

THE DOERNBECHER CONNECTION

WINTER 2014, ISSUE 3



*A Newsletter For the Doernbecher
Children's Hospital Community*

Proudly Published in Portland Oregon Since 2013,
June 12th, 2:30PM



Dr Victor Menashe Honored

Dr Victor Menashe, Professor Emeritus of Pediatric Cardiology has been taking care of children and adults with congenital heart disease since 1958!

He has been instrumental in the care of patients with CHD in Oregon, in the training of medical students, residents and fellows at OHSU, and a key member of the pediatric cardiology research efforts for the past 6 decades!

He recently received the award recognizing his outstanding dedication and excellence in congenital heart care from the Adult Congenital Heart Association and the Children's Heart Foundation.

Tickets Available For Heart of Doernbecher Auction



[Tickets](#) now available for the 16th Annual [Heart of Doernbecher](#). This year's event is on Saturday, April 26 at 5:00pm at the Portland Art Museum and will feature a cocktail reception, silent & live auctions, dinner and an inspiring program all in support of Doernbecher. For more information, please contact Sarah Harbaugh at Harbaugh@ohsu.edu or 503-552-0692.

New Sonographer to Start February 3

The Department of Cardiology is happy to announce that they have hired Matthew Janssen to join our group of pediatric sonographers. Many of you know Matthew - he has worked intermittently with the department for many years, and has been in the adult lab for over 10 years. He is a fantastic sonographer and will make a wonderful addition to the group. He will be starting February 3rd.

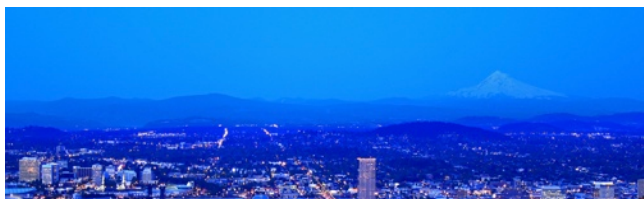


Portland Monthly Names Top Docs and Nurses



Portland Monthly magazine named Portland's top Physicians, PAs and Nurses in its January issue. Out of 60 pediatricians selected for the honor, 26 are based here at Doernbecher. In all 37 DCH practitioners were honored.

The selection process involves recommendations from physicians, nurses and PAs in portland. Congratulations to everyone!



Update on the Robert Meechan MD Resident Award and Fund



In June 2013, Eric Crossen MD was chosen as the second recipient of the Meechan Resident Award for Excellence in General Pediatrics. Eric is currently a Chief Resident at Doernbecher.

The Meechan Fund is about 70% of the way to being endowed. The primary pediatric faculty has given greater than 70% of the contributions. More than 60% of faculty donors never had any contact with Bob Meechan. To those of you who have given, thank you for remembering Bob. Bob was more than Director of the Pediatric Outpatient Clinic for over 30 years, Associate Dean of the School of Medicine and an outstanding clinician and teacher. He had a profound impact and influence on medical students, nursing students, pediatric postgraduate trainees and many students and postgraduate trainees in other medical specialties and Allied Health fields.

I doubt that there is a county in Oregon or Southern Washington in which Bob's affect on healthcare is not felt. You may not have met Bob but I would wager there is/are person/persons with whom you work that are indebted to Bob and his clinical acumen, kindness and love of teaching.

Thank you to those of you who have supported the Meechan Resident Award and Fund and for those of you who have not, I hope that you will contribute.

Best wishes for 2014

Larry

Lawrence J. Wolff for

The Robert Meechan Fund

Contributions can be made to the Robert Meechan Fund by contracting Ellie Dir at the Doernbecher Foundation, (503) 552-0690 or by going directly to the Doernbecher website by following the link below:

<https://www.ohsu.edu/about/dchf/help/default.cfm?fcode=8MEECHANEND&src=DCHV3QME>

The Hemophilia Center Expands Services

The Hemophilia Center provides comprehensive, family-centered, multi-disciplinary care for people of all ages with bleeding and clotting disorders. In our bi-weekly comprehensive clinics, patients are evaluated by our multi-disciplinary team in order to address concerns, ensure excellent outcomes, and improve health. In the acute care clinic we evaluate and treat traumatic and spontaneous joint bleeding episodes, prolonged nose bleeds, and a wide variety of other bleeding problems.



