Welcome to this edition of *Pediatric Pulse*, a Kentucky Children’s Hospital newsletter for referring physicians. In this quarterly newsletter, we provide updates on what’s happening at Kentucky Children’s Hospital (KCH) in addition to information on new or interesting services we offer.

This issue finds multiple projects in the planning process. We have completed the murals around the elevator entrance on the first floor of KCH. Next will be the renovation of the fourth-floor welcome center and the pediatric sedation area on the second floor.

In January we will open a new home for our pediatric sedation services. This new space is across the hall from the current radiology suite on the second floor of Pavilion HA. This area will be used for imaging and minor procedures that require sedation. An infusion space for chemotherapy and biologics will also be developed.

This new area should make the patient and family experience much nicer and more efficient than our current space allows. We will keep you informed of the upcoming changes.

In this edition, Joseph Iocono, MD, and Hubie Ballard, MD, cover news about our ECMO program and its recent recognition as a leader in the field. Rebecca Collins, MD, will review our Baby Friendly Hospital Initiative.

I want to remind you that numerous Kentucky Children’s Hospital records are now available through the physician portal. The most utilized information to date is the online discharge notes from the newborn nursery and units, along with lab results and procedural notes. More daily progress notes are also becoming available online. Our liaisons will be glad to assist you or your office staff in accessing the portal.

As always, we are continuing to focus on improving communication with our referring providers. In the meantime, if you have trouble getting in touch with your patient’s attending physician, please contact me through UK•MDs toll free at 800-888-5533, email at cwall4@uky.edu, or my office phone at 859-323-1432.

Carmel Wallace, MD
Physician-in-Chief, Kentucky Children’s Hospital
Chair, Department of Pediatrics
Division chief, General Academic Pediatrics
UK HealthCare earns ECMO designation

Hubie Ballard, MD, FAAP
Associate professor of pediatrics and medical director of neonatal and pediatric ECMO

Joseph Iocono, MD
Associate professor of pediatrics and surgery

We are pleased to announce that UK HealthCare, which includes Kentucky Children’s Hospital and UK Albert B. Chandler Hospital, has been designated an ECMO Center of Excellence by the Extracorporeal Life Support Organization (ELSO).

With the designation of excellence in neonatal, pediatric and adult ECMO care, UK HealthCare becomes one of a limited number of national centers with a comprehensive program in extracorporeal life support committed to the regional public health needs of patients with respiratory failure.

As an ECMO Center of Excellence, UK HealthCare has demonstrated “quality measures, processes and structures based upon evidence” to facilitate state-of-the-art patient care. Our team includes critical care physicians, neonatologists, cardiothoracic surgeons, pediatric surgeons and certified clinical perfusionists who provide around-the-clock coverage for all neonatal, pediatric and adult cardiac/extracorporeal life support procedures. Our facility at KCH includes a 66-bed neonatal ICU, a 12-bed pediatric ICU and a 12-bed progressive care unit. Nurses receive quarterly simulation training, and all members of the ECMO support program must pass an annual competency exam. The NICU Graduate Clinic provides specialized post-ECMO medical and developmental follow-up care for infants and toddlers who are at an increased risk for developmental delay.

We are grateful for the opportunity to contribute to the critical care of patients with advanced lung disease within the Commonwealth of Kentucky and surrounding regions.

For questions or an adult ECMO consultation, please call UK•MDs at 800-888-5533 and ask to speak to the thoracic transplant surgeon on call, or call the ECMO pager at 859-330-7676. For a pediatric or neonatal ECMO consult, please call UK•MDs and ask for the pediatric ECMO physician on call.

“The Kentucky Children’s Hospital ECMO team exemplifies the multidisciplinary, collaborative approach to excellent patient care. All care providers are critical parts of the team, including nurses, advanced-practice providers, neonatology fellows and physicians, who all help provide the best care to the babies and children of Kentucky.”

— Hubie Ballard, MD, FAAP

“Over the past five years, the neonatal and pediatric ECMO team at KCH has worked hard to ensure the best care is available for our sickest infants and children. The dedicated work of the critical care nurses, perfusionists, respiratory therapists and countless support staff allows the physicians to save many children who otherwise might not survive. Having ELSO recognize KCH as a center of excellence validates the efforts of these many individuals. We thank them for their continued support of this program.”

— Joseph Iocono, MD

Outreach Corner

Providing pediatric specialty care in local communities

Kentucky Children’s Hospital provides a variety of pediatric specialty clinics with fellowship-trained physicians and staff outside Lexington.

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A step ahead for the Baby Friendly Hospital Initiative

Rebecca Collins, MD
Associate professor, Division of General Pediatrics
Director, newborn nursery

Scientific evidence regarding the outcome of breast-fed babies versus formula-fed babies has exploded over the past two decades. It is common knowledge by scientific groups and medical associations that breast-feeding is the preferred way to feed infants. In fact, the American Academy of Pediatrics, in its most recent policy, states, “Given the documented short- and long-term medical and neurodevelopmental advantages of breast-feeding, infant nutrition should be considered a public health issue and not only a lifestyle choice.”

