



DOCTOR'S DIGEST

A MONTHLY NEWSLETTER FOR ST. LOUIS CHILDREN'S HOSPITAL
ATTENDING AND REFERRING MEDICAL STAFFS

AUGUST 2013

IN THIS ISSUE

3

Robert Paschall, Medical Director, Child Protection Program, Retires

5

SLCH Physicians Names to "Best Doctors in St. Louis" List

7

SLCH Recognized for Progress Adopting Electronic Medical Record Model



[CLINICAL FOCUS] NEW INSTITUTE ESTABLISHED FOR TREATING CHILDREN WITH FACIAL PARALYSIS

The Facial Nerve Institute at St. Louis Children's Hospital (SLCH) is one of few centers in the nation specializing in treating pediatric patients with congenital or acquired facial paralysis. Under the leadership of Alison Snyder-Warwick, MD, Washington University plastic and reconstructive surgeon at SLCH and director of the Institute, the center offers a unique and highly-specialized service for children suffering from facial paralysis.

Facial paralysis can be a devastating condition for children on multiple levels. "From a medical standpoint, facial movement is essential for protecting the eyes from developing ulcerations or infections, allowing patients to eat and drink properly, and enabling them to speak clearly," says Dr. Warwick-Snyder, assistant professor, Washington University School of Medicine. "Equally important for many patients, however, is the emotional aspect of being able to communicate as naturally as possible through their facial expressions."

More than 100 reasons exist for facial paralysis in children. Among them are congenital problems such as Mobius syndrome, traumatic injuries, and the after-effects of surgery to remove tumors or infections as in the case of Bell's palsy.

"There are two points that are important to remember in regard to facial paralysis in children. The first is that it's imperative these patients are evaluated as quickly as possible to determine what treatment is appropriate for them. If a previously working muscle remains paralyzed for too long—this can be anywhere



Alison Snyder-Warwick, MD, and team transfer a muscle segment from the leg to the face and transfer a nerve normally used during chewing to power the muscle to create a smiling motion.

between 12 and 24 months—it will never accept a nerve and will never move again," says Dr. Snyder-Warwick. "The second is that these are complex microsurgeries, and working with children's tiny blood vessels makes it even more complicated. Usually these surgeries are most successful in children age 5 and older, but earlier surgical treatment may be indicated in specific conditions."

The complex nature of facial surgery is the reason Dr. Snyder-Warwick began the Facial Nerve Institute. She completed fellowship training at The Hospital for Sick Children in Toronto, one of the leading facial animation centers in the world. "The best outcomes are reported by established centers at which these surgeries are performed on a regular basis rather than just a few times a year," she explains. "There are only a few of these specialty centers in the country, especially

continued on next page

WUSM PROVIDERS PARTICIPATE IN THE HCUSA NETWORK

Washington University School of Medicine (WUSM) physicians are again participating providers with HealthCare USA (HCUSA). St. Louis Children's Hospital is also an in-network provider.

SHARE YOUR IDEAS

Should you have ideas or suggestions you would like brought before the Children's Medical Executive Committee (CEC), contact one of your CEC private physician representatives:

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DOCTOR'S DIGEST

Published for the attending and referring medical staffs of St. Louis Children's Hospital.

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THE FACIAL NERVE INSTITUTE continued from page 1

in regard to pediatric patients. My aim is to make the Facial Nerve Institute a viable resource in the St. Louis region and throughout the Midwest for treating these patients."

Patient evaluation may include nerve conduction studies and an electromyogram that verify a nerve injury has occurred and indicate the potential for recovery. When surgery proves a viable option, the intricate process begins of determining how to provide new nerve sources to power the affected facial muscles.

"If the injury is unilateral, then we may be able to 'borrow' the normal nerve on the opposite side and tunnel nerve grafts across the face. For example, there is redundancy in the nerves that allow us to smile, so some of those branches may be used," says Dr. Snyder-Warwick. "When new muscle is needed, we can transfer a portion of the gracilis muscle from the upper thigh."

She adds, "These are just some examples; there are many different surgical options, which is what makes these surgeries so challenging and gratifying. We develop a tailor-made surgical approach for every patient."

