Mecciol 105 SM Vol. 8 No. 10 October 2011

Experts weigh the dangers of the



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Each year, an average of 20,000 children under the age of five are hospitalized because of influenza complications, and an average of 46-to-153 children die.* It is commonly known that the best way to guard against these severe complications is an annual influenza vaccination. Still, many individuals decline this preventative measure—a source of frustration for numerous pediatricians.

THE FLU VACCINE

"You cannot get the flu infection from the vaccine," said Lilly Immergluck, M.D., Associate Professor of Pediatrics at Morehouse School of Medicine, and Pediatric Infectious Disease Specialist at Children's. "When your body receives the vaccine, it will react by making protective antibodies and thus, defend your body if it encounters the real flu virus. Sometimes, in mounting these antibodies, your body will have reactions, which can include a low grade fever, or in the case of FluMist, can cause a minor runny nose."

This is because the flu virus is inactive, or killed, in the vaccine. Conversely, the FluMist is a weakened form of the live virus, which many parents prefer for their healthy children to avoid the needle prick, noted Immergluck. Still, full immunity does not occur for two weeks after vaccination, and in that short time individuals can contract the flu if exposed to the virus.

Another frequent concern is that a flu vaccine will aggravate an egg allergy, a relatively uncommon aversion for Americans.

"In recent years the vaccine manufacturing process has improved so that there is very little egg protein in influenza vaccine," said Harry

You are encouraged to share facts and resources from this edition of MedClips with your patients, families and colleagues. Find resources online at www.choa.org/flu.

Keyserling, M.D., Epidemiologist at Children's. "There have been several recent studies showing that people with egg allergies can receive the flu vaccine with no evidence of reaction."

In fact, the most severe complication with a flu vaccine is Guillain–Barré syndrome, which is rare and mainly a concern for vaccines in adults. Keyserling noted it is seen in roughly one or two cases per million doses of vaccine administered.

THE FLU

"We need to personally balance the risk, and ask if preventing being on the ventilator with the flu is worth a little muscle soreness," said Renee Watson, R.N.C., B.S.N., C.P.H.Q., C.I.C., Manager, Infection Prevention and Epidemiology at Children's.

Keyserling echoed Watson's comments, citing decades of research and over 100 million immunizations given each year with minimal adverse events.

"The vaccine is so safe and influenza is the leading cause of hospitalization for children during the influenza season," he said.



*Centers for Disease Control and Prevention (CDC)



Medicaid reform and this month's professional staff meeting

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

For the past few years, the presidents of the Children's medical staff have raised the bar on the topics for our semi-annual professional staff meetings—focusing on topics that are relevant to pediatric providers and in keeping with the changes going on in healthcare. This fall, we will turn our attention to a mounting crisis in our state—Medicaid and the reimbursement system.

A significant percentage of Georgia's children are dependent on Medicaid to receive the healthcare they need; however, with Medicaid reimbursement to pediatric providers continuing to decline and additional cuts being suggested in Washington, Georgia's children are facing an uncertain health future. The current Medicaid system is broken when it comes to meeting the needs of the pediatric community. It must be improved in order to gain access to quality care.

Currently, the state has contracted with an external consulting firm to assess the managed care system and develop a model for managed care in the state of Georgia by year's end. We have begun to work quickly to take advantage of this window of opportunity to help influence that process and to take a stand for children of this state.

For the past several months, Children's has collaborated with several groups to develop recommendations for how pediatric Medicaid should function. This includes work with a physiciandriven coalition of pediatric providers called the Georgia Pediatric Care Network, as well as effort on the state level with other Georgia hospitals and conversations with more than 20 freestanding pediatric hospitals across our nation. The solution must focus on quality, access and the cost of care. It must create a sustainable and effective system that improves access, while providing reasonable reimbursement and manageable administrative burdens for the state and providers.

We know that children do better when under the care of pediatricstrained physicians and providers, and that the ones who will most suffer if the current reality does not change will be the children of our state.

For this to be effective, we believe the pediatric community needs to work together and speak with one voice. The time is now.

Pediatrics as a practice is facing a critical juncture—many medical students are turning away from pediatrics because of the economic model. This reality is a barrier that many practices in the community are facing—how will people be able to retire? Will practices be able to survive in order to continue to meet the needs of the community? We know that children do better when under the care of pediatrics-trained physicians and providers, and that the ones who will most suffer if the current reality does not change will be the children of our state.

