



# Progress Notes

A Publication of the Medical Staff of Valley Children's

APRIL 2016



## Who We Are

Dr. Peter Witt, Medical Director,  
Pediatric Plastic Surgery

Dr. Faisal Razzaqi,  
Pediatric Hematology/Oncology

Dr. Patricia Clerkin,  
Pediatric Neurosurgery

Dr. Julieanna Sahouria,  
Pediatric Emergency Medicine



**Fred Laningham, MD**  
 Chief of Staff  
 Valley Children's Healthcare

# Valley Children's Healthcare: Who We Are and Our Pediatric Origins

Since opening our hospital doors in 1952, Valley Children's has grown significantly to meet the increasing demand for high-quality pediatric medical care.

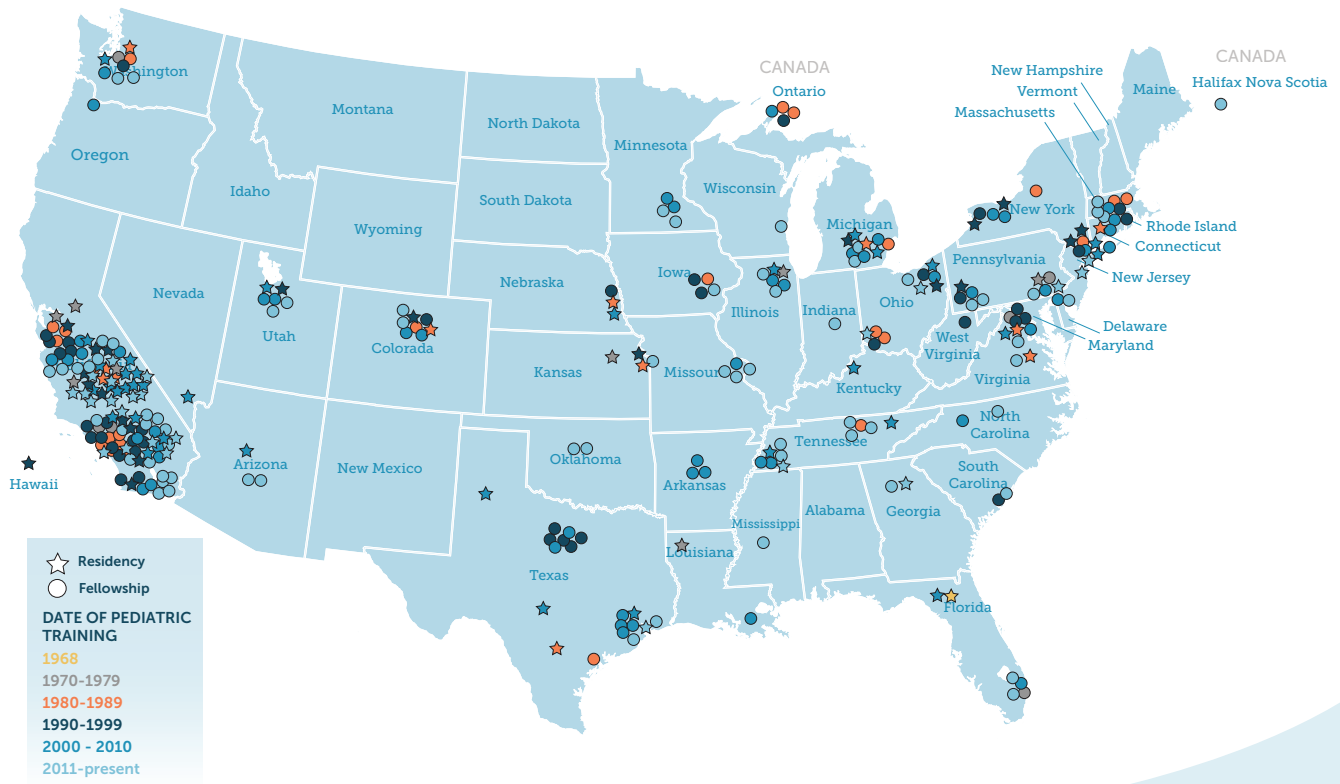
But just as we have expanded our clinical programs and facilities to meet the needs of the more than 1.3 million children who live in our diverse, 11-county service area, a recent review of our medical staff composition reflects tremendous growth as well.

