



Progress Notes

Winter 2014

A publication of the Medical Staff of Children's Hospital Central California

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Medical Staff Officers

Sahar Barayan, MD
Chief of Staff

Gary Magram, MD
Vice Chief of Staff

Fred Laningham, MD
Secretary / Treasurer

For more information or
story ideas, contact:

Medical Staff Services

(559) 353-6115

'Changing the Guard'



Tim Hansen, MD
Chief of Staff

When a new president of the United States is elected, a flurry of changes occurs as the executive branch enters into what's known as the presidential interregnum. This is the time between the election and the new president's inauguration. A budget is created to assist the outgoing and incoming presidents and their staffs to make the change as smooth as possible. Over the years the number of people involved and the cost of these transitions increased markedly. The last transition between Presidents Bush and Obama cost almost \$14 million, including congressional allotment and donated funds.

The good news is the chief of staff transition here at Children's causes much less upheaval and financial burden. As of Feb. 1, Dr. Sahar Barayan moved from vice chief to chief of staff, Dr. Gary Magram moved from secretary to vice chief and we welcomed Dr. Fred Laningham as secretary treasurer. The great benefit is that Dr. Barayan, medical director of nephrology, has been part of medical staff leadership for many years. She is already "up to speed."

Dr. Barayan has led an amazing life. She was born in Saudi Arabia and also lived in Egypt. She attended King Faisal University in Dammam, Saudi Arabia. She completed her pediatric residency at Georgetown and her nephrology fellowship at University of California – Los Angeles. She returned to Saudi Arabia where she practiced for five years establishing pediatric dialysis services at two hospitals and continuous renal replacement therapies in the intensive care units. She championed organ donation and organized donor card registration drives. She helped improve how the Saudi

Center of Organ Transplant listed and prioritized pediatric organ recipients. She worked at Inova Fairfax Hospital for Children in Fairfax, Va., before joining Children's Hospital Central California in October 2007. She works tirelessly for her patients. She understands the pressures of in- and outpatient medical care and implementation of electronic medical record systems.

During the last several years our medical staff has accomplished many good things, including:

- We had excellent training by physicians from UC San Diego's PACE Program concerning physician wellbeing and have an effective **Physician Wellbeing Committee**.
- We are very proud of our **Hospital-Physician Compact**. The process of developing it was very enlightening because the examples we started with lacked focus on the patient and common goals that match our mission. We thank the many people who made important contributions to its final form, which includes our fundamental desire to work together for the good of both the patient and the Hospital's mission.
- We are adjusting our **peer review** to be more collaborative, multispecialty in scope and practice with an emphasis in educating and improvement. We expect to begin actual case review as a committee in February.
- We added **dozens of pediatric specialists**, many in hard-to-fill positions, increasing our top-notch care for the children of the Valley.

It has been a privilege and an honor to serve in medical staff leadership. We have made great strides in enhancing our overall quality and patient care. My hope is to see continued improvement, innovation and outreach.



Amazing People. Incredible Care.

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Medical Director, Patient Safety
Pediatric Intensivist

Importance of Communication

Communication, it's the best protection against error.

The Joint Commission reviewed root causes of harm in their sentinel event database (2004-2013) and found that communication was consistently one of the top three root causes of sentinel events.

As a critical care physician in the pediatric intensive care unit (PICU) at Children's Hospital Central California, I see all sorts of opportunities for error and harm. We have complex systems and deal with dangerous medications in fragile, critically ill children in a setting with constant distractions. There are hundreds if not thousands of opportunities each day to make a medical error that could lead to preventable harm in our patients.

As the patient safety officer for Children's Hospital, I am constantly working on building systems and developing strategies to prevent that harm. One of the best mechanisms of error prevention is clear communication.

At Children's we implemented an electronic medical record and physician order entry several years ago. One of the advantages of these systems is that physicians can write orders from anywhere they have computer access. No longer are we tied to the nursing unit where a hard chart exists or calling to give a telephone order. Now we can simply log on, open the patient's electronic chart and type an order and it goes right to the nurse taking care of that patient.