Patients also benefit from the Institute's ability to consult with the wide range of subspecialty services available at SLCH, including ophthalmology, speech pathology, physical and occupational therapy, neurology, otolaryngology and developmental psychology.

"Therapy—which often is home-based—is especially important for these patients. It may mean practicing facial expressions with a mirror or learning to bite down to get a nerve originally used for chewing to fire and produce a smile response,"



During surgery, Dr. Snyder-Warwick tests the patient's new smile.


says Dr. Snyder-Warwick. "Other therapies include intra-operative electrical stimulation of the nerve and Botox to correct synkinesis. Re-education of the brain and the different pathways that are going to lead to a certain movement are extremely important for these patients."

Also important is dealing with the psychosocial aspects of having facial paralysis. Developmental psychology provides the support patients and their

families need to cope with challenges that may arise in everyday life.

"Some patients with congenital paralysis have no concerns at all; they are confident, independent children. Others, especially children whose facial paralysis occurs when they


are older, sometimes have more concerns," says Dr. Snyder-Warwick. "Our goal is to listen to our patients and what they want for themselves, and then provide the best surgeries and support so that they can achieve the best quality of life possible."

To learn more about the Facial Nerve Institute, visit StLouisChildrens.org. To speak with Dr. Snyder-Warwick or to refer a patient, call Children's Direct at 800.678.4357. 

“There are many different surgical options, which make these surgeries so challenging and gratifying. We develop a tailor-made surgical approach for every patient.”
Dr. Alison Snyder-Warwick

[FACULTY UPDATE] SNYDER-WARWICK NAMED TO BOARD OF INTERNATIONAL FACIAL NERVE ORGANIZATION

Alison Snyder-Warwick, MD, assistant professor, plastic and reconstructive surgery, Washington University School of Medicine and pediatric plastic surgeon and director of the Facial Nerve Institute at St. Louis Children's Hospital, was installed in June as secretary of the Sir Charles Bell Society at the International Facial Nerve Symposium in Boston.

The Sir Charles Bell Society is a non-profit, multidisciplinary medical organization founded in 1992 in Cologne, Germany. It is dedicated to the collection, dissemination and interchange of ideas on facial nerve problems with the goal of improving the quality of care for facial palsy patients. 



Alison Snyder-Warwick, MD

[FACULTY UPDATE] ROBERT PASCHALL, MEDICAL DIRECTOR, CHILD PROTECTION PROGRAM, RETIRES

A serendipitous phone call by Robert Paschall, MD, to St. Louis Children's Hospital (SLCH) in 1992 was the catalyst for his 21-year career in child protection at the hospital and Washington University School of Medicine. At that time, Dr. Paschall was about to complete his service in the United States Air Force's medical corps as a pediatrician stationed at Scott Air Force Base. He called SLCH as part of a survey he was conducting about how children's hospitals responded when suspected child abuse cases were seen in their emergency units. During his conversation with an SLCH social worker, he learned that the hospital's administration had been considering adding a physician to specialize in child abuse and neglect cases—up until then, a responsibility shared by the hospital's emergency medicine and private practice physicians. Dr. Paschall became that physician, and in his early years at Children's split his time between emergency medicine and child protection. In 2000, child protection became his sole focus.

"From the beginning, Bob had a vision and passion for providing better care for children who had been abused and neglected. Over the years, he methodically developed that vision into what truly is state-of-the-art child abuse pediatrics at Children's Hospital and Washington University," says David Jaffe, MD, SLCH director of emergency medicine and Dana Brown Professor of Pediatrics and Washington University School of Medicine.

Dr. Paschall's vision led him to enhance and expand the Sexual Abuse Management Clinic at SLCH, develop protocols for treatment of abuse cases in the emergency unit, and foster a collaborative effort among St. Louis' children's hospitals, law enforcement, social service agencies and criminal justice department.

"Bob's work resulted in his being recognized as a child abuse and neglect expert within the state of Missouri," says Dr. Jaffe. "His combination of persistence, determination and thoroughness in finding the truth of situations meant his court testimony in these difficult cases was sought out and trusted."