The accompanying maps that detail the training locations and dates of our medical staff suggest Valley Children's is successfully recruiting (and retaining) high-quality physicians from local, regional and prominent national centers of pediatric excellence.

Data indicates that the size of our medical staff steadily increased from the 1970s to the late 1990s. But beginning in the mid-2000s, an unprecedented number of physicians joined our team, paralleling the boom in our clinical programs.

## Valley Children's Medical Staff

*Training Locations and Dates - Active and Provisional*



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### MEDICAL STAFF OFFICERS

**Fred Laningham, MD**  
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**Mimi Chao, MD**  
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# ERCP Replaces Some GI Surgeries



**David Christensen, MD**  
Senior Vice President, Medical Affairs, and Chief Medical Officer  
Valley Children's Healthcare

No two days at Valley Children's are the same. And I have the privilege of seeing the amazing things that happen here every day. The day Jaxson Bermele and his family came to Valley Children's was no exception.

Ten-month-old Jaxson had a problem affecting his liver. Without treatment, his liver could have failed. Invasive surgery would require permanently removing a common bile duct, a potentially complicated procedure.

Fortunately for Jaxson and his family, Valley Children's Dr. Roberto Gugig is the only doctor in Central California – and among a few in the state – certified to perform a remarkable procedure that fixes serious digestive problems without subjecting children to major surgery. Endoscopic Retrograde Cholangiopancreatography (ERCP) can replace some types of surgeries on the liver, pancreas and gallbladder. In Jaxson's case, it would allow him to keep his bile duct and reduce his recovery time.

Dr. Gugig is a member of Valley Children's experienced team of nine, board-certified pediatric gastroenterologists. He serves as associate director of our pediatric gastroenterology program and director of the endoscopy unit. He's one of the few gastroenterologists nationwide to use an endoscope to perform both ERCPs and ultrasounds in pediatrics.

But none of that mattered to Carolina Martinez, Jaxson's mother. She wanted a promise that we would take care of her baby. Dr. Gugig made that promise; he would fix the significant narrowing of Jaxson's common bile duct, one of the body's "main highways." If it doesn't work correctly, bile builds up in the liver and produces a dangerous toxic condition.

In a child Jaxson's age, the common bile duct is 1.2 to 1.5 millimeters in diameter – slightly more than the thickness of a credit card. Think about performing surgery through a tube in a space that small, and you'll see what Valley Children's is doing to bring modern techniques to heal the children of Central California.

Jaxson slept during the procedure. A specially trained pediatric anesthesiologist administered the anesthesia. Jaxson woke up happy. He returned home to his normal, active self, ready to take his first steps. Jaxson's mother used a single word to describe the care her son received: "Amazing."

We help many children like Jaxson every day. Some procedures are medically complicated, but our decision to provide them is simple. For more than 60 years, Valley Children's has worked to improve the health and wellbeing of children. And that is, well, nothing short of amazing.

“*Dr. Roberto Gugig is the only doctor in Central California certified to perform a remarkable procedure that fixes serious digestive problems without subjecting children to major surgery.*”



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# The Advancing Field of Interventional Radiology

**Trevor Davis, DO**  
Pediatric Interventional Radiologist  
Valley Children's Healthcare

In 1964, Charles Dotter used X-ray and a catheter to open a blocked artery in the leg of an 82-year-old woman who refused amputation surgery. To the disbelief of her surgeon, the gangrenous toes healed, the pain subsided, and the patient walked out of the hospital on her own two feet. Since that time, the field of interventional radiology has grown and expanded, pioneering a wide range of minimally invasive, image-guided procedures to diagnose and treat disease in almost every organ system of the body.