About a year ago I was rounding on a patient, Niko, in the PICU when another nurse told me about her patient (Amber)

who needed a blood transfusion. So I opened an order screen and put in the order for the blood transfusion. What I did not realize was that I was still in Niko's chart when I put the order in for blood that was intended for Amber. This was a case of the holes in the Swiss cheese lining up. Fortunately we caught this error by good communication.

First, Amber's nurse was expecting an order for the blood transfusion because I communicated directly with her and described the plan to transfuse. Secondly, and just as important, I had communicated the plan of care in detail with Niko's nurse and it did NOT include a blood transfusion. When the blood transfusion order came up on Niko's nurse's list of things to do, she immediately called me to ask about it. The mistake was caught so fast because Niko's nurse is accustomed to good communication and if an order just comes out of nowhere without any communication it raises a red flag. We caught this human factors error I made not just by good communication that day but by a pattern of good communication that has developed into an expectation.

This concept of communication as a mitigation strategy for human factors errors does not just apply to the ICU or computer order entry but to all aspects of medicine. If our patients' parents know why they are getting a medication, they are more likely to question if somebody gives them the wrong medicine. If clinic nurses know who they are supposed to draw blood from and why, they are more likely to question when the order is put in the wrong chart. These few moments to explain why we are doing something may seem like an extra step in a busy day, but in reality they are protecting ourselves and most importantly our patients.



Pediatric Neurosurgery

I started here at Children's Hospital a little more than two years ago and it has been a great experience so far. The physicians and the community have been quite welcoming.

A year ago I participated in the Fresno/Clovis Two Cities half marathon. A colleague and I ran while we pushed a wheelchair-bound patient the 13.1 miles to raise awareness for our wonderful Children's Hospital Adaptive Sports Program. It turns out that child was seeing a neurosurgical specialist in the Bay Area. When they found out I was a pediatric neurosurgeon, they relayed to me they didn't know I was here and they "didn't know Children's could provide this type of care."

We are here and let me reintroduce you to the Children's Hospital Central California Pediatric Neurosurgery Department.

Children's offers a very comprehensive pediatric neurosurgical service with three, full-time, fellowship-trained pediatric neurosurgeons: Dr. Gary Magram, medical director, Dr. Meredith Woodward, and myself, the latest addition to the team. We are dedicated to providing the most up-to-date specialty care for diseases that affect the brain and spinal cord.

Problems we treat include:

- Brain and spinal cord tumors
- Hydrocephalus, congenital and acquired
- Cerebrovascular disorders
- Congenital disorders
 - Chiari malformations
 - Craniofacial anomalies and craniosynostosis
- Spina bifida, neural tube defects, tethered cords
- Plagiocephaly
- Surgical epilepsy
- Complex spinal disorders
- Peripheral nerve disorders
- Peripheral nerve tumors

- Brachial plexus injuries
- Spasticity
- Scalp and skull lesions
- Traumatic brain and spinal cord injury

Many of the problems we encounter are not isolated and require a team approach to manage these complex medical issues. We are an integral part of numerous multidisciplinary teams at Children's that coordinate and provide the comprehensive medical care many of our patients need. We also have the most advanced neuroimaging capabilities.

Our highlighted teams include:

Pediatric Spina Bifida Clinic

For our spina bifida patients who require coordinated care for their urologic, orthopaedic, gastroenterology and neurosurgical care. Patient access to rehabilitation, dietary, and social services is also coordinated.

Pediatric Craniofacial Clinic

For our patients with craniofacial anomalies who require coordinated care from our neurosurgeons, plastic surgeons, and physical and occupational therapists. Our craniofacial clinic has been externally reviewed by the American Cleft Palate-Craniofacial Association and meets all the ACPA standards of team care for individuals with clefts and craniofacial anomalies.

Pediatric Neuro-oncology

For brain and spinal cord tumor patients who require coordinated care with oncology and neurosurgery.