Adds Nancy Duncan, RN, CPNP, who has worked with Dr. Paschall in child protection since he joined SLCH: "Dr. Paschall has the perfect mix of intellect, compassion, courage and understanding




to work in the field of child maltreatment. Practicing with him for more than 20 years has been one of the greatest honors of my career."

Committed to sharing his knowledge, Dr. Paschall established a two-week resident rotation in child protection, and offered one-or two-year fellowships even before child abuse pediatrics became an officially recognized pediatric subspecialty in 2009. He then developed and received accreditation for a three-year fellowship. Dr. Paschall counts among his achievements training five fellows in child abuse pediatrics.

Another accomplishment is the international elective Dr. Paschall established for second- and third-year pediatric residents. For three to four weeks the residents work at Clinica Esperanza in Roatan, Honduras, learning about health care in a different culture and how care is dispensed in an environment with far fewer resources than those available at SLCH.

"I feel very fortunate to have worked with so many people at Children's Hospital who are dedicated to the welfare of children, as well as for the relationships I've developed with those throughout the community who work with these patients," says Dr. Paschall. "I'm also proud of the work I've been privileged to do with Missouri's Department of Health and Senior Services SafeCare Advisory Council and my membership in the Ray E. Helfer Society. The members of that society truly are my heroes for the work they have done to advance the cause of ameliorating child abuse."

Dr. Paschall and his wife, Sandy, live in O'Fallon, Ill. His initial plans for retirement are to complete projects in woodworking, furniture refinishing and gardening, including building walkways and a pergola. He also looks forward to spending more time with his family: son Jeremy, a lieutenant firefighter and paramedic with the Edwardsville, Ill., Fire Department; daughter Julie, a senior quality assurance analyst for Nationwide Insurance in Des Moines, Iowa and three young grandchildren.

"I know there will be all kinds of opportunities in retirement—hobbies, volunteering, taking courses in American history at Washington University and possibly part time employment such as teaching a college class," says Dr. Paschall. "But for sure it will be really nice not to have the alarm go off at 4:55 a.m." 

[SLCH NEWS] MEET THE 2013-2014 CHIEF RESIDENTS

St. Louis Children's Hospital's new chief residents are looking forward to their responsibilities as advocates for the residents and as liaisons between the hospital's house staff and faculty. Among their goals is advancing quality improvement in both resident education and patient care.



TARA COPPER, MD

Dr. Copper describes herself as being “randomly born” in Milwaukee, Wisconsin, as her parents passed through on their way to her father's latest job in the hospitality industry. Her dad's career meant Dr. Copper's family often lived in colorful locations like Seoul, South Korea; Bali, Indonesia; and Nassau, Bahamas. That international upbringing and her family's varied ethnicity—her mom born in Paramaribo, Suriname; maternal grandparents from Java, Indonesia, and of German descent; and paternal grandparents from Ireland and Canada—prepared Dr. Copper for the variety of patients she sees at Children's Hospital.

“I am comfortable working with people from different backgrounds, which is helpful for my role caring for patients and working with residents,” she says.

Dr. Copper's interest in the medical field began when her sister at age 7 was diagnosed with Type 1 diabetes. The decision to go into pediatrics came from the influence of her medical school mentors in the field.

“Working with children and being able to make a positive impression on them is a nice role to play in patients' lives,” she says. “As a chief resident, I'm looking forward to passing on what I've learned to residents and medical students, as well as advancing my problem-solving skills.”

Following her chief residency, Dr. Copper's goal is to complete a pediatric emergency medicine fellowship. “I like the subspecialty's variety, from working on codes and traumas to caring for children who aren't seriously ill.

Dr. Copper's husband, Phillip Copper, MD, is a third-year anesthesia resident at Barnes-Jewish Hospital who plans on continuing his training through adult critical care and cardiothoracic anesthesia fellowships. The Coppers met at the University of Miami's Miller School of Medicine while dissecting a cadaver together.

Having lived part of her life on a sailboat in the Bahamas, Dr. Copper enjoys boating and is a divemaster scuba diver. Other interests include exploring St. Louis' “hole-in-the-wall” eating and drinking establishments and running.