Simply defined, interventional radiology is the use of medical imaging (X-ray, fluoroscopy, ultrasound or computed tomography) to perform a wide range of minimally invasive procedures. Interventional radiology procedures offer targeted, comfortable, safe and effective alternatives to surgery, and can generally be performed through either a needle or a small catheter instead of an incision.

With one of the largest pediatric imaging centers in the state, Valley Children's provides interventional radiology expertise in diagnosing and treating diseases in patients from infants to age 21. Typical benefits of image-guided procedures include shorter or no hospital stay, faster recovery time, decreased pain and trauma, less scarring, reduced risk and decreased costs.

Some interventional radiology procedures include:

- **Vascular access:** Using ultrasound guidance, interventional radiologists place a wide range of vascular catheters, including mediports, Broviac catheters, hemodialysis catheters, peripherally inserted central catheters or tunneled catheters.
- **Biopsy:** Procedures include targeted biopsies of bone, soft tissue mass, or organs such as the liver or kidneys. These are often done with ultrasound.
- **Sclerotherapy:** Using imaging guidance, interventional radiologists are able to occlude, ablate or sclerose abnormal blood vessels or vascular malformations and also lymphatic malformations. A similar technique is now being used to treat some bone tumors.
- **Angiography/Angioplasty:** Angiography is a minimally invasive test in which an angiogram or "road map" of the arteries is made. An angiogram looks a lot like an X-ray and is used to diagnose vascular disease and guide vascular treatments such as balloon angioplasty, stent placement and embolization.
- **Feeding tubes:** This includes the primary placement or replacement of various feeding tubes including gastrostomy tubes.

For more information on Valley Children's pediatric interventional radiology services or to make a referral, please call our Medical Imaging and Radiology Department at 559-353-5917.

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# Medical Staff Pertussis Vaccination Requirement



**Karen Dahl, MD**  
Vice President, Quality and Patient Safety  
Valley Children's Healthcare

The overall incidence of pertussis has increased since the 1990s. One reason for the increase is the use of acellular pertussis vaccines, which causes fewer reactions than the whole-cell vaccines that preceded them, but do not protect as long. California experienced pertussis epidemics in 2010 (including 10 infant deaths) and 2014 (three infant deaths).

Pertussis is cyclical and peaks every three to five years as the number of susceptible persons in the population increases due to waning of immunity following both vaccination and disease. This year, the incidence of disease remains high and another infant death attributable to pertussis has occurred.

While vaccination of pregnant women and the youngest infants is one of the keys to preventing severe disease, the responsibility of healthcare workers to be vaccinated should not be ignored. In 2006, the Advisory Committee on Immunization Practices (ACIP) recommended that healthcare providers who have direct patient contact with infants be vaccinated with a single dose of Tdap. Vaccinating healthcare providers with Tdap will protect them against pertussis and is expected to reduce transmission to patients, other healthcare providers, household members and persons in the community.

Valley Children's has required our nonphysician staff to receive this vaccination since November 2010. We recognized that our lack of a requirement for medical staff vaccination may put our most vulnerable patients at risk for healthcare-acquired pertussis. In July 2015, the Medical Executive Committee voted to require that all medical staff receive a single dose of Tdap and provide documentation instead of attestation for other required immunizations. Prior documented doses will be accepted, as will appropriate medical exemptions. This requirement is being phased in, with the goal of 100 percent vaccination within two years.

This is now a routine requirement for credentialing and privileging. For those already with privileges, it will be required for reappointment. Furthermore, if future ACIP statements recommend booster doses of Tdap, this will be incorporated into the Medical Staff requirements.

Valley Children's Hospital will provide this vaccination free of charge to the medical staff. You do not need to take any action now. The Medical Staff office will provide you with the necessary information and timely notification either with your annual TB testing notice or with reappointment.

California Department of Public Health Pertussis Report, Aug. 2, 2015.

Preventing Tetanus, Diphtheria, and Pertussis Among Adults: Use of Tetanus Toxoid, Reduced Diphtheria Toxoid and Acellular Pertussis Vaccine. MMWR Dec. 15, 2006.



