

Calendar

Pediatric Grand Rounds

New Location/New Time:
11th Floor, Performance
Center, Upstate Golisano
Children's Hospital
8 to 9:15 a.m.

September 3
No Grand Rounds

September 9
No Grand Rounds –
Teaching Day, Friday,
September 11, OnCenter

September 16
Thomas R. Welch, MD,
Professor and Chair,
Department of Pediatrics,
SUNY Upstate Medical
University College of
Medicine

September 23
HILDA FREEMAN AND
A.C. SILVERMAN MEMORIAL
LECTURE

Glenn Flores, MD, Professor
of Pediatrics and Public
Health, Director Division of
General Pediatrics, Judith
and Charles Ginsburg Chair
in Pediatrics, UT
Southwestern Medical
Center, Children's Medical
Center of Dallas

September 30
Deborah Rothman, PhD,
MD, Director of Pediatrics
and Rheumatology, Shriners
Hospital for Children,
Springfield, MA

October 7
Robert V. Hingre, MD,
Assistant Professor, Division
of Pediatric Pulmonary
Medicine, Department of
Pediatrics, SUNY Upstate

A Newsletter for Physicians and other Health Care Providers Interested in Children's Health

FROM THE CHAIR

Well, it's here! As you read this issue of *KidStuff*, we are getting ready to admit the first patients to the new Upstate Golisano Children's Hospital. After years of planning and fundraising, Syracuse has shed its distinction of being the largest city in the United States without a children's hospital.

Our commitment to the community was to develop a world-class facility, of which we could all be proud. Those of you who have had a chance to tour the GCH, I hope, will agree that we have made good on this commitment. Not only the facility, but also the programs we have put in place within it, are truly raising the bar for child health care in the northeast.

The hospital, of course, is more than bricks and mortar (and plexiglass). Having this facility has made it possible for us to bring a number of innovative new services to our region. This issue of *KidStuff* highlights one of these — our CHOICES program of pediatric palliative care. Directed by one of our oncologists, but targeting a much wider group of children, CHOICES will be a model for similar programs nationally.

If you have not as yet had a chance to visit our new hospital, please call our offices so that I can give you a personal tour!

*Thomas R. Welch, MD
Professor and Chair, Department of
Pediatrics; Medical Director,
Upstate Golisano Children's Hospital*

TRANSFER CENTER

With the opening of the Golisano Children's Hospital, we are streamlining the process of having children admitted. Formerly, referring physicians used a variety of pathways, from direct calls to subspecialists or hospitalists, to chief residents or the Pediatric Emergency Department.

We are now asking that all calls regarding admits go to the Transfer Center 315-464-8668. The staff answering these calls are highly trained, and are operating with protocols which will make admission much smoother — one call should do it all! Not only will the Transfer Center personnel connect you with the appropriate

person(s), they stay on the line and insure that a digital recording is made of the entire process. This enables us to track all such calls, and to collect real time data regarding call frequencies, wait times, and any hitches in the transfer process.

Our ultimate goal is to have a single number in the coming year which not only will handle transfers but will also be the single number needed to make appointments or access our specialists for phone consultations. As we work toward this, please give us feedback on the way in which the Transfer Center is working for you.



East Tower addition of Upstate University Hospital. Central projection is the "tree house" entrance to the top two floors which make up the newly opened Upstate Golisano Children's Hospital.

Golisano Childrens Hospital Opening Schedule

THURSDAY, SEPT. 10:
4 to 6 p.m. Dedication & "VIP" Tours (by invitation)

FRIDAY, SEPT. 11:
4 to 5:30 p.m. Peds Teaching Day tours
5:30 to 9 p.m. Major Donor Ribbon Cutting/
Celebration with Tom Golisano
(by invitation)

SATURDAY, SEPT 12:
9 to Noon Donor tours (by invitation)
1 p.m. to 5 p.m. Public open house

SUNDAY, SEPT 13:
9 to Noon Donor tours (by invitation)
Noon to 5 p.m. Public open house

