adds Shillingford. "We are bringing our wonderful, diverse, and growing Northeast Florida and Southeast Georgia demographic into the UPMC Children's Hospital of Pittsburgh Heart Institute Network. This allows us to combine our collective 50-plus years of heart surgery experience and expertise, as well as scientific and outcomes-based pediatric heart research, for the benefit of generations of families to come."

This new affiliation agreement became effective December 15, 2018. •

Area's First Pediatric MIBG Therapy Suite Opens

UPMC Children's Hospital Offers Innovative Treatment for Patients With Neuroblastoma

March marked the ribbon-cutting for the newest item in the UPMC Children's Hospital of Pittsburgh armamentarium against pediatric cancer: its MIBG treatment room. Funded in part through a $1 million gift from Stephanie McMahon Levesque and Paul Levesque, the only pediatric MIBG therapy suite in western Pennsylvania is available for patients with relapsed or refractory neuroblastoma.

Ms. McMahon Levesque is WWE chief brand officer and a member of the Children's Hospital of Pittsburgh Foundation Board of Trustees. Mr. Levesque is WWE executive vice president, Talent, Live Events and Creative.

"Paul and I are extremely proud to support the cancer programs at UPMC Children's to ensure all patients and their families have access to the best care available," says Stephanie McMahon Levesque. "Our family's passion is to end all childhood cancers, and in an attempt to accelerate that goal, we are investing in the MIBG therapy suite for kids at UPMC Children's."

Neuroblastoma is the most common extracranial solid tumor found in children. In the United States, about 650 new cases are diagnosed every year. UPMC Children's treats about 12 new pediatric patients with neuroblastoma each year. Often diagnosed in the toddler years, neuroblastoma originates from cells that would normally develop into the sympathetic nervous system. Most children with neuroblastoma present with an abdominal mass.

Children with low- or intermediate-risk neuroblastoma often can be treated with surgery alone, or with a combination of surgery and chemotherapy. Children with high-risk neuroblastoma are those who would be eligible to receive MIBG therapy.

"MIBG is now at a point where it can offer true benefits to our patients with relapsed or unresponsive neuroblastoma," says Linda McAllister-Lucas, MD, PhD, chief, Division of Pediatric Hematology/Oncology, UPMC Children's Hospital. "With this gift from Stephanie McMahon Levesque and Paul "Triple H" Levesque, we are now able to translate this therapy into life-saving clinical care."

ABOVE: The new MIBG therapy suite at UPMC Children's is funded in part by a generous gift from Stephanie McMahon Levesque and Paul Levesque.

MIBG (metaiodobenzylguanidine) can be used as an imaging tool for neuroblastoma. MIBG is a substance that is taken up by about 90 percent of neuroblastomas, and detecting the uptake of radioactively labelled MIBG allows physicians to identify tumor sites. Radioactive MIBG can also be used as a therapy and can selectively kill the cancer cells while sparing most healthy tissue. MIBG is attached to a radioactive form of iodine called 131I. Prior to MIBG treatment, patients are given a thyroid-blocking agent so that radioactive iodine will not be delivered to the thyroid.

With UPMC Children's new MIBG treatment room in use, there are about 20 such rooms available in the country. The room is shielded to prevent radiation exposure outside of the room and is constructed using a number of safety precautions that allow a parent to be near their child for the duration of treatment, safely.

For more information or to refer a patient, call 412-692-5055. •

Specialty Care Center Chippewa Services Shifting to Sharon

Children's Specialty Care Center Chippewa in Beaver Falls, Pennsylvania, will close June 30 and those services will move to Children's Specialty Care Center Sharon, 80 East Silver Street, Suite 100. Or visit **www.chp.edu/locations** to find other convenient locations.

Dealing With Dysmotility

New Program Emphasizes Collaborative Care

In January, UPMC Children's Hospital of Pittsburgh's Division of Pediatric Gastroenterology, Hepatology, and Nutrition welcomed Vibha Sood, MD, as its newest faculty member and director of the new Motility and Neurogastroenterology Program for pediatric patients with motility or functional gastrointestinal disorders.

Dr. Sood is fellowship-trained in pediatric gastroenterology from Golisano Children's Hospital at the University of Rochester Medical Center in New York. Upon completion of her pediatric gastroenterology fellowship, Dr. Sood joined the Division of Pediatric Gastroenterology and Hepatology at Medstar Georgetown University Hospital in Washington, D.C.