If you have not yet reserved a spot at the Oct. 11 meeting, do so now. This could be one of the most critical meetings you will ever attend at Children's and your voice is necessary to help shape the future of pediatrics in our community. We need to do this for the kids.

Don't forget to RSVP

Semi-Annual Professional Staff Meeting, Oct. 11 Keynote speaker: Allen Dobson, M.D., Community Care of North Carolina

Atlanta Marriott Century Center, 2000 Century Boulevard NE (Clairmont Road at I-85)

Social 5-6 p.m.; Dinner 6-6:30 p.m.; Business Meeting 6:30-8:30 p.m. RSVP to Felicia Reynders at 404-785-7534 or felicia.reynders@choa.org.

LEADERSHIP at CHILDREN'S

Dan Salinas, M.D. SVP, Chief Medical Officer 404-785-1259

Barbara Stoll, M.D. SVP, Chief Academic Officer Chair, Department of Pediatrics 404-727-2456

James Fortenberry, M.D. Pediatrician-in-Chief 404-785-1600

Mark Wulkan, M.D. Surgeon-in-Chief 404-785-0781

Robert Bruce, M.D. President, Professional Staff Children's at Egleston 404-778-3831

George Raschbaum, M.D. President, Professional Staff Children's at Scottish Rite 404-252-3353

Lynn Gardner, M.D. President, Professional Staff Children's at Hughes Spalding 404-785-9850

Rick Bonner, M.D. **Executive Medical Director** Children's Physician Practices 404-785-2008

Nancy Doelling, M.D. Medical Director, Campus Operations Children's at Scottish Rite 404-785-4826

Robert Pettignano, M.D. Medical Director, Campus Operations Children's at Hughes Spalding 404-778-1432

Corinne Taylor, M.D. Medical Director, Campus Operations Children's at Egleston 404-785-1001

Denise Swords **SVP** Operations Children's at Scottish Rite 404-785-7563

Joyce Ramsey-Coleman, R.N., M.S., M.B.A. Chief Nurse Executive 404-785-7540

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Common surfaces may carry unexpected loads of germs

Some are surprised to know that non-medical materials in healthcare environments can be more germ-ridden than bathrooms, doorknobs or medical devices. Can you guess which had the highest concentration of microbes in recent Adenosine triphosphate (ATP) tests done by the Children's Infection Prevention and Epidemiology department? See the bottom of the page for the answer.



Infection prevention is always an interruption, though there are best practices to keeping instruments clean.

"If providers are performing hand hygiene and then they warm their stethoscope in their hands, some of the cleaning agent will rub off onto the instrument," said Renee Watson, R.N.C., B.S.N., C.P.H.Q., C.I.C., Manager, Infection Prevention and Epidemiology at Children's.

Lilly Immergluck, M.D., Associate Professor of Pediatrics at Morehouse School of Medicine, and Pediatric Infectious Disease Specialist at Children's, adds that this step is especially important during cold and flu season.

"You're listening to people's lungs and then moving on to another patient," she said.
"No one would want their stethoscope to be a source of transmission."



A Children's physician's name badge was given an ATP test. He* works in office and hospital environments where children are known to quickly grab badges.

"We rank anything that scores over 30 in need of a clean," Watson said. "His badge scored over 1,000."

Watson noted that after she wiped it with alcohol prep, it came down to just over 100.

"If we would have used an actual hospital grade disinfectant, imagine how much more it would have come down," she said.

*Dr. Salinas kindly shared his name badge as an example to keep our physician's identity private.



There are many shared keyboards at Children's and in physician practices, and few are responsible for cleaning them.

"When we have done our keyboard testing, we've seen that we've been able to convince individuals to clean their keyboards after sharing the results," said Watson. "When it's everybody's responsibility, it becomes no one's responsibility; issues arise with the things that are not on our radar."

Find resources online at www.choa.org/flu.

NEWS AND NOTES

RECEIVE YOUR ANNUAL INFLUENZA VACCINATION

While Children's cannot mandate vaccination for private practice or community-based physicians, we request that all physicians who visit our facilities receive an annual influenza vaccine and send documentation to the Children's Credentialing office—this includes self-attestations. See the weekly MedBytes e-newsletter for upcoming details on the Children's flu vaccination policy.

