

## Comprehensive sickle cell disease program focuses on community collaboration

With 1,675 active patients, the sickle cell disease program at the Aflac Cancer Center and Blood Disorders Service of Children's Healthcare of Atlanta is the largest pediatric sickle cell disease (SCD) program in the

country. The team at Children's works with primary care providers, families and community-based organizations to help ensure that each infant with SCD becomes an independent adult.

"One advantage of having such high volumes is the staff at all levels has an enormous amount of experience and expertise," said Peter Lane, M.D., Director of the Sickle Cell Disease Program at Children's, noting that Children's has nearly a dozen pediatric hematologists whose primary focus is SCD. Two of these hematologists are faculty at the Morehouse School of Medicine, while the rest are with Emory University School of Medicine. Children's also collaborates with the Sickle Cell Foundation of Georgia and the Georgia Comprehensive Sickle Cell Center at Grady Health System—the largest adult SCD program in the country.

Multidisciplinary services are available at all three Children's hospital campuses, and physicians are encouraged to direct referrals to the location that is most convenient for the family.

The Aflac Cancer Center and Blood Disorders Service has cured more than 30 children with sickle cell disease through matched-sibling bone marrow transplants (BMTs)—with a **96 percent disease-free survival rate.**

assessments for risk of organ injury, psychology and social work services and support from the Children's school program.

The sickle cell disease program at the Aflac Cancer Center and Blood Disorders Service of Children's Healthcare of Atlanta is the largest pediatric sickle cell disease (SCD) program in the country with **1,675 active patients.**

"Together with the patients' primary care providers, our goal is to create a comprehensive medical home for each child," said Beatrice E. Gee, M.D., Medical Director, Sickle Cell and Hematology Program, Children's at Hughes Spalding.

What's more, bone marrow transplant is currently the only curative therapy for SCD, and the Aflac Cancer Center BMT Program has cured more than 30 children of sickle cell disease through transplantation.

### IN THIS ISSUE

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Investigating acute chest syndrome

Visit [www.choa.org/sicklecell](http://www.choa.org/sicklecell) to learn more or contact the Aflac Cancer Center and Blood Disorders Service:

**Children's at Eggleston:** 404-785-1200

**Children's at Scottish Rite:** 404-785-3240

**Children's at Hughes Spalding:** 404-785-9800



**Children's<sup>®</sup>**  
Healthcare of Atlanta



# North Carolina: A modern day tale of David and Goliath

Daniel Salinas, M.D., SVP, Chief Medical Officer

Allen Dobson, M.D., is an unassuming man, cut from the same cloth of physicians who inspired many of us to enter the practice of medicine. He is also the leader of a powerful network of physicians who transformed Medicaid in the state of North Carolina—Community Care of North Carolina (CCNC).

Physicians formed the group ten years ago to address rising ED utilization by Medicaid patients, skyrocketing costs and increasingly limited access to care. They believed that the solution did not reside within managed care, but in care management.

They started small, focusing on a handful of chronic illnesses that had the greatest impact on healthcare costs—asthma, diabetes and heart disease—and defined metrics to demonstrate their outcomes to the state. As their ability to positively transform care, efficiently manage costs and improve quality measures grew, they were able to negotiate with the state to expand their reach, resources and reimbursement.

CCNC has become a true public-private partnership with 15 networks representing the entire state. It includes hospitals, 4500 primary care physicians, pharmacists, psychiatrists, social workers and 1.1 million patients.

The group takes a whole patient approach to care and provides primary care physicians with the tools and resources necessary to effectively manage patients. Clinical informatics play an integral role, and the state provides the networks with data to help identify high risk patients, monitor ED and hospital utilization, medication compliance, readmission rates and preventative care.

**Community Care of North Carolina outperforms managed care for diabetes, asthma, heart disease outcomes and, since 2006, saved more than \$700 million in Medicaid for the state.**

Practices in the network participate in quality improvement programs and share best practices within and between networks. Their data allows them to identify trends not just for the patient population in general, but also for individuals needing intervention.

In one example, a woman was routinely hospitalized due to lack of compliance with her medications. The care manager discovered that the patient was unable to read. She provided the patient with pillboxes and worked with the patient’s primary care office to have them filled there. The result was improved adherence to doctor appointments and no additional hospitalizations.

