

Progress Notes

A Publication of the Medical Staff of Valley Children's

SPRING 2019



Valley Children's Participates in
"Project Baby Bear"
Genome Testing

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Physician Wellness— Thriving vs. Surviving



Adam Holmes, MD
Chief of Staff
Valley Children's Healthcare

Here at Valley Children's, we started a few years ago by simply trying to connect members of our medical staff in off-site social events. The format was simple. There would be no Powerpoint presentations or agendas, just simply an event where medical staff could enjoy some good food and beverages while enjoying the company of their peers. We put some focus on inviting the newer members of our medical staff so they would start their journey at Valley Children's with a connection to those who have been with us for decades.

We found that connecting to peers on things other than consults or committee meetings gave everyone an opportunity to get to know each other on another level and talk about family or hobbies that may be a way to connect out of the office.

Reference: YOU CAN be a Happy MD, Physician Wellness Definition-Thriving vs. Surviving, Dike Drummond, MD
thehappy.md.com/blog/bid/290733/physician-wellness-definition-thriving-vs-surviving

Valley Children's is proud to be named a
Level 4 Epilepsy Center
by the National Association of Epilepsy Centers.

Being a level 4 epilepsy center is more than a designation. It means the best diagnostic and surgical technology is at our fingertips. It means more children can live seizure free.

It means hope and answers for Central California families without having to leave the region.

It means the best care, right here in the Valley.



Learn more at valleychildrens.org/epilepsy



On the Lookout for Measles: When it May Not Be “Just” a Rash



Karen Dahl, MD
Vice President of Quality, Patient Safety and Medical Affairs
Valley Children's Healthcare

According to the American Academy of Pediatrics (AAP), “measles was once a common disease among preschool and school-aged children and almost an expected part of growing up.” Since the introduction of the measles vaccination in 1963, there has been a 99% decline in the number of measles cases in the United States. Since the measles vaccine has been available, it has virtually eradicated this childhood disease and it is likely that many of us may have never encountered a case of measles in our practices.

Every year, there are several outbreaks in the U.S. as a result of unvaccinated international travelers exposing an individual here (the U.S. was declared free of endemic measles in 2000) and then the spread of the disease begins, with the potential for a large number of cases in under-vaccinated areas. The last local widespread outbreak was in 2015 when nearly 150 people contracted the disease during a trip to Disneyland. After this outbreak, California passed a law, becoming one of the few states that eliminated personal belief vaccine exemptions for children in both public and private schools. The law was sponsored by California State Senator Richard Pan, a pediatrician. The overall vaccination rate for children entering kindergarten in California rose to 95% in the two years after the law passed.

Six outbreaks have occurred so far this year, with a large number of cases hitting relatively close to home— 71 confirmed cases (as of March 4, 2019) in Washington state. This outbreak has generated concern and questions for many in the Central Valley.

Measles presents with the classic triad: cough, coryza and conjunctivitis. These symptoms are accompanied by fever and then followed in three to four days by the classic maculopapular rash that begins on the forehead and then spreads downward over the entire body, including the palms and soles.

As you see families for any reason during this time of year, we encourage you to talk with them about the vaccination status of their children. The AAP, the Centers for Disease Control and Prevention and the American Academy of Family Physicians all recommend children receive the measles, mumps and rubella (MMR) vaccine at age 12-15 months, and again at 4-6 years. High immunization rates in a community will protect those who cannot be vaccinated, including infants under 12 months of age. These infants are at the highest risk of serious illness, hospitalization and death due to measles.

For any family concerned about measles, triage over the phone is the first step, as it is very contagious from the onset of fever and through about four days of the rash. Because it is so contagious, please do not send a patient with a concern for measles to another care setting (emergency department or urgent care) without notifying them first so appropriate precautions can be made to limit exposure in waiting areas. Local public health officials must be notified of measles cases so that they can better monitor and stop the spread across a community.

What's New in CME?