Because hemophilia is inherited in an X-linked fashion, the vast majority of people affected by this disorder are boys and men.

We, however, identified an unmet need in girls and women with bleeding and clotting disorders who have long been medically underserved. Two years ago Dr. Jody Kujovich, an OHSU medical hematologist, began evaluating and treating women with a wide variety of hematologic problems in the Women's Hemostasis and Thrombosis Clinic. Dr. Kujovich's clinic is staffed by a team from the Hemophilia Center, and housed in OHSU's Center for Women's Health. With support from Joann Deutsche FNP, the clinic has grown substantially. Dr. Kujovich is now providing increasingly complex care to women with a range of diagnoses including von Willebrand disease, symptomatic carriers of hemophilia, immune thrombocytopenia, various types of blood clots as well as hematology problems complicating pregnancy. The clinic is now an important resource for primary care and specialty providers at OHSU and within the community who refer women with complex bleeding and clotting issues.

This summer, Dr. Kristina Haley joined The Hemophilia Center faculty after completing her Pediatric Hematology-Oncology fellowship at OHSU. The addition of Dr. Haley to the staff expanded the services of Women's Hemostasis and Thrombosis Clinic to provide care to adolescent women with bleeding and clotting disorders. The Young Women's Hematology Clinic, which has been deemed the Spots, Dots, and Clots Clinic, opened in October 2013. The Spots, Dots, and Clots Clinic is also located in the Center for Women's Health, alongside Dr. Kujovich's clinic. Dr. Haley sees girls and young women ages 12 to 18 years who are referred for evaluation of abnormal bleeding or clotting. It is the first clinic of its kind on the west coast and joins a small group of similar clinics across the United States. Dr. Haley's clinic provides specialized care to a population of patients with bleeding and clotting disorders that make common every day experiences like menstrual periods and selecting oral contraceptives a clinical challenge.

The Hemophilia Center's new clinics for women provide state-of-the-art care to girls, adolescents, and women with bleeding and clotting disorders with the common goal of improving care and developing a culture of research to improve diagnoses and treatments in this population.

The Hemophilia center is pleased to offer comprehensive care across a spectrum of all ages and now with specific attention to the unique medical needs of women with bleeding and clotting disorders. If you have questions, please contact Dr. Kujovich (kujovich@ohsu.edu) Dr. Haley (haley@ohsu.edu) or Joann Deutsche (deutsche@ohsu.edu). If you would like to refer a patient to one of our clinics, please call (503) 494-8716.

MerryHeart Childrens Camp to Open

A volunteer group from DCH and Emanuel, headed by Mary Rice MD, a recently retired pediatric cardiologist, is starting an overnight summer camp for children with heart disease. Our first week of camp will be August 25-29, 2014. We are planning to have 32 kids ages 8-13. We will be renting space from Camp Howard a CYO camp on Mt Hood. We anticipate charging ~\$50 per camper and raising the rest of the costs through fund raising. We will be having two fundraisers, a wine tasting in February and a special tea party March 29 th 2-4 pm. Please put the word out to potential campers and join us for fundraisers. We will also be looking for volunteer counselors. For more info contact Julie Martchenke at martchej@ohsu.edu.



CDRC Autism Program's Family Advisory Committee: Committed to Positive Change

Established in 2012, the CDRC Autism Program Family Advisory Committee (FAC) is a team of parents committed to offering personal insight and experience to continually improve the services we provide. Their mission is to foster the philosophy of family-centered care by offering family insight and information to promote improvements to services at the OHSU Autism Program.