While anecdotal stories can help illustrate a point, the aggregate success of all these individual stories paints a compelling picture. CCNC outperforms managed care for diabetes, asthma, heart disease outcomes and, since 2006, saved more than \$700 million in Medicaid for the state.

**Physicians who participate in the network receive nearly 100 percent reimbursement for Medicaid patients.**

When we talk about the future of pediatrics in the state of Georgia, we can look to our neighbor to the North for important lessons: specifically, the need for all of us to demonstrate the courage and leadership to work collaboratively, transparently and as a system to put the patient in the center.

## LEADERSHIP at CHILDREN’S

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# Q & A

## Transitioning sickle cell patients to adult care

Contributing author, Alcuin Johnson, Ph.D., Pediatric Hematology/Oncology, Children's at Egleston, Assistant Professor of Pediatrics, Emory University School of Medicine

### Q. How do teen sickle cell patients typically react when providers begin discussing the transition to adult care?

**A.** We see a variety of reactions. Some patients are very ready to move on to an adult setting, as are their parents. Others are quite reluctant because they fear losing their extended pediatric provider family. We address many of these concerns by allowing patients and their families to tour the adult facility with their extended pediatric family, which usually happens a year prior to transition.

### Q. What has your team identified as barriers to sickle cell disease (SCD) patients successfully transitioning to adult care?

**A.** We have identified four main barriers: inadequate collaboration between pediatric and adult providers, patients lacking adequate SCD-specific knowledge, patients having low self-esteem and patients lacking adequate information on gender-specific issues.

### Q. How does Children's collaborate with Grady Health System to overcome these barriers?

**A.** Both groups coordinate quarterly programs for young adults ages 13 through 21. The "Teen Scene" program, which targets 17 to 21 year olds, includes a tour of the adult facility, followed by a presentation about the differences between pediatric and adult clinical care. There is also a session on financial planning, separate sessions for males, females and parents/caregivers, presentations from vocational rehabilitation and an open discussion. The program ends with the "Ten Tips of Sickle Cell Disease," which was developed with significant input from successfully transitioned adults with SCD. Graduates of the pediatric program are recruited to mentor younger patients.

### Q. How can community physicians help with the transition?

**A.** We would like community physicians to come to one of our transition events to examine our program in hopes that they too would be able to assist us in enabling our youth to successfully transition to adult providers. We also need help in defining additional adult partners that can assist us in treating our youth as they transition.

### Q. How can I find out more about the next Sickle Cell Disease Transition Program event?

**A.** Contact any of the following people:

**Children's at Egleston:** Emily Rudd, M.S.W., 404-785-0159

**Children's at Hughes Spalding:** Anya Griffin, Ph.D., 404-785-8997

**Children's at Scottish Rite:** Tonya Brailey, L.C.S.W., 404-785-3611

### SPREAD THE WORD: 12TH ANNUAL SICKLE CELL EDUCATION DAY

**Who:** The Aflac Cancer Center and Blood Disorders Service of Children's aims to increase knowledge of sickle cell disease during September (National Sickle Cell Awareness month)

**What:** The 12th Annual Sickle Cell Education Day will feature forums to share stories and ask questions, a panel discussion and educational and therapeutic activities for children, teenagers and young adults up to age 18

**When/Where:** Saturday, Sept. 17, from 9:30 a.m. to 4 p.m. in downtown Atlanta

**How:** RSVP to 404-785-0873 by Friday, Sept. 2. Visit [www.choa.org/sicklecell](http://www.choa.org/sicklecell) for more information.

### ASTHMA CENTER RANKS NATIONALLY FOR PLAN OF CARE COMPLIANCE

The Children's Asthma Center, located at Children's at Hughes Spalding, finished 2010 with a compliance of 88 percent to CAC-3, the Home Management Plan of Care document given to patients/caregivers. This score ranks Children's in the top 10 hospitals in the National Association of Children's Hospitals and Related Institutions' Project Quality Management System (NACHRI PQMS).

Visit [www.choa.org/asthma](http://www.choa.org/asthma) or call 404-785-9960 to learn more.

