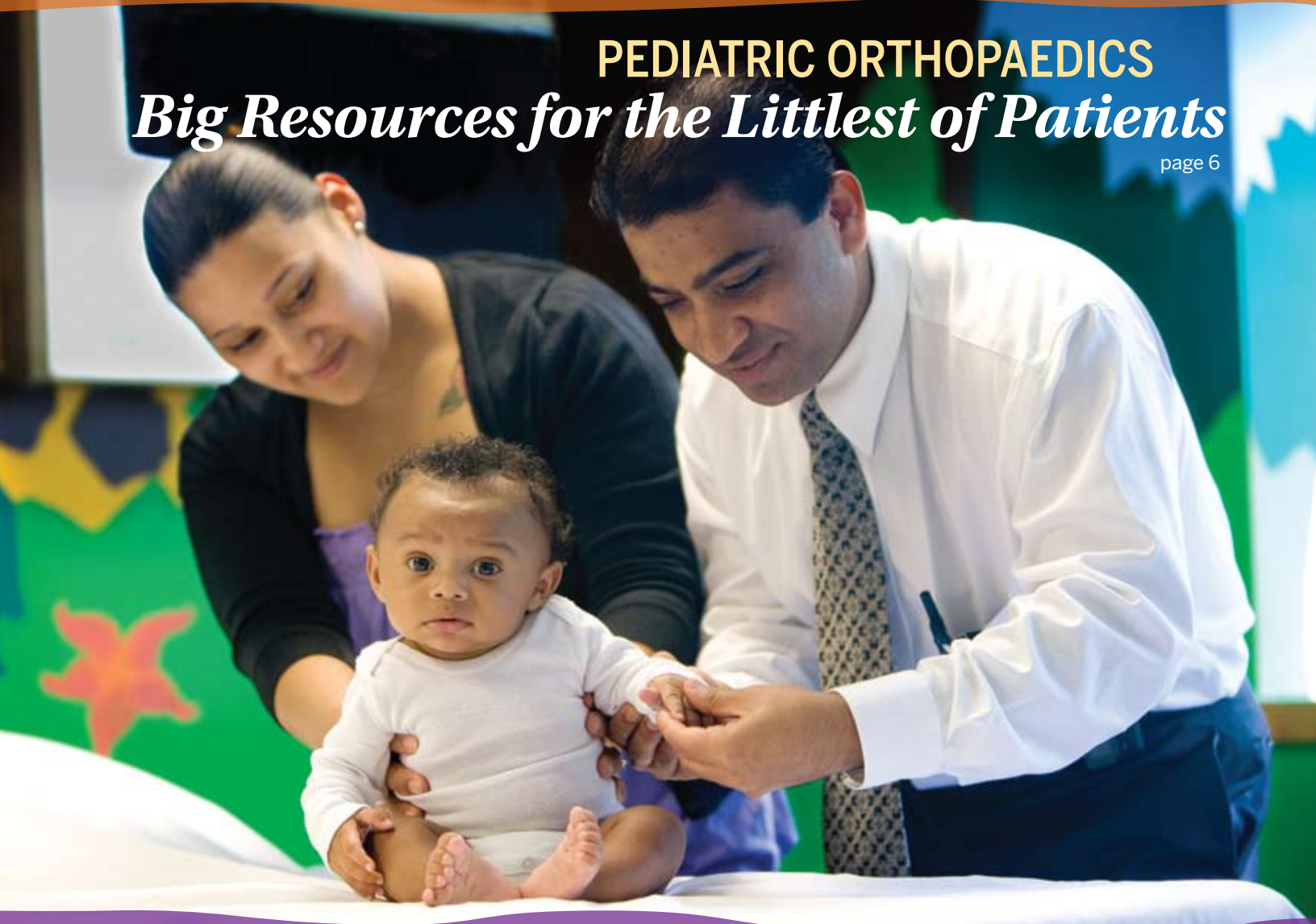


PEDIATRIC ORTHOPAEDICS

Big Resources for the Littlest of Patients

page 6



PLUS Pediatric Research **3** Rapid Transfer **5** Floating Hospitalists **8**



3



5



8



A LETTER FROM JOHN SCHREIBER, MD

Dear Colleague,

THESE ARE EXCITING TIMES for the Floating Hospital! Just to name a few recent developments: the addition of numerous new specialists, rapid growth in partnerships with community hospitals, and reinvigorated research and educational programs.

One of our most important goals is to have outstanding service and access for our community. The Floating Hospital for Children has been working diligently to make sure we are meeting and exceeding the needs of our referring physicians. We have listened to your feedback and are continuously improving our referral systems. I wanted to provide you a brief update on the services we have added or improved to make a referral to the Floating easy and rewarding for you.

I am very pleased to report that our hospitalist program — here and in the community — has been extremely successful. In this issue, you will read about this program and these specially trained pediatricians who provide 24/7 oversight and coordination of all elements of a hospitalized child's care, serving as an on-site partner throughout the entire inpatient process. Currently, 11 Floating Hospital affiliated hospitalists are part of the program.

We are also extremely excited to announce a dedicated ambulance service to bring infants and children rapidly to Floating Hospital for care. This seamless service is available for our community hospital partners so they can rest assured that when their patients need complex specialty support and intensive care at Floating Hospital for Children, help will be there immediately.