Notable accomplishments over the past year include:

- Offering feedback to clinical researchers about research efforts
- Providing feedback to the program director on current services, waitlists, and other areas important to families
- Reviewing and editing the Family Handbook given to families with newly diagnosed children
- Sharing autism-related resources with members and staff on behalf of community agencies and providers
- Advocating for passage of SB365, Oregon's Autism Insurance Reform Act
- Establishing a Family to Clinic subcommittee to educate referring clinics on autism and making clinical visits more family-friendly

If you are interested in joining the Autism Program Family Advisory Committee, please call our Family Navigator at 503-494-0604 or at wilsonla@ohsu.edu.



Corrections

The following errors were made in our winter edition, we deeply regret the errors:

- Dr Wray does NOT turn green and become huge when he gets angry, we were thinking (again) of Bill Bixby
- Sometimes Weebles DO fall down (Spatial Stability of Wood Composite Figures, When Challenged by Centripital Displacement, Rozansky, D et al, Journal of Weeble Studies of Switzerland 2:009 pg 123-146)



New Child CAM Data, more from the Child and Measurement Initiative

Before sharing our to offer appreciation to *Nancy Administration* for her vision, creating a strong foundation of accounting in the Department.

Autism Speaks Awards Research on Early Access to

The CAHMI's Christina Bethell awarded an "Autism Speaks" with the publication of a report on quality of disorders in the US co-authored by Dr. Bethell, You can find more information about these science/science-news

Measuring the Impact of Complementary

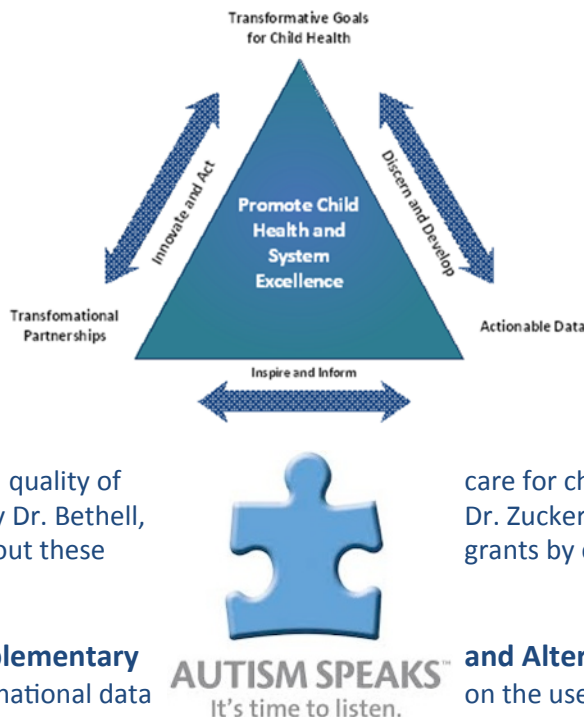
The CAHMI will soon release new national data alternative medicine for US children on CAHMI director Dr. Christina Bethell complementary alternative medicine for Dr. Koch from Doernbecher's Pediatric this article on the DCH Blog [here](#).

Mindfulness in Practice at OHSU

Dr. Christina Bethell Closer to home, Steckler from the Division of Management, Student Health Center and others at OHSU have been working to establish a robust OHSU Mindfulness initiative. This includes weekly practice sessions since 2011, regular educational and practice workshops as well as complete courses on Mindfulness-Based Stress Reduction and Resiliency training for medical students, faculty and staff at OHSU. *The weekly practice class is held Wednesdays from 12:00-12:30pm in the Doernbecher Meditation Hall, 10th Floor and the MBSR course is underway now.* CAHMI also leads a national Mindfulness in Pediatric work group, which includes the American Academy of Pediatrics, the maternal and child health bureau and numerous maternal and child health leaders and pediatric clinicians across the US.

To learn more about the CAHMI and what we're up to, you can read a recent newsletter from the CAHMI Data Resource Center program [here](#)!