### DID YOU KNOW?

The Children's Transfer Center is one of the busiest transfer centers in the nation. In 2010, the Center facilitated 27,722 transfer encounters to all three Children's hospital locations. Whether a patient is being transferred from an ED, another inpatient facility or a primary care office/Immediate Care, the Center will assist with locating a physician, coordinating ground or air transportation, arranging bed placement with the appropriate level of care and the initiation of registration paperwork prior to a patient's arrival. Visit [www.choa.org/transfer](http://www.choa.org/transfer) for more information.

### NEWBORN HEARING SCREENINGS AVAILABLE AT MORE LOCATIONS

As part of the state of Georgia newborn hearing screening initiatives, Children's is now offering Automated Auditory Brainstem Response (AABR) testing at three new neighborhood rehab locations. In addition to Children's at Egleston and the Children's at Scottish Rite Medical Office Building, Children's of Fayette, Children's at Mt. Zion and Children's at Satellite Boulevard are now able to provide this procedure. Diagnostic Auditory Brainstem Response testing for infants can be scheduled at Children's at Egleston, the Children's at Scottish Rite Medical Office Building and our newest rehab location, Children's of Forsyth. To schedule all audiology appointments, contact the Central Business Office at 404-785-7100.

# Research

UPDATE

Investigations on the cause of acute chest syndrome counter a

## 70-YEAR paradigm

The number one reason that sickle cell disease (SCD) patients come to a hospital is painful crisis resulting from a traffic jam of red blood cells—a vaso-occlusive crisis. Moreover, the number one complication that kills SCD patients is acute chest syndrome (ACS). Nearly half of patients who develop ACS do so after they arrive at a hospital.

“Patients will come to a hospital due to pain, and then a few days later, they get ACS,” said Solomon F. Ofori-Acquah, Ph.D., Director, Center for Endothelial Biology, Department of Pediatrics, Emory University School of Medicine. “As much as SCD has been studied all of these years, we do not understand what actually triggers ACS... perhaps until now.”

### Forming a hypothesis

In early 2010, Ofori-Acquah began studying ACS using animal models of SCD. He noted that two facts associated with ACS were undisputable:

1. Many patients diagnosed with ACS had a sudden drop in hemoglobin at the time of diagnosis, which told him the patients experienced sudden hemolysis—the rupturing of red blood cells and the release of hemoglobin and heme into the circulation.
2. A large clinical study found that patients who had the lowest hemoglobin when they entered the hospital were most likely to die from ACS very quickly. He deduced that these patients provided a possible clinical link between severe hemolysis and ACS that had not previously been fully appreciated.

It appeared that whenever there was serious ACS, there was hemolysis. Ofori-Acquah speculated that by-products of hemolysis may be triggering ACS—a hypothesis that went against a 70-year paradigm that vaso-occlusion itself triggered ACS.



*A digitally-colored scanning electron micrograph showing the ultrastructural morphology of a sickle cell red blood cell. Photo courtesy of the CDC/ Sickle Cell Foundation of Georgia.*

Next, he questioned what component of hemolysis triggered ACS. When hemoglobin is released in an environment like SCD where there is a lot of oxidation, it gets oxidized to another form, called methemoglobin, which is known to expel its non-protein component heme into the circulation. From this, Ofori-Acquah deduced that heme probably triggered ACS.

“I had no evidence but it kind of sounded cool,” he said.

### Proving the hypothesis

The team tested the hypothesis that acute elevation of circulating heme would increase pulmonary microvascular leakage sufficiently to trigger ACS.

“Red blood cells are whizzing through our system like a traffic jam on the interstate and, like cars, cells bump into each other and the sidewalks (i.e. the endothelium), and they break,” he said. “When they break, we have scavenger proteins that clean up the mess like a pit crew.”

These “messes” happen especially frequently in SCD patients—and the scavengers become worn out. He found that in sickle cell mice, a major scavenger protein called hemopexin that removes excess heme from the circulation was severely reduced, just as it is in SCD patients. Therefore, when his team introduced a very modest amount of heme into the circulation of SCD mice, the proteins were unable to scavenge it, resulting in high levels of protein-free

heme in the bloodstream. The resultant protein-free heme caused ACS and death within two hours in those mice, while all normal (control) and sickle cell trait mice survived and remained alive for several weeks.

The study suggests that intravascular administration of hemopexin might prevent ACS during episodes of acute hemolysis in SCD patients.