Jolie A. Limon, MD, FAAP
Chief of Pediatrics
Vice President of Medical Education and Designated Institutional Official (DIO)
Valley Children's Healthcare

We continue to expand and evolve our education for our network and community partners and are committed to providing meaningful and needed information to our medical staff. Many exciting changes have been made as we begin the shift in the way we provide our education. The first step is to use adult learning theory in the programming that we provide. Adult learning theory, also known as andragogy, is based on the five principles developed by Malcom Knowles (1913-1997). These principles include:

- **Self-concept - As a person matures, learning becomes self-directed (and should be active learning). Autonomy is important.**
- **Experience - Adult learners have a reservoir of experience that becomes a resource for learning. This includes success and mistakes. Adults want information that builds on what they already know.**
- **Readiness to learn - Learning is directed to the developmental tasks of his/her social roles. Adults want to learn what will help them in their current job or personal life.**
- **Orientation - Adults want to learn what is relevant NOW. It becomes very problem-centered. Time is limited - education must be impactful.**
- **Motivation - Adults have an internal motivation to learn. Learning is a choice.**

Valley Children's is also committed to interprofessional education (IPE) as we prepare our next generation of healthcare providers for the demands and needs of a progressively complex health system. Interprofessional education occurs when two or more professions learn with, from and about each other to enable effective collaboration and improve health outcome. We train in teams so we should learn in teams.

For this reason, you may see a shift in some of our CME offerings. We are aiming to provide more relevant, case-based and data-driven education, using what we learn from medical staff feedback, safety events or concerns and our peer review process. Please join us every Tuesday at noon at Valley Children's Hospital in Madera (conference room G150B) for various case-based topics and interprofessional discussions. Some of these sessions may also be live-streamed.

In addition, we are pleased to announce a new and enhanced lecture and event registration system called CME Tracker that went live on January 31. CME Tracker allows us to broadcast lectures live to our network and community-based providers. The system is designed to incorporate interprofessional education into our lectures and speaker events. We will use the system to broadcast IPE events and store recorded events for on-demand learning.

This new system can be accessed via our Valley Children's website at valleychildrens.org/medical-education. Your profile will save your information, allowing for an easier registration process for multiple events. You can view recorded presentations from your computer, complete evaluations electronically and print certificates. You'll also be able to generate a transcript of all live and online events you have attended and reprint certificates. Additionally, you can load credit information for non-Valley Children's events you have attended into the system, enabling you to track all credits and attended events in one place.

The CME Tracker monthly calendar landing page has all the lecture events in one area, allowing you to register and attend on-site events at Valley Children's or view remotely via the Webex link provided for that event

Our Journey to Epic



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



Valley Children's Healthcare continues to grow and evolve as the premier pediatric healthcare network in Central California. In order to continue to improve the care we provide to the children of the Valley and the services we offer to referring providers, we have initiated the process of replacing our current collection of EMRs (Meditech, Athena, etc.) with an integrated solution. Our Epic implementation project has already begun and is scheduled to go live in April 2020. While this change will have a profound impact on the daily lives of care team members working within Valley Children's Hospital and our ambulatory practices, it will also have an impact on you, our referring providers.

As you know, much attention has been paid to the experience of our referring providers over the years. We at Valley Children's have worked hard to find incremental improvements to the process both of sending referrals to Valley Children's, as well as receiving information back from Valley Children's.

Having a new integrated EMR platform will provide us with a new toolkit to once again make improvements to your workflow. While faxes will still be accepted, implementation of the Epic care link should provide a new platform for more efficient submission of referrals. We will continue to strive to schedule your patients as quickly as possible with our specialists and keep you updated at every step of the process. After our providers have seen your patients (or completed lab or imaging studies), Epic will provide you better and faster visibility to the outcome of those visits. Using the Epic care link platform will also provide a new, secure means of communication with our physicians.