Floating has also brought on board three new prominent physicians. We will be profiling these three new physicians in our next issue of *Working Together for Healthy Futures*.

Walter Chwals, MD has joined Floating Hospital as the new Chief of Pediatric Surgery and Pediatric-Surgeon-in-Chief arriving from Rainbow Babies and Children's Hospital in Cleveland.

Michael de Moor, MD is the new Chief of Pediatric Cardiology arriving from Massachusetts General Hospital. Dr. de Moor also serves as Medical Director of the Pediatric Catheterization Lab, Co-Director of the Adult Congenital Heart Program at Tufts Medical Center, and Vice Chair for Cardiovascular Services in the Department of Pediatrics.

Sanjay Bansal, MD is a new attending endocrinologist in the Division of Pediatric Endocrinology coming to us from Pittsburgh Children's Hospital.

I hope you find our third issue of *Working Together for Healthy Futures* both informative and helpful. As always, I welcome your ideas on how we can make our pediatric services even more convenient and accessible to you and your patients. **Call or email me anytime — jschreiber@tuftsmedicalcenter.org, 617-636-8031.** I look forward to hearing from you.

All the best,

A handwritten signature in black ink that reads "John Schreiber".

John Schreiber, MD
Pediatrician-in-Chief and Chief Administrative Officer
Floating Hospital for Children at Tufts Medical Center
Chairman, Department of Pediatrics
Tufts University School of Medicine



From vaccines to antibiotics and diabetes

FLOATING HOSPITAL PLAYS A NATIONAL ROLE IN PEDIATRIC RESEARCH

Above, neonatologist Jill Maron MD, MPH, is a recent grant recipient for her research utilizing neonatal saliva to better understand development and disease in premature infants.

Referring pediatricians are very aware of the excellent clinical services provided at Floating Hospital for Children at Tufts Medical Center. “But they are less aware that we have an active research program,” says Diana W. Bianchi, MD, Natalie V. Zucker Professor of Pediatrics, Obstetrics and Gynecology, Tufts University School of Medicine, and Vice Chair for Research and Academic Affairs, Department of Pediatrics at Floating Hospital. “Advancing new knowledge to improve child health is a core element of our mission.”

In fact, Floating Hospital’s pediatric investigators receive approximately \$7 million annually in external research funding, the majority of which comes from the National Institutes of Health (NIH).

“Our research portfolio includes basic, clinical and translational research projects that address issues affecting child health from in the womb through adulthood,”

continued

LEARN MORE ABOUT THE TUFTS CTSI

The Tufts CTSI recently launched a new website (www.tuftsctsi.org) that connects the Tufts-affiliated research community, industry and the community at large. Its content ranges from translational research success stories to information on Tufts CTSI services and job opportunities. Pediatric researchers are encouraged to visit and register to participate in the researcher workspace. Questions? Contact info@tuftsctsi.org.

Bianchi says. “We also have one of 16 national neonatal research network programs funded by the NIH — the only one in Boston.”

Additionally, in August 2008, Tufts Medical Center and Tufts University joined a national consortium of 46 medical research institutions that are working together to accelerate laboratory discoveries into treatments for patients, to engage communities in clinical research, and to train clinical and translational researchers. This unique network is funded through the Clinical and Translational Science Awards (CTSA), a program of the NIH’s National Center for Research Resources (NCRR).

The Tufts Clinical and Translational Science Institute (CTSI) – made possible by the CTSA grant – is now linked to other world-class scientists, investigators and physicians, heightening the level of collaboration to find solutions to the most challenging disease and health issues of our time.

For pediatric patients and the doctors who care for them, this holds tremendous promise.

“The presence of the CTSI, along with our longstanding emphasis on pediatric research, sets the stage for pediatric research to grow exponentially,” says Jonathan M. Davis, MD, Chief of Newborn Medicine and Program Director of the Clinical and Translational Research Center (CTRC) at Floating. “It’s a draw that is helping us recruit some tremendous new faculty from some of the best institutions across the U.S.,” he adds.

Some of the exciting research currently underway under the Tufts CTSI auspices includes development of new vaccine techniques to prevent infectious disease in children, led by John R. Schreiber, MD, MPH, Pediatrician-in-Chief and Chief Administrative Officer of Floating Hospital.

“We’re also starting a new trial in the Division of Endocrinology of a new immune modulator that will potentially ameliorate or reverse the development of diabetes once it starts in children,” says Davis. “We’re the only center in Massachusetts to offer this study.”

“And we’re looking at a new antibiotic that seems to reverse antimicrobial resistance,” he adds. “We’re doing lab studies now and will be doing human testing as well.”

The CTSA grant has made so much more possible in the realm of pediatric research. “It gave us the means to minimize barriers to research among different groups in order to bring treatments from the bench to the bedside faster,” Davis says.

It also affirms Tufts Medical Center’s role in setting the national research agenda for pediatric translational research, with Davis serving on the CTSA’s Child Health Oversight Committee, a group of representatives from each of the CTSIs across the nation.

“The Committee is looking at ethics in pediatric research, rare diseases, and how to streamline the pediatric research process so that more drugs and devices can get into the study pipeline,” he says.

“It’s a very exciting time for pediatric research,” Davis adds. □



Rapid Transfer

Floating Hospital adds dedicated transport service from hospitals throughout New England

WHEN A CHILD IS CRITICALLY ILL, timing and coordination are of the utmost importance. Floating Hospital for Children's new dedicated ambulance transport service ensures both.

