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PEDIATRICS

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of Alabama®

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Think globally, act locally. The mantra is certainly familiar, even bordering on the clichéd. But here at Children's of Alabama, it's pertinent to the way we do business every day. We focus our collective world view on how we can take care of the children right here in our own state, our own communities. Most of the patients we treat come from a seven-county area surrounding the city of Birmingham.

And yet, the efforts we make to provide exceptional care to these local children have a broader impact, too. Statewide, we are able to provide comfort and support to many of the 9,000 children who are abused in Alabama every year through the services of the Children's Hospital Intervention and Prevention Services (CHIPS) Center. Three of our doctors are board-certified experts in child abuse pediatrics, and they are making a difference in the lives of Alabama families shouldering that horrific burden. The recent creation of our new Child Abuse Pediatrics division, one of the few in the nation, will expand our program.

Combining the work and talents of a dedicated group of experts from several disciplines, our concussion outreach task force is helping to lead the way in educating coaches, players, parents and health care providers in recognizing, treating and preventing concussion. From facilitating the passage of legislation related to return-to-play guidelines to running a weekly infusion clinic to treat concussion-induced migraine headaches in young athletes, the value of their work will ultimately exceed any geographical boundaries.

The research and clinical work of Alan Percy, M.D., one of the world's leading experts in Rett Syndrome, brings hope to the families of little girls whose development deteriorates at

the hands of that brutal and baffling disorder. Again, his impact on pediatric health far extends beyond the confines of his clinic here in Birmingham.

Perhaps the most profound way that Children's of Alabama is improving the lives of children around the world is through our new Global Surgery Program. Still in its infancy, this international outreach is not only taking the skills of our leading surgeons to places like Vietnam and Ghana, but it is effectively changing the future for the children in those countries by training their surgeons to perform lifesaving and life-changing procedures.

We hope you enjoy learning more about these programs and the phenomenal physicians who are their greatest champions.

Mike Warren



Mobile Technology Broadens Bedside Care

Pediatric cardiac intensivist Jeffrey Alten, M.D., starts each morning with rounds in the cardiovascular intensive care unit at Children's of Alabama. Nothing unusual about that – except every other week he's seeing those patients from his home office in St. Louis 500 miles away, thanks to smartphone mobile technology.

"The ability to do mobile 'rounds' on my patients in the unit has become a necessity," Alten, who serves as medical director of the Children's Cardiovascular Intensive Care Unit and chief of Pediatric Cardiac Critical Care Medicine, said. "No matter where I am, I can constantly monitor the condition of all my patients and work closely with my colleagues in Birmingham to know exactly what is happening and potentially help notice a deterioration that could become a life-threatening situation."

Most of the children Alten and the cardiovascular services team care for in the CVICU have congenital heart disease. Nearly three-quarters are either awaiting surgery or are recovering from an operation. The remainder have acquired heart disease, such as myocarditis or cardiomyopathy. While heart conditions at any age can be dangerous, pediatric cardiac conditions are even more dangerous because children don't have the physiological reserve that adults do. With adults, and even children without cardiac disease, a slight delay in recognition of subtle clinical deterioration can often be managed without detriment to the patient. However, in children with heart disease, every second is precious and critical. Careful monitoring is crucial to detect those slight signs of decline.

All of the information displayed on the bedside monitor, including blood pressure, heart rhythms and oxygen levels, is duplicated on the mobile device. In the midst of a code or an episode of acute deterioration, the team uses the mobile technology to gain an additional perspective on both the patient and the data. "It's sort of a second set of eyes," explained Yung Lau, M.D., director of Pediatric Cardiology. "It allows one cardiac intensivist to concentrate on a particular area, while the second intensivist is looking at another."

As the only pediatric electrophysiologist in Alabama, Lau also uses the mobile technology in tracking rhythm abnormalities in his patients. Not only can he access live data, but he is also able to review data from the previous 24 hours. That capability allows him to see a particular tracing that concerned the team at bedside at a very specific time. He can also look at heart rate trends during that 24-hour window and analyze how often the patient had an arrhythmia event.

A recent overseas trip provided Lau with the perfect opportunity to put the technology to work in continuing the care of a baby with

tachycardia. "I checked on her from Paris and was able to look at her stats over a 24-hour period to help the team decide whether to continue or change her treatment," Lau said.

All of Children's cardiovascular physicians have the app and use the technology. "Mobility has given us the flexibility to care for patients when we can't be at the bedside, the resources to make clinical decisions with all the facts, and the comfort that we can address issues as quickly as possible," Alten said.

More information is available at www.childrensal.org/heart.

Alabama's only pediatric electrophysiologist, Yung Lau, M.D., relies on mobile technology to expand the care he provides to his patients. "It allows expertise to be brought to the bedside physicians in real time," he said.



International Outreach Initiative Spans the Globe

Husband-and-wife surgeons Mike Chen, M.D., and Elizabeth Beierle, M.D., just returned from Vietnam, where they operated on 16 children with complicated congenital anomalies, tumors and complex urological issues at Children’s Hospital #2, the largest children’s hospital in Ho Chi Minh City. They plan to return in September. Meanwhile, orthopedic surgeon Shawn Gilbert, M.D., is arranging the details of his upcoming trip to Kenya, where he will perform surgery on children with spine and leg deformities, and craniofacial surgeon John Grant, M.D., prepares for a trip to Ghana to work with Solomon Yeboah, M.D., and Frank Boakye, M.D., to establish the first craniofacial program in Sub-Saharan Africa.