Working together, we can continue towards the quadruple aim of advancing the health of populations, enhancing the experience of care for individuals, reducing the cost of healthcare and improving the work life of healthcare providers.



Advocacy Update



Tim Curley
Director, Community and Government Relations
Valley Children's Healthcare

Governor Newsom's Proposed Budget for 2019-2020

On January 10, Governor Gavin Newsom released his proposed budget for the new state fiscal year that will begin July 1, 2019. Highlights include the following:

- \$36.5 million from the General Fund to pay for graduate medical education, discontinuing the practice of the Brown Administration to cut the UC's base budget and backfill that cut with GME funds from Proposition 56, which voters passed in 2016.
- \$78.9 million for home visiting services for CalWORKS families and another \$23 million for other home visiting services. It also includes \$7.5 million to increase participation in the Black Infant Health Program.
- \$260 million to expand full scope Medi-Cal coverage to undocumented young adults through age 25. California already provides full scope Medi-Cal coverage to undocumented children younger than 19 years of age.
- \$3.2 billion from Proposition 56 for supplemental payment increases to Medi-Cal providers. A majority of this funding is a continuation of previous funding currently distributed as supplemental payments for physicians, dentists, women's health, home health agencies and pediatric day healthcare programs.

The governor's January release represents the first of many steps that must occur before final adoption of a budget in June. Valley Children's will be engaged throughout the process to ensure maximum benefit for children and families and the providers who care for them.

