The summer has been a busy time for planning and fund-raising activities for the Central New York Children’s Hospital at University Hospital. Architects are preparing the final design diagrams, and we are moving into the production of construction documents. The community campaign is two-thirds of the way to its goal, and may well surpass it. The community steering committee, under the leadership of Mary Ann Shaw, is discussing the organization and management of the hospital, and may soon morph into a “Children’s Hospital Council.”

We continue to explore innovative ways by which we can integrate community practitioners into the activity of the hospital. In the past few weeks, I have been meeting with pediatricians and family physicians, and recently hosted a focus group of practice managers. I would like to share a couple of initiatives that have come out of our discussions.

First of all, we are attempting to create an efficient means of electronic communication with cooperating practices. This is not as easy as it might seem. University Hospital has fax numbers for most practices, but not email addresses. It was apparent at the focus group that practices vary considerably in their approach to email communication. Some practitioners have personal accounts that may or may not be used for practice-related communication. It appears that few practices have dedicated email addresses that are regularly monitored by staff. We would like to develop a registry that would consist of a single email address for each practice or physician in our region who would like to receive regular updates on pediatric programs or services via email. For obvious HIPAA-compliance reasons, these addresses would never be used for the communication of clinical information. This list would also never be shared with any entity outside our Department of Pediatrics. If you would like your practice to be included in this email registry, please contact the Department’s office manager, Sherri Clarry, at 315-464-5451 or email her at clarryc@upstate.edu.

A related, yet more complex, initiative would extend electronic access to the Children’s Hospital. We would like to make access to University Hospital’s e-mail available to voluntary faculty in their offices. There are a variety of security issues to be addressed, but I am confident that we can have this in place this year. This would make it possible for practitioners to access laboratory data, clinic dictations (even unedited ones), emergency department notes, and similar information directly from their office computers. As the hospital moves toward its digital radiology conversion (PACS), remote viewing of images would eventually be included. Like some of the other programs featured in this issue of KidStuff, these initiatives are consistent with our goal of developing and piloting new clinical initiatives simultaneously with design and construction of the Children’s Hospital.

By the time we move into the hospital in 2007, we should be able to integrate these programs seamlessly into what we believe will be the most technologically sophisticated children’s hospital in the country.

Thomas R. Welch, MD, Professor and Chair Department of Pediatrics

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Psychiatry Mentoring Program for Community Physicians

Everyone recognizes that the national shortage of child psychiatrists has impacted central New York. Although we are working toward long-term solutions to the problem, it is clear that some innovative programs will have to bridge the gap in the short-term. One of these initiatives will be assisting primary care providers to provide some mental health care services.

Our departments of Pediatrics and Psychiatry are collaborating to provide an opportunity for pediatricians and family practitioners in the community to enhance their skills in managing children with behavioral, developmental, and psychiatric problems. The format will be case presentations and discussions by seminar members lead by Wanda Fremont, MD, child and adolescent psychiatrist. Nancy Roizen, MD, developmental pediatrician, will coordinate the program and provide expertise in developmental disabilities. Amy Beale, CSW, a social worker from Child and Adolescent Psychiatry, will provide information on support services. This program is modeled after a national program supported by the Maternal and Child Health Bureau called Collaborative Office Rounds (COR).

Starting in the fall, the breakfast seminars will be held at University Hospital from 8 a.m. to 9 a.m. on the second Wednesday of the month. In order to evaluate the program, patterns of patient practice and referrals must be assessed before practitioners participate in the program. If you are interested in attending the seminars, please call Regina O’Connell in the Section of Developmental Pediatrics at 315-464-7561. If you have questions, please contact Dr. Roizen at 315-464-7598.

Children’s Hospital Exhibit at the State Fair

If you visit the 2004 New York State Fair (August 26 through September 9) be sure to stop by the Science and Industry Building. Our Children’s Hospital booth will provide the public with information about the need for the new hospital and showcase its numerous state-of-the-art features. The exhibit will include concept designs, hands-on demonstrations, printed materials and take-away novelty items. For more information about our Children’s Hospital booth at the State Fair, please contact B.J. Adigun at 315-464-9389.

Pediatric Diabetes Program

Despite the huge increase in new diabetics, the number of children hospitalized with diabetic ketoacidosis has dropped by nearly half.

It has been just over a year since the pediatric diabetes program moved to the Joslin Diabetes Center, under the direction of Roberto Izquierdo, MD, associate professor, departments of Medicine and Pediatrics, and director, Pediatric Diabetes.

The past year has been an extremely busy one. One hundred and fifty-one new pediatric diabetes patients have been diagnosed and started treatment at the Center. Interestingly, despite the huge increase in new diabetics, the number of children hospitalized with diabetic ketoacidosis has dropped by nearly half. Dr. Izquierdo attributes this to the superb, coordinated education and support services available to families through the Joslin Center. Currently, the Center treats more than 700 children with type 1 or type 2 diabetes, making it one of the largest pediatric diabetes programs in the northeast. The availability of a large staff of dedicated pediatric diabetes educators and practitioners has made it possible for children and their families to be seen more regularly, in compliance with ADA guidelines, in a quest for better control.

The change has been well received by families and referring physicians. Thomas Welch, MD, chair of the Department of Pediatrics, remarks, “We have had a number of contacts from families thanking us for the move to Joslin. They have been very impressed by the professionalism and skill of the team there.” Dr. Welch also notes that referring physicians have been very pleased with the feedback and overall service provided by Dr. Izquierdo and his associates.

There are major plans for growth in the program in the coming years. Recruitment for an additional pediatric diabetes specialist is in progress, and the expansion of the Joslin Diabetes Center’s physical facility is slated for 2005. The program is already one of only 12 centers in the country participating in a National Institutes of Health study of type 2 diabetes in children, and additional clinical trials will become a major component of care. This will give children and families early access to the latest developments in pediatric diabetes care.

Although diabetes continues to be the major focus of pediatric endocrinology programs such as ours, there are also great needs in “non-diabetes” endocrinology. According to Dr. Welch, the recent arrival of Richard Wu, MD, an experienced pediatric endocrinologist trained at Albert Einstein College of Medicine and Montefiore Hospital, has provided much-needed help to Susan Stred, MD, the department’s endocrinologist with primary responsibility for problems other than diabetes. Drs. Stred and Wu have been making significant progress in reducing the lengthy waiting times which for too long characterized our pediatric endocrinology program.

We are now able to see new diabetics and children with endocrine emergencies immediately. Our waiting time for non-emergency endocrine consultations is now down to about two months. The pediatric diabetes team at the Joslin Diabetes Center can be accessed 24 hours a day, 7 days a week by calling 315-464-5726. Calls for other pediatric endocrinology problems should be made to 315-464-6064.