These doctors are just four of the pediatric specialists at Children’s of Alabama who take part in the hospital’s Global Surgery Program. The program seeks to expand and enhance Children’s pediatric surgical and medical expertise through collaborative, reciprocal arrangements with medical communities in targeted parts of the world. Through this global initiative, surgeons travel to partner pediatric hospitals worldwide to perform surgery, educate and provide expertise in the creation of standardized management protocols for complex surgical diseases. Additionally, surgeons and research coordinators from those partner institutions travel to Birmingham for training



Daily rounds are a crucial part of the surgeons’ visits, just as they are in the U.S.



fellowships to advance their knowledge and skills and to participate in research endeavors.

The program is newly formalized under the leadership of pediatric neurosurgeon James Johnston, M.D., building on the experience of surgeons from the divisions of general surgery, orthopedic surgery, plastic surgery, neurosurgery and cardiovascular surgery who have been making these overseas trips for years. Their work established the foundation of the program, but the need to coordinate the outreach within a structured initiative became increasingly apparent, both logistically and financially.

Over the past three years, Children’s surgeons have visited hospitals in Vietnam, Kenya, Mexico, Uganda and Ghana. Those hospitals typically serve a very large regional population – 40 million in Ho Chi Minh City, for example – and have a strong infrastructure and good facilities, but their staffs have not enjoyed the benefits of advanced training available in the United States. During the one- to two-week trips, the Children’s surgeon will see patients in clinic alongside local physicians to determine which cases need immediate attention, which ones can

wait and which will present a valuable educational experience for the local surgeon. Johnston said he encounters a wide variety of complexity in the cases he sees in Vietnam, but he tries to dissuade his local colleagues from scheduling only the difficult cases while he's there. "The main goal is to get the local surgeons doing the procedures themselves and not rely on the American doctors," Johnston said. "You can't do the hard ones until you can do the easy ones."

Johnston, who has completed extensive post-doctoral and fellowship training in neurosurgery, said he reaps the benefits of

the trips as much as the locals do. In fact, he stresses the mutual benefits of the program for both sides of the exchange. "I will frequently perform complex surgeries that I don't see as often in the U.S.," he said. "Our overseas colleagues benefit from our visits, which is of course fundamental to the program. But when I come back to Birmingham after a visit to Ho Chi Minh City, I'm also a better surgeon."

The flip side of the reciprocal agreement with these foreign hospitals is the training opportunities presented to their physicians. Surgeons and residents are brought to Birmingham

continued next page



General pediatric surgeons Elizabeth Beierle, M.D. (pictured above), and Mike Chen, M.D., have made 10 teaching visits to Vietnam, including Ho Chi Minh City, Hanoi and Danang, since 2008. Vietnamese medical students serve as interpreters. Pictured on page 4 are patient wards in Children's Hospital #2 in Ho Chi Minh City.

to observe procedures, discuss cases, and attend meetings and continuing education conferences. The usual stay is three months, during which time they are housed in apartments near the Children's campus at the hospital's expense. "We try to get them exposed to as many things as possible while they're here," Johnston said.

For the future, Johnston wants to broaden Children's presence at its partner hospitals and extend the program beyond surgery and into other pediatric divisions.

More information is available at www.childrensal.org/global-surgery-program.

A VIRTUAL PRESENCE PROVIDES REAL-TIME SURGICAL CONSULTS

A crucial component of the Children's of Alabama global pediatric surgery outreach initiative is Johnston's use of technology that allows him to create a real-time presence in operating rooms on the other side of the world. Virtual Interactive Presence and Augmented Reality, or VIPAAR, is an internet-based telemedicine system that employs smart phones, tablets and standard internet to stream video between Birmingham and remote sites. It was originally developed by Bart Guthrie, M.D., Professor of Neurosurgery at the University of Alabama at Birmingham, and has since been commercialized for use in multiple applications by the Department of Defense, Walmart, Medtronic and other large corporations. How does VIPAAR work? Surgeons at Children's Hospital #2 in Ho Chi Minh City use an iPad to stream real-time images of surgical procedures. Johnston follows the procedure from his tablet and can advise as needed. "I can interact with surgeons in Vietnam during the actual surgery," he said. "It's like I'm in the OR with them. We only use it for neurosurgery now, but we hope to adapt it to be valuable for other surgeries as well, specifically laparoscopy and microsurgery." Details of the initiative, the first of its kind in the world, were recently published in *World Neurosurgery*.

This unique initiative was made possible through the generous support of Phillip and Heather McWane.



Soothing the Hurt of Abused Children



Michael Taylor, M.D.

A graduate of the University of Kentucky, Taylor earned his medical degree from the University of Louisville and came to Birmingham for his internship and residency. After training at Children's, he entered private practice as a general pediatrician in North Carolina, where community service led him to working with victims of child abuse. He soon became one of three child abuse examiners for Wake County, where Raleigh is located, devoting four months a year to the work; but the volume of cases and the impact on his private practice created frustration. A horrific abuse case that resulted in the deaths of two teenage sisters at the hands of their abuser ultimately prompted his resignation.