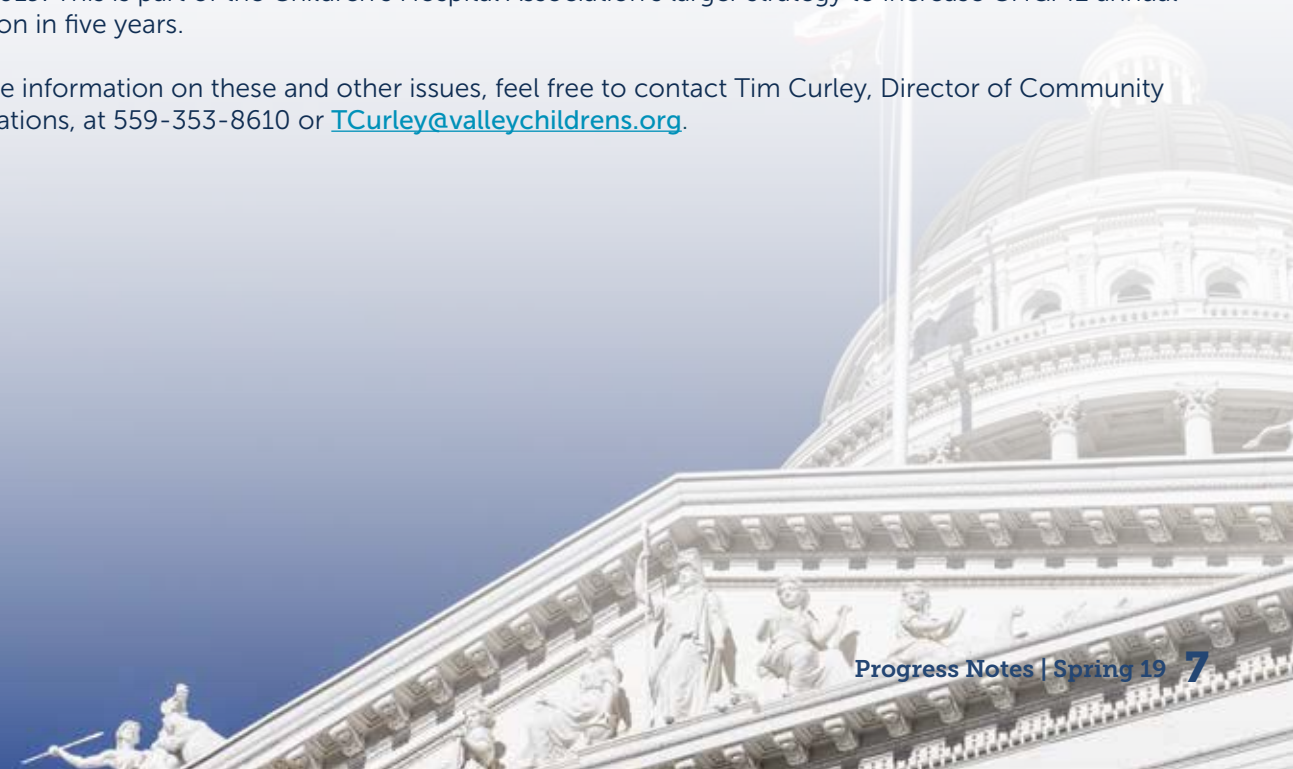
State Legislation

Valley Children's is still sorting through the 2,580 bills introduced in the state legislature this year and will have more to report in future updates.

Children's Hospital Graduate Medical Education Program (CHGME)

At the federal level, children's hospitals throughout the country, including Valley Children's, will make a big push this year to increase annual spending on CHGME from the current level of \$325 million annually to \$400 million annually beginning October 2019. This is part of the Children's Hospital Association's larger strategy to increase CHGME annual funding to \$635 million in five years.

For questions or more information on these and other issues, feel free to contact Tim Curley, Director of Community and Government Relations, at 559-353-8610 or TCurley@valleychildrens.org.



Passwords Stink... There, I've Said It



Joseph Egan
Director, IT Security
Valley Children's Healthcare

We're all thinking it, so I might as well just come out and say it. Passwords stink.

It seems there's a password for just about everything: work, banking, Facebook, email, Netflix, Instagram, school - the list goes on and depressingly on with no end in sight. I myself have more than 15 main passwords I use almost every day. Moreover, if someone gets one of my passwords, that someone now has access to some of my most sensitive information. All someone needs to do is to trick me into giving them one little password to ruin my credit, fall victim to identify theft, drain my bank account or access my work information, possibly causing a reportable breach and damage to information systems critical to patient care!

So, Yes... Passwords Stink!

Because of the amount of passwords we currently live with, many people will write their passwords down, use easily guessable passwords based on names and dates or use the same password for many different services. People don't do this because they want to get hacked; they do it because they are trying to find just a little relief from the never-ending saga of password requirements. They do it because they don't think it will happen to them. They do it because they don't believe it would be that bad if they were hacked.

But all of these practices are really just asking for trouble. Hackers know what's easy. They know how people act. So they exploit this knowledge to gain easy access. Imagine for a second suddenly discovering that your bank account was empty, as were your savings accounts. Now imagine you also discover you have several new credit cards that have been opened in your name (all maxed out) and all of your online banking services, mortgage service, retirement services and email services can no longer be accessed because your passwords have all been changed. Sounds a little disconcerting, right? This is a very common scenario related to identify theft and if you use easily guessable passwords, or the same password for all of your accounts, this could easily happen to you.

So, passwords stink... we know that. But there are some things you can do to stay secure while trying to avoid the common mistakes that can lead to identify theft.

Use Passphrases

A passphrase is an actual phrase instead of a word. A passphrase is a sequence of words or other text used together. They are usually longer than a password, but much easier to remember and often easier and faster to type.

Here is an example of a pass phrase: *My Password Stinks!*

Don't use this one, but look at what you get. Uppercase and lowercase letters, spaces and a special character (!) all in one passphrase that is 19 characters long. This was faster for me to type than a standard password, such as: Biafw@tbo2.

Use Different Passwords

Make sure you use different passwords for different services. Using the same password means a hacker is likely to trick you out of the easiest service, then use that password to access your more valuable information.

Never use the same passwords for work and for personal access. Many people will do this so they don't have to remember as many passwords. Passphrases can help here. By using passphrases that are meaningful, they will be easier to remember.