The vaccination will be free for physicians at the following locations:

- Oct. 4, 5 and 7 from 11 a.m. to 2 p.m.: Physician lounges at Children's at Scottish Rite and Children's at Egleston
- Oct. 11: Professional Staff Meeting (see page 2 for meeting details)

AN EMORY AND CHILDREN'S COLLABORATIVE CENTER JOINS PEDIATRIC HEART NETWORK

Emory+ Children's Pediatric Research Center, a partnership between Children's and Emory University, is one of nine core sites in the Pediatric Heart Network (PHN). Created and funded by the National Heart, Lung, and Blood Institute, part of the National Institutes of Health, the PHN is a collaboration of clinical sites and a data-coordinating center that conducts research studies in children with congenital or acquired heart disease. William Mahle, M.D., and William Border, M.B.Ch.B., M.P.H., will serve as Primary Investigators and lead the core site's PHN efforts.

"The Pediatric Heart Network carries out the highest quality clinical research in our field," said William Mahle, M.D., Pediatric Cardiologist and Medical Director of Clinical Research at the Children's Sibley Heart Center and Associate Professor of Pediatrics at Emory University School of Medicine. "This award recognizes the strong commitment that Children's and Emory have made to supporting research and becoming international leaders in developing therapies to improve child health."

IMMUNOCAP IGE ALLERGY TESTING AVAILABLE LATE OCTOBER

The Children's Clinical Laboratory is expanding testing to include ImmunoCAP Specific IgE panels and individual allergens. As patients often present with a broad range of non-specific symptoms, these custom panels will facilitate the detection of the most prevalent antigens. The ImmunoCAP methodology, a quantative assay, provides a more accurate and convenient method of confirming or excluding atopy in patients.

Contact the Children's Clinical Laboratory at 404-785-2039.

COMMUNITY



Contributing author, Harry Keyserling, M.D., Epidemiologist at Children's

Q. This year's trivalent vaccine is the same as last year's vaccine. Do patients need to get another influenza vaccine this year?

A. Yes, immunity to influenza decreases over time. Given the large window of influenza season, even having received an influenza vaccine late last season will not provide ample immunity to extend over the 2011-2012 influenza season.

That said, because the vaccine strains are unchanged this season, any child between the ages of six months and eight years who received at least one dose of the 2010-2011 vaccine will only require a single dose this year. Children in this age group who did not receive at least one dose last year will still require two doses of the current vaccine.

Q. If a single dose last year only requires a single dose this year, is it critical that children who did not receive the vaccination last year receive two doses this year?

A. Yes, for any child who is receiving an influenza vaccination for the first time, it is critical they receive two doses, as the first dose does not provide sufficient protection to prevent influenza. According to the CDC, proper vaccination of children can prevent more than 66 percent of influenza infections in young children, with even higher estimates for older children.

Q. If immunity decreases over time, should patients receive the vaccine as soon as it becomes available, or wait until later to provide protection throughout May?

A. Flu season is typically at its peak after December, but can extend from as early as October to as late as May. Because the influenza vaccine takes two weeks to provide protection (which is six weeks after dose one for children that require two doses), delaying vaccination until after the start of influenza season may increase the risk of becoming ill from influenza.

Q. The new Fluzone Intradermal is attractive to those who are afraid of needles. Do we know when or if the Fluzone Intradermal vaccine will be made available to the pediatric population?

A. Currently the Fluzone Intradermal vaccine is only available to individuals aged 18 to 64.

Visit www.choa.org/flu for more information.

Protoco Barana

Bronchiolitis

As we enter respiratory illness season, the bronchiolitis clinical effectiveness team at Children's offers the following guidelines as you care for children showing signs of bronchiolitis, based on recommendations from the American Academy of Pediatrics (AAP) and current research on bronchiolitis.

Testing

Diagnosis should generally be based on clinical grounds. Aggressive evaluation and testing, including respiratory viral testing, CBC and chest X-rays, are not routinely indicated, as most cases are due to viruses such as respiratory syncytial virus (RSV); test results rarely alter the course of treatment.

Infection control

Use contact-droplet precautions (surgical mask and private room) and strict hand hygiene before and after patient contact, including germicidal wiping of objects in patient's vicinity. If possible, there should be sick and well waiting rooms.

