

Penn State Hershey Children's Hospital Newsletter

July 2012
Issue 7



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pennstatehershey.org/childrens

From the Chair's Office

A. Craig Hillemeier, M.D., Chairman – Barbara E. Ostrov, M.D., Vice-Chair

Welcome to the July 2012 issue of the Penn State Hershey Children's Hospital Newsletter. It has been an exciting two months since our last issue.

U.S. News and World Report Children's Hospital was ranked in three specialties this year including orthopaedics, for the second year in a row, cancer, and diabetes/endocrinology. This recognition speaks to the wonderful care our physicians and staff provide to children and their families throughout our region.

In each of these areas, it is the team of nurses, doctors, therapists, counselors, child life specialists, staff and countless others, who contribute to the effort culminating in this recognition. We must thank Laura Bixler, operations assistant in the Department of Pediatrics, Dave Snell, and Ann Peric, along with others from information technology who organized and analyzed data along with groups from each specialty and division to complete the voluminous survey data required for the submission to U.S. News. We are very proud to work with such an outstanding Children's Hospital community. View the video of thanks on the Penn State Hershey YouTube channel at youtube.com/watch?v=1DJsFjFuFRM.

Lancaster Affiliation Over the past nine months, Children's Hospital has worked closely with Lancaster General Hospital (LGH) and recently announced the affiliation to provide care at LGH. Our physicians have been supporting the pediatric hospitalists at LGH since January and as of

July 1, 2012, the formal hospitalist affiliation is in place. This collaboration has been well received by Children's Hospital and Lancaster communities and LGH staff. The next step in this affiliation is to develop a core group of specialists who provide full-time clinical care for the children in the Lancaster area. Efforts are underway to develop affiliated programs in pediatric pulmonology and psychiatry, as well as gastroenterology and cardiology. The ultimate goal is to identify the specialty needs of Lancaster County and further develop programs and services that align with those clinical needs. We will continue our outreach office at Noll Drive, as well, but can envision a time in the future when the specialty services and the outreach program are housed together for seamless care of the children in the Lancaster area.

CMN Telethon In June, the annual CMN Telethon once again was a great success, raising more than \$3.29 million this year. We are thankful for the outstanding contributions from the central Pennsylvania community as we continue to build and develop new programs and support research efforts with these dollars. The Children's Hospital's unique services such as child life, the Hummingbird Program, camps for children with chronic diseases, our Injury Prevention Program, and many others are special and far-reaching due to these donations. Thank you!

Thank you for your continued participation and input to this newsletter which continues to update the Penn State Hershey Children's Hospital community.

Kudos

Patricia Silveyra, Ph.D., received a travel award and was selected to attend the MAC (Minority Affairs Committee) Seventh Annual Junior Faculty and Postdoctoral Fellows Career Development Workshop in San Antonio, Texas, June 9-10, 2012.

Children's Hospital Teamwork and Community Support

Recently, a family visiting relatives here in Pennsylvania was involved in a tragic car accident in which the mother of seven children was killed. An aunt and uncle from the same family were also seriously injured.

The seven children and their father suffered minor injuries, and all seven children were admitted to the Children's Hospital and stayed overnight. All of the children prepared for discharge the following morning as relatives from Connecticut traveled to Hershey to care for the children. Following the accident, none of the children's car seats were in proper working condition. During morning huddle and rounds, the problem of car seats for safe transport was discussed. The trauma and care coordination teams discussed reaching out to the

community to assist with this issue. Representatives from the Children's Miracle Network office, Wal-Mart and Shannon DePatto from Safe Kids® were consulted about the car seat situation. Wal-Mart graciously delivered, free-of-charge, four brand new car seats and two booster seats to the Life Lion hangar, where Shannon worked to properly install all of the seats in a rental van.

Meanwhile, multiple volunteers, pediatrics staff, child life workers, chaplains, and social workers helped to play with and comfort the children back in the Hospital as the father dealt with various other important issues. The children were all safely discharged by 4:00 p.m., that day.

Thank you to the great Children's Hospital staff, Children's Miracle Network, and our wonderful friends at Safe Kids® and Wal-Mart for all they did to support this family. Although it may seem like nothing in comparison to the tragic event, these individuals came together to support and guide this family in a way that showed extreme kindness, care, and compassion.

Upcoming Children's Hospital Fundraising Events

Mark your calendar for these upcoming events to support Children's Hospital.