But a few years away brought Taylor a new perspective, one that fuels his ongoing interest in the field. After relocating his practice to Kentucky, he soon found himself consulting on a toddler who had been sexually abused. Realizing he was the only physician in a 280-mile radius who was trained and willing to conduct exams of abused children, Taylor reflected on why he had suffered burnout while working with that patient population earlier in his career and how he could resume that work.

"My focus at first was how terrible it was for these children. My goal was to keep bad things from happening to each child ever again. But this goal was unrealistic and largely out of my control," he said. "So I asked myself, 'What can we do for these children?' And I decided the most important part of what we do is to make sure they're healthy, get them treatment, answer their questions and let them know that they are okay after what had happened to them."

Coordinating his work with that of investigators, child protective services workers, counselors and others, Taylor

Michael Taylor, M.D., FAAP, hopes that someday he'll be out of a job. The realist in him, though, knows that day is unlikely to come.

Taylor recently returned to Children's of Alabama to serve as director of its new Child Abuse Pediatrics division, bringing more than 30 years of experience and an abundance of harrowing patient stories with him.

was able to see significant improvement in the overall process of evaluating abused children and to see a number of those children receive the assistance they so greatly needed. The desire to build upon that multidisciplinary team approach to evaluating child abuse victims led him back to Alabama, where he spent 22 years serving a 17-county area through the West Alabama Child Medical Evaluation Program in Tuscaloosa. In 2013, he was recruited by the Medical University of South Carolina's child abuse program to serve as division chief, but a chance meeting in 2014 with Mitch Cohen, M.D., the Chair of Pediatrics at the University of Alabama at Birmingham (UAB) and Physician-in-Chief at Children's, sparked a discussion that offered him the chance to return to his alma mater and build the new division.

The Child Abuse Pediatrics division, the only one in Alabama and one of only a few in the nation, is expanding the child abuse program that has operated at Children's since 1995. The Children's Hospital Intervention and Prevention Services (CHIPS) Center provides an array of services for children who have experienced suspected abuse, including forensic medical evaluations, psychosocial assessments, play therapy, counseling for non-offending caregivers, case management, prevention education, court support and expert medical testimony. The CHIPS staff is a team of specially trained licensed professional counselors, physicians, licensed social workers and sexual assault nurse examiners. In a typical year, the center conducts more than 1,200 therapy sessions, performs more than 300 medical exams and provides prevention education through school systems, community resource fairs and places of worship to nearly 11,000 people.

Taylor is one of only 350 practicing physicians in the U.S. who are currently board-certified in the specialty; four are in Alabama, including David Bernard, M.D., and Melissa Peters, M.D., at Children's. Yet eight out of every 1,000 children in the state are abused. Their needs are many, and Taylor has a plan. A five-year plan, in fact. His strategy is to build upon the foundation of services already provided at the CHIPS Center with the goal of becoming a Center of Excellence, the highest of the Children's Hospital Association's three-tiered system of services. A state network to coordinate and standardize procedures and reporting is a key part of the process. "We need to coordinate medical services available in Alabama, organize them better and try to get some funding for them," Taylor said. "We need education at all levels – law enforcement, attorneys, DHR and medical providers. Ultimately, the goal is to do all we can to help more of these kids."

More information is available at www.childrensal.org/CHIPS.

Concussion Clinic Brings Multidisciplinary Perspective



Sports medicine physician Sara Gould, M.D., likens the impact of a hit to the head to the effects of shaking a snow globe. The scene within is calm with every piece in place. But when that globe is shaken, snowflakes scatter hither and yon. Nothing is actually broken or damaged, but the chaos is there.

The effect of that chaos on a young athlete's brain varies from case to case, but some sort of functional disturbance is certain. That's why the immediate diagnosis and treatment of concussion are crucial. "We can't see any damage if we take pictures of the brain, but we know there's a concussion

because of the athlete's symptoms," Gould said. "The tricky part is that symptoms can vary widely and may be subtle."

To facilitate quick diagnosis and appropriate management, Children's of Alabama broadened its sports medicine coverage in 2011 by opening a specialized concussion clinic. Gould and James Johnston, M.D., serve as co-medical directors. The strength of the program lies in its unique interdisciplinary focus, which brings together a team of highly skilled athletic trainers, nurses, physicians and neuropsychologists to optimize the evaluation, treatment and medical clearance for return to play.



Four divisions are represented in this photo of some of the key caregivers in Children's Concussion Clinic. This multidisciplinary approach is the foundation of its success in diagnosing and successfully treating young concussion patients. Pictured, from the top and moving clockwise, are: Erin Swanson, M.D., Rehabilitation Medicine; Laurie Marzullo, M.D., Emergency Medicine; James Johnston, M.D., Neurosurgery; Drew Ferguson, M.Ed., ATC/L, CSCS, Sports Medicine; Drew Davis, M.D., Rehabilitation Medicine; Nadine Bradley, RN, BSN, CPN, Neurosurgery; Heath Hale, M.D., Sports Medicine.