Although word of this is spreading among the general public, only 75 percent of moms initiate breast-feeding, and half of mothers are supplementing with formula in the first week. Sixty percent of moms say they stop short of their breast-feeding goals, and many of them cite reasons that are preventable, such as poor latch, poor weight gain and pain. Kentucky ranks 47th nationally for breast-feeding initiation.

What does the evidence say about how to help mothers reach their goals? The American Academy of Pediatrics endorses the “Ten Steps to Successful Breastfeeding,” which are evidence-based practices established in the WHO/UNICEF Baby Friendly Hospital Initiative. These steps include practices that start in the prenatal period, such as education of families in prenatal clinics regarding breast-feeding. The steps also include improved practices in the hospital, such as skin-to-skin contact immediately following delivery, hands-on support with breast-feeding techniques and outpatient follow-up care with skilled providers soon after discharge. Studies show the more steps hospitals practice, the better success mothers have fulfilling their breast-feeding goals.

Best Fed Beginnings is a first-of-its-kind national effort to significantly improve breast-feeding rates across the country. UK HealthCare was one of 89 hospitals in the nation, and the only hospital in Kentucky, to be selected to participate in this effort, which is a 22-month learning collaborative. The ultimate goal is that all of the hospitals will achieve Baby Friendly designation. The designation verifies that a hospital has comprehensively implemented the AAP-endorsed “Ten Steps to Successful Breastfeeding.” This multidisciplinary effort involves top administrators, physicians and the techs in the nursery. Much work remains, but we are learning from national experts in the field. There are interactive webinars several times a month, in addition to a website created to share monthly statistics, evidence-based literature and problem-solving techniques to help us reach our goal.

UK HealthCare has already made positive strides. The most recent statistics available, from July 2012, show that 83 percent of mothers who gave birth at UK were breast-feeding their newborns. From July to November, the percentage of women who were still exclusively breast-feeding with no supplemental bottle feedings at the time of discharge rose from 50 percent to 78 percent. Moms who had no intention of breast-feeding changed their minds when their babies crawled to the breast and self-attached during skin-to-skin contact within the first hour after birth. Join us in the journey to be Baby Friendly and celebrate as we take steps toward a healthier Kentucky.

For more information visit www.babyfriendlyusa.org and www.unicef.org/newsline/tenstps.htm.
UK Chandler Hospital and Kentucky Children’s Hospital recently became two of the first 10 trauma centers to be designated by the Commonwealth of Kentucky. This designation became possible when Kentucky lawmakers passed House Bill 371 in 2008 which established the framework for development of a statewide trauma system and the formation of the Kentucky Trauma Advisory Committee. The law encouraged the establishment of trauma centers, drafting of written transport protocols for EMS providers to better define which patients require transfer to a trauma center, and standardized education for trauma care providers.

“This is recognition for these centers and how they are impacting a major health problem,” said Andrew C. Bernard, MD, UK trauma surgeon and chairman of the State Trauma Advisory Committee, the committee responsible for directing the development and implementation of the Kentucky Trauma System. “In many ways this is the most significant advancement in the health of Kentuckians in the last 20 years, and lives will be saved because of it.”

The American College of Surgeons (ACS) Committee on Trauma verifies trauma centers as Level I to Level III. Chandler Hospital has maintained Level I Trauma Center verification through the American College of Surgeons for about 20 years. Kentucky Children’s Hospital received Level I Pediatric Trauma Center verification in 2009 when the ACS began verifying pediatric trauma centers separately. The goal of the state trauma system is to get injured patients to the appropriate level of care as quickly as possible.

“It is important for a severely injured trauma patient not to linger at a hospital not equipped to deal with their injuries before being transported to a trauma center,” Bernard said. “It is also important for a patient with non-life-threatening injuries – that can be appropriately cared for at a Level III center – not be automatically sent to a Level I center.”

According to Kentucky Children’s Hospital surgeon and trauma program director Joseph A. Iocono, MD, “The commitment of UK HealthCare to assure that Kentucky Children’s Hospital maintains Level I trauma verification status underscores our desire to provide only the highest level of care for our children. Through this process, we are able to assure that our system has the best care available and allows children to get here when they need this level of care. While many know that we need physician specialists in orthopaedics, neurosurgery, psychiatry, critical care and pediatrics, many don’t realize that the team that takes care of these families also includes social workers; child life, physical and occupational therapists; specially trained nurses; and pediatricians, as well as other trauma prevention experts.”

