



Progress Notes

A Publication of the Medical Staff of Valley Children's Hospital

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Patient Safety Rounds Improve Communication



Karen Dahl, MD
Vice President, Quality and Patient Safety

In December, I began rounding with our Patient Safety Coordinator Jan Edwards, RN. Once a week, we visit a unit within Valley Children’s Hospital to connect with frontline staff. This is really all about communication – improving it in both directions – from leadership to frontline staff, and from frontline staff to leadership.

“ *This is really all about communication – improving it in both directions – from leadership to frontline staff, and from frontline staff to leadership.* ”

- Dr. Karen Dahl

Frontline staff appreciate the day-to-day safety concerns better than I do as an administrator. We have talked to people in many different job roles and each has a unique perspective on patient safety. One recurring concern we heard was the lack of reliable medication scanners and the need for more computers for clinical documentation.

We took this concern to our Information Technology Services (ITS) department. ITS was a great partner and visited the units to fully understand the clinical teams’ needs. And now, the rollout of the new medication scanners and additional computer work stations has begun! Now as Jan and I continue to round, we hear about how much staff like the new scanners. This obviously has impacted patient safety – leveraging technology for medication safety, but just as importantly, increasing staff satisfaction by providing them with the tools they need to do their job.

Sometimes concerns brought to our attention were already heard and have fixes in process, but the frontline staff is unaware. Validating staff’s concerns and letting them know what the organization is doing to address the issues can relieve frustration.

For example, our new hospital cleaning product smelled very strong and both staff and families complained about the odor. We heard about this complaint during our patient safety rounds and later learned that Infection Prevention was already working with Environmental Services to resolve the matter. As staff continued to raise their concern during our rounds, we could tell them about the trial of a lower concentrated product and request their feedback when the

change was implemented on their unit. In this way, we can improve communication from leadership to frontline staff.

Dr. Dahl and Edwards complete their patient safety rounds on a rotating schedule. For questions or more information, please contact them at:

KDahl@valleychildrens.org or JEdwards@valleychildrens.org



Finding the Answer

Dr. Swati Banerjee consults with Dr. Faisal Razzaqi, a Valley Children’s pediatric hematologist/oncologist.

At 4-feet-six-inches tall and 135 pounds, Inoel Cruz looks like a large 10-year-old – except he’s only 6. Recently diagnosed at Valley Children’s with ROHHAD syndrome, Inoel’s rapid weight gain is key to this condition that currently affects merely 100 people worldwide.

“We’re glad to know what he has but it’s also scary,” said Aileen Cruz, Inoel’s mom, noting there’s no cure. “Now it’s a matter of monitoring him closely and managing his symptoms for him to have a normal life.”

Last fall, a life-threatening, elevated level of sodium landed Inoel in our pediatric intensive care unit. The kindergartner’s alarming weight, breathing problems, fatigue and excessive sweating led to visits with various Valley Children’s specialists focused on determining a cause. His terrible chest pains resulted in discovering and removing a 7-inch ganglioneuroblastoma tumor.

“It makes a difference having all the specialists in the same place,” said Cruz, who lives in Exeter. “Inoel isn’t scared because of how the doctors listen to him and explain things at his level.”

ROHHAD stands for rapid-onset obesity with hypothalamic dysregulation, hypoventilation and autonomic dysregulation. It affects the autonomic nervous system (which controls involuntary actions) and the endocrine system, with onset of symptoms typically occurring between 3 and 10 years of age.

Pediatric endocrinologist, Dr. Swati Banerjee, suspected and confirmed the difficult diagnosis for this little-known disease. Today, Inoel’s main health concerns involve his weight, breathing and potentially recurring tumors.

“Inoel has the best team of pediatric experts caring for him,” said Dr. Banerjee.



Monica Prinzing
Communications Specialist



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New Nerve Block Catheter Making A Difference

Valley Children’s Hospital now offers the use of continuous peripheral nerve catheters for selected procedures, extending excellent postoperative pain relief for up to three days.