While at Georgetown, Dr. Sood developed an interest in motility and functional gastrointestinal disorders in children which eventually led her to pursue additional training in motility disorders. She completed a year of advanced pediatric motility and neurogastroenterology training at the Cincinnati Children's Hospital Medical Center in Ohio. As part of her research, Dr. Sood had the opportunity to study the spectrum of gastrointestinal and motility disorders in patients with a hypermobile type of Ehlers-Danlos Syndrome.

"Pediatric motility and neurogastroenterology is a rapidly progressing field, with exciting emerging technologies for diagnosis and management of patients with dysmotility. My fellowship training exposed me to a wide variety of complex gastrointestinal motility disorders, including colorectal disorders, in children," says Dr. Sood.

Dr. Sood brings with her to UPMC Children's proficiency in performing colonic, antroduodenal esophageal and anorectal manometry procedures, along with interpretation and application of these studies in the clinical realm.

Neuromodulation is an exciting and emerging field within neurogastroenterology, explains Dr. Sood, who has gained experience in taking care of patients who have received various neuromodulation devices including sacral nerve stimulation (SNS) for intractable constipation, electro auricular device for functional gastrointestinal disorders, and gastric electrical stimulation (gastric pacemaker) for gastroparesis.

Disorders Treated in the Motility and Neurogastroenterology Program

- Achalasia
- Aerodigestive disorders
- Anorectal malformations
- Colonic dysmotility
- Dysphagia and feeding disorders
- Functional gastrointestinal disorders
- Gastroparesis
- Hirschsprung's disease
- Intestinal pseudo-obstruction
- Intractable constipation and encopresis
- Pre- and post-transplant motility evaluation
- Rumination

Designing a motility program

Dr. Sood's program allows patients with functional gastrointestinal disorders in need of specialized diagnostics and procedures to remain at UPMC Children's for their entire spectrum of care. It eliminates the need for long trips and time away from home, improves continuity of care, and provides for seamless communications and patient discussions — all within the confines of UPMC Children's.

"Our goals are to build the program into a center of excellence that provides comprehensive evaluation and treatment of pediatric patients with complex motility and functional gastrointestinal disorders, and to build a multidisciplinary care service with colorectal surgery, intestinal rehabilitation, the intestine transplant program, and the aerodigestive center for the co-management of patients with esophageal, intestinal, and colonic dysmotility," says Dr. Sood.

In the long term, Dr. Sood's goal for the program is to make UPMC Children's a regional and national referral center for patients with complex motility and functional gastrointestinal disorders and to provide training in these disorders to new generations of gastroenterology specialists.

Opportunities for collaboration

The breadth of services and care that is provided at UPMC Children's will allow for many collaborative efforts in the future between Dr. Sood, her gastroenterology colleagues, and others in areas such as colorectal surgery, small bowel transplant, and intestinal rehabilitation programs.

"A motility program like we are building will allow additional care and expertise to be provided to some of our more complex patients, including our intestinal transplant patients. I am looking forward to developing collaborations with my colleagues in that program, and to helping care for these patients who need long-term, complex follow-up," says Dr. Sood.

She also plans to help develop a multidisciplinary approach to care for patients with longstanding, severe constipation issues or complicated anorectal malformation disorders.

To refer a patient to the Motility and Neurogastroenterology Program, please contact the Division of Pediatric Gastroenterology, Hepatology, and Nutrition at 412-692-5180. •

Leveling the Playing Field

Bringing UPMC Sports Medicine to Young Athletes

Three out of four American families with school-aged children have at least one playing an organized sport — a total of about 45 million kids, according to the National Institutes of Health. When injury occurs, it can be a whole different ballgame compared to adult athletes.

An MRI of a basketball knee injury revealed Joi Burleigh's congenital cartilage defect.

ABOVE: Soccer player Jordan Bourkab sought treatment when she was sidelined by a fractured femur.

With the launch of the UPMC Sports Medicine Center for Young Athletes (CFYA), players ages 8 to 26 — from recreational participants to elite competitors — have access to the expertise of UPMC Sports Medicine professionals as well as the full spectrum of care available at UPMC Children's Hospital of Pittsburgh.

It's easy to see the allure of youth sports: They can foster teamwork and improve leadership skills. But keeping young athletes healthy can be a challenge. Children are more prone to overuse injuries, because growing cartilage is less resistant to repetitive micro-traumas. Injuries to growth plates appear differently on routine x-rays and may require different imaging techniques. Failure to take growth plates into account may result in deformity, shortened limbs, or impaired movement.