“There is an acquired deficiency of hemopexin in SCD patients that has been known for years, but nobody knew what that meant for the patient,” he said. “What we have shown using our mouse model is that this deficiency impairs heme scavenging and promotes the development of ACS in SCD.”

But what is the correlation with a SCD patient developing ACS days after entering the hospital?

A patient comes to a hospital with a vaso-occlusion—there is obstructed flow of red cells in a blood vessel somewhere in the body. This promotes intravascular hemolysis. At this point, the patient is producing a lot of heme and, over the course of the stay, generates sufficient amounts that completely overwhelm hemopexin’s ability to clean up the excess.

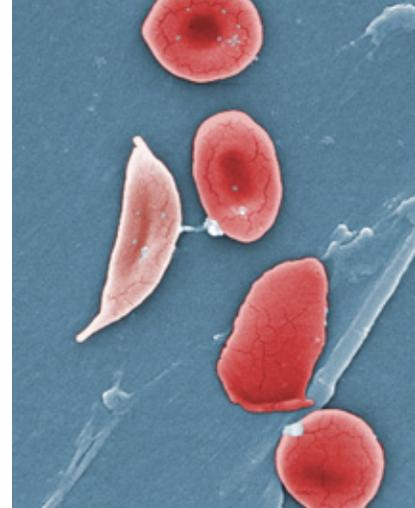
“The heme is released and goes straight to the lung to trigger a potentially lethal injury that we call ACS,” he said.

### Using his findings

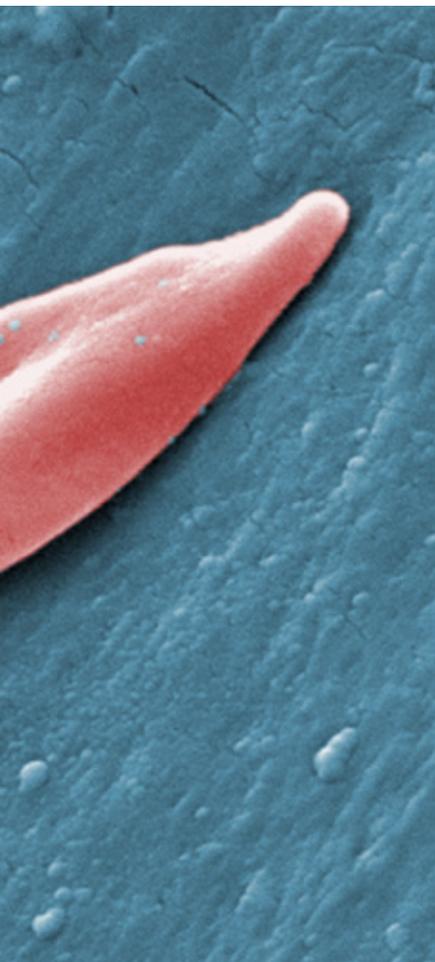
Ofori-Acquah’s team has identified a drug that may potentially stop the progression of ACS. They have been using it in mice and have kept 85 percent of those mice from developing ACS and dying.

“And if you have a SCD patient who gets malaria, that infection breaks up your red cells and releases a lot of heme,” he said. “What we have been able to show is this heme binds to a receptor and triggers a very acute inflammatory response that causes the lung to flood, and we can block this with a drug. That’s our hottest thing right now.”

To learn more, contact Dr. Solomon Ofori-Acquah’s clinical fellow, Dr. Olufolake Adisa, now a new faculty at Emory, at **770-397-0424**.



*A digitally-colored scanning electron micrograph showing a comparative ultrastructural morphology between normal red blood cells and a sickle cell. Photo courtesy of the CDC/ Sickle Cell Foundation of Georgia.*



## Also in the news...

“Children’s has been a major contributor to virtually all of the key multicenter trials in the last 15-to-20 years that have improved the quality of care and outcomes for children with Sickle Cell Disease (SCD),” said Peter Lane, M.D., Director of the Sickle Cell Disease Program at Children’s.

Most recently, this included the BABY HUG clinical trial, which

demonstrated that starting hydroxyurea beginning as early as one year of age in children with sickle cell anemia prevents pain and chest syndrome, and decreases the number of hospitalizations and the need for red blood cell transfusions. This is significant because for the first time, Children’s has an oral medication that lessens the hemolysis and vaso-occlusion responsible for most of the acute complications

and chronic organ damage associated with SCD.