CARRIE NALISNICK, MD

An interest in science led to Dr. Nalisnick's career path. That notion was solidified in college when her aunt, a registered nurse, arranged for her to shadow a general surgeon in Athens, Georgia.

“He was a wonderful mentor, and that's when my medical school dreams became a reality for me,” she says.

Dr. Nalisnick, who grew up near Savannah, Ga., attended Emory

University School of Medicine. She took a special interest in pediatrics.

“First of all, it's just really enjoyable to work with children on a regular basis,” she says. “But beyond that, the people I was working with were very positive and uplifting. As a physician, your second family is the people you work with and take care of, and pediatrics is a great environment to live in for a significant portion of your day.”

Dr. Nalisnick found the same accepting, supportive environment within the residency program at Children's Hospital.

“The chief residents always made themselves available as a resource, as people who have been in our shoes and know the system well,” she explains. “I want to provide that same type of guidance and support. In addition, I plan on entering hospital medicine after this year, so I look forward to taking this time to learn more about a pediatric hospital and communicating and working with a variety of people and departments.”

Dr. Nalisnick chose hospital medicine because she likes caring for more acutely ill children and the variety of patients seen. She also likes the responsibility of making decisions regarding diagnoses and then making referrals to other subspecialties.

Among Dr. Nalisnick's favorite pastimes are playing kickball in Tower Grove Park, attending St. Louis Cardinals baseball games, and planning for the fall college football season.



KEVIN O'BRYAN, MD

As an undergraduate at the University of Michigan, Dr. O'Bryan's first ambition was to become an engineer. After a year spent in biomedical engineering, however, he realized that rather than developing devices to help patients, he wanted to actually see people and help them himself. He went on to enter the University of Michigan Medical School.

“Being a physician was always on my radar. I just needed to explore other options before realizing what I truly wanted to do,” he says. Deciding on becoming a pediatrician came more easily. “I've always worked with kids. I coached swimming for about 15 years, so I felt predestined to choose it as my subspecialty.”

Among Dr. O'Bryan's goals for the year is to use his information technology expertise in advancing the KiDDOS's IPass sign-out tool and helping complete implementation of physician electronic note documentation throughout the hospital.


“Although I'm still debating on my path after chief residency, it probably will involve information technology in some way; for instance, developing systems for managing patient databases and user interfaces for providers,” he says. “My background in both IT and clinical care gives me an advantage in knowing how to combine the two disciplines.”

He adds, “Filling the chief resident role will provide me with a good opportunity to work with administrators and learn how to navigate the administrative structure of the hospital. It's a way to learn how to communicate effectively as a physician leader within an organization.”

[SLCH NEWS] SLCH PHYSICIANS NAMED TO “BEST DOCTORS IN ST. LOUIS” LIST

St. Louis Magazine published its annual “Best Doctors” list for the metropolitan area in its August issue.

The list is generated by Best Doctors, Inc., a 25-year-old company founded by doctors affiliated with Harvard Medical School. The organization contacts physicians in the St. Louis region who have

been included on a previous Best Doctors list and asks them, “If you or a loved one needed a doctor in your specialty, to whom would you refer them?” After verifying licensing and certification requirements and any disqualifying disciplinary actions, physicians are added to this annual list. Only 5 percent of physicians practicing in America earn this honor, decided by impartial peer review. 

Adolescent Medicine

Sarah Garwood, MD
Katie Plax, MD

Allergy, Immunology & Pulmonology

Leonard B. Bacharier, MD
Gordon R. Bloomberg, MD
Albert Faro, MD
Thomas Ferkol, MD
James S. Kemp, MD
Anand C. Patel, MD
Peter Michelson, MD
Robert C. Strunk, MD
Stuart Sweet, MD, PhD

Anesthesiology

James Fehr, MD

Cardiology

David T. Balzer, MD
Charles C. Canter, MD
Mark C. Johnson, MD
George F. Van Hare, III, MD

