PEDIATRIC HEMATOLOGY/ONCOLOGY

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What can the new John Muir Health + Stanford Children’s Health pediatric hematology/oncology program deliver to a community like ours?

“"We bring academic-level, cutting-edge specialty care for children right to their front door. The program allows a family to stay in their own community, but still have access to the best possible care, during a crisis like a cancer diagnosis,” says Sadie Hannah, MS, NP.

Jay Balagtas, MD, pediatrician and pediatric Hematology-Oncology specialist, says “Before we were here, our families had to go to Oakland, UCSF, or Stanford, and that is a bigger obstacle than people realize. In the first year of therapy for our patients, the children have to be seen frequently. For some appointments, they may be hospitalized for several days. For a lot of families, this is a real hardship. We cut out the hurdles, and provide the same standard of care for blood diseases and cancers as the more established children’s hospitals. We’re able to ease the burden on these families.”

This benefit was an enormous relief for the mom of one young leukemia patient, at the hospital recently for a follow-up visit. She says, “I have three children. Before, when my daughter was in the hospital, I would stay with her for a week at a time, and never see my other kids at all. Now, it’s completely different. We live close to the hospital, and it makes everything so much easier.”

Kid’s Health News met with Dr. Balagtas and Sadie Hannah to find out more about the new pediatric Hematology/Oncology program, based at John Muir Medical Center, Walnut Creek. Dr. Balagtas a graduate of New York Medical College, completed his internship and residency at the Noval Medical Center. His fellowship was at Lucille Packard Children’s Hospital at Stanford. At UC Davis, he was Acting Chief of pediatric hematology/oncology for three years before returning to Stanford. Sadie Hannah comes to John Muir Health via a nursing degree from Sonoma State, followed by a pediatric hematology/oncology master’s degree and her NP degree from UCSF in pediatric acute care. She was at UCSF for five years, and has been at Stanford for six.

WHAT TYPES OF CANCERS DO YOU TREAT?
Sadie Hannah, MS, NP: We see most pediatric cancers: leukemia, brain tumors, solid tumors, osteosarcomas, Ewing sarcoma (a malignant bone tumor), rhabdomyosarcoma (a muscle tumor) and Wilms (kidney) tumor. We also see bleeding and clotting disorders, hemoglobinopathies such as Sickle Cell anemia and thalassemia, and bone marrow failure syndromes like aplastic anemia.

Dr. Balagtas: We can see patients from all those categories, and as we build the program, we will grow to fit more needs. We are able to see urgent new patients within 24 hours, sometimes even the same day, and can do routine consults in 24-48 hours.

WHAT ARE YOUR GOALS FOR THE PROGRAM?
Dr. Balagtas: We aim to increase the services that we can bring to this community. We want to provide 90 percent of what you can get at a large children’s hospital. Though we may not have the infrastructure for certain things such as stem cell transplant, we will be able to provide standard therapy, and possibly get access to clinical trials for some patients.

Sadie Hannah, MS, NP: We want to be seen as a major resource in the community for the pediatric, adolescent and young adult population.

WHAT DO YOU WANT OTHER PHYSICIANS TO KNOW ABOUT THE WORK YOU DO HERE?
Sadie Hannah, MS, NP: What is most gratifying is that we have a really close connection with our patients. It’s wonderful how available we can be to the patients in a smaller center. With our team, there are no barriers to communication. We all talk about the patients constantly.

Dr. Balagtas: We also have great continuity in care. Both of us trained and worked at large hospitals, where for patients, it may not be possible to see the same doctor and nurses at each visit. Here, we provide that continuity. We know our patients; we see them every week. We know their medical history completely — for instance, which particular nausea medications work for them.

WHAT MAKES YOU MOST PROUD OF THE WORK YOU ARE DOING HERE?
Sadie Hannah, MS, NP: We’re providing an incredible service. We’ve been at academic centers, and seen the patient experience at huge centers far from here. We get to tailor the patient experience to what these patients and families need. Also, it has been great to build this program from the ground up. I’m proud of the staff here, they have fallen in love with this population, in terms of nursing, ancillary care, and pharmacy, and the administration is very supportive.