“We are very optimistic that the expanded use of hydroxyurea in younger children will markedly reduce morbidity and improve quality of life,” said Lane.

In addition, this year Children’s received a \$350,000 grant from The Abraham J. and Phyllis Katz Foundation

([www.katzfoundation.org](http://www.katzfoundation.org)) to start the Children’s SCD Health Services and Outcomes Research Program. The program’s goal is to explore the relationships between environmental factors and a variety of patient outcomes. It will also develop predictors of health, measure the impact of novel strategies to improve outcomes and document the relationship between quality of care and cost of care.

**Audio Digest—Pediatrics (Children's at Egleston and Children's at Scottish Rite)**

*Infant Nutrition/Celiac Disease*, Vol. 57 #11  
June 7, 2011

*Developmental Issues*, Vol. 57 #12  
June 21, 2011

**Audio-Digest—Orthopaedics (Children's at Scottish Rite)**

*Orthopaedic Trauma/Arthroscopic Challenges*  
Vol.34 #11 June 7, 2011

*Rotator Cuff Problems/Glenohumeral Chondral Defects*  
Vol.34 #12 June 21, 2011

**New Resource: Rehabilitation Reference Center**

The libraries recently added the Rehabilitation Reference Center, an evidence-based, point-of-care clinical reference tool in the areas of sports medicine, physical therapy, speech therapy and occupational therapy. It includes clinical reviews, drug information, exercise images, reference handbooks and over 180 full text journals. Rehabilitation Reference Center is available in EbscoHost, which is accessed through Careforce under the Patient Care Tab's Clinical Data & Research section, or on the Medical Libraries page on the Physician Portal.

**New Books (Children's at Egleston)**

"Visual diagnosis and treatment in pediatrics"  
Editor-in-chief, Esther K. Chung ; associate editors, Lee R. Atkinson-McEvoy, Julie A. Boom, Paul S. Matz  
Philadelphia: Wolters Kluwer Health/Lippincott Williams & Wilkins, 2010.

**New Books (Children's at Scottish Rite)**

"Nelson Textbook of Pediatrics, 19th ed."  
Robert M. Kliegman, MD, Bonita M.D. Stanton, MD, Joseph St. Geme, Nina Schor and Richard E. Behrman, MD: Saunders, 2011.

"Orthopaedic Knowledge Update: Pediatrics 4"  
Editor, Kit M. Song, MD; AAOS, 2011.

**Category I CME Credits available for audio-digest tapes only**

Egleston Inman Medical Library  
(Children's at Egleston)  
404-785-6438; Fax: 404-785-6463

Fran Golding Medical Library  
(Children's at Scottish Rite)  
404-785-2152; Fax: 404-785-2155

Robert Bruce, M.D., Lynn Gardner, M.D. and George Raschbaum, M.D.  
Presidents of the Children's Professional Staff

**Share your interest in MEC involvement by August 15**

The Medical Executive Committee (MEC) represents you, the members of the professional staff, and serves as the primary leadership and deliberative body for professional staff. The MEC meets bimonthly and is directly accountable to the Board for the medical care of patients admitted to or receiving treatment at the Children's hospitals.

We believe in the value of physician participation in staff leadership, and encourage you to contact Bobbi Henderson in Medical Staff Governance at [bobbi.henderson@choa.org](mailto:bobbi.henderson@choa.org) by August 15 if you have an interest in being considered for an available role within the professional staff committee, department and section positions. While we cannot guarantee a position initially, our awareness of your interest will help in seeking fresh faces for involvement.

Qualifications and responsibilities are outlined in the professional staff documents posted on the Physician Portal Medical Staff Governance page. The respective campus or System Nominating Committee will

address selection of nominees in late August and early September. A slate is constructed from qualified professional staff members and then presented to the Active (voting) Staff in the fall.

Much of the work of the MEC is done through committee structures. In particular, the system Credentialing Committee reviews all requests and makes recommendations. The Departmental Peer Review Subcommittees and System Peer Review Committee have the essential task of evaluating concerns and seeking opportunities for professional education and System improvement.

Nominations for MEC positions are frequently drawn from those physicians who have gained experience working on one of the medical staff committees, or who have served in a director's role. Typically, the best opportunities to get involved in the medical staff governance process come from being asked to serve on committees such as Credentials, Bylaws and Peer Review.