Cardiothoracic Surgery

Peter Manning, MD

Critical Care

Allan Doctor, MD
Matthew Goldsmith, MD
Mary Hartman, MD
Philip C. Spinella, MD

Dermatology

Susan J. Bayliss, MD

Emergency Medicine

Dee Hodge III, MD
David Jaffe, MD
Robert M. Kennedy, MD
Jan D. Luhmann, MD

Endocrinology & Metabolism

Ana Marie Arbelaez, MD
Abby Hollander, MD
Bess Marshall, MD
Neil White, MD

Gastroenterology

Robert Rothbaum, MD
David Rudnick, MD
Charles Samson, MD
Phillip Tarr, MD
Yumirle Turmelle, MD
Elizabeth Utterson, MD

Gynecology

Diane F. Merritt, MD
David G. Mutch, MD
Matthew A. Powell, MD
Valerie Ratts, MD

Hematology/Oncology

Robert Hayashi, MD
Frederick S. Huang, MD
David Wilson, MD, PhD

Infectious Disease

Gregory A. Storch, MD

Nephrology

Anne Beck, MD
Vikas R. Dharnidharka, MD, MPH
Paul Hmiel, MD, PhD
Keith A. Hruska, MD

Neurological Surgery

Ralph G. Dacey, Jr., MD
Jeffrey R. Leonard, MD
David D. Limbrick, MD
T. S. Park, MD
Matthew D. Smyth, MD

Neurology

Janice Brunstrom, MD
Anne M. Connolly, MD
W. Edwin Dodson, MD
Jeffrey J. Neil, MD, PhD
Michael J. Noetzel, MD
Alan Pestronk, MD
Arthur Prenskey, MD
Bradley L. Schlaggar, MD, PhD
K. Liu Lin Thio, MD, PhD
Michael Wong, MD, PhD
Kelvin A. Yamada, MD
John M. Zempel, MD, PhD

Newborn Medicine

F. Sessions Cole, MD
Jeffrey G. Dawson, MD
Aaron Hamvas, MD
Terrie E. Inder, MD
Joan L. Rosenbaum, MD
Barbara Warner, MD

Ophthalmology

Susan M. Culican, MD
Gregg T. Lueder, MD
Lawrence Tyachsen, MD

Orthopedic Surgery

Martin Boyer, MD
Keith H. Bridwell, MD
Ryan Calfee, MD
Matthew B. Dobbs, MD
Richard H. Gelberman, MD
Charles A. Goldfarb, MD
J. Eric Gordon, MD
Mark Halstead, MD
Lawrence G. Lenke, MD
Scott J. Luhmann, MD
Matthew J. Matava, MD
Douglas McDonald, MD
Perry L. Schoenecker, MD

Otolaryngology

Richard A. Chole, MD
Keiko Hirose, MD
Timothy E. Hullar, MD
David W. Molter, MD
Stanley E. Thawley, MD