"The combination of our sports medicine expertise, advanced technology, and dedicated pediatric facilities through UPMC Children's Hospital of Pittsburgh allows the new center to provide comprehensive care from diagnosis through rehabilitation," says Volker Musahl, MD, chief, Division of Sports Medicine.

CFYA accepts all types of insurance, and offers:

- Same-day appointments
- Comprehensive evaluations by sports medicine experts
- Nonsurgical and surgical treatment for sports injuries
- Sports-related rehabilitation and prevention services
- Access to pediatric specialty care
- Sports-related concussion services through the UPMC Sports Medicine Concussion Program
- Advanced imaging equipment and technology for diagnosing sports-related injuries

Patients are seen at UPMC Lemieux Sports Complex in Cranberry, UPMC Rooney Sports Complex on the South Side, Children's North in Sewickley, Children's South in Bridgeville, and UPMC Children's main campus in Lawrenceville.

New recruit

Michael McClincy, MD, played football — first for Greensburg Central Catholic High School, then for Dartmouth University. The winter of his sophomore year in college, he contacted a Dartmouth alumnus about an internship. The alumnus was Freddie H. Fu, MD, chair of the Department of Orthopaedic Surgery at UPMC. One day, Dr. Fu noticed that Michael was limping.

Michael knew he had a hip injury, but imaging showed that it was more severe than he thought. One of Dr. Fu's colleagues performed surgery to treat it. When he returned to Dartmouth, he changed his major to biology, and began to plan a career in orthopaedic surgery.

Following medical school at the University of Pittsburgh and a residency at UPMC, Dr. McClincy completed a fellowship at Boston Children's Hospital in pediatric sports medicine. He stayed in Boston for an additional fellowship in pediatric and adolescent hip preservation. Because of this specialized training, Dr. McClincy is one of a few pediatric orthopaedic surgeons in the United States trained in arthroscopic and open hip surgery.

Pediatric approach

Dr. McClincy returned to UPMC in the fall of 2018, where he met one of his first patients at the CFYA, Joi Burleigh. Joi is 16 years old and a junior at Woodland Hills High School, where she excels in basketball. She made the first team for All-Conference her freshman and sophomore years, and was recently invited to join the elite Amateur Athlete Union (AAU) team, the Western PA Bruins.

A knee injury that occurred during a pre-season scrimmage brought Joi to UPMC Children's Hospital for magnetic resonance imaging (MRI) that showed a congenital cartilage defect above her tibia that was bound to give her problems, especially as an elite athlete, sooner or later. Joi met Dr. McClincy at UPMC Children's on the day before Thanksgiving.

Dr. McClincy explains that there were a couple of ways to treat Joi's knee. "The first would be a micro-fracture, which would stimulate blood to make lower quality replacement cartilage," he says. "The other option was to take a plug of normal cartilage from somewhere else in her knee and transplant it into the defect. The benefit of this approach is that once it heals, it's essentially normal cartilage. It's a longer recovery, but the end result is better, and that's what we chose to do," he adds.

"Our thought process was that she's going to be needing this knee to last her a long time, and that as a basketball player, she'll continue to pound on it. It's certainly a more involved procedure than a micro-fracture, but the potential benefits are worth the added steps," says Dr. McClincy, one of a small group of orthopaedic surgeons in the country trained in this procedure.

"The Center for Young Athletes does not treat young athletes like young professionals," says Dr. McClincy. "We understand they are growing and developing children."

There is every indication that Joi will be able to play her senior season, and even practice with her AAU team in May. Dr. McClincy is confident that she'll be able to return to her customary level of playing, noting that the comeback period depends on both the procedure and on the person.

"The Center for Young Athletes does not treat young athletes like young professionals. We understand they are **growing and developing children**."

— Michael McClincy, MD

Teamwork

In mid-May 2018, Jordan Bourkab, 17, a junior at North Allegheny High School, was playing soccer in a college showcase game in Maryland. "I went into a tackle, landed on my knee, and heard a big crack," she says. "My knee swelled up to the size of a bowling ball." An x-ray revealed a fractured femur. But upon returning to Pittsburgh on crutches, an MRI showed something more.

"It was an avulsion fracture, which means that a piece of bone was ripped off with a ligament attached to it," says Jan Grudziak, MD, PhD, medical director for the Division of Sports Medicine at UPMC Children's Hospital.