We also offer prenatal counseling for in utero diagnosis of neurosurgical disorders.

For questions and referrals, please contact us at Children's Hospital Central California at **559-353-6277**.

New practitioners who recently joined the Medical Staff include:



Joel Brownell, MD
Chief Medical
Information Officer

Ophthalmology
Allan Hunter, III, MD

Dr. Hunter practices as an ophthalmologist at Eye-Q Vision Center.

Education & Training: University of Maryland School of Medicine

Residency: University of Maryland Medical Center

Dr. Hunter completed fellowships at University of Pennsylvania Medical Center and University of California, Davis Medical Center.

Pediatric Hematology/Oncology
Latha Rao, MD

Dr. Rao is a new member of Specialty Medical Group practicing as a pediatric hematologist/oncologist.

Education & Training: JSS Medical Institution in Mysore India

Residency: William Beaumont Hospital in Michigan

Dr. Rao completed a fellowship at Children's Hospital of Michigan.

Jennifer Willert, MD

Dr. Willert practices at University of California, Davis Medical Center as a hematologist/oncologist and sees post-transplant patients here at Children's.

Education & Training: University of California, San Francisco

Residency: Children's Hospital and Research Center in Oakland

Dr. Willert completed a fellowship at Lucille Packard Children's Hospital.

Rajni Agarwal, MD

Dr. Agarwal practices at Lucille Packard Children's Hospital/Stanford Medical Center and sees post-transplant patients here at Children's.

Education & Training: MGM Medical College in India

Residency: Cincinnati Children's Hospital Medical Center

Dr. Agarwal completed a fellowship at Cincinnati Children's Hospital Medical Center.

Kenneth Weinberg, MD

Dr. Weinberg practices at Lucille Packard Children's Hospital and sees pre and post-transplant patients here at Children's.

Education & Training: Stanford University School of Medicine

Residency: Montefiore Medical Center

Dr. Weinberg completed a fellowship at Children's Hospital of Los Angeles.

An HIE For All The Right Reasons

In an age when you can use Skype to video chat with a friend on the other side of the world for free it's incredible that a state-of-the-art hospital like ours is unable to efficiently share patient care information with another hospital or a physician just across the river. And yet, we all know if we admit a patient from our emergency room who just yesterday received medical care in another hospital there is no way for us to get that information without making phone calls and receiving faxes. Duplicative tests and misguided treatment decisions can be expected when decisions are being made without all relevant information. Fortunately for our patients and us, the situation will improve soon.

During the past year efforts have been underway with a consortium of hospitals and physician practices to develop a Fresno-Madera Health Information Exchange (HIE). An HIE is something like a medical Internet. It allows participants to share clinical data almost real time in a secure fashion. Leaders from Children's Hospital, Community Regional Medical Center and Saint Agnes Medical Center have all been involved in this yearlong effort. Several months ago we joined forces with a group doing similar work in the South Valley. These efforts culminated in an agreement to collaborate with Inland Empire HIE, a company that provides the infrastructure for these types of regional HIEs.

This fiscal year we expect to implement an HIE here at Children's Hospital. This will allow us to share clinical data with this group that spans four counties, has over 2,400 total hospital beds, and includes over 1,000 participating physicians. This is a great example of cooperation between a large group

of hospitals and physician practices that should directly benefit the patients we care for in the Valley. More accurate information is expected to enable better quality of care with decreased costs by avoiding unnecessary testing or treatment.

Once the system is implemented our providers can expect to be able to review a patient's visit history, problem list, medication/allergy list and many other data points for patient care that might have occurred at any number of hospitals or physician practices across the Valley. The more healthcare



entities involved, the more seamless this coverage will be and so we will encourage many of our healthcare peers to join us in this endeavor. Eventually, our regional HIE should contribute to a patchwork covering the entire state. And some day, that statewide quilt will be woven into a nationwide information highway.

