U.S. NEWS RANKS ST. LOUIS CHILDREN’S HOSPITAL IN ALL 10 “BEST CHILDREN’S HOSPITAL” SPECIALTIES

St. Louis Children’s is only St. Louis hospital to rank in all 10 U.S. News categories

In each of the 10 specialties surveyed, St. Louis Children’s Hospital/Washington University School of Medicine again rank among the best in the nation, according to U.S. News & World Report. The publication released its annual “Best Children’s Hospitals” edition, along with the methodology used to prepare the rankings.

Of the 183 pediatric hospitals surveyed nationwide, only 25 ranked in all 10 specialties—including St. Louis Children’s Hospital/Washington University. St. Louis Children’s Hospital was the only hospital in St. Louis to rank in all 10 specialties.

“At St. Louis Children’s Hospital, we strive to be guardians of childhood, to protect a child’s right to have a healthy childhood,” says Joan Magruder, hospital president. “These rankings serve as a reinforcement of the importance of that mission and remind us that we are accomplishing our goals.”

The 10 pediatric specialties are cancer, cardiology/heart surgery, diabetes and endocrinology, gastroenterology and GI surgery, neonatology, nephrology, neurology and neurosurgery, orthopedics, pulmonology and urology.

Surveyors measured hospitals in three categories: resources—which refer to staffing, technology and specialty services; delivery of health care—which includes infection prevention methods, best practices and overall reputation; and clinical outcomes, such as patient survival, infection rates and complications.

St. Louis Children’s Hospital is the pediatric teaching hospital for Washington University School of Medicine, and many of the medical innovations that attract families to the hospital arise from that academic partnership.

“We are constantly expanding on the delivery of exceptional cutting-edge care to all children in need,” says Gary Silverman, MD, PhD, head of the department of pediatrics. “The U.S. News survey results confirm that both institutions continue to foster a shared dedication to excellence in medical education, care and community outreach.”

U.S. News introduced the Best Children’s Hospitals rankings in 2007 to help families of sick children find the best medical care available. The rankings open the door to an array of detailed information about each hospital’s performance.

For a full listing of hospital rankings and methodology, visit health.usnews.com/best-hospitals/pediatric-rankings.
Twenty-six-year-old presents with severely incompetent aortic valve, a worrisome aneurysm of the ascending aorta, complicated by extensive inflammation that puts the vessel at high risk for rupture. Since age 8, the patient has undergone three open-heart procedures and has been turned down at two other institutions due to perceived high risk of another operation.

To Orlando Petrucci, MD, PhD, the newest pediatric cardiothoracic surgeon at the St. Louis Children’s and Washington University Heart Center, the ensuing eight-hour surgery was par for the course. After the Bentall procedure (a procedure that involves replacing the aortic root with a composite tube graft and reimplanting coronary arteries) and replacing the patient’s no longer functional pulmonary valve, the patient made a quick recovery and was discharged home in just six days.

As the new surgical director of the Adult Congenital Heart Disease (ACHD) Program at Washington University School of Medicine (WUSM) and St. Louis Children’s Hospital (SLCH), Dr. Petrucci will be tackling similar and other complex cases of ACHD.

Adults with congenital heart disease is a rapidly growing population of patients, and the program at WUSM and SLCH/Barnes-Jewish Hospital is the largest and most experienced program in the region. The program provides care for more than 5,000 patients; nearly 60 open heart surgical procedures and 40 major cardiac catheterization procedures are performed each year.

“As a result of improved treatment and surgical techniques over the years, we now have more adults than children with congenital heart disease,” Dr. Petrucci explains. “These adults had their hearts repaired when they were children, and now years later, they may need follow-up care or further interventions. Historically, these patients were treated by pediatric cardiologists or pediatric cardiac surgeons, but at some point they got lost in the system because they have a congenital problem but are no longer children. Our program ensures these patients receive the proper treatment, which for some may mean heart transplantation or the use of a ventricular assist device to delay or avoid a heart transplant.”

Prior to joining WUSM/SLCH, Dr. Petrucci was professor of cardiothoracic surgery at the University of Campinas, Sao Paulo, Brazil, where he established the university’s heart transplant program. Today, it is one of the busiest heart transplant programs in Brazil.