Pathology

Louis P. Dehner, MD
Peter A. Humphrey, MD

Plastic Surgery

Susan E. Mackinnon, MD
Albert S. Woo, MD

Psychiatry

John N. Constantino, MD
Anne L. Glowinski, MD
Joan L. Luby, MD
Ginger Nicol, MD

Radiation Oncology

Jeff M. Michalski, MD

Rheumatology

Andrew White, MD

Radiology

Geetika Khanna, MD
Robert McKinstry, III, MD
Marilyn J. Siegel, MD

Nuclear Medicine

Farrokh Dehdashti, MD
Barry Siegel, MD

Surgery

Patrick A. Dillon, MD
Martin Keller, MD
Jacqueline Saito, MD
Brad W. Warner, MD

Urology

Paul F. Austin, MD
Douglas E. Copen, MD

Community Pediatricians/ Subspecialists

Susan Elizabeth Adams, MD
Denis Altman, MD
Patricia J. Amato, MD
Allison Ardis, MD
Jennifer L. Arter, MD
Susan Baumer, MD
Jean E. Birmingham, MD
Trina J. Blythe, MD
Darryl S. Cohen, MD
David J. Callahan, MD
Susan C. Conger, MD
John Davis, MD
Ray S. Davis, MD
Jane Elizabeth DeFalco, MD
Gerry L. Deschamps, MD
Alla Dorfman, MD
Charles Dougherty, MD
Matthew P. Dougherty, MD
Adam C. Eaton, MD
Jay Epstein, MD
Gregory K. Finn, MD
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Nancy Holmes, MD
Angela Jones, MD
Michele Kemp, MD
Joel Koenig, MD
Katherine Lillian Komendowski, MD
Denise H. Kung, MD
Richard L. Lazaroff, MD
Kenneth C. Levy, MD
Julia Mayer, MD
Kimberli E. McCallum, MD
Thomas C. McKinney, Jr., MD
Margaret M. Mueller, MD
Alison C. Nash, MD
Karen K. Norton, MD
Allison H. Oswald, MD
Jennifer A. Panasci, MD
Daniel Plax, MD
Santiago Bo Plurad, MD
Juanita Polito-Colvin, MD
Peter Putnam, MD
George Rezabek, MD
James R. Rohrbaugh, MD
Isabel L. Rosenbloom, MD
Christina Ruby-Ziegler, MD
Martin D. Rudloff, MD
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Joseph Schachter, MD
Margaret Ann Schmandt, MD
Connie D. Simmons, MD
Paul S. Simons, MD
Alan J. Skoultchi, MD
Joshua Smith, MD
Randall S. Sterkel, MD
Rosa Suarez-Solar, MD
Donna T. Thackrey, MD
Hayley M. Wurzel, MD
Mona Yassin, MD
Julia C. Young, MD
Cecilia H. Yu, MD

NEW PHYSICIANS AT SLCH: AUGUST 2013

GRETCHEN M. FOLTZ, MD

Instructor in Radiology

Specialty: Vascular and Interventional Radiology

Education/Training:

- Interventional radiology fellowship, McGaw Medical Center, Northwestern University, Chicago, Illinois
- Diagnostic radiology residency, UNC Hospitals and Clinics, University of North Carolina, Chapel Hill
- Transitional internship, Harbor-UCLA Medical Center, University of California – Los Angeles, Hawthorne
- Medical degree, Medical College of Wisconsin, Milwaukee



JOHN F. GLEESON, JR., MD

Instructor in Pediatrics

Specialty: Pediatric hospitalist

Education/Training:

- Pediatrics internship/residency, Saint Louis University School of Medicine/Cardinal Glennon Children's Medical Center
- Medical degree, Saint Louis University School of Medicine



GINO J. VRICELLA, MD

Instructor in Surgery

Specialty: Pediatric urology

Education/Training:

- Pediatric urology fellowship, WUSM/St. Louis Children's Hospital
- Surgery internship/residency, University Hospitals-Case Medical Center, Cleveland, Ohio
- Medical degree, University of Missouri-Columbia School of Medicine, Columbia, Missouri

DEPARTING MEDICAL STAFF MEMBERS

Sun-Young Ahn, MD, Nephrology
Geetha Herath, MD, Hospitalist Medicine
Katherine Keech, MD, Anesthesiology
Mohamed Soliman, MD, Ophthalmology
Scott Trail, MD, Community Pediatrician
Martha Sewall, MD, Community Pediatrician
Michael Watson, Jr., MD, PhD, Infectious Diseases

[SLCH NEWS] 15TH OPERATING ROOM SUITE OPENS, SUPPORTS SPECIALIZED TRAUMA CARE


The newest surgical suite at St. Louis Children's Hospital provides immediate access for trauma patients needing surgery. Funded by the Dana Brown Charitable Trust, OR-15—The Dana Brown Surgical Suite—is located on the sixth floor. It offers the latest technology to support minimally invasive surgery. Robotic instruments allow medical teams to more efficiently meet the needs of a growing patient population.

SLCH is the only pediatric hospital in Missouri and Illinois that is nationally recognized by the American College of Surgeons (ACS) as a Level 1 Pediatric Trauma Center, the highest classification of trauma care in the nation. The addition of the trauma operating room suite helps the hospital maintain its Level 1 distinction.

The late Dana Brown, a St. Louisan, founded Safari Coffee. For decades, he appeared in commercials for his coffee brand, typically filming the ads while traveling around the world. The commercials were similar to nature films, with a mention of Safari Coffee coming at the end. He died in 1994 at the age of 89.