# Update on Connectivity: Spok Mobile



**Joel Brownell, MD**  
Vice President, Chief Medical  
Information Officer  
Valley Children's Healthcare

*This is the first in a series of articles focused on physician connectivity in the digital age.*

In the current era, it does not make sense to rely on unidirectional communication tools such as a phone sending a one-way message to a pager. Though that was a critical communication tool for decades, its time has come to an end. The companies that own the towers and related infrastructure are no longer investing in this dated technology. Users have noted progressive decay and worsening reliability of paging systems over the years. Most every other industry has moved on from this technology; it is clearly time for healthcare to do the same.

During the past several months, our medical staff has been transitioning from pagers to the Spok Mobile smartphone app. Spok is the software tool that our hospital uses to manage on-call schedules, and it is the resource tool of our phone operators. Spok allows us to leverage a pager replacement solution that is fully integrated with our current on-call schedule management tool.

This solution makes more sense for us than other vendor products. Its features and functions include the following:

- Text paging: Hospital and ambulatory staff can send a secure text message from their computer to a provider's phone, bypassing the need for a pager.
- Provider-to-provider texting: Providers can send secure bidirectional messages from their phones to other providers as well as to some hospital staff. We get the convenience of texting without the need to know each person's phone number, and we get the assurance that the communication is HIPAA-compliant.
- On-call schedules: We can find out immediately who is on call for a given service, and then send that individual a direct message. It is no longer necessary to call the emergency department or operator first to find out who to contact.
- Secure photo sharing: If a patient photo is important to the discussion, it can be included with the knowledge that its transmission is secure.

There are still rough spots to be smoothed over as we implement these systems, but the overall value of these new tools is clear. As we settle into our new internal workflows, we will also explore the potential advantages this technology may provide for our referring physician partners as well. More to come on that front!





# Top Gun Visit Deepens Shared Mission

**Robert Kezirian, MD**  
Emergency Medicine Physician  
Valley Children's Healthcare

I recently found myself apologizing for getting misty-eyed while observing naval personnel in flight fatigues on their knees and sitting at small tables entertaining our patients in the child life playroom. What a visual treat for me and a memorable moment for the children. I noticed a few damp-eyed airmen and parents, too.

This special time for our patients resonates on so many levels. Smiling children having fun with Top Gun pilots just scratches the surface of the significance of the event.

Having been given so much by our armed forces, we are fortunate to have the opportunity to give back. Capt. Thomas Frosch, former commander of the Blue Angels, shared the magnitude of confidence and trust servicemen place in their children's doctors. "We are deployed for months at a time; not able to speak with our families for days; unable to sit at our children's bedside when they are ill and we cannot come home. We trust you and entrust our families to your care. You are on your game every day, and like us having a bad day is unacceptable. We depend on you. For us, you are heroes in every sense of the word."

Cmdr. Roderick Kurtz from Naval Air Station Lemoore also shared his thoughts about his and his crew's time in our playroom. "I'm just glad more of our folks

get to see your hospital and provide a few hours of distraction and friendship. We are truly inspired by those kids and we completely respect the people who work there. There couldn't be a nobler mission."

These words solidify my admiration for our talented medical staff's hard work and give me a new sense of cause. Through their generosity, excellence and service, and the countless hours our physicians put into caring for children, an inspiring image of Valley Children's commitment and professionalism has emerged on a national level.

A selfless sense of purpose is powerful. Whether armed with a stethoscope or cruising in an F-18 Super Hornet, everyone's contribution is felt. It is measureable and appreciated on both fronts.

Through recounting past events and successes and sharing testimonies, we verify the value of our Mission: "To provide high-quality, comprehensive healthcare services to children, regardless of their ability to pay, and to continuously improve the health and wellbeing of children."

Congratulations to everyone on our accomplishments. My heartfelt admiration and best wishes for 2016.

# Newsbytes

## Blue Angels Salute Valley Children's

Five jets roared in a "V" formation as dozens were unmistakably joyed watching the renowned Blue Angels military jets rip through the sky above Valley Children's Hospital in March.

