Follow Dr. Maria in his leadership for MCGHealth Children’s Medical Center at Bernie’s Blog - www.berniesblogforkids.com.

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Letter from the Chairman

A Vibrant Partnership For Georgia’s Children

Our new partnership with Phoebe Putney Memorial Hospital (PPMH) in South Georgia means regional pediatricians and family physicians will be able to keep their patients close to home with high-quality comprehensive children’s care they’ve never been able to offer before. Onsite in Albany, Georgia Health Sciences University (GHSU) physicians and advanced pediatric practice nurses will provide higher-level care to children from South Georgia who previously had to seek it elsewhere. Should these kids require the highest-level specialty care, they’ll have access to MCGHealth Children’s Medical Center in Augusta through telemedicine links, as well as ground and air transportation.

Partnering with PPMH increases the care we provide for children in Georgia and strengthens the educational footprint of our newly established Medical College of Georgia’s branch campus in Albany. The partnership also offers medical students and family medicine residents in Albany more robust pediatric training, thanks to on-site educators who raise the bar when it comes to teaching about the special health care needs of children.

Since opening new specialty medical and surgical clinics at Phoebe Putney, Dr. Charlie Howell and I have been overwhelmed by the positive impact of caring for children onsite. Travel takes an enormous toll on families, with the expense of lost days at work and school. But when sick kids must travel for urgent subspecialty care, they can count on our children’s hospital as their “home-away-from-home” in Augusta.

As we step outside of Augusta for the first time in 100 years, I believe we’re achieving a significant milestone. We’re the preferred destination for children’s care in Augusta; now we’re projecting the unique talents and skills of GHSU pediatricians in partnership with Albany pediatricians. By partnering with us, PPMH and Albany community pediatricians are uniquely positioned to grow children’s services for South Georgia.

Sincerely,

Bernard L. Maria, MD/MBA
Pediatrician-in-Chief,
MCGHealth Children’s Medical Center
Ellington Charles Hauus Professor
Chairman, Department of Pediatrics
Georgia Health Sciences University

Chiefs’ Corner

Match Day has come and gone this year and we are delighted with our Intern Class of 2011. We have a diverse group of interns from all over the country that will bring strength and vitality to our program. As we continue to grow our program during a time of transition to resident work hour requirements, our new interns will usher in a time of increased oversight by the Accreditation Council for Graduate Medical Education and improved safety in patient care and resident education. They will not only improve their clinical acumen but also acquire an appetite for southern hospitality, food and fun. The Central Savannah River Area is truly a great place to train future pediatricians and experience all that we take for granted in the South. Fried chicken, grits, low-country boils and sipping sweet tea on a cool spring evening are all things that await our interns.

Our current residents also await our new interns’ arrival to participate in caring for our youngest patients. With the recent Joint Commission site visit, our residents demonstrated professionalism and quality healthcare under increased scrutiny from outside observers. They enjoy providing care to the children of the CSRA and beyond. Our faculty is unsurpassed in their ability to provide Patient Family Centered Care along with practicing evidence-based medicine. In this environment, our new interns will grow and mature not only in pediatric medicine, but professionalism, altruism and all other aspects of becoming a master clinician and caring physician.

Joshua Smith, MD
Co-Chief Resident

Nancy Wood, MD
Co-Chief Resident
From Behind the Desk

The old saying notes April showers bring May flowers. This April we find ourselves showered with good news about the partnership between Phoebe Putney Memorial Hospital in Albany and MCGHealth Children’s Medical Center. While flowers will surely grow in May, what this partnership will grow is improved quality care for the children we serve throughout the state.

The news has been full of information about the recently formalized partnership of these two organizations. Perhaps less well known is the fact that the two organizations have been partnering to educate staff for many months. Nursing leadership in both organizations created a program to capitalize on the strengths that are present in both hospitals. Phoebe Putney has a large neonatal intensive care unit (NICU), but no pediatric intensive care unit (PICU). Phoebe requested that their NICU nurses train in the children’s hospital. They specifically trained with the pediatric evaluation team, PICU, and the pediatric emergency department (ED). The goal was to prepare a core group of Phoebe Putney staff to be better able to evaluate pediatric patients housed outside the NICU at risk for clinical deterioration, and to improve intervention aimed at preventing pediatric morbidity.