Pediatric Grand Rounds

—continued from page 1

Medical University College of Medicine, “Universal Antibody Screening of Herpes Simplex During Pregnancy: Opening a Pandora’s Box”

October 14

Enid Gilbert-Barnes, MD, Professor of Pathology and Cell Biology, Pediatrics and Obstetrics and Gynecology, University of South Florida

October 21

Patricia Diane Fosarelli, MD, D.Min., Assistant Professor of Pediatrics, The Johns Hopkins University School of Medicine, Professor of Spirituality and Practical Theology, Director of the MA in Church Ministries, Acting Dean, The Ecumenical Institute of Theology, St. Mary’s Seminary and University, Baltimore, MD

October 28

Cary M. Qualia, MD, Pediatric Gastroenterologist, Albany Medical Center

November 4

FRANK A. OSKI, MD VISITING PROFESSORSHIP

George R. Buchanan, MD, Professor of Pediatrics, University of Texas, Southwestern

November 11

HANS HARTENSTEIN, MD PEDIATRIC GRAND ROUNDS ENDOWED LECTURE

James P. Nataro, MD PhD MBA, Professor of Pediatrics, Medicine, Microbiology and Biochemistry Head, Division of Infectious Diseases and Tropical Pediatrics, Vice Chair Department of Pediatrics Associate Director, Center for Vaccine Development, University of Maryland School of Medicine

November 18

Robert Roger Lebel, MD, FACMG, Professor of Pediatrics, Internal Medicine, OB/GYN and Pathology, Lecturer in Bioethics and Humanities, Chief Medical Genetics Section, Division of Development, Behavior and Genetics, Department of Pediatrics, SUNY Upstate Medical University, College of Medicine, “Virtue in Practice”

November 25

No Grand Rounds – Thanksgiving Holiday

December 2

T.B.A.

December 9

Pam Weaver, Director of Community Education, National Center for Missing and Exploited Children

December 16

T.B.A.

December 23

No Grand Rounds

December 30

No Grand Rounds

SUNY Upstate Medical University is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

SUNY Upstate Medical University designates this continuing medical education activity for a maximum of 1 category 1 credit toward the AMA Physician’s Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.



With September comes new beginnings — a new Children’s Hospital and a new school year. This becomes a perfect opportunity to describe a new service at the Upstate Golisano Children’s Hospital: CHOICES, a Pediatric Palliative Care Program. CHOICES is an acronym for Compassion, Hope, Options, Insight, Compass, Empathy and Support. It is a consultative service supporting the primary care team in the inpatient and outpatient setting (including home) to meet the physical, emotional, social and spiritual suffering of children and their families with life-threatening disorders.

Who benefits from Pediatric Palliative Care?

Since palliative care involves symptom management, the goals of care can be life-prolonging, even curative, and may be pursued simultaneously. Most associate palliative care with end of life care – though palliative care includes transition to end-of-life care, it is only one small component of a complete program. Palliative care can benefit families of any child with a life-threatening disease regardless of whether cure is an option. The aim is to improve quality of life and ease suffering of children, specific for their culture and desire. The American Academy of Pediatrics states that “the components of palliative care are offered at diagnosis and continued throughout the course of illness, whether the outcome is cure or death.”

Conditions appropriate for palliative care include: 1. Conditions for which curative treatment is possible but may fail (malignancy); 2. Conditions where premature death is inevitable, yet there may be long periods of intensive treatment aimed at prolonging life and allowing participation in normal activities (CF); 3. Progressive conditions without curative options, where treatment is exclusively palliative and may commonly extend life over many years (progressive metabolic disorders); 4. Irreversible but non-progressive conditions causing severe disability leading to susceptibility to health complications and likelihood of premature death (severe CP; anoxic brain injury).

