

Pediatric

UPDATE

www.chkd.org/healthpros

Sickle Cell Trait and Sudden Death

Anthony Villella, MD

Sickle cell trait (SCT) is exceedingly common, with more than 100 million carriers worldwide. More than two million people in the United States carry the trait. Although SCT is not considered a pathologic condition, carriers are at increased risk for complications from traumatic hyphema, hyposthenuria, renal papillary necrosis, renal medullary carcinoma, venous thromboembolism, splenic infarction, and exertional rhabdomyolysis.

An association of SCT and sudden death was first described in 1970 when four U.S. Army recruits died during or immediately after strenuous exercise during basic training. Since then, multiple reports of sudden death during exercise in individuals with SCT have been reported. In a retrospective review of all deaths among active duty military between 1977 and 1981, the risk of unexplained death in African American recruits with SCT was 30 times higher as compared to African Americans without SCT. Most deaths occurred during

the first month of training and were attributed to heat illness and exertional rhabdomyolysis. In response to these findings, drill sergeants were trained to adjust workouts according to the ambient temperature, to increase rest cycles and hydration, and to measure recruits' core temperature in the case of suspicious symptoms. These measures were applied to all recruits regardless of SCT status and resulted in a dramatic reduction in the rate of sudden death related to SCT.

The National Collegiate Athletic Association recently recommended screening all college athletes for SCT. The recommendation followed a legal settlement in the case of a college football player whose sudden death during a practice session in 2006 was attributed to exertional rhabdomyolysis. However well-intentioned, the screening may lead to unintended consequences and will inevitably lead to many questions. Who will be responsible for counseling the athlete and his/her family about the

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CHKD refinements in pectus research featured in *Annals of Surgery*

In December, the *Annals of Surgery* published a paper by CHKD surgeons on refinements and improvements in minimally-invasive pectus excavatum surgery performed at CHKD over two decades.

The paper summarizes the cases of 1,215 patients who had the Nuss Procedure at CHKD and focuses on technical modifications which have increased both the success rate and the safety of the surgery.

"Any time new surgical techniques are developed, it is essential to review outcomes and share refinements, so that others can benefit from our experience," said CHKD surgeon Robert Kelly, one of the authors.

This year, CHKD surgeon Dr. Robert Obermeyer also presented data from a study that used novel video technology to document abnormal breathing patterns in patients with uncorrected pectus excavatum. These findings may account for common complaints from these patients about exercise intolerance and breathing difficulties.

Since 1987, when a minimally-invasive procedure to correct the condition was developed by CHKD surgeon Donald Nuss, CHKD has emerged as a primary center not only of treatment but of research on chest wall deformities.

Therapy services – We are now able to accommodate patients with an appointment within a few weeks of receiving a prescription. Our current waiting lists for speech and occupational therapy at three of our outpatient locations (Oyster Point, Harbour View and Williamsburg) have significantly decreased due to the expansion of staff. We have also hired a physical therapist for Williamsburg. We are now accepting physical therapy patients at that location.

PowerChart Outreach to be discontinued – As of January 1, CHKD will sunset the PowerChart Outreach application used by community physicians. It has been replaced with PowerChart, which has enhanced features: search by patient name and medical record number; create and filter individual patient lists based on relationship, admission or d/c criteria; bookmark

viewed data with a date and time stamp; and digitally view CHKD images using PACS. If you currently have credentials for PCOR or are interested in accessing PowerChart please contact physician relations at physicianrelations@chkd.org for information about the transition.

Healthy You Program Expands – CHKD's successful weight management program has expanded to accommodate a growing waiting list. The age range has also expanded to classes for 3- to 5-year-olds. Clinic appointments are now available in Chesapeake at the Health Center at Oakbrooke and in Newport News at the Health and Surgery Center at Oyster Point. For information about the program, visit chkd.org/HealthyYou. For registration materials and class schedules, call 668-7035.

Kenneth Tiffany, MD

Neonatologist, Children's Specialty Group

Dr. Tiffany attended medical school at East Carolina University, followed by a pediatric residency at CHKD and a neonatology fellowship at Duke University Medical Center. His clinical interests are chronic lung disease prevention, herpes encephalitis and ventilation.



Hometown: Kernersville, N.C.

Years with CHKD: Five

First job: Weed eater on golf course

Perfect day off: Two-hour run or bike ride followed by a day at the lacrosse and soccer field with kids

Favorite restaurant: One Fish, Two Fish

Worst job: Brick mason helper during high school

In high school: I played football, including defensive end and fullback.

I'm proudest of: My wife's ability to manage a career and be a great mom and wife

My biggest influence: My mother. She always had a positive attitude, great work ethic, never had a bad day and never quit.

Favorite way to relax: Spending the day on my Wave Runner on the Chesapeake Bay

Favorite TV show: Discovery Channel's Man vs. Wild, Deadliest Catch and Dual Survival

Hobbies: Triathlon training, skiing and collecting autographed jerseys

What my colleagues don't know about me: I love Disney more than my kids do. I would like to do a full Ironman.