“It is such a great feeling to have an exceptional and gifted surgeon on our team. On top of it all, Dr. Petrucci is a wonderful human being with a joyful sense of humor,” says Pirooz Eghtesady, MD, PhD, chief of pediatric cardiothoracic surgery at WUSM and cardiothoracic surgeon-in-chief at SLCH. “If I had to have open heart surgery, I would want Dr. Petrucci to be the one to do it.”

Dr. Petrucci completed most of his training in Brazil, where he ascended to the Executive Council of the Brazilian Society of Cardiovascular Surgery. During his prior academic tenure, he led the educational didactic program for “mastery in surgery” as well as the graduate program in experimental surgery. His prior research focused on myocardial protection and remodeling of the injured heart. He also completed a research fellowship program in fetal myocardial protection at the University of Cincinnati in Ohio and a pediatric cardiothoracic surgery fellowship at WUSM.

“I am excited to be at Washington University and Children’s Hospital,” he says. “These are such well-known institutions, and the excellent collaborative environment helps physicians excel in their fields.”

To speak with Dr. Petrucci or to learn more about adult congenital heart disease, call Children’s Direct at 800.678.HELP (4357).
Washington University cardiothoracic surgeons and cardiologists at St. Louis Children’s Hospital (SLCH) recently performed a hybrid percutaneous pulmonary valve implantation for Treva Garlick, a 74-year-old woman with adult congenital heart disease (ACHD). Previously, fewer than 15 patients worldwide—all in their 20s and 30s—had undergone this rare surgery.

The surgery was the third in Garlick’s lifetime to correct a heart defect known as Tetralogy of Fallot, which typically features four problems:

- A hole between the lower chambers of the heart
- An obstruction from the heart to the lungs
- The aorta lying over the hole in the lower chambers
- Over-thickening of the muscle surrounding the lower right chamber

“In 1948 when she was 6 years old, Mrs. Garlick underwent a palliative procedure called a Blalock-Taussig shunt in Chicago,” says Orlando Petrucci, MD, surgical director of the ACHD Program at Washington University School of Medicine and St. Louis Children’s Hospital. “In 1984, she underwent a definitive repair at the Mayo Clinic. This consisted of a ventricular septal defect closure and an enlargement of the communication between the right ventricle and pulmonary artery—right ventricle outflow tract enlargement—both using a patch.”

Dr. Petrucci explains that although the right ventricular outflow tract enlargement relieved the obstruction, no valvular mechanism was left in place. Almost 40 years after Garlick’s last surgery, the absence of any valvular mechanism caused right ventricle dilation.

“Over those many years the blood had been leaking back, leading to progressive enlargement of Mrs. Garlick’s right heart and ventricle,” says Pirooz Eghtesady, MD, PhD, section chief, pediatric cardiothoracic surgery, and co-director of the St. Louis Children’s and Washington University Heart Center. “She began developing symptoms of shortness of breath, ascites or fluid retention in her abdomen, and her legs were swelling. Even with increased medical therapy, her symptoms persisted.”

Historically, the approach for many patients with pulmonary valve insufficiency was surgical. However, in 2010 the Food and Drug Administration approved a less-invasive procedure called implantation of Melody valve, a valve introduced percutaneously through the groin vasculature.

“Unfortunately, Mrs. Garlick had a very wide right outflow tract that precluded the insertion of any valvular mechanism via endovascular approach,” says Dr. Petrucci.

Normally that would mean performing an open-heart surgical procedure, but the surgeons had concerns about placing Mrs. Garlick on a heart-lung machine considering her age and the possibility of complications such as kidney failure and brain injury. Instead, the surgeons chose to do the hybrid percutaneous pulmonary valve implantation off bypass.

“We began by opening the chest and imbricating the area that had been patched to make it smaller,” explains Dr. Eghtesady. “This provided our cardiology colleagues, Drs. Balzer and Zajarias, direct access to the heart for implantation of a Sapien valve. Using fluoroscopic guidance, they were able to position it perfectly within her pulmonary artery. It worked beautifully.”

Five days later, Mrs. Garlick was discharged from the hospital. Her symptoms of fluid retention and shortness of breath are gone, and she’s resumed driving the 50 miles to her son’s house twice a week to babysit her grandchildren.

“I’m back to cleaning house, and I’m pretty sure I’ll be mowing the grass this summer,” she says. At her last visit with Dr. Eghtesady, she walked to the clinic unaided, a distance of about a half-mile.