Predicting the time of death is difficult, especially in children. Many children (~45%) with chronic medical conditions die without warning. In a study of deaths in children with chronic medical conditions, only 1/3 of the deaths were anticipated. For communication about the potential for deterioration and death to happen before death is imminent, these conversations must occur while the child is relatively well. Approximately one quarter of children served to date by the CHOICES program have chronic medical conditions with death NOT expected within the next year. These children have included those with neuro-

logical impairment (often for pain and symptom management), children with malignancies, congenital heart disease, metabolic diseases and anoxic brain injury. CHOICES first consult was a neurologically impaired young woman with difficult pain management. Three years later, the patient is home loved by her family without the need for opioids.

The CHOICES program has recently had a surge in perinatal consultations, with six consultations in six months. In these situations, we meet with the parents prior to the birth of their child and help to facilitate decision making and support while offering a continuum of care which transitions from prior to delivery, care of the infant while hospitalized and transition to home with the assistance of community agencies (if possible and desired). These community agencies have included hospice, Now I Lay Me Down to Sleep, Visiting Nurses, and CompassionNet. Of these six perinatal consultations, three of the five born alive were discharged to home with appropriate support in place. The other three infants died before 36 hours of age. In addition, we have served four neonates, with diagnoses of Trisomy 13, Trisomy 18, anencephaly, gastroschisis, multiple congenital anomalies with normal cytogenetics, CHARGE syndrome, epidermolysis bullosa.

Who are the members of the CHOICES team?

CHOICES is directed by Irene Cherrick, MD, who is board certified in hospice and palliative care medicine, as well as hematology/oncology, with the assistance of Carol Dawson, PNP. Both Irene and Carol have recently completed a Pediatric Masters Pain Course. Sharon Bauer, RN coordinates education initiatives and Leanna Severance is our nursing administrator. There is also a core committee which meets monthly and includes providers from many disciplines including child life, social work, spiritual care, as well as a parent representative.

How does Pediatric Palliative Care differ from Hospice?

Many children and their families will benefit from pediatric palliative care services long before they meet eligibility for hospice — specifically the less than sixth month life expectancy criteria. We do work hand in hand at times with various hospices; however, we can offer a pediatric expertise in pain and symptom management at the end of life. Most hospice medical directors are internists and welcome the pediatric expertise. Other chronically ill children with long term nursing services in their home forgo hospice services in order to maintain continuity of care.

How do I arrange a consultation?

Consultations are offered to inpatients and outpatients, home, and prenatally. Consultations can be organized by contacting Carol Dawson at 243-7826 or Irene Cherrick at 247-0341. Typical reasons for consultation include defining goals of care, pain and symptom management, staff or family support.

Pediatric Teaching Day 2009

Nicholas J. Pirro Convention Center
OnCenter Grand Ballroom
Friday, September 11, 2009
7:30 a.m. to 3 p.m.

**“New Heights in Pediatrics:
A View from the Tree House”**

Program Objectives

1. Distinguish systems of care that are more responsive to the individual needs of patients and families and explore key conceptual questions for quality improvement strategies.
2. Incorporate the use of learning technology in developing and maintaining lifelong learning skills.
3. Identify common and rare illnesses in pediatric patients, including infectious diseases and endocrinologic conditions.

7:30 to 8:15 a.m.	Registration/Continental Breakfast
8:15 to 8:30 a.m.	Welcome/Opening Remarks Thomas R. Welch, MD and Ann Botash, MD
8:30 to 9:15 a.m.	Pediatric HIV: Progress and Challenges Coleen K. Cunningham, MD
9:15 to 10 a.m.	The Changing Face of Type II Diabetes in Children George Said Jeha, MD
10 to 10:15 a.m.	Questions and Answers Thomas R. Welch, MD and course speakers
10:15 to 10:45 a.m.	Break
10:45 to 11:30 a.m.	Medical Education.com: Making the Technology Connections Melanie S. Kim, MD
11:30 to 12:15 p.m.	Improving Health Outcomes for Children Thomas F. Boat, MD
12:15 to 12:30 p.m.	Questions and Answers Thomas Welch, MD and course speakers
12:30 to 1:30 p.m.	Buffet Lunch
1:30 to 3 p.m.	Town and Gown Panel Discussions

For additional information and to register, contact Cherlynn Clarry, 315.464.5450, clarryc@upstate.edu.