Treatment guidelines from the American Academy of Pediatrics (AAP)

- Bronchodilators should not be used routinely for management as most studies find that less than 20 percent of patients show any clinically significant response. Optional trial of β-agonist should be continued only if objective evaluation indicates a clinical response.
- Routine use of corticosteroids is not recommended, as no improvement was found in respiratory rate, oxygen saturation, hospital readmission rates or returns to the Emergency department.
- Ribavirin is not recommended for routine use, but may be considered for use in highly selective situations including

- severe disease, immunocompromised patients and those with hemodynamically significant cardiopulmonary disease.
- Use of antibiotics is only indicated when bacterial infection is clearly present; less than 4 percent of bronchiolitis patients have serious bacterial infections (SBIs), and when present, are likely to be urinary tract infections. Otitis media occurs frequently with bronchiolitis, and should be managed as per the AAP otitis media guidelines.
- Monitor hydration status and oral intake regularly, especially when nasal secretions are copious. Signs include lack of tears when crying, inconsolability, decreased elasticity of the skin, lethargy/ unresponsiveness and decreased urination.
- Chest physiotherapy is not recommended. Evidence indicates no benefit for loosening or removing of mucus—gentle nasal suctioning is preferred for congestion relief.
- Do not expose patients to smoking.
- Prophylactic palivizumab is recommended for high-risk children with prematurity or heart and/or lung disease, administered in five monthly doses during the RSV season (November through March).

Outpatient discharge instructions

Patient may return to school or daycare 24 hours after resolution of fever without antipyretic. For additional guidance, consult the CDC and AAP websites. Visit the Physician Portal under Patient Care tools for patient family teaching sheets for bronchiolitis.

| Treatment of high-risk patients | | |
|---|---|---|
| Infants born at 29-32 weeks of gestation | May benefit the most from prophylaxis up t | o six months of age |
| Infants born at 32-35 weeks of gestation | Prophylaxis should be reserved: - Children less than six months of age at the start of RSV season - Child care attendance | School-aged siblings Exposure to environmental air pollutants Congenital abnormalities of the airways Severe neuromuscular disease |
| Children less than 24 months of age with chronic lung disease (CLD) of prematurity who have required medical therapy for CLD within six months of the start of RSV season | Treatment may include supplemental oxygen, bronchodilator, diuretic or corticosteroid therapy | Patients with more severe CLD who continue to require medical therapy may benefit from prophylaxis during a second RSV season. |

LIBRARY SERVICES UPDATE

Use LinkSource to view full text resources

Link directly to full text resources from any library supported database by looking for the green LinkSource icon. Or, while searching in Ovid, Ebsco, or MDConsult databases, click on the circular "LS" icon to check for full text articles. Contact Kate Daniels, Medical Librarian, at 404-785-2157 for more information.

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

Development and Behavior Vol. 57 #15, Aug. 7, 2011

Travel Medicine Vol. 57 #16, Aug. 21, 2011

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

Ethics Vol. 34 #15, Aug. 7, 2011

Operative Management of Flatfoot and Arthritis of the Ankle Vol. 34 #16, Aug. 21, 2011

New Pediatric Grand Rounds (Children's at Egleston and Children's at Scottish Rite)

Lesch-Nyhan disease and its variants Jinnah, H.A. M.D., Ph.D PGR 06.15.2011

Treating pediatric depression Henkel, Shamina J. M.D. PGR 06.22.2011

Current concepts in nutritional therapy in critically ill children and neonates
Mehta, Nelish M.D.
PGR 08.03.2011

Enhanced screening for Ashkenazi Jewish genetic disorders: It's not just Tay-Sachs screening Fernhoff, Paul M. M.D., F.A.A.P., F.A.C.M.G. PGR 08.10.2011

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

MEC Update

Nominating process for 2012 Professional Staff Leadership continues

The Children's professional staff is seeking nominations for professional staff leadership roles. Medical Staff Governance will distribute a slate via email by early October. Then, in accordance with the Professional Staff bylaws, no later than Oct. 15, 2011, any twenty (20) members of the voting staff from a campus may submit a petition to the appropriate nominating committee requesting that an additional qualified individual(s) be included as a candidate for the position of presidentelect. The nominating committee shall review the qualifications of the proposed candidate(s); if the candidate(s) satisfies the qualifications in Section 3.A of the bylaws, the individual(s) shall be added to the slate of nominees.