“Tetralogy of Fallot is not uncommon, and about two-thirds of patients who undergo repair as infants develop pulmonary valve incompetency,” says Dr. Eghtesady. “For patients like Mrs. Garlick who are not candidates for a percutaneous procedure, this hybrid approach gives the option of one less-invasive step by avoiding use of the heart-lung machine.”

He adds, “More important than the technological innovation, the success of this case highlights the importance and power of multidisciplinary work, which epitomizes our ACHD program.

Very few places can bring together pediatric and adult specialists with different backgrounds and have them work closely together like this.”

To speak with a member of the St. Louis Children’s and Washington University Heart Center, call Children’s Direct at 800.678.HELP (4357).
In June, the pediatric infectious diseases division at St. Louis Children's Hospital (SLCH) opened a clinic at the St. Louis Children's Hospital Specialty Care Center (CSCC) located at Mason Road and I-64 for the convenience of patients and their families. Rachel Orscheln, MD, Washington University pediatric infectious diseases specialist, sees patients at the CSCC on Monday mornings between 8 a.m. and 11:30 a.m.

“We will continue our Thursday morning clinic at Children’s Hospital, but we thought it would be convenient to offer clinic times on a different day at the CSCC,” says Dr. Orscheln. “This provides us with an opportunity to see children who may develop problems over a weekend on a Monday rather than having them wait two or three days for an appointment on our main campus.”

Among the services offered are routine evaluations for children referred for infectious diseases or complications, follow-up for patients with staphylococcal infections formerly seen at the SLCH MRSA clinic, rabies vaccinations, family pre-travel needs such as typhoid vaccine or malaria prophylaxis and consultations for children recently returned from international travel. The division’s multidisciplinary International Adoption Center and combined Orthopedics/ID clinic will continue to be held at Children’s Hospital.

“It’s exciting for Infectious Diseases to have a presence at the CSCC,” said David Hunstad, MD, director of the infectious diseases division. “We hope this new clinic offering will serve the needs of families and referring providers in west county and beyond.”

To speak with a member of the Infectious Diseases Clinic, call Children’s Direct at 800.678.HELP (4357).

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Therapy Services at St. Louis Children’s Hospital (SLCH) has established a pediatric hand therapy program to provide specialized occupational therapy for surgical and nonsurgical orthopedic and plastic surgery patients. Charles Goldfarb, MD, chief of pediatric orthopedic surgery at Washington University School of Medicine and SLCH, strongly supports the pediatric-focused program.

“Occupational therapy for hand patients is significantly different for the pediatric population compared to adults,” says Dr. Goldfarb. “First, there are a number of procedures for hands and upper extremities that are only performed on children; for instance, treating birth anomalies. It’s important for an occupational therapist to be familiar with these specialized diagnoses, procedures and the therapies associated with them. And second, injuries in children require a different approach compared to adults—this includes treating stiffness after fracture, limited function after nerve injury, and generalized functional limitations. Finally, occupational therapy for children requires creativity. You can show adults rehab exercises and assume they will take initiative in completing them independently. There’s never that assumption with children, so therapies need to be fun, keep children’s interest, and be supported by parents willing to cooperate in the rehabilitation process.”

Valeri Calhoun, MS, OTR/L, CHT, provides pediatric hand therapy two days a week at the hospital and three days weekly at the St. Louis Children’s Hospital Specialty Care Center. Calhoun has 33 years of experience as an occupational therapist, 22 years as a certified hand therapist, and 10 years focusing on pediatric patients. She has worked in both academic and clinical settings and has served as an occupational therapy instructor at the graduate level.

“Valeri’s expertise is a decided advantage for our pediatric patients, but also a great help to the physicians who work with her,” says Alison Snyder-Warwick, MD, Washington University plastic and reconstructive surgeon at SLCH. “Her ability to assess patients’ current status is invaluable to us, and her knowledge of treatment options ensures we are providing the best individualized therapies for each child.”

Having worked in settings in which both adults and children receive therapy in close proximity, Calhoun knows the importance of treating pediatric patients in a space designed just for them.