Don't Write Passwords Down

Come on, this one is so self-explanatory that I shouldn't need to include it, but you'd be surprised how many people still write down their passwords. When I ask people about it, they tell me the chance of someone finding their written password is so small, it's not an issue. Well, chances are also small that you are going to get into a car accident driving home from work today, but is that worth not wearing your seat belt? (The answer is no!)

Passwords are the most commonly exploited security control. They are the first item hackers go after. They are the most common information obtained during a phishing attack. They are usually easily guessable because we require so many to function in today's information age. So try to protect yourself by remembering these three steps: Don't use the same password for different services. Use passphrases to create easy-to-remember but hard-to-guess patterns and never write your passwords down.

Valley Children's Participates In "Project Baby Bear" Genome Testing



Jason Carmichael
Lead Genetic Counselor
Valley Children's Healthcare

Valley Children's has now enrolled 10 patients in a groundbreaking, state-funded pilot program called Project Baby Bear. It provides rapid Whole Genome Sequencing (rWGS) to critically ill newborns in select cities throughout California. Valley Children's is one of only five hospitals taking part in this pilot program.

As part of a project funded by the State of California, Project Baby Bear aims to use rWGS to help improve the treatment of infants and children with undiagnosed illnesses who are under the care of Medi-Cal, to ultimately decrease the cost associated with the program.

"Our partnership with the Project Baby Bear initiative significantly shortens the path to a diagnosis that will enable physicians to better treat their patients," says Valley Children's Hospital NICU Medical Director Dr. Mario Rojas. "At the same time, it lightens the burden of uncertainty for parents whose child is suffering from a rare disease."

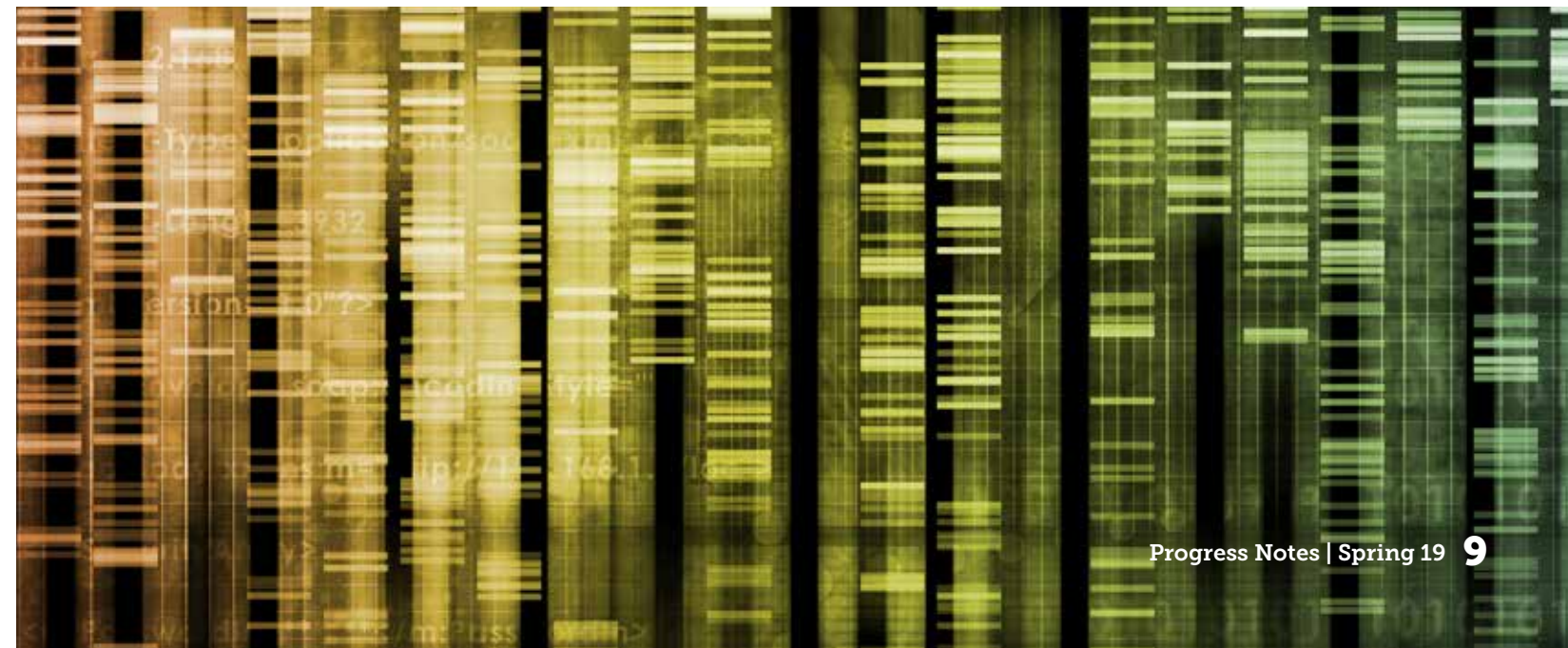
Medi-Cal does not currently cover rWGS testing. During this trial, testing is now available for free to participating Medi-Cal families. Test results are usually returned within three to five days from the lab located at Rady Children's Genomic Institute in San Diego. Once a diagnosis is identified, the goal is to have potential treatment and medication options available for patients.