Most memorable vacation: Adventure vacation in Maui. I enjoyed surfing, scuba diving, wind surfing, kite surfing and hiking Haleakala.

Pet peeves: Loud cell phone talking in public places and drivers that honk in traffic....I think that's rude.

Few people know that: I really wanted to be a charter boat captain.

Craziest thing I've ever done: Help tear down the goal post at a UNC football game after a big upset

First car: 1979 Camaro in 1986

Sports team: Minnesota Vikings (football) and Duke (basketball)

From the Executive Medical Director

In this column, I'd like to touch briefly on the health system's space planning, online referral process, and a challenging new healthcare mandate (ICD-10).



*Arno Zaritsky, MD
Senior Vice President of
Clinical Services, CHKD*

Space planning: For planning purposes, CHKD engaged an architectural firm to conduct an in-depth, system-wide review of current and projected space needs. Analysis and solution planning are ongoing. I will continue to provide updates as specific plans are made and implemented.

Proficient Health: I am pleased to report that we are proceeding with the implementation of Proficient Health, a secure online application to manage referral requests and diagnostic and therapy orders. See page 3 for information about the increased options and referral process enhancements that Proficient will offer.

ICD-10: The implementation of ICD-10 classification of patient visits and hospital stays is mandated for October 1, 2013. Unlike Canada and Europe, which has implemented ICD-10 for 5 and 10 years respectively, the U.S. challenge is that this classification system is used to guide reimbursement and not just improve patient categorization.

ICD-10 coding requires much more detailed clinical documentation and will be more complex for coders. Rather than 14,000 diagnosis codes in ICD-9, there will be more than 70,000. The number of procedure codes increases from 4,000 to a whopping 72,000. You will no longer be able to memorize a few common diagnostic codes. Billing software will need to be updated. As we develop electronic documentation, we need to build in documentation at the level of detail required, and ideally software tools will be developed to suggest the correct diagnosis. A multidisciplinary task force has begun to work on these and other details. Links to additional resources may be found at www.chkd.org/HealthPros.

Stay warm and, as always, please share with me your ideas on how we can work together to identify and implement workable solutions to improve the health system, increase your satisfaction and provide the highest quality health care to the children of our community.

Inaugural Health System Expo a big success

Personnel from referring physician offices throughout the region attended the day-long Health Services Expo in November at CHKD's Health Center at Oakbrooke and found representatives from many of CHKD's service lines on hand to meet them and answer their questions.



The primary goal of the event was to enhance relationships between referral physicians' office staffs and CHKD service lines, making communications between

them easier and beneficial to both.

The audience of referral staffs was enthusiastic and responsive, and presenters appreciated the opportunity to show their commitment to quality service.

Proficient Health coming soon to chkd.org

Proficient is a web-based health care solution from Proficient Health which CHKD is implementing for the management of referral requests and laboratory/radiology orders. Proficient will allow the physician practice to complete the referral or order online using a secure application. CHKD's therapy services have already been using Proficient and are pleased with the outcome.

By using Proficient, providers will be able to order procedures or send referrals one of two ways:

- Complete a referral or lab/radiology form at ckkd.org and submit the form electronically to the specialty practice or department,
- or download and print the form from chkd.org if your practice prefers to complete the referral or request form by hand.

Whether the form is faxed or completed online, we will receive the request in an inbox, thus eliminating the paper trail.

Using the Proficient Orders system will:

- prevent lost orders and missing referrals.
- provide necessary information for accurate patient scheduling and appointment setting.
- allow for online paperless exchange with providers.
- improve provider relations and patient satisfaction.

Training has begun, and we hope to have the online system available by early 2011.

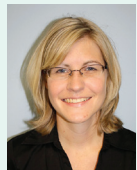
Welcome new surgeons and specialists

Anna Sagcal, MD Pediatric Rheumatologist, CSG



A graduate of the University of The Philippines College of Medicine, Dr. Sagcal did her residency in pediatrics at The Children's Hospital at Monmouth Medical Center and a fellowship in pediatric rheumatology at Cincinnati Children's Hospital. She recently completed a master's degree in pharmaceutical sciences with specialization in drug development at the University of Cincinnati. She is board certified in rheumatology.

Angela Wooditch, MD Pediatric Anesthesiologist, CSG



Dr. Wooditch graduated from Temple University School of Medicine and completed residency at the University of Pittsburgh Medical Center. She did a fellowship in anesthesiology at Cincinnati Children's Hospital and is board certified in anesthesiology.

CME First Quarter Calendar January-March 2011

Pre-registration not required unless specified.

Programs are free unless specified.

Visit www.chkd.org/conferences, or call Rosalind Whitaker at (757) 668-8942 for more information.