“Beginning therapy is a bit scary for children simply because it’s something new. Receiving that therapy in a room in which they may be sitting next to unfamiliar adults can add to their anxiety,” she explains. “When children begin hand therapy at the hospital or Specialty Care Center, they are surrounded by other children. The goal is to make therapy fun so that patients are willing to complete exercises both in the therapy room and at home. Integral to that process is instructing parents on the importance of their role in working with their children so the best possible outcome may be achieved.”

In addition to Washington University surgeons at SLCH, community physicians also may refer patients to the pediatric hand therapy program. “It is our hope that this focused therapy provided in a child-friendly atmosphere can benefit pediatric hand patients continued on next page
In its first year, the St. Louis Children's Hospital Specialty Care Center (CSCC) in west St. Louis County recorded more than 75,000 patient visits to Washington University clinics and St. Louis Children's Hospital (SLCH) service areas. The popularity of the conveniently located site was not a surprise to Julie Bruns, SLCH director of the CSCC, and Kelley Mullen, senior director of clinical operations, Washington University Faculty Practice Plan. What was unexpected, however, was the broad area from which patients were drawn.

“We've had patients from approximately 23 states visit physicians and use services at the CSCC,” says Bruns. “We knew this location would be convenient for those living in west and north St. Louis counties. What we've found is that its easy access right off the highway makes it convenient, period.”

In addition to providing access to multiple pediatric specialties, the center houses three operating rooms, a procedure room, a laboratory, therapy services, imaging and infusion centers, a Pediatric Acute Wound Service (PAWS) and the Young Athlete Center—a center dedicated to caring for kids of all ages with sports-related injuries. The CSCC's most recent addition is two primary care pediatric practices.

“The CSCC is the first facility jointly owned by Washington University and Children's Hospital,” says Mullen. “We've worked to operate with a spirit of partnership and collaboration that is proving beneficial to patients, their families, physicians and everyone who works here.”

An example of that cooperation is the daily “huddle” at which representatives from each CSCC department meet to talk about any issues that may be of concern. “There may be staffing challenges of which everyone needs to be aware, or a department running short on linens can procure a supply from another area,” says Bruns. “Our ability to immediately find solutions for potential problems is a great help in ensuring we provide a consistently high standard of patient care.”

That concern for patient care recently resulted in Professional Research Consultants, Inc., a health care market research firm, recognizing a number of CSCC departments as having the highest scores among their peers. “The spirit and culture we are striving to create and sustain at the CSCC has at its heart the world-class care provided by Children’s Hospital and Washington University in a convenient, friendly and efficient atmosphere,” says Bruns.

For more information about the CSCC, visit StLouisChildrens.org/SpecialtyCare.

**RADIOLOGY/MRI SERVICES AT THE CSCC**

The Children's Specialty Care Center (CSCC) offers a full spectrum of imaging capabilities, including fluoroscopy, MRI, plain film X-ray and ultrasound. Its 1.5 Tesla Siemens Aera MRI scanner has top-of-the-line applications and technologies for pediatric MR imaging.

“The scanner provides exceptional head-to-toe image quality with fast image acquisition in a child-friendly environment,” says Geetika Khanna, MD, Washington University pediatric radiologist at SLCH.

Plain film X-rays and MRI are available between 7:30 a.m. and 7 p.m. Monday–Friday. Plain film X-rays also are available between 7:30 a.m. and 1 p.m. on Saturdays. **Walk-in patients needing X-rays are welcome anytime during radiology hours.** Plans are underway to offer ultrasound on Saturdays as well.

To schedule an imaging appointment at the CSCC, call 314.454.2525.

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throughout the St. Louis region,” says Carol Finkes, OTR/L, SLCH occupational therapy supervisor. “Our ability to provide care by a highly experienced occupational therapist in two locations each week is a strength we are confident will appeal to physicians within the community.”

For more information about the pediatric hand therapy program and to refer a patient, call Children's Direct at 800.678.HELP (4357).
[RESEARCH UPDATE] | AS MORE STATES LEGALIZE MARIJUANA, ADOLESCENTS’ PROBLEMS WITH POT DECLINE

Fewer adolescents also report using marijuana

By Jim Dryden/Washington University School of Medicine

A survey of more than 216,000 adolescents from all 50 states indicates the number of teens with marijuana-related problems is declining. Similarly, the rates of marijuana use by young people are falling despite the fact more U.S. states are legalizing or decriminalizing marijuana use and the number of adults using the drug has increased.