CAHMI provides leadership to define, assess and inspire patient-centered innovations to improve children's health



Mindfulness Classes, and Adolescent Health

announcements, we would like *Alfaro* from Pediatric persistence and patience in grants management and

CAHMI faculty two Grants for Care

and Katie Zuckerman were each grant. These awards coincide care for children with autism spectrum Dr. Zuckerman and others ([click here for link](#)). grants by clicking [here](#) or at: autismspeaks.org/

and Alternative Medicine on US Children

on the use and impact of complementary and our website www.nhiscamdata.org. The recently published an article on the use of recurrent headaches in collaboration with Neurology Department. Read more about

Christina Bethell from CAHMI, Niki Amy Gardener and colleagues from the

News from Oregon Pediatric Improvement Partnership (OPIP):

Formed in 2010 and housed in the DOP, OPIP is meant to create a meaningful, long term collaboration of stakeholders invested in child health care quality, with the common purpose of improving the health of the children and youth of Oregon. OPIP is dedicated to building health and improving outcomes for children and youth by: 1) Collaborating in quality measurement and improvement activities across the state; 2) Supporting evidence-guided quality activities in clinical practices; 3) Incorporating the patient and family voice into quality efforts; and 4) Informing policies that support optimal health and development for all children and youth.

Recent Accomplishments:

- The final in-person Learning Session for the eight primary care practices participating in the OPIP-led **Enhancing Child Health in Oregon** Learning Collaborative. This three year project, conducted in collaboration with the Oregon Rural Practice Based Research Network, was successful in guiding and assisting practices in improving care provided in their practices through implementation of medical home principles. At the meeting, the eight sites shared about how they are different now than when they started the project. Policymakers from the Oregon Health Authority then presented on the impact of the ECHO project, and how the key learnings are being used. Jeannie McAllister, formerly of the Center for Medical Home Improvement and now at Indiana School of Medicine, then delivered a key noted titled '*Transformation' in the Pediatric Medical Home*.
- An article describing Improvement Partnerships and the impact of IPs was published in Academic Pediatrics and co-authored by Dr. Gillespie. **The national improvement partnership network: state-based partnerships that improve primary care quality**. Shaw JS, Norlin C, Gillespie RJ, Weissman M, McGrath J. Acad Pediatr. 2013 Nov-Dec;13(6 Suppl):S84-94. doi: 10.1016/j.acap.2013.04.001.
- The efforts of the Oregon team was spotlight in **How the CHIPRA quality demonstration elevated children on State health policy agendas**. OPIP has been a key partner in this CHIPRA Demonstration effort. <http://www.ahrq.gov/policymakers/chipra/demoeval/resources/highlight04.pdf>
- **OPIP's '12-'13 annual report** was disseminated providing a highlight of key activities and learnings: http://www.oregon-pip.org/about/Annual_Reports.html
- OPIP's Medical Director, RJ Gillespie MD MHPE delivered the keynote for the Clinical Advances in Pediatrics Symposium in Kansas City, MO, titled **Understanding the Effects of Toxic Stress in Childhood**.
- OPIP's Executive Director, Colleen Reuland, MS, led a national webinar sponsored by CMS titled **Developmental Screening in the First Three Years of Life: Innovative State Approaches to Collecting, Reporting, and Using the Measure to Improve Care**.
- Ms. Reuland submitted measures to the **National Quality Measures Clearinghouse** focused on **Developmental Screening, Referral and Follow-Up from Early Intervention (n=16 measures)** that were accepted for inclusion. These chart-review based measures were developed and tested through the Assuring Better Child Development-III project.



Friends of Doernbecher Grant Program Application Instructions

Friends of Doernbecher is pleased to announce the 12th year of its grant program to support clinical and research projects and programs at OHSU Doernbecher Children's Hospital.