No later than Nov. 1, 2011, a final slate of nominees shall be sent via email to the voting members at each respective campus, who shall then select the Professional Staff

Willis, Karen M.D.

leaders for that campus. All elections shall be done electronically. To be counted, ballots must be received by the respective presidents of the Professional Staff (or their designees) no later than Nov. 15.

To be elected to a position, an individual must receive an affirmative vote of at least fifty percent (50%) of the ballots returned. In any election, if there are three (3) or more candidates for a leadership position and no candidate receives a majority vote, there shall then be successive mail balloting such that the name of the candidate receiving the fewest votes is omitted from each successive slate until a majority is obtained by one (1) candidate.

If the election process is not completed for any leadership position prior to the end of the calendar year, the current Professional Staff leader in that position shall continue to serve until the election process is complete.

Contact the Medical Staff Governance Office at 404-785-7533 with any questions related to this process.

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.

| Name | Specialty |
|----------------------------|---------------------------|
| Agha, Beesan M.D. | Urgent Care |
| Beniflah, Jacob M.D. | Urgent Care |
| Bhandarkar, Sulochana M.D. | Dermatology |
| Bufe, Ashley M.D. | Pediatrics |
| Daves, Marla M.D. | Hematology/Oncology |
| Devlin, Sanaz, M.D. | Pediatrics |
| Griffiths, Mark M.D. | Urgent Care |
| James, Shawnte M.D. | Pediatrics |
| Larrivey, Roberto M.D. | Otolaryngology |
| Montero, Robert M.D. | Non-Surgical Orthopaedics |
| Munshi, Datta M.D. | Urgent Care |
| Reddy, Chetana M.D. | Cardiology |
| Reddy, Lakshmi M.D. | Allergy & Immunology |
| Richmond, Cheryl M.D. | Pediatrics |
| Ricotta, Joseph M.D. | Vascular Surgery |
| Schissel, Beth M.D. | Emergency Medicine |
| Sipp, Nia M.D. | Psychiatry |
| Thompson, Elizabeth PsyD | Psychology |
| | |

Pediatrics



Children's October Calendar of Events

PCC.—Patient Care Conference Occurs the first, second and third Luesdays of the each month, Children's at Scottish Rite Main Auditorium, 7:30 a.m. contact information, or reach us at 404-785-7615 or physicianoutreach@choa.org.

Children's values the opportunity to serve you and your

you, visit www.choa.org/outreach for Physician Liaison patients. If there is anything we can do to better serve