The program provides training and hands-on clinical time with experienced nurses in the PICU and ED. It incorporates formal pediatric advanced life support (PALS), pediatric emergency assessment, recognition and stabilization (PEARS) courses, and in the use of the pediatric early warning score (PEWS) that standardizes assessments of pediatric patients and encourages early intervention. The first participants started last October.

To grow flowers, seeds must first be planted. In this case the seeds were planted last fall and we have been carefully tending them, developing our curriculum, and cultivating relationships. We look forward to continued collaboration and the blossoming of this partnership that will benefit the children of Georgia.
Feature Story

Preemie’s Journey to Health Continues in Albany

Tiny and weighing just over one pound, Tony “Travae” Edwards was born with his eyes wide open and his mouth “moving like a little fish,” recalls his mom, Ameeyah. “He was so alert. I asked the doctors to please do whatever they could to keep him alive.”

After seven surgeries and seven months in MCGHealth Children’s Medical Center neonatal intensive care unit (NICU), baby Travae is finally on the road to a sure recovery. Thankfully, a new partnership between MCGHealth and his home hospital in Albany will allow the baby to continue to benefit from a high level of care in his own backyard.

Travae was born 16 weeks premature at Phoebe Putney Memorial Hospital in Albany. “I knew it was a high-risk pregnancy, that it would be a long road, that Tony could have difficulties,” says Ameeyah. She was also aware that, should her newborn develop problems beyond Phoebe Putney’s scope, MCGHealth Children’s Medical Center would be ready for him.

A week after his birth, concerns about an intestinal blockage prompted doctors to transfer the tiny boy to the children’s hospital in Augusta.

“That’s when Dr. Charles Howell jumped on board,” says Ameeyah. “He explained that it could be one of three things: an intestinal rupture, a blockage or Hirschsprungs disease (a condition in which there is a lack of nerve cells in the intestine).”

“Travae was transferred to us for a possible bowel obstruction and severe prematurity,” recalls Dr. Howell, a pediatric surgeon. “After about three attempts at doing radiographic enemas on this almost two-pound infant, we still weren’t able to relieve the obstruction. I did not want to operate on an infant this size and age, but his abdomen was getting bigger and bigger. I was afraid he would perforate his bowel, and knew that could be catastrophic.”

To immediately relieve the obstruction, Dr. Howell performed a temporary ileostomy. Before he could do a biopsy to determine the cause, however, the baby needed to grow and gain four pounds. “He needed to be 1,500 grams, so that a blind rectal biopsy would not damage his rectum.” The weight gain took seven weeks, recalls Ameeyah who, with her husband Tony and two other school-aged children, was traveling back and forth to Albany. “The Ronald McDonald house helped us so much.”

As soon as Travae was big enough, Dr. Howell performed the biopsy (which came back as normal) and closed the ileostomy. Along the way, Travae had multiple other issues and procedures, including surgery for a heart condition (patent ductus arteriosus), lungs (bronchopulmonary dysplasia) and eyes (retinopathy of prematurity).

“Many of these complications are pretty normal for his degree of prematurity,” says Dr. Howell. “The risk of surgery in 24-week preemies is very high, but with the expertise that we have — our neonatologists and pediatric anesthesiologists — it almost seems routine. It’s a condition we often see at MCGHealth Children’s Medical Center. We have special nurses, nurse practitioners, respiratory therapists, and anesthesia personnel who know how to take care of even the smallest of infants, and do it very well.”
“I was definitely a little overwhelmed by it all; he was so small,” remembers Ameeyah. “Dr. [Rick] Boedy [a neonatologist] called me about the tracheostomy, which Travae needed because of how long he’d been on the ventilator. It was my worst fear; I didn’t really understand what it was. Dr. Boedy told me, ‘You can handle this. I feel like if I told you to go to the moon for your son, Mrs. Edwards, you would get there.’”