Within the team, ultra-specialized care is provided to address the particular medical – and sometimes surgical – needs of the patient, depending on the severity of the concussion. Sports medicine physician and medical director for athletics at the University of Alabama at Birmingham Heath Hale, M.D., brings a close-up, hands-on perspective from the hits he sees and the sideline evaluations he performs during games. Gould runs a separate weekly infusion clinic to provide infusion therapy for patients suffering from concussion-induced migraines that have not responded to other treatment. Erin Swanson, M.D., from rehabilitation medicine, follows up with patients who experience lingering symptoms that are likewise slow to improve with treatment. Johnston, a neurosurgeon, treats the most serious concussion injuries. As patients are followed, their ability to resume regular classroom activities, or return-to-think progress, is monitored by the team as closely as their readiness for a return to the field of play.

Since its opening, patient volume in Children's Concussion Clinic has increased 83 percent. Several

factors have contributed to that growth. National awareness, of course, has brought the topic from the NFL training rooms to the sidelines of Pee Wee League games. As the relationship between crippling brain disease among pro athletes has been linked increasingly to concussions early in their careers, parents, coaches and health care providers have begun taking greater measures to learn how best to recognize, treat and ultimately avoid concussion in children playing sports.

Children's has taken the awareness show on the road by conducting outreach events, visiting general pediatricians across the state to update them on concussion protocols and how to ascertain when an athlete who has "had his bell rung" is ready for return-to-play and return-to-think activities. For even broader exposure, the concussion outreach team will be presenting at the Spring 2016 meeting of the Alabama Chapter of the American Academy of Pediatrics.

Children's physicians and certified athletic trainers also have a strong presence within the athletic departments of local high schools and colleges. Working hand in hand with the Alabama High School Athletic Association (AHSAA), Children's concussion team helps educate coaches through yearly training in the use of the SCAT3 assessment tool and return-to-play guidelines. Those guidelines became Alabama state law in 2011, thanks to the work of the Alabama Statewide Sports Concussion Task Force, which worked directly with state legislators and senators to pass this important legislation. The task force includes representatives from Children's along with the AHSAA, the Alabama Department of Rehabilitative Services, the Alabama Head Injury Foundation, the Alabama Athletic Trainers' Association and several universities.

To further strengthen awareness and education outreach, Children's partners with the Wise Up! Initiative to host an annual concussion summit for coaches, athletic directors, school leaders, school nurses, athletic trainers and parents to present the latest medical research on concussion and post-concussion treatment. Wise Up! is headed by NFL veteran Kevin Drake, who enlists the aid of fellow members of the NFL Players Association to spotlight the serious concerns discussed and debated at the summit and other educational events.

"The evolution of concussion legislation and best practice is ongoing," said Drew Ferguson, director of UAB Sports Medicine at Children's. "It's imperative to understand how young athletes are affected by concussion symptoms in both the short term and the long term. The more parents, athletic trainers and coaches, teachers and school leaders know about concussions, the safer our young athletes will be."

More information is available at www.childrensal.org/concussion.

International Expert Deciphers the Puzzle of Rett Syndrome

Pediatric neurologist Alan Percy, M.D., didn't set out to make a career with Rett syndrome, but 30 years after diagnosing one of the first cases in the United States, he is an internationally recognized expert in this baffling disorder. "People have asked me many times how I came to Rett syndrome, and I tell them, 'I didn't come to Rett syndrome; Rett syndrome came to me,'" he said.

The foundation of his expertise is in his early collaboration with Swedish pediatric neurologist Bengt Hagberg, who simultaneously with Austrian developmental pediatrician Andreas Rett, was observing and recording details of patients

a Rett clinic and were following more than 150 patients from around the country. In 1992, Percy left Texas to become director of the division of Pediatric Neurology at the University of Alabama at Birmingham and soon established a clinic there to treat Children's of Alabama patients.

Rett syndrome is a genetically based neurodevelopmental disorder found almost exclusively in females that affects the cognitive, emotional, motor and autonomic functions of the brain. It has a clinical onset at 6 - 18 months of age. "It is associated ordinarily with a period of what appears to be normal development, but if we look at it closely, we begin to see some features that are less than normal," Percy said. "This is where pediatricians and family practitioners can have a beneficial impact by encouraging the consideration of these early changes in achieving a proper diagnosis. We believe that early diagnosis is key to initiating early treatment with the emerging therapeutic modalities under study."

Diagnosing Rett syndrome can be difficult. Early development is followed by a period of stagnation or regression during which the child begins to lose communication skills, including speech and the ability to make eye contact, and purposeful use of the hands. Afterward, stereotypic hand movements such as hand-wringing, abnormal breathing patterns, gait disturbances,

seizures and a slowed rate of head growth may be observed. Mutations in the methyl-CpG binding protein 2 (MECP2) are associated in 96 percent or more of girls who meet the clinical diagnosis. "We regard this as a neurodevelopmental disorder, and there are a number of other neurodevelopmental disorders, including autism, which can look like Rett," Percy said. "You have to look at the pattern of development, and if anything looks a little odd, refer the child to someone who may have more experience with Rett."

who exhibited similar developmental histories and symptoms. Over the ensuing years, Percy and Hagberg focused their efforts on developing a clinical diagnosis, advancing research and spreading an understanding of Rett syndrome.