“Dana Brown was a longtime friend of St. Louis Children's Hospital, and he loved children,” says Lee Fetter, SLCH Foundation president. “His generous gift, through the Dana Brown Charitable Trust, will ensure that the children of St. Louis and our region receive the best in emergency care.”

Previous gifts of support from the Dana Brown Charitable Trust to the SLCH Foundation were directed toward:


- a new Emergency Unit
- an endowed professorship in emergency medicine
- a new mobile intensive care unit
- 30 new PACU rooms. 



On hand for a ceremonial ribbon cutting for The Dana Brown Surgical Suite are, from left, Dr. Martin Keller, trauma services director; Dana Brown Charitable Trust trustees Dan Watt, Scott Schmid, Kathy Siddens and Tom Doherty; and Lee Fetter, SLCH Foundation president.

CHIEF RESIDENT AWARD | DAVID STEFLIK, MD



Awarded by the pediatric chief residents, this honor recognizes those residents who show exceptional dedication to their patients, colleagues or profession. In June, the SLCH Chief Resident Award was presented to David Steflik, MD, a second-year pediatric resident, in recognition of being an outstanding resident and colleague. 

[SLCH NEWS] SLCH RECOGNIZED FOR PROGRESS ADOPTING ELECTRONIC MEDICAL RECORD MODEL

In June, St. Louis Children's Hospital (SLCH) received notification that it has achieved the Stage 6 designation of the Health Information Management Systems Society (HIMSS) Analytics Hospital Electronic Medical Record Adoption ModelSM. According to HIMSS Analytics, the distinction honors SLCH's accomplishments in implementing technology solutions that have the ability to improve patient safety and quality of care. Only 536 hospitals in the United States—just under 10 percent—carry the Stage 6 designation. The stages range from 0 or no automation of health information to 7—the highest-achievable level of health information technology adoption.

“This milestone is a testament to the focused direction Children's Hospital has taken to health IT adoption. It could only be achieved through the commitment and partnership of the hospital's administration, clinical leadership and IT staff,” says Feliciano Yu, MD, SLCH chief medical information officer and associate professor of pediatrics at Washington University. “At this point, we are well-positioned to achieve Stage 7 next year. That means we will have the framework in place to become a learning health IT system with the ability to analyze and mine data and transform that information into knowledge. From that knowledge we will gain the wisdom


to achieve well-coordinated delivery that results in improved patient care and safety.”

Dr. Yu notes that in 2009, SLCH was at Stage 3. Since that time, KiDDOSSM and other IT systems in radiology, pharmacy, laboratory and electronic medical records have been rolled out.

“The process was complicated by the fact that there are multiple IT systems throughout the hospital and BJC HealthCare. Through hard work and a cooperative effort, we have succeeded in developing systems that communicate in-house as well as with the state's health information exchange,” he says.

HIMSS Analytics determines the stage at which hospitals have implemented their health IT systems through annual in-depth surveys and telephone interviews. A Stage 7 designation is achieved after a site visit from HIMSS Analytics representatives.

“We are confident that we will reach that highest designation next year and in so doing position Children's Hospital as a leader in health IT implementation,” says Dr. Yu.

SLCH's Stage 6 designation will be recognized at the HIMSS14 Annual Conference and Exhibition being held in Orlando, Florida, in February 2014. 

[CDI NEWS] NEW CDI-FUNDED RESOURCE ACCELERATES PEDIATRIC RESEARCH

The Washington University Institute of Clinical and Translational Sciences (ICTS), with funding from the Children's Discovery Institute (CDI), created the Research Forum-Child Health (RF-CH) to facilitate and expedite pediatric medical research from bench to bedside. The extensive list of benefits provided to researchers by the RF-CH includes guidance in the following areas:

- Design of experimental and project strategies
- Identification of resources (internal and external) and bottlenecks
- Improvement in research efficiencies and streamlined processes
- Increase in collaborations, working groups and funding opportunities
- Better support of investigator advocacy, mentoring and executive coaching
- Facilitation of project/team outcome and delivery
- Promotion and development of intellectual property

“The ICTS's mission strongly complements that of the CDI: accelerate discoveries and speed the translation of research findings to improve prevention, diagnosis and therapy in clinical practice,” says Mary Dinauer, MD, PhD, scientific director of the CDI. Dr. Dinauer holds the Fred M. Saigh Distinguished Chair of Pediatric Research at St. Louis Children's Hospital and serves as professor of pediatrics and pathology and immunology at the School of Medicine. “This new initiative will expand opportunities for the CDI to catalyze the translation of new ideas into better understanding and treatment of pediatric diseases.”