| Sunday | Sunday Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | PCC—Patient Care Conference Occurs the first, second and third Tuesdays of the each month |
|---|---|--|--|---|--|---|--|
| Save the Date Thursday, Nov. 10 Fall Gwinnett CME Dinner 6:15 p.m. buffet, 6:45 p.m. The 1 818 Club; Gwinnett "Adult Congenital Heart Dis McConnell, M.D. "Torsillectory and Adenoi by Sive Baktha, M.D. For more information, cont allison. krawczyk@choa. org | Save the Date Thursday, Nov. 10 Foll Gwinnert CME Dinner 6:15 p.m. buffet, 6:45 p.m., presentations 4:40 to Compenied Following Commerce, 3rd Floor McConnell, M.D. Tonsillectony and Adenoidectomy surgical techniques," presented by Michael by Sivi Boldhio, M.D. For more information, contact Allison Krawczyk at allison, contact Allison Krawczyk at allison, krawczyk@choa.org or visit www.choa.org/cmeregistration. | la D | Save the Date Tuesday, Nov. 15 Tenth Annual Donald Schaffner, M.D. Conference Tista on. 10 8:30 a.m. Children's at Scatish Rise, Main Auditorium Topic area: Prevention of chronic diseases with a focus on the important health issues of childhood obesity Keynote Speaker: Kenneth E. Thorpe, Ph.D. Robert W. Woodruff Professor and Chair, Department of Health Policy and Management, Rollins School of Public Health, Emory University For more information, contact Allison Krawczyk at | | Save the Date Institute for and Wed. Dec. 7 Institute for Healthcare Improvement (IHI) 23rd National Forum on Quality Improvement in Health Care Chalder's or Scatish Rite, Main Auditorium (Satellite) Formiame information, contact Nancy Richardson at nancy,richardson@choa.org. Pre-Registration is required; Limited space available | Pediatric Respiratory Care Update Loudemilk Conference Center 40 Courlind St. NE, Alfanto, GA 30333-2538 For more information, contact Nancy Richardson at nancy. richardson@choa.org. | Children's of Scottish Rie Main Auditorium, 7:30 a.m. GPGR—Grady Pediatric Grand Rounds, Clinical/Pathological Conference, Thursdays at Steiner Auditorium (68 Amastrong Drive across from the Grady Emegency deportment) 8 a.m. to 9 a.m. Contact Jackie Killey at Infel@@emony edu or 404-778-14 15 for more |
| 2 | က | PCC "Five hand problems that need the hand surgeon and pediatrician FAST!" presented by Gary Lourie, M.D. Credentials Committee 1680 Tullie Circle, 6 p.m. | GR "Atypical HUS," presented by Lourence Greenbaum, M.D. | GPCR Trouma Peer Review Committee 1677 Tullie Circle, 7 a.m. | 7 PSC | ω | 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. |
| 6 | 10 | PCC PCA PANDAS," presented by Semi-Annual Professional Staff Meeting Sepage 2 Op Services Peer Review Committee Committee Committee Committee Prior to the Semi-Annual Professional Staff Meeting | GR GR "The evolution of childhood," presented by Melvin Konner, Ph. D. | 13 GPGR | PSC Marcus Aulism Center Grand Rounds Warrus Aulism Center Grand Rounds Second Floor Conference Room, 1920 Briactliff Road, Affanta, 0.3 30329 "Topographies in feeding problems and related treatments unique to failten with autism spectrum disorders" presented by Dovid Locquess, Ph. D., Director Marcus Autism Center Rediantic Feeding Disorders Program Allied Health Peer Review Committee 1677 Tullie Circle, 8 a.m. | 15 | 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 Scatish Rite). Contact Nancy Richardson, Program Specialist, at 404-785-7843 for CME information. |
| 91 | Quality Committee of the Board 1600 Tullie, Boardroom, 7:30 a.m. | PCC Pindings of a new JAWA article within border context of indications for tonsillectomies," presented by Jim Thomsen, M.D. and Verlia Gower, M.D. | GR Research Grand Rounds Research Grand Rounds and light filer inhibitors: Moving towards individualized treatment based on inhibitor profiles," presented by Shannon Meeks, M.D. | GPGR GPGR ED/Ugent Care Peer Review Committee 1677 Tullie Circle, 12:30 p.m. | PSC Froum Lecture of the Pediatric Surgery Conference 7:30 on. Program, presented by Mary Thocher, RN Childen's of Egleston, Classroom 5 Conference of 1st Floor Sleep Lab conference room) | Pediatric Orthopaedic/Sports Medicine Program The Wastin Perimeter North Concourse Parkway, Atlanta, GA 30328-9937 For more information, contact For more information, contact Clivia Alexis at alivia: alexis@ choa.org. | |
| 23 | 24 11th Annual Child Abuse and Neglect Conference Omni Hotel at CNN Center www.choa.org/ annualconference | 2.5 11th Annual Child Abuse on Neglect Conference Omni Hotel at CNN Center www.choa.org/ www.choa.org/ System Peer Review Committee Professional Staff Presidents 1600 Tullie, Boardroom, 7:30 a.m. | 26 GR Melissa Strathom, M.D., Topic TBA | GPCR CPCR Institutional Review Board Meeting Marcus Autism Center, 2rd Floor Boardroom Room 204 7 a.m. – 9 a.m. Children's at Hughes Spalding Professional Staff Meeting 6 p.m. Emory FOB, Room 101 | 28 PSC | 29 | |
| 30 | 31 | | | | | | |



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MedClips Feedback

Send your feedback to Katie Tanner at katie.tanner@choa.org or 404-785-8832.

Visit the Physician Portal at www.choa.org/md for access to key resources, news and important announcements.

What to do this month:

- Receive your annual influenza vaccination—see the top left of page 4 for locations
- RSVP and attend the Oct. 11 Professional Staff Meeting—see the bottom of page 2 for details

Some physicians and affiliated healthcare professionals who perform services at Children's Healthcare of Atlanta are independent providers and are not our employees. Children's Healthcare of Atlanta at Hughes Spalding is owned by Grady Health System® and managed by HSOC Inc., an affiliate of Children's.