Continued on page 6

Jordan's avulsion fracture was notable for two reasons. The first is that in young athletes, they normally happen at the hip, elbow, or ankle. The second is that "usually they don't require surgery," says Dr. Grudziak. "But in Jordan's case, we needed to operate as soon as possible, because she couldn't put any weight on it."

"It was terrible," says Jordan. "All I had been thinking about since freshman year was my senior soccer season, and here I was, on crutches, with the season only four months away. But Dr. Grudziak never gave me bad news. He always told me to focus on the positives. He was so understanding about my injury; he understands how it feels, that it's a huge setback. He said that with my progress, I'd be back in no time, and reassured me that everything was going to be OK."

Jordan had her surgery on the last day of school, June 16. "I made an incision and reattached the broken piece of bone with a screw in order to tense up the ligament," says Dr. Grudziak.

ABOVE: Patient Jordan Bourkab has a follow-up visit with Jan Grudziak, MD, PhD, following surgery to repair a fractured femur.

A couple of weeks after surgery, Jordan was cleared for physical therapy. "When I went in to meet with the physical therapist, she did a lot of tests and told me that this was going to be a four- to five-month process. But I told her that I was going to push myself."

And push herself she did. "I was booking through my regimen," laughs Jordan. "I was doing exercises four times that I was supposed to do two times. I was in my physical therapist's office three times per week!"

The teamwork between surgeon, physical therapist, and patient paid off: "I was back by the middle of August!" says Jordan. "Try-outs rolled around, and that Wednesday I had an appointment with Dr. Grudziak. He said my leg looked amazing, and my physical therapist said I was ready. Dr. Grudziak made me do tests with him right then and there, jumping, squats, seeing what I could do. And he said I was to start running and playing and I was ecstatic. It was before we even started the season, and I had been afraid I'd be back two months into the season. It was the greatest day of my life."

"She's going to be fine," says Dr. Grudziak. "One hundred percent."

Back in the game

Luke Harris knew something was wrong when he began to have persistent pain in his right shoulder. Wrapping and icing the area was no longer helping to relieve his pain. After reaching a point of barely being able to raise his arm past his shoulder, he knew it was time to see a doctor.

"My shoulder was in a lot of pain," says Luke. "I was worried if playing through it would cause more injury."

Luke, a football player for the Central Catholic Vikings, voiced his concerns to his coach. His UPMC Sports Medicine athletic trainer was able to quickly connect him with Albert Lin, MD, a UPMC Sports Medicine specialist in orthopaedic surgery.

After seeing Dr. Lin, Luke and his parents learned that he had torn his right shoulder labrum. His injury resulted from overuse, which is common in young athletes. In Luke's case, he had been playing football since age 6. Wanting to stay in the game and finish the season, Luke decided to undergo surgery after his season ended.

Dr. Lin diagnosed Luke with a posterior labral tear and superior labral tear from anterior to posterior, also known as a SLAP tear, which are common among football players. During surgery at Children's North, Dr. Lin discovered that Luke's right labrum was torn from top to bottom. Due to the extent of the injury, six anchors were needed to repair it.

Recovery was a seven-month process that consisted of physical therapy three times a week. His therapy focused on strength and motion training to help restore movement and function. For optimal healing, Luke also was instructed to wear a sling for four to six weeks.

"Dr. Lin was great and made sure that I was comfortable with everything," Luke says. "He kept me updated with how rehabilitation would go so that I knew what to expect."

Luke returned to the football field with his fellow Vikings his junior year. "(Dr. Lin) gave us every reason to believe Luke would be back stronger than before," says Luke's father, Anthony Harris. "And he was right."

To refer a patient or schedule a consultation, contact the UPMC Center for Young Athletes at 1-855-93-SPORT (77678). For more information, visit www.UPMC.com/YoungAthletes. •

ANDY'S INSIGHTS

On the Pathway to Quality, Streamlined Emergency Care

Every day, the 46-bed Emergency Department of UPMC Children's Hospital of Pittsburgh sees between 200 and 300 patients. Last year, we treated more than 82,000 children — compared to 50,000 just a decade ago.

Without question, our Emergency Department (ED) is the busiest center of care at UPMC Children's. But the increased complexity of cases and volume of patients we see every day have combined to make wait times for treatment — and inpatient admission for children requiring more extensive care — too lengthy by our standards.

To address that problem, we launched a four-step quality improvement effort to shorten wait times, expedite diagnosis and care plans, better use our human and physical resources, and enhance the patient experience.