One or more grants of up to **\$175,000** (combined total) will be awarded to Doernbecher and OHSU faculty or staff for the fiscal year 2014-2015 based on criteria set by the selection committee. Graduate students, medical students, fellows, post-doctoral fellows, clinical and research staff are all eligible to apply. The Friends of Doernbecher would like grantees to receive the entire amount of the grant, therefore the 15% indirect costs, which are assessed on grant monies, have been budgeted and will be covered by Friends of Doernbecher. **The 15% indirect costs should be included in your proposed budget.**

Interested applicants should submit a description of their proposed project or program in a two-page format with a one-half page summary cover page. All proposals must have institutional approval from OHSU Research, Grants and Contracts (RGC) in order to be considered. RGC requires applicants complete an InfoEd package for each application as well as ample time to review the proposal. RGC will then produce an institutional approval document that you must attach to your Friends of Doernbecher Grant application. Please contact your department grant manager or the RGC analyst assigned to your department for guidance on obtaining institutional approval. **The majority of the Friends of Doernbecher grant selection committee have no scientific background, so proposals should be presented in a format that is accessible to a lay audience.**

Documents can be sent either electronically or in hardcopy to: Friends of Doernbecher Grant Program
Attn: Mallory Tyler
1121 SW Salmon, Suite 100
Portland OR 97205-2021
Campus Mail Code L347 tylerma@ohsu.edu

If you elect to send your documents through campus mail, please allow for extra time and follow up with the Doernbecher Foundation to ensure your documents have been received.

Deadline for submission is Friday, February 21, 2014 - 5:00 pm

The proposal should include, in lay format:

1. A signed OHSU Research Grants and Contracts institutional approval form (produced by RGC upon pre-award approval)
2. A **half-page** summary cover page, with full applicant contact information
3. A **two-page** description of the project including:
 - A. Who will benefit from the program?
 - B. Whether the project will require additional funding during the period of Friends funding or afterward
 - C. Potential funding sources available for any additional necessary support during the project period or afterward
4. A budget and amount requested from Friends (15% indirect costs must be included in budget)

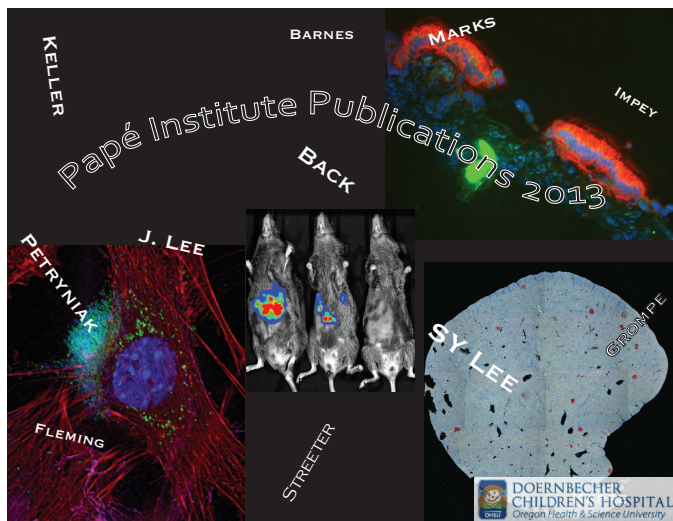
A selection committee, consisting of Friends of Doernbecher members and Department of Pediatrics faculty will select finalists who will make brief presentations in April at Doernbecher Children's Hospital.

Grantee(s) will be notified by April 30, 2014 by the Friends Grant Manager. Grantee(s) are invited to attend an official check presentation with the Friends membership at their annual Volunteer Celebration on **May 18, 2014**. The award will be activated July 1, 2014 and must be expended by June 30, 2015.

For questions or more information, contact Friends Grant Managers Carolanne Wipfli at 503-220-8341, wipfli@ohsu.edu or Mallory Tyler at 503-220-8344, tylerma@ohsu.edu.

Pape Institute Publications 2013

102 publications were published in 2013 from the Pape Institute, which includes Dr's Back, Barnes, Fleming, Grompe, Impey, Keller Lee, Petryniak and Streeter. A full list is available in PDF format from the institute



New Vice Chair of Education Named

Carrie Phillipi, MD was named by Stacy Nicholson to be the new Pediatric Vice Chair of Education. Carrie takes over the job from Joe Gilhooly. In her new position Carrie will be leading the Department of Pediatric's educational efforts. She is excited to be taking on this task and intends to be as inclusive and transparent as possible. Congratulations Carrie!