Scared and nervous, she turned to her husband, who reminded her to pray. “The welcoming nurse, Amy, was there with us from the first day,” she says. “Nurses Robin and Antoinette were also on the team for Travae during his many months in the NICU, and all found a certain special interest in my son that made it comforting whenever I couldn’t be there. I called them our angel nurses!”

There were lots of moments of feeling overwhelmed, she says. “I was just trying to be strong, to remember that everything was going to be OK, that my son was in the best place that he could be.” She found comfort in Dr. Howell’s sense of humor. “He was always trying to break the ice with jokes, teasing us.”

“This is very stressful for families, who often live so far away they can’t visit often,” says Dr. Howell. “Our motto is family-centered care, but this is an extreme challenge when the family is separated from us. I truly believe that we ‘adopt’ these children, treat them like our own family, care for, love and worry about them every minute of the day. You must have some sense of humor to be able to handle the stress. The family expects a good outcome, which places extra pressure on the medical team to get them well and safely home, without complications.”

Travae is now 10 months old, 16 lbs. and a very happy baby back in Albany receiving home health care, reports mom. “He really did grow to be a beautiful boy. He’s cooing and almost talking around the tracheotomy, and is being weaned off of it – ‘the blower,’ as Dr. Howell calls it,” smiles Ameeyah.

Travae will remain under Dr. Howell’s care in Albany, visiting the surgeon during clinics, thanks to the new partnership between Phoebe Putney and MCGHealth Children’s Medical Center. “The opportunity to stay in our hometown and still receive the excellent care of Dr. Howell is a huge benefit to our family,” says Ameeyah. “We’ll also benefit from seeing other specialists Travae needs, including nephrologist Dr. Luis Ortiz, right here in Albany. Since the start of our journey, we’ve experienced several struggles; although this did pull our family closer together, I find great relief knowing we don’t have to load up to travel that long, five-hour drive!”

Charles G. Howell, MD
Surgeon-in-Chief
MCGHealth Children’s Medical Center
Professor of Pediatric Surgery
Georgia Health Sciences University
Health First

Rural Health Disparities: Differences in Health Status between Urban and Rural Areas

What are health disparities? The Center for Disease Control and Prevention defines health disparities as “preventable differences” in the level of disease, injury or violence between different groups of people, based on individual characteristics, such as race, gender, education or income, disability, or geographic area (rural versus urban or suburban).

People living in rural areas tend to be less healthy than people who live in more populated areas. They have higher rates of premature death, obesity, and diabetes. They are less likely to get adequate exercise. While people living in rural areas represent about 20 percent of the American population, only 10 percent of physicians practice in rural settings. Preventive health services (such as breast exams, mammograms, Pap smears, blood pressure screenings and cholesterol screenings) may be limited and treatment options less available. Fewer dentists practice in rural areas.

People living in rural areas are less likely to have employer-sponsored health insurance or to have Medicaid coverage. While only one-third of automobile accidents occur in rural areas, two-thirds of deaths related to these accidents occur in rural parts of the country. Alcohol abuse and methamphetamine use are higher in rural areas. Suicide rates and unintentional accident rates (other than automobile accidents) are also higher in rural areas.

There are several organizations that are working to improve rural health. The American Academy of Family Physicians, the American Academy of Pediatrics, and the US Department of Health and Human Services, in conjunction with the CDC, are working to improve the availability and access to care as well as quality of care, to increase the health care workforce in underserved areas and to improve technology in rural areas. Improvement in child health (through improved nutrition and better understanding of health issues by parents) will lead to an overall improvement in the health of the adult population.

Alice Little Caldwell, MD
Assistant Professor of Pediatrics
Georgia Health Sciences University
Providing a Supportive Partnership

MCGHealth Children’s Medical Center and Phoebe Putney Memorial Hospital have announced a partnership to enhance children’s care in the region.