One baby step at a time, we are moving toward gaining access to informational tools needed within our Hospital and beyond to provide the best care to our patients. The transitions will continue to challenge us but they are certainly the right thing to do.

Robert Kezirian, MD
Pediatric Emergency Medicine
UCSF-Fresno Pediatric
Program Director



Small Gestures, Big Difference

DO CHILDREN NOTICE ALL THE THINGS WE DO FOR THEM?

I don't mean the big things: taking beans out of noses, sewing up cuts on feet, giving morphine for a broken arm. I mean the hundreds of tiny things we weave into their hospital visits every day. I was wondering about this the other day as I was fetching a warmed blanket for an infant. I pulled the first one off the top and it had pink stripes and I hesitated because the baby was a boy. I then changed it for one with blue stripes. I caught myself thinking, why am I doing this? He won't even notice or care.

There is, of course, the argument that "I CARE." In doing a job well, one gets a sense of security and control. It is a habit and sense of self, convenience and easy security. Taking care of injured children makes me feel good. It is a way to show my caring and my devotion to their wellbeing. And let's not forget this: the most important things are good habits for our personal wellbeing, too.

It is the smallest of gestures that have the most meaning: a warmed bottle of formula, a teddy bear to hug before an appendectomy, a puppet to play with while waiting for an X-ray, a coloring book, a movie, and yes, a warm cap and blanket for a small infant in a drafty emergency room. Some of these things we do spontaneously, others repeatedly. We count on these gestures as ways of expressing affection and concern when the dominating theme is affliction and illness.

The best way to respond to a physician's giving generosity and hope for children is with the truth. And I want all statements to sound like mine! So let's reduce things to their basics. Effective people benefit

by giving to others. They add value. They fill needs. They solve problems. They help people. They are making a difference and cherishing the fact their actions have merit.

If we want to continue our traditions and build a legacy we will always be proud of, service to others is the key. We achieve our potential when we help others achieve their dreams. I believe that the effect of thoughtful service is cumulative. The difference between ordinary and extraordinary is that little something extra and different. You all contribute that extra to make a big difference. I recognize and appreciate your habit of sharing and caring for children in your individual and special ways. Please feel good about yourselves.

But back to the children: do they notice any of it? Perhaps not explicitly; they may accept our tiny and tender gifts as their due – they may, if they are lucky, never to have known life without such touches. And such habits of giving may seep into their consciousness so one day they, in turn, will do sweet, small things for other children.

Is any of this going to change the world? Don't get me started. The details of everyday life are powerful. Just imagine what our lives would be like if we tried to approach one another with kindness and consideration, every step of the way.

DO CHILDREN NOTICE ALL THE THINGS WE DO FOR THEM?

I will say, a mother with a child-in-arms recently commented to a nurse as they passed me in the hallway, "That's the doctor with the warm blankets."

Medical Staff - Cont.

Pediatric Nephrology **Stephanie Nguyen, MD**

Dr. Nguyen practices at University of California, Davis Medical Center as a nephrologist and sees pre- and post-transplant patients here at Children's.

Education & Training: Temple University School of Medicine

Residency: Loma Linda University Medical Center

Dr. Nguyen completed a fellowship at University of California, San Francisco.

Erica Winnicki, MD

Dr. Winnicki practices at University of California, Davis Medical Center as a nephrologist and sees pre- and post-transplant patients here at Children's.

Education & Training: Wake Forest University School of Medicine in North Carolina

Residency: University of California, San Francisco

Dr. Winnicki completed a fellowship at the University of California, San Francisco.

Genetics

Aaina Kochhar, MD

Dr. Kochhar is a new member of Specialty Medical Group practicing as a pediatric genetics physician.

Education & Training: Dayanand Medical College

Residency: St. John Hospital and Medical Center

Dr. Kochhar completed a fellowship at the Mayo Clinic.

Pediatrics

Murat Kaygusuz, MD

Dr. Kaygusuz is a pediatrician practicing at Fresno Children's Medical Group.