**Professional Staff Applications**

The following applicants have applied for membership to the Professional Staff at Children's Healthcare of Atlanta. Current Professional Staff members who have information bearing on the applicant's qualifications for staff appointment or clinical privileges may fax that information to the Credentialing Services Office at 404-785-7498 or mail to 1584 Tullie Circle, Atlanta, GA 30329, attention Lisa Kuklinski, CPMSM, CPCS.

<b>Name</b>	<b>Specialty</b>
Acker, Beverly M.D.	Pediatrics
de Grauw, Antonius M.D.	Neurology
Heflin, John M.D.	Orthopaedic Surgery
Karpen, Heidi M.D.	Neonatology
Karpen, Saul M.D.	Gastroenterology
Mohan, Sowmya M.D.	Neonatology
Ordoubadi, Aida D.O.	Urgent Care
Patel, Tarak M.D.	Radiology
Rajan, Roy M.D.	Otolaryngology
Reeves, James M.D.	Vascular Surgery
Schuette Jr, Albert M.D.	Neurosurgery (EG Fellow)
Stephansson, Reanne M.D.	Pediatrics
Torrijos, Emma M.D.	Pediatrics
Turner, Alexandra M.D.	Transplant Surgery
Umberhandt, Robert M.D.	Orthopaedic Surgery (SR Fellow)

# August Calendar of Events

**PCC**—Patient Care Conference  
Occurs the first, second and third  
Tuesdays of each month,  
Children's at Scottish Rite Main  
Auditorium, 7:30 a.m.

**GPGR**—Grady Pediatric Grand  
Rounds,  
Clinical/Pathological Conference,  
Thursdays at Steiner Auditorium  
(68 Armstrong Drive across from  
the Grady Emergency department)  
8 a.m. to 9 a.m. Contact Jackie  
Riley at jriley2@emory.edu or  
404-778-1415 for more  
information.

These sessions have been  
approved for CME credit through  
Emory University.

**GR**—Grand Rounds,  
Wednesdays, Children's at  
Egleston, Classrooms 3, 4 and 5,  
7:30 a.m.

**PSC**—Pediatric Surgery  
Conference, Fridays at 7:30  
a.m., Children's at Egleston,  
Classrooms 3, 4 and 5  
(video-conferenced at Children's  
at Scottish Rite).