Puppies Take Over PICU

As a stress reduction measure, the Humane Society's "Snuggle Express" stopped by the DCH PICU. Arranged by Pam Brown, Nurse manager of the PICU the Program brought a number of puppies and kittens to the PICU staff to reduce stress and bring smiles to the staff.



Laura Ibsen and Friend



Amy McCammond



Carl Ericksson (seated)



CHILDHOOD CANCER FOUNDATIONS PARTNER ON GROUNDBREAKING CLINICAL TRIAL WITH DOERNBECHER

Beech Grove, KY, Miami, Florida, Portland, OR – Two children who found worldwide acclaim through their inspirational battles with childhood cancer continue to make an impact. Today, the Thumbs Up for Lane Goodwin Childhood Cancer Foundation and the Live Like Bella™ Foundation for Childhood Cancer announce the joint funding of the \$180,000 “Lane-Bella Project.”

The Lane-Bella Project, under the direction of Charles Keller, M.D., an associate professor of pediatric oncology at Oregon Health and Science University Doernbecher Children’s Hospital and a member of the OHSU Knight Cancer Institute, is a new clinical trial focusing on Rhabdomyosarcoma, the aggressive childhood cancer that took the lives of both Lane Goodwin, age 13, and Bella Rodriguez-Torres, age 10. The study will focus on finding an antibody to stop the growth of childhood muscle cancers. Once complete, children around the world could benefit from these new innovations as early as 2015.

The trial is the largest project funded by the two foundations, with each contributing \$90,000, and includes the \$20,000 donation that the MLB National League Rookie of the Year, Marlins Pitcher Jose Fernandez, directed to the Live Like Bella™ after receiving the honor.

“I want to help children with cancer. I’m proud to support life changing research to help find a cure.”

-Jose Fernandez

Gifts designated for the Lane-Bella Project will also be applied to the historic Knight Cancer Challenge. Nike co-founder Phil Knight and his wife, Penny, will match OHSU’s fundraising efforts if it meets its \$500 million fundraising goal by the end of 2015, totaling \$1 billion to advance the Knight Cancer Institute’s vision to end cancer as we know it. To learn more, visit ohsu.edu/knightcancerchallenge.

*The **Thumbs Up for Lane Goodwin Childhood Cancer Foundation** works in memory of its founder, Lane Goodwin. It funds cutting edge research to find a cause and a cure for childhood cancers, empowers families to advocate on behalf of their children, and provides financial assistance to families through the “Changing Lanes” program. For more information, visit www.ThumbsUpForLane.org*

*The **Live Like Bella™ Foundation** was founded in memory of Bella Rodriguez-Torres. It funds innovative pediatric cancer research, provides recreational support for families with children in treatment and assists families who have lost a child to cancer. For more information, visit www.LiveLikeBella.org.*

#ThumbsUpForLane #LiveLikeBella #LaneBellaProject #NoChildFightsAlone

Opinion:

"To cure sometimes, to relieve often, to comfort always."

It happened again on my most recent rotation. I floated the idea of getting a palliative care consult by a member of the team, only to be met with the hesitation and resistance I almost have come to expect. "I don't think we're *there* yet," was the answer. We were discussing the case of a toddler with an - as of yet unspecified - genetic syndrome, whose life span likely will be shortened by the multiple complications that already have led to repeated, serious hospitalizations in her short existence. "*There*," I assumed to mean at the end of life – and the team member was right, our patient was by no means near death. In fact, we were planning for her discharge to home, now that she seemed more stable. Our expectation was that she would enjoy months, perhaps years, interrupted by occasional hospitalizations, before she started a more definitive decline.



I welcome the opportunity to educate colleagues – as well as patients and families - that accompanies almost any instance of recommending the involvement of Bridges, our pediatric palliative care team. Not only do I feel as though I am helping to promote the use of an important hospital resource to better serve the children for whom we care; I also feel as though I am building an awareness for the field I intend to pursue as a career, pediatric palliative care.