Utilizing the latest ultrasound-guided technology, our skilled pediatric anesthesiologists place the soft, thread-like catheter to deliver a continuous infusion of local anesthesia. For patient comfort, Valley Children’s provides intravenous sedation during the catheter placement as well as moderate to deep sedation, spinal anesthesia or general anesthesia in the operating room.

“Single shots of local anesthetic around nerves have been performed here for over 18 months,” said Dr. Geneva Young, a Valley Children’s pediatric anesthesiologist who recently placed the Hospital’s first continuous peripheral nerve catheter. “Using a nerve block catheter was the next step to control postoperative pain for several days.”

The catheters are used for surgeries of the shoulder, arm, leg, knee and ankle. Austin, age 13, who was the first to receive the device at Valley Children’s, is especially thankful. Diagnosed with chronic regional pain syndrome (CRPS), Austin lives on a pain scale of 1 to 10 with a consistent baseline of 5. Due to his condition, he has undergone multiple procedures for his legs. After one of his knee operations at another hospital, he was admitted for six weeks because of uncontrolled pain.

The teenager’s latest surgery resulted in a different outcome. Anticipating that Austin’s right knee surgery would cause significant pain afterward, Valley Children’s pediatric orthopaedic surgeon, Dr. Kerry Loveland, consulted Dr. Young regarding the continuous peripheral nerve catheter.

“During his operation, there were no signs of painful stimulus to the sympathetic nervous system and he had no knee pain after he woke up in the recovery room,” explained Dr. Young. “An infusion of local anesthetics was started through the inserted catheter and it was an amazing success!”

The infusion continued for three days. With the nerve block, Austin often experienced 0/10 pain. After the nerve block wore off, Austin left Valley Children’s Hospital with pain scores less than 4/10. “That is a great accomplishment in the world of chronic pain management,” said Dr. Young. Valley Children’s plans to place more nerve block catheters for patients who would benefit like Austin. “Both Austin and his parents said this was the best experience they had for pain control after a surgery,” continued Dr. Young. “They are looking forward to returning in three months for surgery on Austin’s other knee – now that’s improvement!”

Monica Prinzing
Communications Specialist

Integration in the Future



Joel Brownell, MD
Vice President, Chief Medical Information Officer

Making determinations about electronic medical record systems (EMRs) is one of the most important and potentially costly decisions that hospitals and physician groups are facing. The impact is substantial on clinical care, provider efficiency, staff satisfaction, referring physician satisfaction, financial wellbeing, etc. No one takes those issues lightly, including our own physician leaders and hospital executives.

Be that as it may, this year our organization is formally assessing what we think our best options are for the next three to five years to develop a more cohesive and effective EMR. Many of you have had formal and informal conversations among yourselves and in medical staff meetings regarding the various challenges with our current system.

By far the leading issue discussed relates to the fact that our primary systems (Meditech, Athena and PICIS OR manager) don’t communicate effectively between themselves. The resultant fragmented view of important information such as medications, allergies, problem lists and physician reports is certainly less than ideal. The fact that most of the country is struggling with the same issue has not changed our perception that we need to do better.

A new factor in this conversation relates to our rapidly evolving Valley Children’s Healthcare entity. We will have an even greater impetus to effectively share clinical and business-related information with the growing number of hospital and practice sites off-campus that we partner with. It will be critical that the EMR tools support those external needs as well as our own internal needs.

Some individuals have stated they think the decision about our future EMR tools has already been decided. I can state unequivocally that is not the case. Until we go through our process of assessing our own needs and capabilities of products currently on the market, no one knows what our future will be. Our best bet may be simply to improve upon what we already have. Alternatively, we may decide that some other product of Meditech or another vendor may make the most sense for our evolving clinical and business needs. When you see opportunities to offer your experiences and opinions related to this conversation this year, please participate as much as possible. The likelihood of us making a great decision will directly relate to the input received from the entire Valley Children’s team.



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Evening of RECOGNITION

About 175 participants turned out for our 2015 Physician Social Recognition on March 24 at Copper River Country Club. The annual event honors our physicians and their dedicated years of service to improving the health and wellbeing of children throughout Central California.