Scarnati/Cawley 100

September 14-16, 2012

Benefiting Penn State Hershey Children's Hospital
senatorscarnati.com/scarnati-cawley

Four Diamonds 5K Run/Fun Walk

October 7, 2012

fourdiamonds.org



Hershey Half Marathon

October 21, 2012

Benefiting Children's Miracle Network
pennstatehershey.org/CMN



Children's Miracle Network Ball

November 17, 2012

Hershey Lodge

pennstatehershey.org/CMN



Children's Miracle Network Fashion Show

December 7, 2012

The Hotel Hershey

pennstatehershey.org/CMN

**Children's
Miracle Network
Hospitals**

2012 Highmark Walk for a Healthy Community

Thanks to all who supported Penn State Hershey Children's Hospital in the 2012 Highmark Walk for a Healthy Community. Through the generosity of nearly 200 registered walkers, as well as family and friends, more than \$19,900 was raised for Penn State Hershey Children's Hospital. Congratulations winning pediatric units – *Care Coordination* for recruiting the most walkers, and *Children's Champions* for raising more than \$2,300.



Penn State Hershey Children's Hospital walk participants

What's happening in Pediatric Dermatology?

Penn State Hershey Pediatric Dermatology

pennstatehershey.org/web/dermatology/patientcare/services/pediatricdermatology

Faculty:

Andrea Zaenglein, M.D.

Penn State Hershey Children's Hospital and the Department of Dermatology are fortunate to have Andrea Zaenglein, M.D., a board-certified pediatric dermatologist, as faculty to care for the children of central Pennsylvania with skin conditions. After completing her pediatric dermatology fellowship at New York University in 2001, she returned to her medical school alma mater, Penn State, to start her academic career. She is tenured as an associate professor of dermatology and pediatrics.

While Dr. Zaenglein sees a wide variety of skin diseases in children from birth to adolescence, one area of particular interest to her is congenital and acquired vascular lesions. She serves as a co-director of the Penn State Hershey Vascular Anomalies Clinic. This multidisciplinary team, comprised of plastic surgery, interventional radiology, and pediatric dermatology, meets monthly to evaluate patients with complex vascular malformations and devise a comprehensive management plan for those affected. Disorders commonly seen in the clinic include venous, arteriovenous, and lymphatic malformations, as well as the surgical complications of infantile hemangioma. The medical treatment of hemangiomas is managed by Dr. Zaenglein in her pediatric dermatology clinic. She works

closely with pediatric radiology, pediatric cardiology, and the inpatient pediatric team to ensure safe and effective treatments for all hemangioma patients. Additionally, Dr. Zaenglein performs pulsed dye laser surgery services for children with disfiguring vascular lesions, such as port wine stains and hemangiomas. Depending on the extent, this can be done in the office under local anesthesia or in the operating room if needed. For more information visit: pennstatehershey.org/web/plasticsurgery/patientcare/services/pediatric/vascular-malformations-clinic

Dr. Zaenglein is also actively involved in clinical trials involving skin disorders in children and adolescents. Areas of previous research include atopic dermatitis, tineapedis, molluscum and numerous acne studies. If you have a potential patient who would be interested in participating an IRB approved research protocol, the dermatology research team likely has a study currently enrolling patients. Call Amy Longenecker at 717-531-1513.

This year marked Dr. Zaenglein's tenth year here at Penn State Hershey; she considers herself especially lucky to be a part of both the Penn State Hershey Dermatology and Penn State Hershey Pediatrics. Kids and skin--it is truly the best of both worlds!



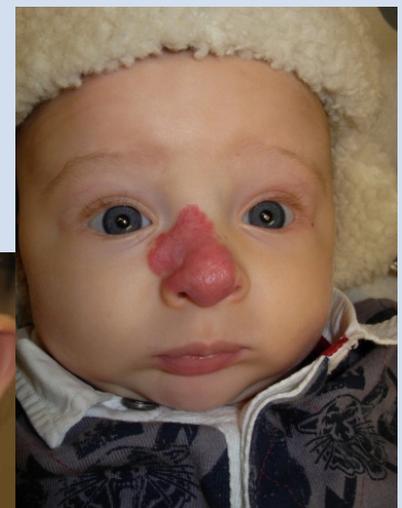
Andrea Zaenglein, M.D.



Newborn with capillary malformation (port wine stain) on arm



Seven month old with infantile hemangioma on the cheek; treated with topical timolo



Four month old with infantile hemangioma on the nose; treated with systemic propranolol

Nursing Updates

Penn State Hershey has received notice from the American Nurses Credentialing Center (ANCC) Magnet Recognition Program® of an appraisal site visit July 25, 26, and 27. Penn State Hershey has applied for re-designation of the prestigious Magnet designation.