Education & Training: Istanbul University School of Medicine

Residency: University of Illinois College of Medicine

Dr. Kaygusuz completed a fellowship at University of Miami/Jackson Memorial Hospital.

Pediatric Emergency Medicine

Broderick Franklin, MD

Dr. Franklin is a member of Emergency Medicine Physicians Group practicing as a pediatric emergency room physician.

Education & Training: Howard University College of Medicine

Residency: Howard University Hospital

Dr. Franklin completed a fellowship at University Medical Center of Southern Nevada.

Annual Medical Staff Meeting

Celebrating Physician Excellence

Dozens of physicians, staff and supporters turned out to honor award winners at the Children's Hospital Central California Annual Medical Staff Meeting held in November 2013.

Physician of the Year Faisal Razzaqi, MD



Board Meritorious Service Awards:

Enterprising Programs

Jerome Murphy, MD

Resident Teachers of the Year

Nominated by the Residents:

General Pediatrics

Jolie Limon, MD

Subspecialist

Fred Laningham, MD

Education

Ana Graciano, MD

Research

Carl Owada, MD, and

Paolo Aquino, MD

Innovation

ED Physicians and
Nursing Staff

J.D. Northway Award

Lori Ricci, RNFA

New Simulation Program

What is simulation?

When most of us hear the word simulation, aviation and flight simulators come to mind. Certainly, aviation simulation dates back almost 100 years and has resulted in the credibility and acceptance of simulation in training and testing. However, simulation can be used in almost any industry. Simply put, simulation is a strategy to mirror, anticipate or amplify real situations in an interactive way. Simulation is now making its way into a hospitals and medical professional training and schools. There are multiple applications in which simulation can promote patient safety,

quality and improve outcomes. Some uses in our Hospital include but are not limited to simulating medical emergencies, events or processes that can help prepare medical staff or medical trainees for actual events (Agency for Healthcare and Quality, 2009).



Why simulation?

Simulation training enables healthcare professionals to experience rare and critical events in a controlled, safe environment with minimal distractions. Teaching is paced to student levels; learning is reinforced through repetition. Because critical incidents among pediatric patients tend to be rare, exposure to high-risk situations for healthcare providers in training are not guaranteed. Often the first real exposure to the complexities and nuances of treating critically ill children occurs in practice when stakes are high and dangers are real. With simulation healthcare professionals can improve their knowledge base as well as their critical thinking and communication skills without causing risk to real patients.

Simulation at Children's

Recently, Children's Hospital Central California purchased two high-fidelity manikins (an infant and a child) for staff training. The term "fidelity" simply refers to the realism of the manikins. Both manikins can breathe, have breath sounds, heart rates and pulses, and can be given fluids or medication through an IV. They can also be cardioverted or defibrillated if needed.

Currently, we hold our sessions on Voyager South. This allows us to use an actual patient room and setting for our training, which adds to the fidelity of the session. Children's is using simulation for three purposes:

- EMRT (emergency medical response team) training
- Focused Pediatric Resuscitation (ongoing RN staff training)
- Training for the University of California, San Francisco-Fresno Pediatric Residency Program, which is an inter-professional education experience and collaboration with California State University Fresno School of Nursing and Children's Hospital Pharmacy Residency Program

Our goal is to expand and grow the program over the next five years. We hope to include all areas of the Hospital in simulation training in the near future. A more permanent lab is also on the horizon and we hope to integrate organizational initiatives into the program and show an improvement in our patient safety and outcomes.



Announcements

Medical Staff Services

(559) 353-6115

Call for Participation

Do you have an article or story idea you'd like to submit for Progress Notes?
Are you proud of a paper you just published? Do you know of an event,
award or other announcement?

We'd like to hear from you! Send or drop off any of the above or
other suggestions to:

- **The Medical Staff Office:**
559.353.6115 or mssd@childrenscentralcal.org and/or
- **Monica Prinzing, senior writer, communications and marketing:**
559.353.7030 or mprinzing@childrenscentralcal.org