Soon after making that career-defining first diagnosis, Percy and his associates at Texas Children's Hospital in Houston began receiving phone calls about other girls who showed similar traits. By the end of that decade, they had established



Since 2003, Percy has led an NIH-funded natural history study of Rett patients. "We've enrolled some 1,200 patients here and at other centers across the country that have some relation to Rett syndrome. Some have Rett; others just have mutations and don't have Rett syndrome. We know from other disorders that it is critical to determine the natural history so you can be certain the treatment you use is actually making a difference," Percy said.

For Percy, one of the most rewarding aspects of working with Rett syndrome is being able to provide support for patients' families. "It's giving families a sense they are not alone. We can put them in touch with other parents who have similar experiences. I truly believe that involving the families has been a major boon to understanding Rett syndrome. We are able to give families a focal point and an understanding that there are lots of folks working on this, and with all the research that is going on, we are moving toward effective treatments, if not a cure," he said.

More information is available at www.sukifoundation.org.

Alan Percy, M.D., has worked with 6-year-old Sarah Katherine Bateh, known as "Suki," since diagnosing her with Rett Syndrome at age 2. She and her family have created the Suki Foundation to raise funding, increase awareness and to provide early intervention services for the one in 10,000 little girls born with the genetic defect that causes this debilitating neurological disease.



Innovative Pulmonary Programs Help Kids Breathe

With nearly 8,000 outpatient visits each year, the daily demands on the Pulmonary and Sleep Medicine team at Children's of Alabama are substantial, but the needs of their patients fuel their efforts to improve care with innovative programs that draw families from all over the Southeast.

"We have 15 faculty members and nearly 85 divisional personnel dedicated to advancing our understanding and treatment of pediatric pulmonary disorders," said Division Director Hector Gutierrez, M.D.

Infants, children and teens with a variety of lung disorders – including asthma, bronchopulmonary dysplasia (BPD), cystic fibrosis (CF), interstitial lung diseases, pneumonias, sleep disorders and lung problems related to neuromuscular disorders and ventilator-dependence – travel from throughout Alabama and nearby states to seek treatment at Children's. For many of these children, the services they need are not available anywhere else in the region.

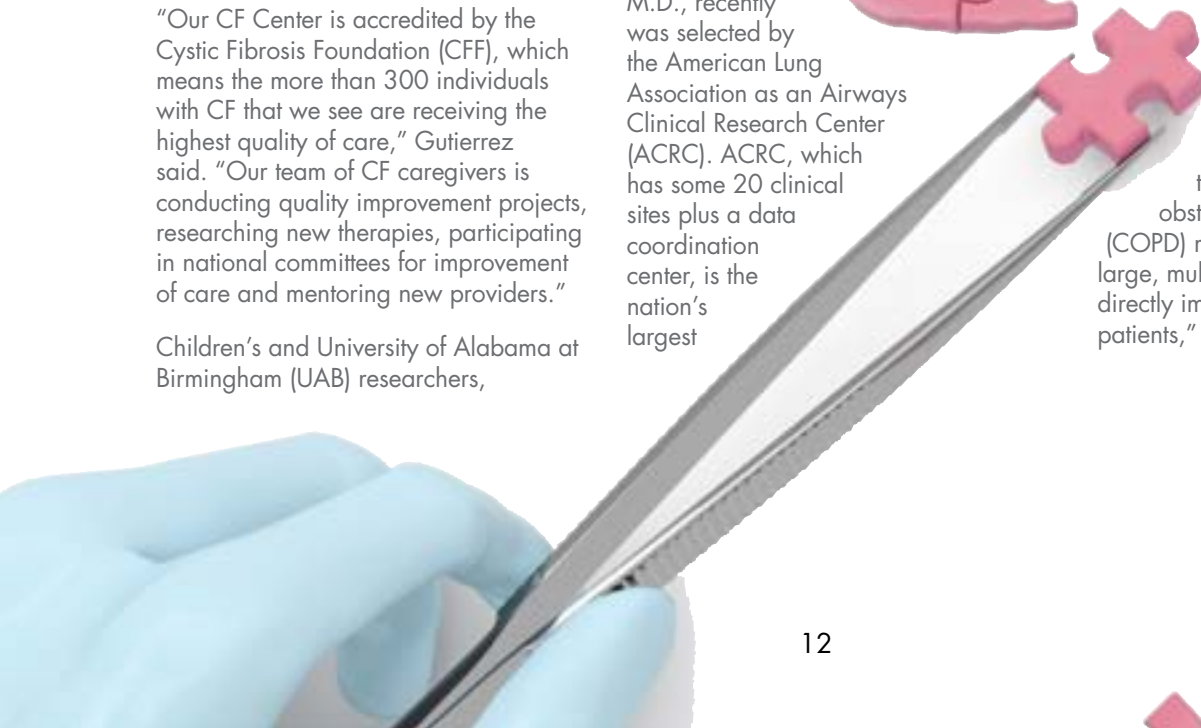
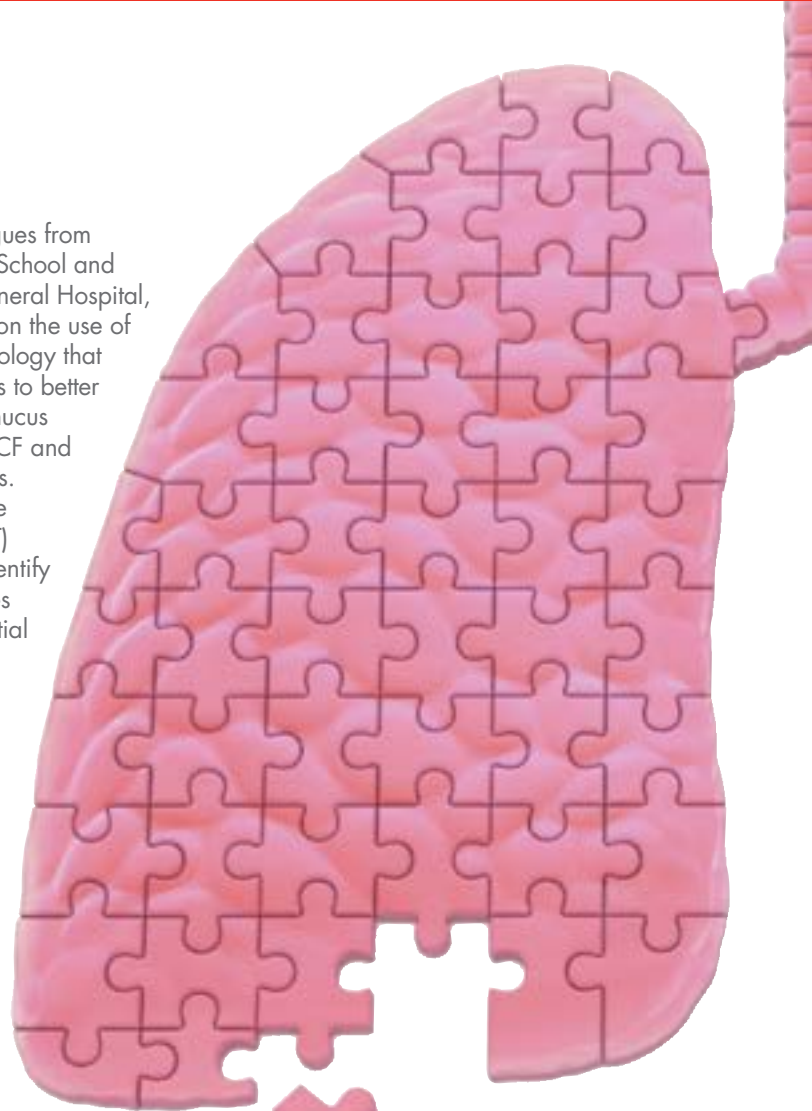
"Our CF Center is accredited by the Cystic Fibrosis Foundation (CFF), which means the more than 300 individuals with CF that we see are receiving the highest quality of care," Gutierrez said. "Our team of CF caregivers is conducting quality improvement projects, researching new therapies, participating in national committees for improvement of care and mentoring new providers."