The R.N. Professional Clinical Ladder nurse must demonstrate clinical expertise in six areas, the caring role; teaching and coaching; clinical practice; monitoring and ensuring the quality of health care practices; professional collaboration and consultation; and clinical knowledge development.

The following Children's Hospital and Women's Health Unit (WHU) registered nurses have met specific levels of practice since January 2012:

Level III: **Leah Steele, B.S.N., R.N.** (PIMCU), **Pamela Keller, B.S.N., R.N.** (WHU), **Kristy Connelly, B.S.N., R.N., C.P.H.O.N.** (Heme/Onc)

Level IV: **Cara Kapaun, B.S.N., R.N., C.C.R.N.** (PICU), **Stephanie Johnson, R.N., C.C.R.N.** (PICU), **Kelly Henderson, B.S.N., R.N.C.** (NICU), **Nichole Peffley, B.S.N., R.N.C.-N.I.C.** (NICU), **Karen Delany, B.S.N., R.N.C.-N.I.C.** (NICU), **Brandy Souders, B.S.N., R.N., C.P.H.O.N.** (Heme/Onc)

Departmental Changes

Earlier this year, **Ying Chang, M.D.**, and **Keith Williams, Ph.D.**, completed their tenure as practice site medical directors. **Rachel Levine, M.D.**, has taken on the role as Briarcrest pediatric specialties practice site medical director.

The following changes within the department will take effect August 1, 2012.

- **Timothy Palmer, M.D.**, assumes the role of pediatrics grand rounds coordinator.
- **Muttiah Ganeshanathan, M.D.**, steps down as practice site medical director for UPC 1100 (including the infusion room and heme/onc). We would like to thank Dr. Ganeshanathan for his hard work during his time as director. **Tracy Fausnight, M.D.**, has agreed to fulfill the director responsibilities.
- **George McSherry, M.D.**, steps down from his role as director of the Pediatric Clinical Research Office to concentrate on representing the Children's Hospital on the Infection Control Committee. We would also like to thank Dr. McSherry for his exemplary job during his time as director. **Ian Paul, M.D., M.Sc.**, has accepted the responsibilities as interim director of the Pediatric Clinical Research Office.
- **Rachel Levine, M.D.**, was appointed as the chair of the Promotion and Tenure Committee, replacing **Charles Palmer, M.B., Ch.B.**, who recently completed a three-year term as chair of the committee. We want to thank Dr. Palmer for his excellent service and contributions in this role.

Take A-SEC to Help Us Improve Communication at Children's Hospital

Within our Children's Hospital Patient Satisfaction Committee, a lot of discussion has circled around how to improve communication between disciplines, co-workers, and patients and families. The Patient Satisfaction Committee has come up with a new communication tool called A-SEC cards, which stands for Achieving Service Excellence in Communication. These cards are available for any staff and faculty member to complete regarding a particular situation or example when communication went well or an example when communication could have been improved. We will look at these cards every month during our patient satisfaction meetings to determine if there are themes, issues, or people to recognize for good communication skills.

We're looking for your help and feedback, so keep your eye out for flyers and cards in your areas. Please fill out these cards whenever you see an opportunity you would like to comment on. Now is your chance to speak up!

What is an A-SEC card?

A-SEC (Achieving Service Excellence in Communication) cards are tools that you can use to document and

identify situations of good communication and opportunities for communication to be improved.

Why should anyone fill out A-SEC cards?

We want to improve our communication with each other here at Children's Hospital, but we also want to recognize those who communicate well.

Who can fill out A-SEC cards?

Anyone who works in Children's Hospital can fill out A-SEC cards. It can be for a situation you personally were involved in or a situation you observed. Situations could be between patients and families and staff members or between staff members.

Where do I submit the A-SEC card?

You can put the A-SEC card in the marked envelope or you can send it to Debbi Fuhrer (Mail Code H085).

When will A-SEC cards be reviewed?

Every month, A-SEC cards will be reviewed at the Children's Hospital Patient Satisfaction Committee meetings.

Thank you for your help in improving our communication at Penn State Hershey Children's Hospital!

Can You Hear What's Happening in the World of Pediatric Cochlear Implants?

Cochlear implants have revolutionized the rehabilitation of children with severe to profound sensorineural hearing loss. With early implantation, speech therapy, and enrollment in programs that emphasize oral-aural development, some of these children can attend mainstream schools.

Upon her arrival to Penn State Hershey Medical Center in 2008, Soha Ghossaini, M.D., started the pediatric cochlear implant program and assembled a multidisciplinary team of professionals whose mission is to help (re)habilitate patients and children with hearing loss whether congenital or acquired.