Dr. Balagtas: I’m definitely proud to see everyone come together to take care of these pediatric patients, and to provide exceptional care. The commitment has been there from day one from Stanford Children’s Health and John Muir Health. It’s been clear that the hospital and administration want to work together with us so that our patients can get the best possible treatment.

From the patient standpoint, feedback has been very positive. Our patients frequently tell us how nice everyone is, and how their care feels personalized.

WHAT DO YOU LOOK FORWARD TO IN THE FUTURE?
Sadie Hannah, MS, NP: We want to grow to meet the needs of this community, and the surrounding population. We’re in a unique position as opposed to a larger referral center. People live in this community and we are now able to create a community of survivors locally.
Sophisticated simulators help train staff in varied scenarios

Laura B. Kaufman

Simulation-based learning has come a long way since the 1960s, when people learned cardiopulmonary resuscitation (CPR) from a soft plastic mannequin called Resusci Anne. Incredibly sophisticated new mannequins are now being used effectively to improve patient care and safety through simulation-based learning.

At John Muir Health’s new PICU, two highly advanced simulators are helping staff train for both routine and crisis situations. Budi Wiryawan, MD, PICU medical director, explains their value: “When we opened the PICU, we had one goal: to create a unit that, in time, will provide quality care with an increasing degree of complexity and acuity similar to any children’s hospital. We had the challenge of bringing a whole team – nursing staff, ancillary staff, respiratory therapists and others – to this level and sustaining it. We acquired simulation devices that are very detailed and complex, complete with heart and lung sounds that change, a range of skin tones, lips that can turn blue – even pupils that dilate – making them an excellent teaching tool.”

Stanford’s Resources Make the Difference

Dr. Wiryawan adds, “Because of our joint venture, we have Stanford’s world-pioneering simulation program for guidance, and they have been providing ongoing training for us and the hospital staff.” Stanford has multiple laboratories, investigators and centers for immersive and simulation-based learning, including one at Lucile Packard Children’s Hospital Stanford. “It’s very uncommon to have access to this technology in a community hospital,” says Deb Updegraff, nurse practitioner and clinical nurse specialist for the Pediatric Acute and Intensive Care units at John Muir Health. “We have a mannequin that’s approximately the size of a seven-year-old, and an infant-sized mannequin. Both can vocalize. The child can talk via a microphone. Symptoms are programmable to reflect the scenario diagnosis.” According to Updegraff, “Our goal is ongoing skills training – cognitive, technical and behavioral – as we take care of an increasing number of sicker patients.”

Timing Can Be Everything

“Simulating a pediatric Code Blue at 1:00 a.m. is different from simulating one during the day,” Dr. Wiryawan explains. “In this scenario, there would be one physician and three nurses on duty. Therefore, we have developed code roles with an emphasis on team building and functioning. As we grow our service, we are incorporating resources outside pediatrics. Resources from the ED, the adult ICU and in-house pediatricians can help us solve manpower issues in pediatric emergencies. We’ve assigned them roles for a code – and train them. There is so much benefit to doing this when a patient is not at risk.” He concludes that the advanced training, with Stanford’s resources, supports the PICU and clinicians in Walnut Creek and the Concord ED in their quest to fundamentally change local access to high-quality pediatric care. “We’re going beyond being a community pediatric center – creating safe, very high quality care. We’re the only community hospital with a PICU in Contra Costa County, and becoming increasingly capable of pretty much all pediatric subspecialties.”

“When I tell people what we have to offer, they say, ‘Really? You can do all that?’ We want the community to know that yes, we can do all that.’"
INTRODUCING

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ABOUT OUR PARTNERSHIP
Through our partnership, patients can now see Stanford Children’s Health specialists locally in the East Bay. When hospital-based care is needed, patients can be treated at John Muir Medical Center in Walnut Creek. It all adds up to: your patients can receive excellent quality specialty pediatric care, close to home.

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