Children's and University of Alabama at Birmingham (UAB) researchers,

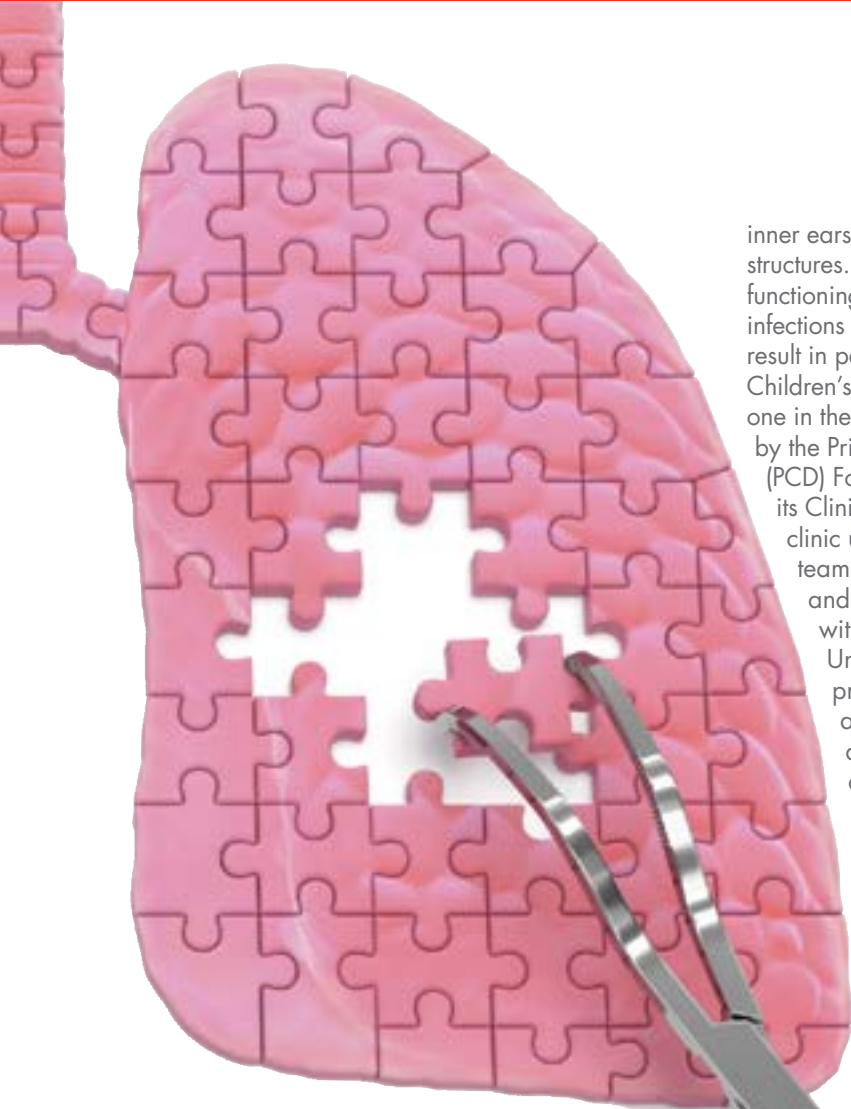
along with colleagues from Harvard Medical School and Massachusetts General Hospital, are collaborating on the use of cutting-edge technology that is enabling doctors to better understand how mucus transport impacts CF and other lung diseases. Optical Coherence Tomography (OCT) could also help identify new drug therapies and has the potential as a clinical tool for diagnosing the severity of lung disease.