Cochlear implants are indicated in patients with hearing loss so severe that hearing aids provide no or minimal useful benefits to acquire speech development or understanding. Children who are born with severe to profound hearing loss must be aided using hearing aids before or by the age of six months. If proven not helpful, cochlear implants are indicated by the age of one year. Such timely habilitation is essential for the development of speech, as well as speech understanding ability.

For parents, knowing that their newborn is deaf can be devastating. The cochlear implant team at Penn State Hershey Children's Hospital evaluates the identified children to determine their candidacy, rule out other associated systemic diseases, assess the need for neuropsychological evaluation, assess the need for parental psychological support, counsel parents about expectations, and perform speech evaluation.

When identified, children with hearing loss are immediately evaluated to determine the need for a cochlear implant. The relationship with the child continues beyond identification of hearing loss and surgical implantation to include a post-operative programming session, evaluation of progress, and

speech therapy. The cochlear implant team works closely with other ancillary services within or outside of the institution to ensure the family and their child are receiving the appropriate care and services.

To schedule an appointment with Dr. Ghossaini for children with hearing loss who might be cochlear implant candidates, call 717-531-4350.

Cochlear Implant Team:

Director of Cochlear Implant Program:

Soha N. Ghossaini, M.D., F.A.C.S., associate professor of surgery, Division of Otolaryngology- Head and Neck Surgery; Director Otolaryngology- Neurotology; Medical Site Director of Audiology

Audiologists:

Beth A. Czarnecki, AuD, C.C.C.-A., F.A.A.A., Shannon Grounds, Ph.D., C.C.C.-A., F.A.A.A., Ashley Sanitate, Au.D., C.C.C.-A, F.A.A.A.

Speech Pathologist:

Suzanne B. Lynch, M.A., C.C.C./S.L.P.

Social Worker:

Kris Englund-Krieger, L.C.S.W.

Medical Consultants:

Shanin Gross, D.O., assistant professor, Department of Family and Community Medicine
Cheryl D. Tierney, M.D., M.P.H., assistant professor, Department of Pediatrics, Division of Human Genetics, Growth and Development

Cochlear Implant Program Coordinator:

Deb Davis Brown

Nurse Practitioner:

Bonnie Sounders, L.P.N.



Hearing test demonstration



Cochlear implant patient



Patients Say the Darndest Things

Brandt Groh, M.D.

I didn't think there could be anything humorous about chronic disease until I met Jarrad and his family.

We met in the pediatric intensive care unit following a rigid bronchoscopy and laryngoscopy. This procedure is analogous to sticking a periscope down your throat to look for enemy warships. The diameter and inflexibility of the scope may be a bit exaggerated in this comparison, but not by much. Needless to say, he was not very vocal at our first encounter. The enemy warships proved to be enlarging granulomas or balls of schizophrenic immune cells trying to wall off an imagined infection.

Autoimmune disease in general is a psychosis of the immune system when it loses its footing in reality and starts chasing after hallucinations of enemy invaders.

"What's up doc?" was Jarrad's first question once he was able to articulate better. Knowing full well that humor in the intensive care setting is a thin veil for anxiety and dread, I sensitively tip-toed into a serious discussion on the possible causes of laryngeal granulomas (all bad) and what we would need to do from that point to make a firm diagnosis. Jarrad and his family looked at each other quizzically throughout my ten minute monologue, so I paused for questions and clarifications. "Can he still take out the trash?" was the first question.

At that point, I realized that I was a lot more anxious about Jarrad's diagnosis than was anyone else in that room, no doubt due to their medical inexperience. As I was taught in medical school, I gave them a

noncommittal answer so as to leave open the door of hope for a full and disease-free recovery. In my heart, however, I knew that Jarrad would have to struggle against unfavorable odds to avoid worse complications of either sarcoidosis, Wegener's granulomatosis or very atypical Crohn's disease. The answer by pathology review, further lab testing, and procedures was sarcoidosis.

Jarrad and his family have since had a number of laughs at my expense. They later admitted that they had no clue as to what I had told them in the intensive care unit, and that they were frankly worried that I was taking their son's problem too seriously. It wasn't until I entered the exam room one day with an elbow length rubber glove for an advanced dig level ("dig" most often signifies digitalis in medical parlance, but "dig" in this case refers to digital as in rectal exam) that Jarrad's parents finally accepted me as a mentally balanced doc who they could trust with their son's care. Since that time, we have laughed our way through more difficult disease complications, and somehow things have always turned out for the better.

As a physician, you never expect to be treated by your patients. Laughter, in Jarrad's case, has proven to be the best medicine for his doctor.