"We are extremely excited to announce a dedicated ambulance service to rapidly bring infants and children to Floating Hospital for care," says John Schreiber, MD, Floating Pediatrician-in-Chief and Chief Administrative Officer of the Floating. "This service is available for our community hospital partners so they can rest assured that when their patients need assistance, help will be there immediately."

All the community provider needs to do is call the NICU at 617-636-5008 for neonatal transports or 877-KIDS-FHC (877-543-7342) and ask for the hospitalist on call for Pediatric transfers. The hospitalist will gather patient information and request rapid transport for a pediatric patient to Floating. Floating's hospitalists along with EASCare emergency service providers will put all the logistics into action to get the ambulance to the community hospital.

Floating has neonatal and pediatric transport teams ready to provide care in the ambulance on the return trip to Floating. The neonatal team is comprised of a neonatal intensive care nurse, neonatal specialist and a respiratory therapist. The pediatric transport team is run by the pediatric critical care faculty and includes a pediatric (intensive care) physician, critical care nurse, a paramedic (specially trained in

pediatrics), as well as a respiratory therapist, depending on the case at hand.

Patients are typically transferred to Floating's Pediatric Intensive Care Unit, Level III Neonatal Intensive Care Unit, or its Kiwanis Pediatric Trauma Institute, the first U.S. trauma center exclusively for children. Children can be transferred to the general pediatric floor at Floating as well.

Lisa Capra, MD, Director of the Floating Hospitalist Program at MetroWest Medical Center, says the transfer system has been seamless and well received by patients and their families. "The transport system is a vital link between the community hospital and the tertiary care center. As a hospitalist, I depend on our transport team to move sick children quickly and safely between our hospitals," says Capra.

Capra says a critical part of her job is to make sure that the patient's family and local pediatrician are well informed throughout the entire process — from the time of transfer and admission to Floating to the child's discharge.

"It gives me a sense of security to know that rapid transport is only a phone call away. I have utilized both the Floating's PICU team and the NICU team for transfers, and I have never been disappointed. The teams are professional and experienced. I know my patients are in good hands," says Capra. □



PEDIATRIC ORTHOPAEDICS: *Big Resources for the Littlest of Patients*

Ask Stuart V. Braun, MD what he does as Chief of Pediatric Orthopaedics and Scoliosis at Floating Hospital for Children, and he'll enthusiastically tell you how he and his team take care of children - from newborns to young adults - with a wide variety of musculoskeletal problems.

Ask him to explain what these problems include, and he'll enumerate a broad range of conditions from fractures and sports-related injuries to scoliosis and spinal deformities, hip dysplasia, neuromuscular problems like cerebral palsy, and genetic or syndrome-related issues such as dwarfism.

And then he says, simply, "It's the best job in the world."

Braun's enthusiasm and dedication exemplify the quality and responsiveness of the care that his division provides. For referring physicians' young patients and their parents, this not only means access to highly trained and experienced subspecialists, but also an unparalleled sense of kindness during what can be a challenging time for families.

"Aspects of what we do distinguish us," says Braun. "As a premier tertiary hospital, we have the resources to take care of problems from the simple to the complex. Simple issues we treat simply. For more complicated issues, multiple specialists convene and collaborate on what the patient needs at each visit.

“For example, if a child with cerebral palsy is having leg-movement difficulty, there may be neurological issues that require a neurologist’s expertise, functional issues that a physiatrist would care for, or surgical needs that I would address,” he continues. “Because we all work together in close physical proximity, I can pick up the phone or just walk down the hall to bring in a colleague when necessary. It makes for coherent, efficient care, and it makes the patient’s experience as easy as possible, reducing the need for multiple visits.”

The Pediatric Orthopaedics resources available at Floating Hospital for Children are deep and broad.

“Pediatric orthopaedic surgery is an area of innovation,” Braun says. “My predecessor Michael J. Goldberg, MD – who remains a consultant to our division – developed this specialized center for children with genetic syndromes and dysplasia more than 20 years ago, and we have always been a center of excellence for that.

“We also have expertise in complex spinal care, doing cutting-edge work with spinal implants and deformities, and we’ve had advanced training in correcting clubfoot deformity with the Ponseti method,” he continues. “And we have a great deal of expertise in adolescent and young adult hip disorders, including early arthritis.”

“Few other hospitals have this level of training and expertise in pediatric orthopaedics,” notes Floating Orthopaedic Surgeon Puru A. Gholve, MD. In fact, he characterizes the Floating Hospital for Children as “a front-runner” in the advanced surgical treatment of hip impingement and dysplasia in adolescents and young adults. “We are doing cutting-edge work in open surgical hip dislocation, hip arthroscopy and periacetabular osteotomy,” he adds.

Braun’s and Gholve’s expertise is complemented by the talents of Elizabeth Matzkin, MD and Christopher Geary, MD, who provide expert sports-related care. Part of the adult Orthopaedics Division of Tufts Medical Center, these two surgeons have important expertise to share in the collaboration on pediatric patients with complex sports-related ligament problems.

“We have an excellent team approach to treating young athletes, and it includes the patient, parents, the patient’s primary



If there’s one message I want to convey to the referring community, it’s about the high level of complex care we provide and the unique way in which we do it – caring, patient-centered and integrated.”