Patients, parents, staff and the general public gathered around the Hospital and public streets to watch the rare spectacle. Cmdr. Ryan Bernacchi, Blue Angels commanding officer, and Dr. Robert Kezirian, a

pediatric emergency medicine physician at Valley Children's, put on the event. Bernacchi did so in appreciation for the care his daughter received at the Hospital in 2011.

The event had the desired effect.

"I had never seen anything like this," Valley Children's patient Jordan Sandoval, 16, said. "I got a video. It was awesome."



## Interprofessional Development Day

As we develop the Valley Children's Pediatric Residency Program, Affiliated with Stanford University School of Medicine, we are committed to providing the necessary training and preparation for our faculty. Our goal is to make each faculty member excited and ready for our first class of interns beginning in July 2017.

To that end, we are planning our Inaugural Interprofessional Medical Education Development Day on May 10. This daylong event will feature a variety of workshops provided by our Stanford partners and Valley Children's faculty.

Interprofessional education (IPE) is one of the concepts that we would like to engrain in our teaching culture. IPE is when two or more professions learn from, with and about each other to enable effective collaboration and improve health outcomes. The goal is to create training that is patient- and family-centered, relationship-focused and team-based in order to provide a shared language among the healthcare team.

During our Inaugural Medical Education Development Day, we not only hope to deliver relevant topics, but also to provide a venue for the entire healthcare team to engage and learn together.

Topics will include:

- Giving Meaningful Feedback
- Family-Centered Care
- Teaching on the Fly
- Teaching Professionalism

For questions or details, please email us at [GME@valleychildrens.org](mailto:GME@valleychildrens.org)

## Valley Children's Wants Your Feedback

Valley Children's is interested in your feedback on referring patients to our organization. Soon you will receive a survey from us to get your input. Please take a few moments to complete and return the survey in the enclosed postage-paid envelope. An independent survey company, National Research Corporation, will receive and analyze the results.

We are committed to providing excellent service and care to your patients and families. We know you have choices when referring your patients and want to better understand your experience with Valley Children's around care coordination and communication. Thank you for referring your patients and families to us, we value your partnership.



# Living the Dream



**Monica Prinzing**  
Communications Specialist  
Valley Children's Healthcare

At age 21, Matthew Alvarado already lives his dream as a professional athlete and coach. But he'll never forget how the Valley Children's team fought hard for his life – and future – when he nearly died six years ago following a high school water polo practice.

"They say I'm 'one in a million,'" Alvarado said. "Sometimes that's still hard to grasp."

During that fateful evening in Fresno, Alvarado's blood pressure and oxygen levels suddenly plummeted, while his heart rate and lung pressure escalated to alarming levels. The reason became clear only after he arrived at Valley Children's.

Pediatric specialists in our Willson Heart Center quickly determined the otherwise healthy 15-year-old suffered a deadly congenital heart defect normally detected shortly after birth. "It's amazing he survived so many years," Dr. Narakesari Heragu, a pediatric cardiologist, said.

The defect – cor triatriatum – involved a membrane with a pin-size hole that subdivided Alvarado's left upper heart chamber, creating an unnecessary chamber. The condition backed blood up into his lungs and prevented enough blood from reaching the rest of his body.

Fortunately, Valley Children's treats complex cases like Alvarado's every day. Unable to breathe on his own, he received skilled

supportive care in our pediatric intensive care unit. Meanwhile, Alvarado's frail condition made open-heart surgery to remove the hazardous membrane unsafe. So Dr. Carl Owada, a pediatric interventional cardiologist, prepared to perform a less-invasive procedure in our advanced pediatric catheterization laboratory to decompress Alvarado's lungs.

But before Dr. Owada began enlarging the membrane hole with a tiny inflated balloon, he discovered the hole rested dangerously close to Alvarado's heart wall. Now what? Known for innovative solutions, Dr. Owada devised and performed an alternate approach – and it worked.