Gutierrez also noted that the Pediatric Asthma Research Program, led by Isabel Virella-Lowell, M.D., and Terri Magruder, M.D., recently was selected by the American Lung Association as an Airways Clinical Research Center (ACRC). ACRC, which has some 20 clinical sites plus a data coordination center, is the nation's largest

not-for-profit network of clinical researchers dedicated to asthma and chronic obstructive pulmonary disease (COPD) research. "ACRC conducts large, multi-center clinical trials that directly impact the care of asthma patients," he said.



Easier



inner ears, sinuses and other structures. When the cilia are not functioning properly, frequent infections are common and can result in permanent damage. Children's PCD clinic is the only one in the area and is accredited by the Primary Ciliary Dyskinesia (PCD) Foundation as a member of its Clinical Center Network. The clinic utilizes a multidisciplinary team approach to diagnosis and treatment, and works with the Genetics and Undiagnosed Diseases programs at Children's as well, because PCD is a recessively inherited disorder. Approximately 25,000 Americans have PCD.

"Because the diagnosis is difficult to make, only a small number of individuals with the disorder have been identified," Hoover explained. "Currently, we are seeing patients from five different states across the southeast in our clinic."

According to Hoover, treatment focuses on reducing the problems caused by ineffective mucociliary clearance. "We teach our patients and their families effective ways to help clear the lungs, sinuses and ear canals using medications as well as therapies, irrigation methods and, in some cases, surgery."

"The activity of our clinic will enhance access to care in the Southeast by focusing on raising awareness of PCD to provide earlier, accurate diagnosis prior to permanent lung damage occurring," Hoover said. "We are closely linked with the UAB Adult PCD Care Center and our Pulmonary Division research enterprise operates out of the Children's/UAB Child Health Research Unit. This relationship will assist in transition to adult care and establish a research presence for PCD that may allow earlier access to novel therapies."

More information is available at www.childrensal.org/pulmonology.

Children's also is providing much-needed services for children with sleep disorders. "The incidence of sleep issues in Alabama children has increased in recent years due to obesity and sleep apnea—and our Sleep Lab conducts about 1,800 sleep studies every year," Gutierrez said. "We currently have three sleep-certified physicians and we're expanding our facility from nine to 14 - 15 beds."

The latest offering in the group's comprehensive array of services is the Primary Ciliary Dyskinesia (PCD) Clinic led by Wynton C. Hoover, M.D. PCD is a genetic disorder of the structure and/or function of cilia that line the airways,

News, Honors & Awards

- Children's of Alabama was recently recognized by the Children's Hospital Association (CHA) with a Pediatric Quality Award for work done by the PICU and orthopedic group to reduce waste and improve efficiency. The two areas worked together to standardize care for adolescent spinal fusion patients. The new processes give families an opportunity to participate in care and understand expectations prior to PICU admission. The results were shorter hospital stays for these patients and their families, as well as a cost savings of more than \$800,000. Awarded biennially by the CHA, the Pediatric Quality Award honors successful quality improvement initiatives that significantly improve care for pediatric patients. The winners were announced during the Quality and Safety in Children's Health Conference in New Orleans on March 8. Members of the Children's project team were **Leslie Hayes, M.D.**; **LaTanya Higginbottom**; **Lauren Jones, RN**; **Joseph Khoury, M.D.**; **Delicia Mason, RN**; **Ashley Penn, CRNP**; **Paige Perry, RN**; **Vicki Shinick, RN**; **Tom Shufflebarger, FACHE**, Executive Vice President and Chief Operating Officer; **Shirley Ward, RN**; and **Kristen Waddell, CRNP**.

- The American Society of Hematology Clinical Research Training Institute invited **Jeffrey Lebensburger, D.O.**, Hematology and Oncology, to be a 2016 CRTI Summer Workshop Faculty Member.



- **Alan Percy, M.D.**, Neurology, presented the inaugural Bengt Hagberg Memorial Lecture at the annual Swedish Neuropediatric Society meeting in Stockholm at the Swedish Society of Medicine. Percy and Hagberg collaborated as friends and colleagues to develop a clinical diagnosis, advance research and spread understanding of Rett syndrome for more than 30 years.