– Dr. Stuart Braun
Chief of Pediatric Orthopaedics

care physician, and physical therapy, if needed,” says Matzkin, who also currently serves as a physician for the U.S. Women’s Soccer Teams. “A lot of young athletes have injuries secondary to over-use injuries, such as stress fractures, and they’re becoming more common with the increase in athletic intensity, especially in young female athletes.

“We’ve been specialty-trained to treat these children who present with such conditions as shoulder instability, ACL tears, osteochondral defects and tibial spine avulsion injuries, and we can treat them arthroscopically,” she adds. “Plus, we can develop treatment and prevention plans to get them back to play for the long term.”

Floating Hospital for Children is also distinguished by the careful, personal attention it gives to patients and their families.

“There’s a sense of intimacy and kindness that we extend to patients and families that’s the foundation of this hospital,” says Braun. “I can’t raise that flag high enough for this place. It’s not just the physicians and surgeons but also the nurses, technologists, office assistants – everyone across the breadth of care. And it’s genuine.”

A similar commitment extends to the referring physician community.

“We have an open-door referral policy,” says Braun. “If a referring physician has a patient with an urgent need, we’ll see that patient the same or next day; there’s always a pediatric orthopaedic surgeon in clinic every day of the week. If it’s an emergency, you can send the patient to our clinic or the ED. Everything we do is based on the priority of the patient’s needs and those of the referring physician.”

“If and when we find something significant, we’ll pick up the phone and call the referring physician to discuss it,” Gholve adds. “We don’t wait for dictation to be completed.”

“If there’s one message I want to convey to the referring community, it’s about the high level of complex care we provide and the unique way in which we do it – caring, patient-centered and integrated,” says Braun. “We love our work, and it shows in how we manage and work with patients and their pediatricians.”

As testament to this, Braun says that he and Gholve see patients today who are the children of patients who once saw Dr. Goldberg. □

Partnership and Convenience

FLOATING HOSPITALISTS A KEY RESOURCE FOR REFERRING PHYSICIANS



*Lisa Capra, MD,
Director, Hospitalist
Program, MetroWest
Medical Center*

FFor office-based pediatricians and family physicians, a hospitalized patient can pose a real dilemma. Managing admission details, ordering tests and reviewing results, consulting specialists, talking to parents, getting status updates, coordinating a transfer or discharge — all consume a huge amount of time, often at the same time patients are waiting to be seen for well and sick visits in the office.

Pediatric hospitalists offer a solution. These subspecialty-trained pediatricians provide 24/7 oversight and coordination of all elements of a hospitalized child's care, serving as your on-site partner throughout the entire inpatient process. And now, through an innovative collaboration initiated by Floating Hospital for Children at Tufts Medical Center, this exceptional level of care is available to your patients not only at Floating Hospital but also at Lowell General Hospital and MetroWest Medical Center's Framingham Union Hospital.

The Pediatric Hospitalist Program has been in place at Floating Hospital for two years, at Lowell General Hospital since October, 2006, and at the Framingham Union campus of MetroWest Medical Center since July, 2009. Currently, 11 Floating Hospital affiliated hospitalists are part of the program.

"This is a novel partnership between a tertiary care center and community hospitals offering tremendous benefits to everyone involved," says Elisabeth Schainker, MD, Chief of the Division of Hospital Medicine at Floating Hospital for Children. "Parents and office-based pediatricians have someone to talk with and work with around the clock."

"Being hospitalized is a very stressful experience for parents and kids," adds Lisa Capra, MD, Director of the Hospitalist Program at MetroWest Medical Center. "We're here 24/7, so we can interact with patients and their families multiple times during the day and night. If tests are performed, we can share results face-to-face, in a timely manner. Because we work in the hospital, we're familiar with the system and can often make things happen more quickly. There's a lot less time spent just waiting."

At Floating Hospital, Schainker and her team include parents in daily rounds. “It’s important to involve the family in their child’s care,” she says.

For referring physicians, the hospitalist program enhances their ability to practice medicine more efficiently.

“Before this program was developed, a referring physician would have to go back and forth between managing a child in the hospital and seeing patients in the office in addition to responding to phone calls from patients, families and nurses,” says Timothy Baba, MD, PhD, Medical Director of Pediatric Medicine at the Floating Hospital-affiliated Pediatric Hospitalist Program at Lowell General Hospital. “The referring physician might get called in to assess or transfer a child with a worsening clinical condition, then have to explain to his office patients why he was gone for an hour or so. It’s a very inefficient way to outpatient practice medicine.”

“With hospitalists on the floor 24/7, referring physicians are freed to focus on their outpatient practice,” he adds. “Plus, they’re not getting phone calls from nurses at 2 a.m.”

“I used to be in private practice, so I remember what it’s like to have a patient in the hospital while I was in the office, worried that I couldn’t be on hand to monitor that patient,” Capra affirms. “As hospitalists, we provide peace of mind for private pediatricians; their patients are being looked after, and the pediatricians aren’t torn between the office and the hospital. They don’t have to leave a waiting room full of patients.”

“We also cover the delivery room,” she adds. “That’s a huge piece for private pediatricians.”

“Communication is key,” Baba notes. “Our ability to communicate with the referring physician is the cornerstone of the hospitalist practice.”