Dr. Edwin Petrossian, a pediatric cardiothoracic surgeon, later removed the membrane. Only two months after open-heart surgery, Alvarado won second place in a diving competition. Today, the Manteca resident coaches children in Livermore at California All-Stars, a top cheerleading gym in the world, and also competes.

"Now I strive to help athletes reach their full potential," Alvarado said, demonstrating dramatic flips for his students. "Valley Children's made my future possible."

***"It's wonderful to see Matthew succeeding."***

***– Dr. Carl Owada,  
pediatric interventional cardiologist***



# Medical Staff News

## New practitioners who recently joined Valley Children's medical staff include:

### Family Medicine

#### **ERICK GREEN, MD**

Dr. Green is a new member of Premium Urgent Care practicing as a family medicine physician.

Education & Training: American University of the Caribbean

Residency: Southwest George Family Medicine Residency

Dr. Green also completed a fellowship in sports medicine at the University of Mississippi Medical Center.

### Pediatrics

#### **CRYSTAL CARNEY, MD**

Dr. Carney is a new member of Valley Children's Primary Care Group practicing as a pediatrician in Bakersfield.

Education & Training: Keck School of Medicine – University of Southern California

Residency: Children's Hospital Los Angeles

### Hematology/Oncology

#### **DEXTER ESTRADA, MD**

Dr. Estrada is a member of CCARE in Fresno providing care for Valley Children's oncology patients transitioning from pediatric to adult care.

Education & Training: University of Philippines, College of Medicine

Residency: Michigan State University

Dr. Estrada also completed a fellowship in hematology/oncology at Michigan State University.

#### **ROBERT LEMON, MD**

Dr. Lemon is a member of CCARE in Fresno providing care for Valley Children's oncology patients transitioning from pediatric to adult care.

Education & Training: UC Irvine School of Medicine

Residency: Loma Linda University Medical Center

Dr. Lemon also completed a fellowship in hematology/oncology at Scripps Clinic and Research Foundation.

#### **RAVI RAO, MD**

Dr. Rao is a member of CCARE in Fresno, providing care for Valley Children's oncology patients transitioning from pediatric to adult care.

Education & Training: ALL India Institute of Medical Sciences

Residency: University of Wisconsin Hospital & Clinics

Dr. Rao also completed a fellowship in hematology/oncology at the Mayo Clinic.

### Pediatric Dentistry

#### **BRIAN HATCH, DMD**

Dr. Hatch is a new member of Powel Pediatric Dentistry practicing as a pediatric dentist.

Education & Training: Case School of Dental Medicine

Residency: Case Western University, Rainbow Babies Children's Hospital

### Allergy

#### **JAVAID KHAN, DO**

Dr. Khan is a new member of Baz Allergy practicing as an allergist.

Education & Training: Touro University

Residency: John Hopkins University

Dr. Khan also completed a fellowship in allergy and immunology at Larkin Community Hospital.

### Pediatric Anesthesiology

#### **ELIZABETH CUDILO, MD**

Dr. Cudilo is a new member of Pediatric Anesthesia Associates Medical Group practicing as a pediatric anesthesiologist.

Education & Training: University of Arizona College of Medicine

Residency: UC Irvine

Dr. Cudilo also completed a fellowship in pediatric anesthesiology at Cincinnati Children's Hospital and Medical Center.

### Pediatric Hospitalist

#### **JULIE CELEBERTI, MD**

Dr. Celeberti is a new member of Valley Children's Primary Care Group practicing at Emanuel Medical Center in Turlock as a pediatric hospitalist.

Education & Training: New York University School of Medicine

Residency: St. Christopher's Hospital for Children

Dr. Celeberti also completed a fellowship in pediatric gastroenterology and nutrition at Cohen Children's Hospital.

### Ophthalmology

#### **SUMEER THINDA, MD**

Dr. Thinda is a new member of Eye Medical Center practicing as an ophthalmologist.

Education & Training: UCLA David Geffen School of Medicine

Residency: Vanderbilt Eye Institute

Dr. Thinda also completed a fellowship in vitreo-retinal diseases and surgery at UC Davis Health Systems.



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