"Project Baby Bear has provided our critically ill infants with access to a life-changing genetic testing platform," says Valley Children's Geneticist Dr. Aaina Kochhar. "This program provides families of these children with prompt answers, which drastically changes the course of their clinical care. Our team is grateful to be in partnership with Rady Children's Genomic Institute and for lawmakers in the state legislature for funding this essential program."

In a recent Project Baby Bear case, rWGS provided answers to a family whose baby was admitted to Valley Children's with seizures. The advanced testing provided a diagnosis, allowing doctors to customize treatment. The results also gave reassurance to the patient's family.

"When our child first got sick, we were so worried," says the baby's father, Armando Martinez. "With Project Baby Bear and the work of our son's doctors, we have answers and Valley Children's is helping our son get better."

Valley Children's Hospital is expected to enroll up to 35 patients by June of this year.



Medical Staff News

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

Anesthesiology

Andrew Parsons, MD

Pediatric Medicine & Rehab

John Luce, DO

Pulmonology

Filomena Villa, MD

Hospitalists

Laura Maselli, MD
Sindhura Kodali, MD

Pediatric Surgery

Erik Barthel, MD, PhD
Candace Haddock, MD

Primary Care

Padmaja Kankar, MD
Mia Lagunda, MD
Omobola Olaniyan, MD
Sudha Russell, MD

Internal Medicine

Erin Newman, MD

Plastic Surgery

Michael Galvez, MD

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Mimi Chao, MD – Vice Chief of Staff
Faisal Razzaqi, MD – Secretary/Treasurer

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Narakasari Heragu, MD, Chair
Carl Owada, MD, Vice-Chair

Emergency Medicine
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Robert Raines-Hepple, MD, Vice-Chair

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Adam Holmes, MD

Committee on Interdisciplinary Practices
Peter Nakaguchi, MD

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Carl Owada, MD

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Clinical Informatics, Co-Chair

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Danielle Parnagian, Co-Chair

Medical Staff Education Committee

Jolie Limon, MD, Chair
Heather Peters Harvey, PhD, Co-Chair

Medical Staff Well-Being

John Sanchez, MD

Multi-Specialty Peer Review Committee

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Michael Allshouse, DO, Co-Chair

Patient Safety Committee

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Raed Khoury, Director,
Quality, Patient Safety and Medical Affairs, Co-Chair

Pharmacy, Therapeutics & Utilization

Stephen Kassel, MD, Chair
Harry Kallas, MD, Vice-Chair

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Adam Holmes, MD

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Michael Allshouse, DO, Chair



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2017-2018 Annual Impact Report.





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