“Communication and partnership with a child’s primary care physician is a crucially important part of what we do as hospitalists,” agrees Schainker. “We call the PCP on admission to get up to speed on each patient’s history. Or in cases when the PCP doesn’t know the patient was admitted, we keep him or her aware of treatment plans, test results, status changes, et cetera, so when the patient goes home, the PCP is in the loop.”

Another important benefit of the hospitalist program allows children who might otherwise require tertiary care without the on-site, full-time presence of a pediatrician to remain in the community, close to home.

“This is so important for families with multiple kids, who’d find it hard to travel into Boston to visit a hospitalized child,” says Capra.

Conversely, when a child does need tertiary-level care, the integration between the community hospital and Floating Hospital for Children facilitates a fast and seamless transfer.

“This linkage is a real asset to parents, patients and their doctors,” Schainker notes.

“Because we’re all attending pediatricians on staff at Floating Hospital for Children at Tufts Medical Center, if we have a child with a more complicated condition, we can talk with our colleagues on the phone and collaborate on the best way to

manage that patient,” says Capra. “It’s an important bridge between the community and tertiary care settings.”

Plus, each of the hospitalists works in at least one other hospital setting. “For example, I work at both the Floating Hospital and MetroWest Medical Center,” Schainker explains. “It helps to standardize the approach we take at the different hospitals, sharing evidence-based, best-practice treatment guidelines and protocols.”

Nationwide, research has shown that hospitalists increase efficiency by decreasing the length of hospitalization, improving resource utilization, and decreasing the cost of delivering health care — while maintaining quality of care and increasing patient satisfaction. They contribute to improved patient outcomes through inpatient care coordination and early discharge planning, enabling higher-acuity and more complex patients to remain in the close-to-home community setting, when appropriate.

“Having Floating Hospital pediatricians who are focused on the individual patient and family in the community hospital, working in conjunction with referring primary care physicians — it’s just a good way to practice medicine,” says Baba. □



We’re here 24/7, so we can interact with patients and their families multiple times during the day and night.”

— Dr. Lisa Capra
Director, Hospitalist Program
MetroWest Medical Center

NEPC Is the Answer

FOR MORE THAN 25 YEARS, PEDIATRICIANS HAVE TRUSTED NEW ENGLAND PEDIATRIC CARE (NEPC) FOR LONG-TERM SKILLED NURSING CARE OF CHILDREN; NOW THEY CAN RELY ON NEPC FOR THE SHORT-TERM SUB-ACUTE CARE OF PATIENTS AS WELL.

New England Pediatric Care, one of the region's most respected skilled nursing facilities for children and young adults with medically complex conditions and severe cognitive or neurological impairments, recently launched a Short-Term Post-Hospitalization Program. This unique program assists children who are about to be discharged from the hospital but need interim skilled medical care to maximize their recovery period. These children have often been hospitalized as a result of major surgeries or complicated medical conditions, but will eventually return home. The NEPC program allows for a 30-day stay, with possible extensions of up to 90 days.

The program offers the same quality services and care for which NEPC is known — 24-hour skilled nursing, rehabilitation, therapeutic recreation and special education. NEPC professionals are specially trained to care specifically for the needs of children from birth to age 22. The care team includes highly skilled nurses and attending physicians, and a multidisciplinary team of physical therapists, occupational therapists, speech pathologists, special needs teachers, therapeutic recreation specialists and social workers, in a sensitive, compassionate home-like environment.

"NEPC is the perfect place for children needing assistance before returning home," says Ellen O'Gorman, Executive Director of NEPC. "Our staff members believe in the individual potential of every child and provide exceptional and loving "step-down" services following hospitalization. A personalized treatment program — which combines clinical services, rehabilitation therapy, education and specialized equipment — is designed to meet the unique needs for each child. Programs are designed to maximize the child's health and development."

NEPC is also there for families who feel the impact of a child's illness or injury. Family support and training is a key component of the Short-Term Post-Hospitalization Program at NEPC. Specific teaching is provided to

families caring for a child after orthopedic or gastrointestinal surgery, trach placement or vent initiation, and a variety of other medical issues that require continued care at home.

"We encourage families to visit NEPC and learn more about the program and care offered through the short-term program," says O'Gorman. "The exceptional care and family teaching here can reduce the likelihood of re-admission to the hospital and help ensure the child's success at home and/or school. This is extremely important and we are honored to be part of the child's full recovery." □

For more information, please call 978-667-5123 or visit www.nepediatriccare.org.



WORKING TOGETHER

Real experiences from our referring physicians

Jerry Wortzman, MD

JERRY WORTZMAN MD, MM, Chief of the Department of Pediatrics at MetroWest Medical Center, Vice Chair of the Department of Pediatrics at Floating Hospital for Children, and other MetroWest area pediatricians recently began referring patients to Floating Hospital for Children for their specialty care needs.

These referrals are part of a comprehensive partnership launched between Floating Hospital for Children at Tufts Medical Center and MetroWest Medical Center (MWMC) announced this spring. The relationship brings convenient, expert pediatric care to Framingham and surrounding communities.

"This is heralding a new era and a new philosophy of care for the children of the MetroWest area," says Wortzman. "Our physicians and Floating physicians are enthusiastic and responsive, and really rolling up their sleeves to work together."