Researchers at Washington University School of Medicine examined data on drug use collected from young people, ages 12 to 17, over a 12-year span. They found that the number of adolescents who had problems related to marijuana—such as becoming dependent on the drug or having trouble in school and in relationships—declined by 24 percent from 2002 to 2013.

Over the same period, kids, when asked whether they had used pot in the previous 12 months, reported fewer instances of marijuana use in 2013 than their peers had reported in 2002. In all, the rate fell by 10 percent.

Those drops were accompanied by reductions in behavioral problems, including fighting, property crimes and selling drugs. The researchers found that the two trends are connected. As kids became less likely to engage in problem behaviors, they also became less likely to have problems with marijuana.

The study’s first author, Richard A. Grucza, PhD, an associate professor of psychiatry, explained that those behavioral problems often are signs of childhood psychiatric disorders.

“We were surprised to see substantial declines in marijuana use and abuse,” he said. “We don’t know how legalization is affecting young marijuana users, but it could be that many kids with behavioral problems are more likely to get treatment earlier in childhood, making them less likely to turn to pot during adolescence. But whatever is happening with these behavioral issues, it seems to be outweighing any effects of marijuana decriminalization.”


The data was gathered as part of a confidential, computerized survey called the National Survey on Drug Use and Health. It surveys young people from different racial, ethnic and income groups in all 50 states about their drug use, abuse and dependence.

In 2002, just over 16 percent of those who were 12 to 17 years of age reported using marijuana during the previous year. That number fell to below 14 percent by 2013. Meanwhile, the percentage of young people with marijuana-use disorders declined from around 4 percent to about 3 percent.

At the same time, the number of kids in the study who reported having serious behavior problems—such as getting into fights, shoplifting, bringing weapons to school or selling drugs—also declined over the 12-year study period.

“Other research shows that psychiatric disorders earlier in childhood are strong predictors of marijuana use later on,” Dr. Grucza said. “So it’s likely that if these disruptive behaviors are recognized earlier in life, we may be able to deliver therapies that will help prevent marijuana problems—and possibly problems with alcohol and other drugs, too.”

[FACULTY UPDATE] | CHIEF RESIDENT AWARD

Each month, St. Louis Children’s Hospital’s chief residents honor a resident who shows exceptional dedication to his or her patients, colleagues or profession. In April, the SLCH Chief Resident Award was presented to Samuel Abebe, MD, a third-year pediatric resident. Dr. Abebe was recognized for consistently being a hard-working, enthusiastic team member who makes work enjoyable and who goes out of his way to help his colleagues.

In May, the award was presented to Elizabeth Messer, MD, a third-year pediatric resident. Dr. Messer was recognized for consistently being an exceptionally reliable and hard-working resident as well as a great team player.
SLCH NEWS | SLCH WELCOMES NEW INTERNS

In June, St. Louis Children’s Hospital welcomed the following 34 interns to its pediatric residency program.

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CONTINUING EDUCATION

Early Bird Rounds will resume in September!

Specialty Care Speaker Series

(Last Tuesday of every month, St. Louis Children’s Hospital Specialty Care Center, I-64 and Mason Road. Enjoy a light complimentary meal at 5:30 p.m., one-hour presentation begins at 6 p.m.)

• Aug. 30 – Alysa Ellis, MD, Allergy/Immunology/Pulmonary
• Sept. 27 – Avi Beigelman, MD, Allergy/Immunology/Pulmonary
• Oct. 25 – Georgeann Groh, MD, Cardiology
• Nov. 29 – Paul Austin, MD, Urology

Upcoming Conferences:

• Fall 2016 Clinical Pediatric Update, Friday & Saturday, Sept. 23-24, Lake of the Ozarks, MO
• Pediatric Trauma & Emergency Medicine Symposium, Friday & Saturday, Sept. 23-24, St. Louis, MO
• Ninth Annual Pediatric Nurse Practitioner Conference, Friday, Nov. 11, 8 a.m.-4:30 p.m., Eric P. Newman Education Center, 320 S. Euclid, St. Louis, MO 63110
• 10th Annual Pediatric Trauma Update, Tuesday, Nov. 15, John A. Logan College, Carterville, Ill.

For additional information about these conferences, go to StLouisChildrens.org/Med_Ed.

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