Community Grand Rounds

1 *AMA-PRA Category 1 Credit™* each offering

Mood Disorders in Children: Management in the Primary Care Setting

Peter Dozier, MD, pediatric psychiatrist, CHKD

Review mood paradigms and diagnostic criteria for unipolar and bipolar disorders. Recognize types of depression in order to guide antidepressant choice. Discuss pharmacologic strategies for stabilizing moods.

CHKD Health Center at Oyster Point
Friday, February 18, 7:30 – 8:30 a.m.

Williamsburg Community Hospital
Thursday, March 3, 7:30-8:30 a.m.

The Vertically Challenged Child

Eric Gyuricsko, MD, pediatric endocrinologist, CHKD

Recognize normal and abnormal growth patterns in infancy and childhood. Recognize and screen for common growth inhibiting conditions. Review the indications and limitations in the use of human growth hormone.

Chesapeake General Hospital
Tuesday, March 8, 12:30 – 1:30 p.m.

To Be Determined

Please visit www.chkd.org/conferences for updates.

Oyster Point Health Center
Friday, March 18, 7:30 – 8:30 a.m.

Pediatric Grand Rounds at CHKD

Sponsored by Eastern Virginia Medical School Office of CME. For more information, contact 446-6140 or visit www.evms.edu/cme.

Brickhouse Auditorium
Every Thursday, 8-9 a.m.

1 *AMA-PRA Category 1 Credit™* each offering
January 20, Business Meeting - no CME

Maternal Newborn Transport Reviews (MNTR)

Edward H. Karotkin, MD, FAAP, neonatologist,
CHKD and EVMS perinatologist

State current diagnostic measures and treatments for the high-risk mother, fetus and neonate. Recall outcome data on selected cases referred from regional hospitals and identify opportunities to improve patient outcomes. Describe care and stabilization of the patient for maternal and neonatal transport processes. MNTRs are open to physicians and staff with privileges at each respective hospital. CME: 1 *AMA-PRA Category 1 Credit™* (each offering)

The MNTR schedule is subject to change. Hospitals at which MNTRs are held are listed below for general reference. Please contact Karen Horton, neonatal/perinatal outreach, at (757) 668-9140 to confirm specific dates.

**Albemarle, Chesapeake Regional
Medical Center, DePaul, Maryview,
Outer Banks, Riverside Shore
Memorial, Roanoke Chowan, Sentara
Obici, Sentara Virginia Beach General,
Sentara Williamsburg Regional Medical
Center, Southampton Memorial**

Mark the Date

**Pediatric Emergency
Medicine Update**
April 14

**Pediatric and Adolescent
Sports Medicine Update
for Primary Care**
July 14

**Pediatrics 2011 at
Williamsburg**
September 23-25

Target Audience: Activities are designed for pediatricians and family practice physicians. Residents and other healthcare professionals are also encouraged to attend.

Accreditation: Children's Hospital of The King's Daughters is accredited by the Medical Society of Virginia to sponsor continuing medical education for physicians.

CME Credit Designation: Children's Hospital of The King's Daughters designates this live activity for a maximum of (see each entry) *AMA-PRA Category 1 Credit(s)™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Inclement Weather: If inclement weather conditions develop, please call (757) 668-7500 to learn the status of the program you're planning to attend.



Children's Hospital of The King's Daughters

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Norfolk, VA 23507

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Turn to CHKD on the Web for up-to-date information about CHKD programs and services. At www.chkd.org/HealthPros, you can also find health center schedules and directions, CHKD news releases, health information to share with your patients, upcoming CME activities, weight management class schedules and archived *Pediatric Update* newsletters.

Pediatric Update is a quarterly publication of CHKD for physicians.

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Sickle Cell continued from front page

test results? How will the athletic programs protect the athletes' privacy? How will the NCAA ensure that testing does not lead to discrimination?

One could argue against screening for SCT and instead advocate for universal precautions similar to the approach taken by the military. In fact, a workshop sponsored by the National Heart, Lung and Blood Institute in June of 2010 concluded that better data are needed before proceeding to mass screening, with its potential for undesirable stigmatization.

The controversy will undoubtedly continue, but in the meantime, primary care physicians should be prepared to answer questions and provide guidance to patients and families with SCT so that affected athletes can safely participate in sports. A useful reference for parents, coaches, trainers and physicians is the National Athletic Trainers' Association's consensus statement available online at www.nata.org/consensus-statements.

Dr. Villella is a pediatric hematologist/oncologist with Children's Specialty Group at CHKD.

Tips to Avoid Flu in the Medical Office

Workers in a healthcare setting with confirmed, probable or suspected influenza should stay home from work until they no longer have a fever for 24 hours without the use of fever-reducing medications, e.g., acetaminophen or ibuprofen.

Criteria for being out of work include a fever (>100°F / 37.8°C) and at least two of the following: headache, cough, sore throat, nasal congestion, muscle aches, vomiting or diarrhea.

On return to work, if there are any respiratory symptoms (e.g., cough, congestion) the worker should wear a surgical mask during patient care and be vigilant regarding hand hygiene.