Here are some key ways we're streamlining our ED process for patients and families:

- **We've shortened the wait time for a physician consultation.** A consultant must respond within 30 minutes of a patient's arrival and a plan of action determined within the hour.
- **We've streamlined admission to the floor and observation unit.** Emergent urgent care patients will be prioritized with continued evaluation and care management, occurring on the floor after admission. Rather than holding an admittable patient in the ED for a test, patients will be admitted, and select diagnostics will be scheduled once on the floor. Patients requiring prolonged care and continued evaluation before being admitted will be moved to a 10-bed observation unit adjacent to the ED within 2.5 hours of completing the plan of action.
- **We're designing clinical pathways to ensure the exact same care for the same diagnosis.** To standardize ED care for specific problems, diseases, or procedures, we've assigned workgroups to compile best practices, expert consensus, and outcomes to create structured care plans. Six pathways are finished; seven more are targeted for completion within the year. Our goal is to create a fixed clinical pathway for every major problem that comes through the ED.
- **We're promoting direct admits from other institutions and EDs.** Children who enter the ED with an RTA (ready to admit) order will be admitted immediately and transferred to the floor. They are no longer required to be seen first in the ED.

The growing role of Children's Express Care

While we still see our share of non-emergency cases in the ED, services like Children's Express Care are helping to make our ED more efficient and effective by serving patients with low-acuity care needs. There are eight Express Care locations throughout the region — including one on site at UPMC Children's in Lawrenceville. Last year, Express Care treated a total of 82,000 children — equal to the number of emergency cases we treat in our ED! I'll share more on Express Care's important role in the patient experience in our next issue.

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.

Carlton M. Bates, MD, chief of the Division of Pediatric Nephrology, has been selected to receive the 2019 Society for Pediatric Research (SPR) Thomas Hazinski Distinguished Service Award largely for his work to create and teach a grant writing course for researchers in the early stages of their careers. The course, "K-Grant 101 for Pediatric Researchers," is a six-month tutorial given to five selected applicants from the SPR Junior Members Section who are embarking upon writing proposals for K08 or K23 research funding. Dr. Bates started the course in 2017 and intends to continue the course after he completes his term as an SPR council member in 2019. He also is actively participating in writing an SPR perspectives manuscript that will offer strategies for early stage pediatric clinician-scientists (and their institutional leadership) to increase their chances of success in obtaining external research funding.

Allison Black, MD, a second-year fellow in the Division of Pediatric Cardiology, was named chair-elect for the American Academy of Pediatrics (AAP) Section on Pediatric Trainees, where she will have the opportunity to make a difference in the lives of medical students, residents, and fellowship trainees through the AAP resolution process. As a member of the executive committee, Dr. Black is invited to attend the organization's national conference and exhibition in New Orleans in October 2019.

Debra Bogen, MD, Division of General Academic Pediatrics, has been awarded the Academic Pediatric Association (APA) Miller-Sarkin Mentoring Award. The award recognizes the contributions of an APA member who has provided outstanding mentorship to learners or colleagues, both locally and nationally, and serves as a model to others who aspire to mentor others as they mature. The award was presented at the Pediatric Academic Societies (PAS) meeting in Baltimore, Maryland, on April 28.

Also at the PAS meeting, three UPMC Children's staff were invited to present a workshop on "Driving Outcomes Improvement in Clinical Quality and Patient Care Operations Using Clinical Effectiveness Data: A Blueprint." They are: **Andrew Buchert, MD**, medical director, Education Outreach; **Gabriella Butler, MSN**, manager, Clinical Informatics; and **Suresh Srinivasan, MD, MBA, FAAP**, vice president, chief information officer, and chief medical informatics officer.

An American Academy of Pediatrics clinical report in the April issue of *Pediatrics* describes how health care providers can best connect the rising number of children who have disabilities with evidence-based therapy services in hospital, community, home, and school settings. **Amy Houtrow, MD, PhD, MPH**, chief, Division of Pediatric Rehabilitation Medicine, is the lead author of "Prescribing Physical, Occupational, and Speech Therapy Services for Children With Disabilities," which highlights the importance of coordinating care with appropriate therapists around patient and family centered goals to help children develop new or regain lost abilities. The report notes that childhood disability, especially from neurodevelopmental conditions, is increasing. It includes temporary disability, such as from a broken bone, as well as ongoing conditions such as autism and cerebral palsy.