Several of Kentucky Children’s Hospital physicians have been actively involved in this initiative and serve on UK’s trauma quality assurance committee, including:

- John Draus, MD
- Andrew Pulito, MD
- Sean Skinner, MD
- Jaime Pittenger, MD
- James Lee, MD
- Todd Milbrant, MD
- Aru Reddy, MD
- Karen Lommel, DO

Bari-Lee Mattingly, RN, serves as the pediatric trauma coordinator.
Helping pediatricians in Kentucky share vital health information

Carol Steltenkamp, MD, MBA
Associate professor, Division of General Pediatrics
Chief Medical Information Officer, UK HealthCare
Director, Kentucky Regional Extension Center

It’s no secret. Pediatric visits are lasting longer than they used to.

Since 1994, the average length of a pediatric visit has increased by close to 14 percent. For pediatricians practicing in rural areas, the number of patient visits per week is more than 90. In a rural state such as Kentucky, this has a huge impact.

This not only puts strain on the amount of time pediatricians can spend with patients, but it also results in parents taking their children to a variety of care settings. As settings vary, the connections and communication between physicians can suffer. So too does the continuity of care for patients. For the youngest patients in need of critical care, this means quick access to vital health information is imperative.

In an effort to mitigate these barriers, Kentucky has embraced the meaningful use of patient health information through electronic health records (EHRs).

What is meaningful use?
“Meaningful use” is the set of standards defined by the Centers for Medicare & Medicaid Services (CMS) that governs the effective use of EHRs and allows eligible providers and hospitals to earn incentive payments by meeting specific criteria.

Achieving meaningful use means encouraging health care professionals to use their EHR systems to improve quality of care and share information securely. The ultimate goal of meaningful use is to promote adoption of EHRs to improve health care across the United States.

What are the benefits of meaningful use for pediatricians?

- **Comprehensive view of a patient’s medical history.** This enables providers to give the most customized patient care by leveraging clinical decision support, which reduces medical errors and improves quality outcomes.

- **Better access to information.** EHRs facilitate greater access to the information that providers need to diagnose health problems earlier and proactively manage pediatric patient wellness. EHRs also allow information to be shared more easily among doctors’ offices, hospitals and health systems, leading to better coordination of care. This includes data transmissions between cancer, immunization and diabetes registries.

- **Patient empowerment.** EHRs will help empower parents to take a more active role in the health of their children and families. Parents can receive electronic copies of their medical records and share their health information securely over the Internet with their families.

Are monetary incentives available for achievement of meaningful use? Do pediatricians qualify?

Yes, monetary incentives are available for eligible pediatric providers who achieve meaningful use. Pediatricians with 20 percent or more of their patients on Medicaid are eligible for monetary incentives.

What resources are available to assist with meaningful use?

The Kentucky Regional Extension Center (Kentucky REC), housed at the UK College of Medicine, is one of a select group of organizations throughout the United States charged with assisting providers, practices and hospitals in the achievement of meaningful use.

To date, the Kentucky REC has assisted more than 2,300 providers in Kentucky, 98 percent of whom have achieved meaningful use.

The Kentucky REC team consists of more than 30 subject-matter experts trained at providing solutions to clinicians as they navigate the dynamic and rigorous path to meaningful use. Kentucky REC team members operate as regionally specific advisers to the leading clinicians in the field.

To contact the Kentucky REC call 888-KY-REC-EHR (toll free) or email KYREC@uky.edu.

Save the date

2013 Contemporary Pediatrics
for the Healthcare Professional

**Thursday – Saturday, May 16-18, 2013**
Griffin Gate Marriott Resort & Spa
Lexington, Ky.

**Featuring:**

Gary S. Marshall, MD
Professor of pediatrics
Chief, Division of Pediatric Infectious Diseases
Director, Pediatric Clinical Trials Unit
University of Louisville School of Medicine

Visit [www.cecentral.com/live/4542](http://www.cecentral.com/live/4542) for complete program and registration information as it becomes available.
Consider joining Safe Kids Fayette County
from Safe Kids Fayette County

Did you know that accidental injury is a leading cause of death among children ages 14 and under in the United States? Each year, one out of every four children needs medical attention for an accidental injury.

Led by Kentucky Children’s Hospital, Safe Kids Fayette County is a member of Safe Kids Worldwide, a global network of organizations dedicated to preventing accidental injury. We are a coalition of agencies, organizations and individuals who educate and protect families.

Our programs focus on the major risk areas for children up to age 14. These programs include hands-on activities and easy-to-use educational tools for kids and their families.

Programs include:

- Traffic safety – as a pedestrian, as a passenger in a motor vehicle, or on a bike, a scooter, a skateboard or roller skates
- Fire and burn prevention
- Water safety
- Poison prevention
- General home safety
- Preventing falls
- Sports safety
- Safe sleep and infant safety

Stay up to date on the latest injury prevention topics

- Visit our website to find safety resources and downloadable materials: www.safekidsfayettecounty.com.
- Visit our website to sign up to receive our monthly safety e-newsletter in your inbox.
- Join us on Facebook as we share current news, information and activities.

Interested in becoming a member of Safe Kids or volunteering? Visit www.safekidsfayettecounty.com to learn how to get involved, email srhann2@email.uky.edu or call the Safe Kids office at 859-323-1153.