“Traditionally, researchers tend to work independently when exploring and adapting new scientific discoveries,” explains John Kotyk, PhD, associate research professor of radiology at Washington

University School of Medicine, who is the project manager of the RF-CH and director of the new ICTS Research Forum Program. “This requires considerable effort on their part to line up resources, learn various processes and solicit collaborative feedback, especially in areas where they have little expertise. The RF-CH attempts to change this model by establishing an appropriate team of experts dedicated to helping investigators quickly establish and develop high-quality research plans and milestones, along with results.”

The RF-CH comprises faculty members from both basic and clinical sciences, as well as representatives from various support functions, such as nursing, biostatistics, subject recruitment, ICTS core facilities and a project manager. Investigators in pediatric research can access the RF-CH for help in transforming research ideas into well-designed translational projects, grant applications and possibly even new biotechnology platforms.

“The ultimate goals of the RF-CH are to enhance research quality and efficiency and foster advances in translational research that will ultimately advance clinical practice and improve the health of children,” Dr. Kotyk says.

The RF-CH will be led by Steven L. Brody, MD, associate professor of medicine, in the Division of Pulmonary and Critical Care, and Vikas Dharnidharka, MD, MPH, associate professor of pediatrics and chief of the Division of Pediatric Nephrology, at Washington University School of Medicine.

Learn more about the Children's Discovery Institute at ChildrensDiscovery.org. 

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IN THIS ISSUE

- 1 New Institute Established for Treating Children with Facial Paralysis
- 4 Meet The 2013-2014 Chief Residents
- 6 15th Operating Room Suite Opens, Supports Specialized Trauma Care

[SLCH NEWS] GOVERNOR SIGNS THREE BILLS FOR CHILDREN'S HEALTH

Governor Jay Nixon visited St. Louis Children's Hospital on July 9 to sign three bills into law for children's health. The laws, which include standardized newborn screening for critical congenital heart disease and improved reporting and treating of sexual abuse, were drafted with leadership from the medical teams at St. Louis Children's Hospital and Washington University School of Medicine.

Washington University neonatologists Sherrie Hauff, MD, and Cindy Ortinau, MD, along with cardiologist George Van Hare, MD, co-director of the St. Louis Children's and Washington University Heart Center, collaborated for more than a year to integrate the pulse oximetry screening into routine newborn testing for critical congenital heart disease (CHD), and played an integral role in creating the new legislation.

A pulse oximeter is a small cuff that fits around a baby's hand or foot and reads the level of oxygen in the child's blood, along with his or her heart rate. The results can help doctors detect several of the most common congenital heart defects.

The physician team also developed information now available for parents on Labor & Delivery units to explain the non-invasive screening, as well as a comprehensive Critical Congenital Heart Disease Program toolkit for other hospitals to use when establishing a screening program.

Physicians on the child protection team at St. Louis Children's Hospital

and Washington University School of Medicine, headed by Adrienne Atzemis, MD, assistant professor of pediatrics, helped create legislation that will help prevent and report child abuse and neglect (HCS HB 505). This

law provides for faster and more efficient reporting of child sex abuse or neglect cases, by removing barriers for mandatory reporters, and ensuring access to forensic examinations.

A third law (HCS SB 256) will make revisions to the current law known as the Safe Haven Law, which allows parents to abandon a child without prosecution if left in the protection of a medical provider, emergency medical technician, firefighter or law enforcement officer. The new law will increase from 5 to 45 days the amount of time that parents have to make this decision.

To request the critical CHD toolkit or more information, contact Children's Direct at 800.678.HELP (4357). 