Pediatric palliative care, as I see it, lends an opportunity to reach out early to children with serious acute or chronic medical conditions, and their families. The goal is to offer to surround them with an added layer of support as they confront the physical and emotional realities of life with illness, the challenges and frustrations of navigating the healthcare system, and the grief and sorrow associated with loss of function and sometimes death. Notice, in the above, that end-of-life is not a requirement, only one of multiple situations with which palliative care specialists can offer support.

As health care professionals, we may not always have control over the course of disease or life span, but as healers, we can strive to work in partnerships with patients and families to optimize the quality of life they enjoy. This might entail restoring a sense of control in the face of crisis, helping with difficult medical decisions, achieving pain management and good symptom control, or providing developmentally appropriate anticipatory guidance. Needs vary and so too do interventions.

In many instances, the areas with which palliative care specialists can assist are not outside the scope of practice of the primary team. Rather, they are delicate and sensitive matters that any physician ideally should be comfortable navigating. The reality, however, is that even for clinicians who are confident in their skills, there is seldom adequate protected time in our current health care environment to calmly and deliberately explore with families values, priorities, and preferences beyond those that impact the immediate decisions being made in the here and now at the bedside. In turning to palliative care specialists, primary care teams do not relinquish their role or right to enter into such conversations with patients and families; rather they recognize that there can be benefit for all parties involved, in inviting colleagues who, in addition to the luxury of (more) time, enjoy special expertise in facilitating difficult conversations, while still fostering a supportive environment.

So why don't we do a better job of utilizing our palliative care resources, if they can be of assistance to us and perhaps improve the overall experience of our patients and their families? Too many of us still operate under the belief that a palliative care consultation should only be obtained for a patient who is being managed with comfort rather than curative care or for a patient whose family is having a difficult time coming to the realization that invasive interventions are not helping and that the goals of care should be reexamined. We wait until (too) late in a hospital course or a course of illness to offer families this added support for kids with serious or chronic illnesses.

When we get through to families early, we stand the chance of transforming their experience for the better, by giving them a voice and partnering with them to tailor decisions to goals and optimize care that promotes quality of life on their terms. Good, sound medical care after all must take into consideration people's values, along with our expertise as clinicians. Together with patients and their families, we can try to anticipate difficult situations and encourage early planning in an effort to avoid crises.

Pediatric palliative care remains a young field. Still, we owe it to our patients, to their families, and to our health care teams to be knowledgeable about when we should call upon the expertise of individuals who work in this area. Usually, planting a seed early by introducing a family who may benefit from the palliative care team is a good strategy that ensures that valuable connections get made at the outset that can be nurtured.

In the case of our toddler for whom the team member was concerned we might not be "*there*" yet, she is back in the hospital with a prognosis that remains uncertain. Her family did opt to meet with our palliative care team, which helped form an important relationship, likely to be revisited in the future, as well as to think about how quality of life can guide goals of care. In an environment, where we are committed to improving how our patients live and how they die, early involvement of the palliative care team in the care of patients with serious acute or chronic diseases cannot be underestimated.

Sara Taub is a second year pediatrics resident whose background before pursuing a career in medicine was in biomedical ethics. She intends to complete a fellowship in pediatric hospice palliative care as the next step in her training.

Appreciations!