“We are very pleased to enter into an agreement with Phoebe Putney that will provide services to critically ill patients and children requiring specialty care in the southern portion of the state. We will have Georgia Health Sciences University (GHSU) physicians and advanced pediatric practice nurses on site to provide high level care to children who might otherwise have to seek care elsewhere. When they require the highest level intensive care, we will be ready for them at our children’s hospital in Augusta,” said Dr. Bernard L. Maria, Chairman of the Department of Pediatrics and Pediatrician-in-Chief of MCGHealth Children’s Medical Center.

As a first step, the partnership will provide pediatric hospitalists and pediatric nurse practitioners at Phoebe. Pediatric hospitalists are physicians who specialize in the treatment and care of hospitalized patients and who are readily available to families of admitted children, thus increasing quality care and patient satisfaction.

Eventually, there will be several board-certified physicians and pediatric nurse practitioners who will provide children’s services as the program grows, including conscious sedation, urgent care services, faculty supervision of residents, consultative services for community pediatricians and/or emergency room physicians, a rapid-response team for resuscitation, stabilization and transfer to a facility with a higher level of care, on-site and telemedicine sub-specialty care and continuing medical education for community pediatricians and emergency physicians.

The new partnership will provide Southwest Georgia with inpatient pediatric specialty care and is a “triple partnership” among the two health care organizations and local pediatricians, according to Dr. Doug Patten, Phoebe Putney’s Chief Medical Officer.

“Area and local pediatricians have given outstanding support to this partnership, which will help keep more kids who need to be admitted to the hospital here. It also provides pediatric support for adult subspecialists currently taking care of kids,” said Dr. Patten.

Drs. Maria and Patten said the program also offers medical students and family practice residents at Phoebe Putney a more robust pediatric training and enhances the undergraduate and graduate medical education programs so that more physician graduates can take better care of children in the region.

Currently Dr. Maria, a pediatric neurologist and brain tumor specialist, is among a group of pediatric subspecialists who are holding monthly clinics at Phoebe Putney for local and regional children. The specialists include Dr. Charles Howell, a pediatric surgeon and Chairman of the Department of Surgery at GHSU. There are GHSU clinics in Albany for pediatric renal disease and cancer and blood disorders. Drs. Howell and Maria plan to add to the specialty presence at Phoebe Putney by adding a robust telehealth consultation service with specialists in Augusta so that physicians in the region have around-the-clock coverage of their specialty consultation needs.

In other partnerships with GHSU, Phoebe Putney is headquarters for the Southwest Georgia Clinical Campus, which provides resident training for third and fourth year medical students.
ECMO Services Expanded to Include More Children

MCGHealth Children’s Medical Center has expanded a program previously available exclusively to newborns, to help treat critically ill school-aged children and young adolescents.

Extracorporeal membrane oxygenation technique, or ECMO, helps aid in the recovery of critically ill patients who are suffering from heart or lung malfunction. ECMO helps keep the heart and lungs working by providing oxygen to the blood. As a pioneer in the technique, the Children’s Medical Center was the first in Georgia to start an ECMO program with services for neonates (babies up to 30 days old). Newborns from across the state travel to the hospital to receive ECMO treatments.

“Under the direction of Dr. Gene Fisher, we’ve now expanded the population we serve to provide ECMO services for older children,” explains Dr. Tony Pearson-Shaver, chief of pediatric critical care medicine.

The Children’s Medical Center offers the region’s only pediatric ECMO program, with two life-saving systems and a team of ECMO specialists.

“It’s an important service to provide, particularly in collaboration with our congenital heart program,” he continues. “ECMO provides support for patients whose lungs or hearts aren’t functioning well enough to supply oxygen to the body. Now we can help older children who have serious heart or lung malfunctions.”

ECMO provides support for many life-threatening conditions, including post-op congenital heart patients, kids with respiratory failure (including asthma), bronchitis or pneumonia, and burn patients who’ve sustained lung damage due to smoke inhalation.

The ECMO team of experts understands the unique needs of critically ill pediatric patients and has special training in critical care and ECMO technology. “It’s important to be able to offer ECMO to more children, and is a vital part of the standard of care for a tertiary care facility,” explains Dr. Pearson-Shaver.