50 Years of Service

Jerry Moore, MD

45 Years of Service

Stephen Kassel, MD
John Lattin, MD

35 Years of Service

Lydia Favor, MD
David Hodge, MD
Ronaldo Baltecer, MD
Orlantino Dyoco, MD
David Kaye, MD
Mark Simonian, MD
J. Charles Smith, MD
Susan Winter, MD

30 Years of Service

Theodore Greaves, MD
Rick Jelmini, DDS
Jane Kardashian, MD
Richard Mendoza, MD
James Kratzer, MD
Michael Myracle, MD
Kent Yamaguchi, MD

25 Years of Service

Isabelo Artacho, MD
Lola Chan, MD
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Timothy Hansen, MD
Harry Jameson, MD
John Monteleone, MD

20 Years of Service

William Berquist, MD
Peter Birnbaum, MD
John Kim, MD
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Lauro Roberto, MD
John Scholefield, MD
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Stephen Zuniga, MD
Randi Galli, MD
Nagaratamma Madireddy, MD
Peter Nakaguchi, MD



Medical Staff News



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

MATERNAL-FETAL MEDICINE

Sanmaan Basraon, MD

Dr. Basraon practices as a maternal-fetal medicine specialist at the Maternal Fetal Medicine Center at Valley Children's.

Education and Training: Baba Farid University of Health Sciences in India.

Residency: University of Texas Medical Branch Hospital.

Dr. Basraon completed a fellowship at the University of Texas Medical Branch Hospital in maternal-fetal medicine.

PEDIATRICS

Bhubanesh Bhatta, MD

Dr. Bhatta is a pediatrician in private practice at Castle Family Health Center in Atwater.

Education and Training: Trishuvan University, Institute of Medicine in Nepal.

Residency: Maimonides Medical Center in New York.

Nisha Chakraborty, MD

Dr. Chakraborty is a pediatrician in private practice in Bakersfield.

Education and Training: B.J. Medical College in India.

Residency: John A. Burns School of Medicine in Hawaii.

Maurice Gaytan, MD

Dr. Gaytan is a pediatrician practicing at Adventist Health Community Care.

Education and Training: UC San Francisco School of Medicine.

Residency: UC San Francisco-Fresno Pediatric Residency Program.

Mary Gonzalez-Howard, MD

Dr. Gonzalez-Howard is a pediatrician practicing at Fresno Children's Medical Group.

Education and Training: UC Davis School of Medicine.

Residency: UC San Francisco-Fresno Pediatric Residency Program.

Suzanne Espalin, MD

Dr. Espalin is a pediatrician practicing at San Dimas Pediatrics in Bakersfield.

Education and Training: Creighton University School of Medicine in Nebraska.

Residency: UC Irvine Medical Center.

PEDIATRIC ANESTHESIOLOGY

Taranjit Sangari, MD

Dr. Sangari practices as a pediatric anesthesiologist at Valley Children's.

Education and Training: Mahadevappa Rampure Medical College in India.

Residency: University of Arkansas for Medical Science.

Dr. Sangari completed a fellowship at the University of Arkansas for Medical Science in anesthesiology.

PEDIATRIC HOSPITALIST

Nika Howell, MD

Dr. Howell practices as a pediatric hospitalist at Valley Children's.

Education and Training: Georgia Regents University.

Residency: Morehouse School of Medicine in Georgia.

Patrick Burke, MD

Dr. Burke practices as a pediatric hospitalist at Emanuel Medical Center in Turlock.

Education and Training: University of Texas Health Science Center.

Residency: University of Texas Medical School.

Dr. Burke completed a fellowship at Dartmouth Medical School in New Hampshire.

Marie Mayer, MD

Dr. Mayer practices as a pediatric hospitalist at Emanuel Medical Center in Turlock.

Education and Training: State University of New York at Buffalo School of Medicine.

Residency: UC San Francisco-Fresno Pediatric Residency Program.

CORRECTION: In the last edition of Progress Notes, Dr. Wendy Tcheng's last name was misspelled in a photo outline relating to Valley Children's childhood cancer survivorship program.



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