Agnieszka Swiatecka-Urban, MD, Division of Pediatric Nephrology, has been designated as a nephrotic syndrome specialist by NephCure Kidney International. The Nephrotic Syndrome Specialists program was created to address the importance of connecting patients to experts earlier in their diagnoses, improve patients' quality of life, and advance critical research. The complete list of specialists is available at www.KidneyHealthGateway.com.

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Webinars

Earn CME or CEU credits when you participate in free "Pediatric INSIGHTS" webinars featuring UPMC Children's specialists, noon to 1 p.m. the third Wednesday of each month. Visit **www.chp.edu/webinars**.

Telemedicine Puts Newborns on Fast Track to Heart Treatment

When a baby is born with critical congenital heart disease (CCHD), early intervention can save their life. Working in concert with nurseries in 14 regional and rural hospitals, the Heart Institute at UPMC Children's Hospital of Pittsburgh uses telemedicine to interpret echocardiography for newborns.

The tele-cardiology service allows physicians to fast track patients who are suspected of having CCHD, providing near-instant transmission of echocardiography to UPMC Children's Hospital for interpretation results within three hours. Before the tele-cardiology service began in 2011, outlying hospitals sent echocardiography to UPMC Children's via mail or courier, delaying access to specialty care for the sickest babies.

"Now participating hospitals are able to connect directly to our imaging system here at UPMC Children's," says Vivek Allada, MD, executive director of the Heart Institute and clinical director for the Division of Pediatric Cardiology. "The rapid turnaround time dramatically improves care for newborns and gets the sickest kids to us more quickly — before they get critically ill."

ABOVE: Vivek Allada, MD, reviews cardiac images as part of UPMC Children's tele-cardiology service.

Babies born in Pennsylvania are required to undergo a battery of tests, including a pulse oximetry test to screen for CCHD. Babies who fail the CCHD screening test require an emergency echocardiogram and cardiology evaluation. Many Pennsylvania birthing centers do not have ready access to pediatric cardiology expertise.

UPMC Children's trains sonographers at participating hospitals who typically test adult patients about the nuances of performing and transmitting emergency echocardiograms for newborns.

In 2018, approximately 1,250 echocardiograms were transmitted to UPMC Children's for interpretation, representing emergency echocardiography from participating hospitals as well as testing from UPMC Children's clinics. In addition, about 30 per year are fetal echocardiograms for prenatal detection of CCHD.

Dr. Allada is one of 11 echocardiography specialists who provide round-the-clock interpretation services at the hospital and from specially equipped tele-cardiology workstations in their homes. They can even review echocardiograms on the go using smartphones.

"With the help of telemedicine, babies with critical needs are diagnosed sooner and transported faster to UPMC Children's for treatment, and they generally are more stable and better able to tolerate emergency surgery," says Dr. Allada. "If a baby has heart disease we can get them here for treatment quickly, and if the echocardiogram shows no sign of disease the baby can stay with mom and dad and continue family bonding."

For more information about UPMC Children's tele-cardiology, contact the Heart Institute at 412-692-5540. •

Rheumatology Division Gets New Chief

Amr Sawalha, MD, has been appointed chief of Pediatric Rheumatology at UPMC Children's Hospital of Pittsburgh, where he will establish and lead a new Autoimmune Genomics Research Center.

Dr. Sawalha also has been appointed director of the Comprehensive Lupus Center of Excellence, which spans the clinical and research enterprises of UPMC and the University of Pittsburgh.

He comes to UPMC Children's from the University of Michigan, where he was professor of Internal Medicine and Marvin and Betty Danto Research Professor of Connective Tissue Research. He received his medical degree from Jordan University of Science and Technology and completed his internship and residency training in internal medicine at the University of Oklahoma Health Sciences Center and fellowship training in rheumatology at the University of Michigan.

Dr. Sawalha is internationally recognized for his work in the genetics and epigenetics of complex autoimmune and inflammatory diseases. His research focuses on elucidating genetic and epigenetic contributions to the patho-genesis of systemic autoimmune and inflammatory diseases. His team applies state-of-the-art genomic, epigenomic, and bioinformatics methodologies, and subsequent functional studies using both in vitro and in vivo systems to identify and characterize genetic loci and pathways involved in the pathogenesis of immune-mediated diseases.

Using careful clinical phenotyping and extensive national and international collaborations, he aims to discover genomic and epigenomic markers of disease progression, specific organ involvement, and response to therapy, in addition to identifying new therapeutic targets in systemic autoimmunity. •

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