**Contact Nancy Richardson,  
Program Specialist, at  
404-785-7843 for  
CME information.**

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	<b>1</b> <b>PCC</b> Patient Cases Ann Becan, M.D. and Rachel Friedberg, M.D.	<b>2</b> <b>PCC</b> Best of Pediatrics GI Publications Jeffrey Lewis, M.D. 6 a.m. Op. Services Peer Review Committee 1677 Tullie Circle 6 p.m. Medicine Peer Review Committee 1677 Tullie Circle	<b>3</b> <b>GR</b> Current Concepts in Nutritional Therapy in Critically Ill Children and Neonates Nilesh Mehta, M.D., D.C.H. Associate in Critical Care Medicine, Children's Hospital, Boston	<b>4</b> <b>GPGR</b> 7 a.m. Trauma Peer Review Committee 1677 Tullie Circle 6 p.m. CREDENTIALS Committee 1680 Tullie Circle, Classroom 3	<b>5</b> <b>PSC</b> Allied Health Peer Review Committee 1677 Tullie Circle 12 p.m. Marcus Autism Center Grand Rounds Presentation by Larry Young, Ph.D., Division Chief of Behavioral Neurosciences and Psychiatric Disorders from Yerkes National Primate Research Center at Emory	<b>6</b>
<b>7</b>	<b>8</b>	<b>9</b> <b>PCC</b> Missed Diagnosis of Congenital Heart Disease in Infants: How does it happen and how can you avoid it? William Mahle, M.D. 6 p.m. The Children's Health Network Board 1680 Tullie Circle	<b>10</b> <b>GR</b> Jewish Genetic Disorders and Screening Paul Fernhoff, M.D. 6 p.m. MEC 1680 Tullie Circle, Classroom 5	<b>11</b> <b>GPGR</b> 12:30 p.m. ED/Urgent Care Peer Review Committee 1677 Tullie Circle	<b>12</b> <b>PSC</b> Trauma Lecture of the Surgery Conference NAT Sieve Messner, M.D. Children's at Egleston, Classroom 5 Trauma Lecture of the Pediatric Surgery Conference is held every 3rd Friday (Video-conferenced at 1st Floor Sleep Lab conference room)	<b>13</b>
<b>14</b>	<b>15</b>	<b>16</b> <b>PCC</b> System Peer Review Committee 1680 Tullie Circle	<b>17</b> <b>GR</b> Research Grand Rounds Viruses as Therapy for Pediatric Cancer: A Journey of Clinical Translation Timothy P. Cripe, M.D., Ph.D.	<b>18</b> <b>GPGR</b> 7 a.m. IRB Marcus Autism Center 3rd Floor Boardroom 6:15 p.m. Stockbridge CME Dinner Eagle's Landing Country Club Disorders of Puberty by Katrina Parker, M.D. Disorders of Growth by Andrew Muir, M.D. Visit <a href="http://www.choc.org/cmedinner">www.choc.org/cmedinner</a> for more information, or to register.	<b>19</b> <b>PSC</b> Trauma Lecture of the Surgery Conference NAT Sieve Messner, M.D. Children's at Egleston, Classroom 5 Trauma Lecture of the Pediatric Surgery Conference is held every 3rd Friday (Video-conferenced at 1st Floor Sleep Lab conference room)	<b>20</b>
<b>21</b>	<b>22</b> 7:30 a.m. Board Quality Committee 1600 Tullie Circle, Boardroom	<b>23</b> 6 p.m. System Peer Review Committee 1680 Tullie Circle	<b>24</b> <b>GR</b> Presentation by Gary Frank, M.D.	<b>25</b> <b>GPGR</b> 7 a.m. IRB Marcus Autism Center 3rd Floor Boardroom 6:15 p.m. Stockbridge CME Dinner Eagle's Landing Country Club Disorders of Puberty by Katrina Parker, M.D. Disorders of Growth by Andrew Muir, M.D. Visit <a href="http://www.choc.org/cmedinner">www.choc.org/cmedinner</a> for more information, or to register.	<b>26</b> <b>PSC</b>	<b>27</b>
<b>28</b>	<b>29</b>	<b>30</b> 7:30 a.m. Professional Staff President's Breakfast 1600 Tullie Circle, Boardroom 4 p.m. System Board of Trustees 1600 Tullie Circle, Boardroom	<b>31</b> <b>GR</b> Topic and Speaker TBD	<b>Save the Date</b> September 16, 2011 ACE Asthma Educator Training Children's Healthcare of Atlanta, Office Park, 1680 Tullie Circle, Classroom 3 Contact Nancy Richardson at <a href="mailto:nancyrichardson@choa.org">nancyrichardson@choa.org</a> for more information.	<b>Save the Date</b> October 1, 2011 Respiratory Care Update The Loudemilk Center, Atlanta, GA Contact Nancy Richardson at <a href="mailto:nancyrichardson@choa.org">nancyrichardson@choa.org</a> for more information.  <b>Save the Date</b> October 22, 2011 Pediatric Orthopaedic/Sports Medicine Seminar Westin Atlanta Perimeter North For more information, contact Olivia Alexis at <a href="mailto:olivia.alexis@choa.org">olivia.alexis@choa.org</a>	



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## MedClips Feedback

Send your feedback to Katie Tanner at [katie.tanner@choa.org](mailto:katie.tanner@choa.org) or 404-785-8832.

Visit the Physician Portal at [www.choa.org/md](http://www.choa.org/md) for access to key resources, news and important announcements.

## What to do this month:

- Take note that acetaminophen infant drops and children's liquid (suspension) are now the same strength. For now, both the old and new strengths of the infant drops may be available on store shelves and in homes. Speak with your patient families about how to administer the medicine safely. See [www.pharmacist.com/acetaminophen](http://www.pharmacist.com/acetaminophen) for more information, including a chart with dosage details.
- Save the date for the 10th Annual 1998 Society Reception. All 1998 Society members are invited to a reception at the home of Dr. and Mrs. Cedric B. Miller on Sunday, Sept. 18, from 6 p.m. to 8 p.m. Formal invitations are to follow. For more information about the 1998 Society, contact Katie Hammett at 404-785-6924.

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