Annual Faculty/Resident Softball Game

The pediatrics faculty attendings soundly defeated the pediatrics residents 34-12 in the annual faculty/resident softball game held on June 9. A great time was had by all!



Recent Presentations & Publications

PRESENTATIONS

Myra Popernack, R.N., M.S.N, C.R.N.P., C.C.R.N., gave a presentation titled "After Traumatic Brain Injury: Navigating the Journey through Rehabilitation to Home and Beyond" at the 33rd Annual National Association of Pediatric Nurse Practitioners conference in San Antonio, Texas, on March 29, 2012.

Penn State Hershey Pediatric Orthopaedics gave the following presentations at the Pediatric Orthopaedic Society of North America annual meeting in Denver, May 2012.

Budde B, Henrikus W. Pediatric OITE review. Analysis of distribution of correct answers
Czoch W, Henrikus W, Armstrong D. Use of CD Roms for Digital viewing in the pediatric orthopaedic office
Gockley A, Henrikus W, Rieigard C, Rzucidlio S. Transportation of Children in Spica Casts
Yim D, Henrikus W. Cozen's fracture revisited.
Henrikus W. Update on knee injuries in adolescent athletes

The following presentations were given by Penn State Hershey faculty at the eighth International Conference, organized by **Akif Ündar, Ph.D.**, and held in Galatasaray University in Istanbul, Turkey, June 13-16, 2012.

PLENARY SESSION: Managing the Single Ventricle Patient from Fetus to Definite Treatment
 HLHS- Surgical approach - **John L. Myers, M.D.**
 Echocardiographic Assessment of Single Ventricle Heart - **Linda B. Pauliks, M.D., M.P.H.**
 Key Note Lecture: A 40-Year Odyssey in Mechanical Circulatory Support - **William S. Pierce, M.D.**
 MINI-SYMPOSIUM: Bioengineering Approaches in Pediatric Cardiovascular Medicine

Circuit Components' Selection during Neonatal / Pediatric CPB: An Engineering Approach - **Akif Ündar, Ph.D.**
 PLENARY SESSION: Extracorporeal Life Support
 Pediatric Extracorporeal Life Support Nursing Education: 2012 Update - **Bonnie Weaver, R.N., C.C.R.N.**
 Translational Research on Neonatal/Pediatric ECLS: 2012 Update - **Akif Ündar, Ph.D.**
 PLENARY SESSION: Cardiopulmonary Perfusion
 Importance of Complete MUF in Pediatric Cardiac Surgery Patients - **David Palanzo, C.C.P.**
 Evaluation of neonatal oxygenators with or without integrated arterial filters - **Feng Qiu, M.D.**
 PLENARY SESSION: Neonatal and Pediatric Anesthesia & Neuromonitoring
 Brain Protection during Pediatric Cardiac Surgery: A Multi-Disciplinary Team Approach at Penn State Hershey **Akif Ündar, Ph.D.**

PUBLICATIONS

Mathis RK, Lin J, Dogal NM, Qiu F, **Kunselman A, Wang S, Ündar A.** Evaluation of Four Pediatric Cardiopulmonary Bypass Circuits In Terms of Perfusion Quality and Capturing Gaseous Microemboli. *Perfusion* 2012 (in press)

Wang S, Palanzo D, Ündar A. Current ultrafiltration techniques before, during and after pediatric cardiopulmonary bypass procedures. *Perfusion* 2012 (in press) Published online before print 1 June, 2012, DOI: 10.1177/0267659112450061

Ündar A, Palanzo D, Wang S. Using a secondary reservoir for pump suckers to avoid the generation of foam during CPB procedures in pediatric patients [Invited Commentary] *Perfusion* 2012 (in press) Published online before print 20 June 2012, DOI: 10.1177/026765911245130

New Grant Awards

2012 Children's Miracle Network grant award recipients:

Zissis C. Chroneos, Ph.D. "Role of SR-R210 in pathogenesis of influenza" \$20,000

Patricia Silveyra, Ph.D. "miRNAs in regulation of translation of surfactant protein variants" \$18,500

Deepa Sekhar, M.D. "Parental Perspective on Adolescent Hearing Loss" \$6,600

New Face in Pediatrics



Thomas Dispenza, M.D., assistant professor, joined pediatric cardiology in May 2012.





New Children's Hospital - Opening December 2012!

The building project continues on time with an anticipated move-in by early December.

Recent progress:

- Drywall substantially complete on ground through fourth floors with fifth floor drywall underway
- Doors are being installed on the ground through second floors
- Ceiling installation continues on ground through second floors



View the LIVE construction camera at pennstatehershey.org/web/childrens/aboutus/webcam