This partnership includes numerous care options for the region's children, ensuring they have ready access to top pediatric specialists closer to home. Floating has opened a Pediatric Specialty Care Center in Framingham where children can see gastroenterology, endocrinology, nephrology, hematology/oncology and numerous other specialists on an outpatient basis. Floating neonatal specialists and hospitalists are available 24 hours a day, 7 days a week in the special care nursery and pediatric unit at MWMC's Framingham Union Hospital. These specialists will coordinate with local pediatricians to oversee the care of patients. When a child's condition is extremely serious, the child is transferred to Floating's downtown Boston campus.

Wortzman believes that the shared values of personalized service and respect for the patient make this partnership between Floating and MWMC especially unique. "We have all the pieces working together to provide high-level, academic care in a patient-friendly and personalized way," says Wortzman. "Those values are important to both of these institutions."

Wortzman attributes strong communication between the two institutions as the main reason the partnership has been successful. "Both institutions understand the importance of keeping the lines of communication open to both the referring physician as well as the child's pediatrician and child's family", states Wortzman.

Recently, Floating specialists, neonatologists, and hospitalists have been coming out to meet local physicians in the metrowest area to introduce themselves and to put a face with a name. "Our community physicians have told us they value our commitment to communication. They know that their patients are receiving the best care possible and they also know that they will be kept informed throughout the entire process."

As a native Bostonian, Wortzman recalls that several years ago Floating was under the radar screen and sometimes overlooked for referrals. However, he says that is no longer the case. With its great facilities, technology and many new specialists recruits Floating is back at the top of people's preference for referrals and is really making it clear it is a full-service, world-class children's hospital. "It's the dawn of a new day," says Wortzman. "The Floating you knew is back again." □



To refer your patients to Floating Hospital for Children at Tufts Medical Center, call 877-KIDS-FHC (877-543-7342).

For the Pediatric Specialty Center/Framingham, call 866-618-5518.

Have a Story for Us?

At Floating Hospital for Children, we value our referring physician partners and are committed to doing all we can to make it easy for you to refer your patients here. It is our mission to ensure that they, and you, have a positive experience during the entire referral process. If you have a story to tell about your experience with Floating Hospital, please contact us at heathyfutures@tuftsmedicalcenter.org. We would love to include it in a future *Working Together* column.

ON CALL

A regular feature introducing the specialists at the Floating Hospital for Children at Tufts Medical Center

PEDIATRIC OPHTHALMOLOGY AND OCULAR MOTILITY

The Division of Pediatric Ophthalmology and Ocular Motility at Floating Hospital for Children at Tufts Medical Center offers unparalleled expertise for pediatric patients who are in need of ophthalmology and optometric services.

One of the division's leading areas of expertise is in identifying and resolving refractive error (nearsightedness, farsightedness, and astigmatism), amblyopia or "lazy eye," strabismus (crossed eyes, wandering eyes), abnormal fusion, depth perception, double vision and other sensory and oculomotor abnormalities. The division also has expertise in treating patients with infections or inflammations of the eye and orbit (e.g. conjunctivitis, cellulites), blocked tear ducts, congenital malformation of the eye and orbit, retinopathy of prematurity, juvenile cataracts, injuries to the eye, eye problems associated with genetic conditions, eye screening for juvenile diabetics and juvenile rheumatoid arthritis, thyroid eye disorders, contact lenses, low vision and vision therapy.

The service provides care for both complex and simple eye problems and the specialists in the pediatric ophthalmology division are dedicated to researching and implementing cutting edge treatments for the entire gamut of eye disorders.

The team is extensively trained and at the forefront of newly emerging procedures and treatments.

Mitchell B. Strominger, MD, Director of the Pediatric Ophthalmology and Ocular Motility (Strabismus) Service leads the division and is the only dual-trained Neuro-Ophthalmologist in the greater New England area. This training allows Strominger to attend to children with eye problems that may be affected by other neurological disorders.

Samuel Sokol, PhD, Director of the Visual Evoked Potential and Psychophysics Service, specializes in visual electrophysiology and psychophysics and is a pioneer in the field. Sokol performs Electroretinography (ERG), which tests retinal functioning in patients with hereditary retinal dysfunction. He also utilizes Visual Evoked Potential (VEP) and psychophysical tests to detect optic nerve and visual pathway disorders, and in determining visual acuity in infants and nonverbal children. "These tests allow us to estimate a child's visual acuity even if he or she cannot tell us accurately what he or she can see. Dr. Sokol pioneered the tools and has written extensively about it," says Strominger.

continued

Floating Hospital for Children offers a wealth of expert specialists to assist you in the care of your patients. During the past several years, we have added new physicians in many specialties to better serve you. This feature highlights several of our newest physicians, your newest referral resources. **To learn more about our new specialists, visit floatinghospital.org and click on "find a physician."** Or call 617-636-6432 to request a copy of Floating Hospital's Physicians Referral Guide.

The Pediatric Ophthalmology division offers exceptional care and access to the latest research and treatments. The division is devoted to ensuring that the best technology is utilized to ensure that the complex interactions of the visual system develop properly so that the child has good vision and ocular alignment into adulthood. All this, in a family and child friendly environment.