- We received a lovely long letter of appreciation from a parent towards two nurses in 9N DCH (Deidra Weinert and Shannon Gilman) from a mom whose child was a patient on the unit. Great work Deidra and Shannon
- To Paula Vanderford From Miles Ellenby, Thanks for staying long when my basement flooded and I could not get in due to the storm
- To Ken Azarow From Dana Braner, Thanks for having a great attitude and working so hard to reinvigorate DCH surgery
- To Carrie Phillipi From David Rozansky, Thanks for taking the time to listen to me on education, really appreciate your manner and attention to the issues
- To Nancy Burnett From The PICU MD's, Thanks for working so hard to get us to 44 WEEKS CLABSI FREE!
- To Pam Brown From PICU Staff, Thanks for making puppies happen, just what we needed!
- Amy Garcia is an amazing colleague and physician. While caring for a complicated patient at the end of the her life she was present and kind, available, compassionate and incredibly understanding. She is the kind of doctor we should all strive to be. -Sarah Green
- Mike Powers - your jovial laugh always brightens my day and I really appreciate your dedicated care of all the patients. -Jared Austin
- Chris Lancioni - BRAVED the ice storm to come see consult patients. Thank you! -Jared Austin
- Eric Crossen has done a phenomenal job taking care a newborn with complicated end of life issues. I have been so impressed with his compassion and dedication. (And he's a wicked good skier) - Sarah Green and Jared Austin
- Amit Mehta - Thanks for being willing to try something new! You're the best! -Tammy Wagner
- Carl - Stay cool. See you next summer. -The Hospitalists

(Ed note:) Appreciations may be given from anyone to anyone, just send them to branerd@ohsu.edu and we will make sure they get published and the recipient receives a lovely silver DollyPin valued at over 700 NKW*



*NKW: North Korean Won value fluctuates with market conditions

New hospital initiative to serve kids experiencing mental health crises

Two 16 year old girls were admitted to the OHSU Pediatric Emergency Department (ED) with very similar concerns, one in April 2013 and the other in November 2013. Each was under considerable stress and suffered from unrecognized major depressive disorder, a condition experienced by 1 in 5 adolescent girls at some point during adolescence. Each girl was brought to our ED by their concerned parents, worried their teenager might hurt herself given recently disclosed suicidal ideation. Each one was discharged home, one after 6 days in our ED and one after 1.5 days.

The difference between these two very similar cases, separated in time by 6 months, was an increase in human capital on the Doernbecher's Child & Adolescent Psychiatry Consultation-Liaison Service. In that intervening 6 months, Doernbecher Children's Hospital (DCH) invested in hiring a full-time social worker to work alongside Kyle Johnson, MD, director of DCH's Child & Adolescent Psychiatry Consultation-Liaison Service, and the child and adolescent psychiatry fellows rotating on the service. We were fortunate to hire John Sheridan, LCSW, who started work in early October 2013. Simultaneously, Dr. Johnson's time devoted to this service increased from .2 to .5 FTE.



The girl admitted to our pediatric ED in April 2013 was helped by a rotating pool of social workers with responsibility for all ED patients including patients served on the adult side of the ED. Dr. Johnson provided some continuity of care but not the intensity of service this teenager and family needed. Because we were not able to provide more intensive therapy including family work in our ED at that time, we pursued a higher level of care for this teenager – a bed on one of only two inpatient child and adolescent psychiatric units in the state. No available bed in sight, this 16-year-old patient remained in our ED for 6 days. While our ED staff are wonderful, the setting can become traumatic or triggering due to the associated confinement, lack of privacy and commotion; families and youth come with a sense of hope and may experience exasperation and helplessness instead. Understandably, she and her parents grew weary of waiting for a bed, so started doing some family work with the help of leaders from their church. By the sixth day, we agreed she could be discharged home with close follow-up provided by Dr. Johnson.

Fast forward 6 months, with the above mentioned new program in place. The second teenager was admitted to our pediatric ED with similar problems. John Sheridan, LCSW, started working with her and her family immediately recognizing this patient could potentially be discharged home if safety planning initiated and communication in the family was improved. A key element to safely discharging her home rather than waiting for an inpatient psychiatric bed was arranging mental health follow-up. Mr. Sheridan was able to provide this immediate mental health care, visiting the teenager in her home as she transitioned care to a mental health clinic in her community.

Fortunately, both teenagers are thriving now but each has a very different story to tell about her experience in our pediatric ED. Mr. Sheridan and Dr. Johnson also provide mental health and psychiatric consultations on youth admitted to our pediatric floors and pediatric intensive care units. Data is being collected with this new program, and we suspect clinical outcomes will be improved. We are already seeing a decreased use of restraints and as needed medications in our ED.