- **Randy Q. Cron, M.D., Ph.D.**, Rheumatology, is a 2016 American Pediatrics Society International Travel Grant Program applications recipient.

- The UAB Pediatric Pulmonary Asthma Program at Children's of Alabama, in collaboration with the UAB Lung Health Center, was recently selected as an Airways Clinical Research Center by the American Lung Association.

- **Drew Davis, M.D.**, Rehabilitation Medicine, was selected by the American Board of Physical Medicine and Rehabilitation to serve a three-year term as an item writer for the Pediatric Rehabilitation Medicine Board Examination.

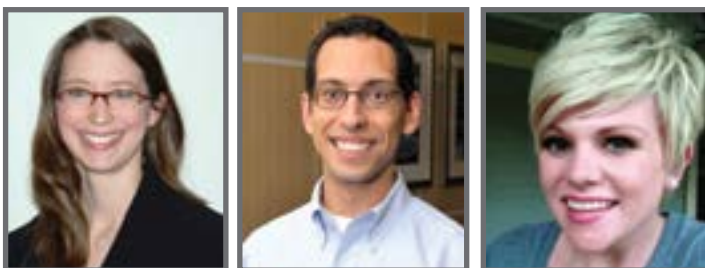


- **William J. Britt, M.D.**, Infectious Diseases, and **Smita Bhatia, M.D., MPH**, Hematology and Oncology, were recently elected to the Association of American Physicians. Bhatia was also elected to membership in the American Pediatric Society and to the position of Children's Oncology Group Executive Committee Member-at-Large for a three-year term.

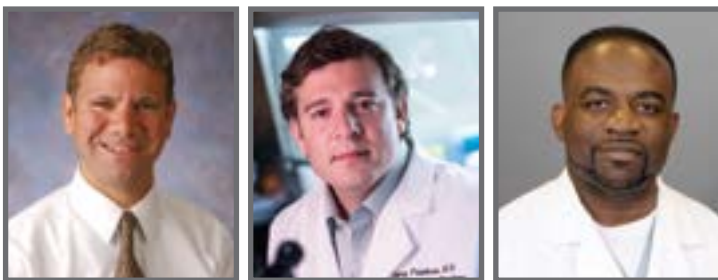


- **Charitharth "Vivek" Lal, M.D.**, Neonatology, was one of three finalists for the Southern Society for Pediatric Clinical Science Young Investigator Award.

- **Jennifer Guimbellot, M.D.**, Pulmonology, **Justin Schwartz, M.D.**, Developmental Behavioral Pediatrics, and **Lauren Shipman, M.D.**, Rheumatology, were accepted into the 2016 CCTS Clinical and Translational Science Program.



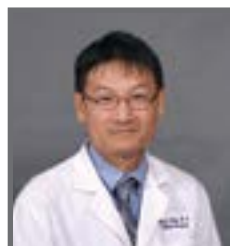
- **Trent Tipple, M.D.**, Neonatology, **Gregory Friedman, M.D.**, Hematology and Oncology, and **Brian Sims, M.D.**, Neonatology, were recently elected to the Society for Pediatric Research.



- **Shae A. Duerring, M.D.**, Emergency Medicine, and **Aaron Yee, M.D.**, Neonatology, received 2015 Trainee Travel Awards from the Southern Society of Pediatric Research/Academic Pediatric Association.



- **Mike Chen, M.D.**, has been named Chief of Surgery. In his new role, Chen will lead one of the largest pediatric surgical services in the country. He earned his medical degree from the University of Texas Health Science Center at Houston. Chen completed his residency in general surgery and a transplantation fellowship at the University of Florida. He then completed a fellowship in pediatric surgery at Le Bonheur Children's Hospital in Memphis before coming to Children's of Alabama in 2009, where he holds the Joseph M. Farley Chair in Pediatric Surgery.



- **Robert J. Dabal, M.D.**, has been named Division Director of Pediatric Cardiothoracic Surgery. After receiving his medical degree from Duke University School of Medicine, Dabal completed a general surgery internship and residency at New York-Presbyterian/Columbia and fellowships in pediatric cardiac surgery at The Children's Hospital in Denver and Children's Hospital in Boston. His research interests are in the areas of quality improvement and clinical outcomes research, including improving surgical care to decrease morbidity following neonatal cardiac surgery.



- **David Kimberlin, M.D.**, Infectious Diseases, was called to testify before the United States Senate Special Committee on Aging on Dec. 9 about the impact of recent spikes of 300 - 6,000 percent in the cost for certain name brand drugs that have no generic formula or competing brand. The price hikes have made the medications too expensive for most, if not all, patients. Dr. Kimberlin serves as co-director of the Division of Pediatric Infectious Diseases and holds the Sergio B. Stagno, M.D., Endowed Chair in Pediatric Infectious Diseases.



- Children's of Alabama was named Solutions for Patient Safety (SPS) Hospital of the Month for January 2016 by Cincinnati Children's Hospital Medical Center. The recognition is based on a number of criteria regarding improvement and reporting of targeted Hospital-Acquired Conditions. Children's has participated in the SPS, a consortium of more than 80 participating children's hospitals, since 2013.



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