Floating Hospital for Children offers a wealth of expert specialists to assist you in the care of your patients. During the past several years, we have added new physicians in many specialties to better serve you. This feature highlights several of our newest physicians, your newest referral resources. To learn more about our new specialists, visit floatinghospital.org and click on "find a physician." Or call 617-636-6432 to request a copy of Floating Hospital's Physicians Referral Guide. □



VICKI M. CHEN, MD

Pediatric Ophthalmology and Ocular Motility (Strabismus)

Medical School

Boston University School of Medicine

Postgraduate Training

Cabrini Medical Center, NY; Mount Sinai School of Medicine, NY; Children's Hospital Boston

Board Certifications

Ophthalmology

Clinical Specialties

Pediatric Ophthalmology and Ocular Motility

Foreign Language

Mandarin



MITCHELL B. STROMINGER, MD

Director, Pediatric Ophthalmology and Ocular Motility (Strabismus)

Medical School

Washington University in St. Louis

Postgraduate Training

Albert Einstein, NY; Bascom Palmer Eye Institute, FL; Manhattan Eye, Ear and Throat Hospital

Board Certifications

Ophthalmology

Clinical Specialties

Pediatric Ophthalmology and Ocular Motility, Neuro-ophthalmology



NICOLE B. QUINN, OD

Pediatric Optometry & Contact Lenses

Optometry School

New England College of Optometry

Postgraduate Training

New England College of Optometry

Clinical Specialties

Pediatric Optometry and Contact Lenses, Vision Therapy



DAVID REESE, MD

Pediatric Ophthalmology and Ocular Motility (Strabismus)

Medical School

University of Kentucky College of Medicine

Postgraduate Training

University of Iowa; Smith-Kettlewell Eye Research Foundation; Johns Hopkins Hospital

Board Certifications

Ophthalmology

Clinical Specialties

Pediatric Ophthalmology and Ocular Motility



NOOPUR NIKKI BATRA, CO

Orthoptist

Postgraduate Training

Washington University Orthoptic Program, MO

Clinical Specialties

Ocular Motility

Foreign Language

Hindi



SAMUEL SOKOL, PHD

Director, Visual Evoked Potential and Psychophysics Service

Medical School

Lehigh University, PA

Postgraduate Training

Brown University

Clinical Specialties

Visual Electrophysiology and Psychophysics

To refer your patients to the Division of Pediatric Ophthalmology at Floating Hospital for Children at Tufts Medical Center, call 617-636-6769



Health Sheet

VACCINATION AND FLU Q&A with Cody Meissner, MD pediatric infectious diseases

H. CODY MEISSNER, MD

Chief, Division of Pediatric
Infectious Diseases
Associate Professor of Medicine

Medical School

Tufts University School of
Medicine

Postgraduate Training

National Institutes of Health;
Children's Hospital, Boston

Board Certification

Pediatric Infectious Diseases,
Pediatrics

VACCINATIONS FOR CHILDREN ARE A CRITICAL PART of their healthy development. However, many questions have arisen surrounding these shots over the last few years. Parents wonder when, and sometimes if, they should vaccinate their children. The appearance of H1N1 or Swine Flu on the scene this year complicates the issue further. Everyone is wondering what the flu season will be like and how they should prepare and respond.

H. Cody Meissner, MD, Chief of Pediatric Infectious Diseases at Floating Hospital for Children at Tufts Medical Center and a national expert on the vaccinations and the flu, answers questions to help parents best understand how to care for their children.

There has been a lot of discussion around immunizations lately. What are the benefits and risks of childhood vaccinations?

Every human activity from riding in a car to eating an egg carries some risk. There is no such thing as a risk free activity. The risks associated with immunization are either so minor (sore arm) or so rare (seizure), they are far outweighed by the lives saved and the illness prevented by immunization. A typical five-year-old child will experience an average of six infections during the year. Do the benefits of vaccination (avoiding infection) outweigh the risks (side effects)? Yes. For all vaccines, the benefits clearly outweigh the risks.

What would happen if we stopped vaccinating?

Before long we would see epidemics of diseases that have disappeared or are nearly under control now. This is because the germs that cause these diseases are still around us but controlled by vaccines. Vaccine preventable diseases may be either eliminated or very uncommon, but the bacteria and viruses that cause these diseases are still present, so it is important for every child to continue to receive all recommended vaccinations.

What vaccinations should every child receive?

The following immunizations are recommended for all children in the United States: hepatitis B, rotavirus, diphtheria, tetanus, pertussis, Haemophilus influenzae type b, pneumococcal, poliovirus, influenza, measles, mumps, rubella, chickenpox, hepatitis A, meningococcal and HPV.

What about autism. Is there a link between vaccines and autism?

There is no scientific evidence to support the existence of a link between any vaccine and autism. In fact, many scientific studies show there is no link between vaccines and autism.

I hear about different components in vaccinations that may be harmful or that I should be aware of — for example thimerosal and aluminum. What should I know about these?

Thimerosal is mercury containing preservative used in some vaccines since the 1930s. There is no convincing scientific evidence of harm caused by the low doses of thimerosal used in vaccines except for minor reactions like redness and swelling that sometimes occur at the injection site. Since 2001, all vaccines recommended for children six years

of age and under in the United States have been produced without thimerosal as a preservative, with the exception of inactivated influenza vaccine. There is no scientific proof of any adverse consequence from the small amount of aluminum in any vaccine.

Should I delay when my child has certain vaccinations?

The recommended immunization schedule from the CDC and the American Academy of Pediatrics has evolved over many years with much deliberation. The recommended time for administration of each immunization is provided in this schedule. Parents should work hard to comply with the recommended schedule to be certain their children are protected against any of the vaccine preventable diseases. Parents can view the recommended immunization schedule at www.cdc.gov/vaccines/recs/schedules/child-schedule.htm. Any delay in administering a recommended vaccine will leave your child susceptible to that vaccine-preventable disease until the vaccine is administered.

I am concerned about the influenza virus. How can I best protect myself and my child from this infection?

The best way to prevent the flu is by getting a flu vaccination each year. Yearly flu vaccination should begin in September or as soon as vaccine is available and continue throughout the influenza season, into December, January, and beyond. This is because the timing and duration of influenza seasons vary. While influenza outbreaks can happen as early as October, most of the time influenza activity peaks in January or later.

In general, anyone who wants to reduce their chances of getting the flu can get vaccinated. However, certain people should get vaccinated each year either because they are at high risk of having serious flu-related complications or because they live with or care for high risk persons. It is recommended that all children aged six months up to 19 years get vaccinated each year.

Here are some steps you can take to reduce the risk of getting influenza:

- ▶ Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it. If a tissue is not available, you should cough into your elbow and not your hands.
- ▶ Wash your hands with soap and water, especially after you cough or sneeze. Alcohol based hand cleansers are also effective.
- ▶ Avoid touching your eyes, nose and mouth. Germs spread this way.

- ▶ Try to avoid close contact with sick people.
- ▶ Stay home if you are sick until you have been symptom-free for 24 hours. This is to keep from infecting others and spreading the virus further.

What new developments are there concerning H1N1/Swine Flu? What do I need to know to be up-to-date?

Novel H1N1 (referred to as "swine flu" early on) is a new influenza virus causing illness in people. This new virus was first detected in people in the United States in April 2009. Other countries, including Mexico and Canada, have reported people sick with this new virus. This virus is spreading from person-to-person, probably in much the same way that regular seasonal influenza viruses spread. The symptoms of novel H1N1 flu virus in people are similar to the symptoms of seasonal flu and include fever, cough, sore throat, runny or stuffy nose, body aches, headache, chills and fatigue. A significant number of people who have been infected with this virus also have reported diarrhea and vomiting. Also, like seasonal flu, severe illnesses and death has occurred as a result of illness associated with this virus.

How will H1N1/Swine flu change the immunizations my child needs this fall?

Every child aged six months up to 19 years should be vaccinated each year against seasonal influenza as soon as that vaccine becomes available which is usually in September or October. If your child is less than 9 years old and being vaccinated for the first time, two doses of the seasonal vaccine should be administered 1 month apart. If your child was fully immunized in a previous year with the seasonal influenza vaccine, only 1 dose is needed.

Hopefully, the swine influenza vaccine will be available in October or November. It is anticipated that everyone will need two doses of the swine influenza vaccine. Because it is likely that there will not be enough swine influenza vaccine for everyone in October, the CDC has established guidelines for those persons who should receive the vaccine first because they are at highest risk of severe complications from influenza:

- ▶ pregnant women
- ▶ house-hold contacts and care-givers for children less than 6 months
- ▶ health care personnel and emergency medical services
- ▶ children and adolescents from 6 months to 24 years
- ▶ persons 25 to 64 with certain medical conditions □

RESOURCES

Recommended web sites for more information: www.aap.org — www.cdc.gov/vaccines — www.cdc.gov/vaccinesafety — www.immunize.org

Please refer to our website: <http://www.floatinghospital.org/OurServices/InfectiousDiseases> for the latest updates on H1N1/Swine flu

Floating Hospital for Children

at **Tufts** Medical
Center

Non-Profit
Organization
U.S. Postage
PAID
Holliston, MA
Permit No. 72

800 Washington St., #294
Boston, MA 02111

Working Together for Healthy Futures is for pediatricians who are interested in learning more about referring patients to Floating Hospital for Children at Tufts Medical Center. We value your partnership with us and want your patients, their families and you to have a positive experience. Our physicians at Floating Hospital recognize that children and families must be cared for as individuals, and their overall physical and emotional health, not just their illness, is essential. It is our mission to treat each of your patients as if he or she was our own child.

Schedule a Clinic Visit

To refer a patient to one of our specialty clinics in Boston, call **617-636-8100**.

For our Chelmsford Specialty Center, call **978-937-6362**.

For our Woburn Specialty Center, call **781-897-0240**.

For our Framingham Specialty Center, call **866-618-5518**.

Admit a Patient

For inpatient admission, call our Hospitalists at **877-KIDS-FHC (877-543-7342)**.

Have Our Physicians Visit You

Interested in hearing directly from our physicians? If you would like to schedule a meeting with any of our physicians or have them to your hospital for grand rounds or other educational sessions, **please contact our Physician Liaison Erin Flaherty at 617-636-3252 or eflaherty@tuftsmedicalcenter.org**

Working Together for Healthy Futures is published quarterly by Floating Hospital for Children's Department of Public Affairs and Communications.

Please contact us at 617-636-0200 or healthyfutures@tuftsmedicalcenter.org

Floating Hospital for Children at Tufts Medical Center is the principal pediatric teaching hospital for Tufts University School of Medicine
www.floatinghospital.org

Floating Hospital
for Children
at **Tufts** Medical
Center