PEDIATRIC NEUROSURGERY SERVICES NOW OPEN AT JOHN MUIR HEALTH

One of the latest pediatric specialty programs that has arrived at John Muir Health as part of our partnership with Stanford Children’s Health is the pediatric neurosurgery service, which is now based at 106 La Casa Via in Walnut Creek. – continued inside

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Brad Sullivan
Pediatric neurosurgeon and clinical assistant professor David S. Hong, MD, comes to the program from Stanford, by way of New York University School of Medicine. He completed his internship and residency at Wayne State University and his fellowship at the University of California, San Diego. Dr. Hong works closely with pediatric nurse practitioner Camly Slawson. The service opened officially in October 2015.

Beth Lannon, executive director of Children’s Specialty Services at John Muir Health, says that it wasn’t anticipated that the neurosurgery subspecialty would be needed so quickly. “But once the decision was made to open the Pediatric Intensive Care Unit (PICU), we knew we needed subspecialties to support the intensivists. Due to medical conditions we saw in the PICU, we required a neurosurgeon to be available quickly if needed. I’m proud that we have the specialty here. It’s unusual for a community hospital to have this level of expertise available. We have already seen some children through the ER with undiagnosed brain tumors, certain spinal disorders, hydrocephaly or shunts.”

We visited with Lannon, Dr. Hong and Camly Slawson to find out more about the newest pediatric specialty, which joins 18 others at John Muir Health (see page 6).

Kid’s Health News: TELL US ABOUT THE GOALS BEHIND YOUR PROGRAM.

Dr. Hong: Our mission is to make the care of the child as seamless as possible. Taking the child far away for treatment can be very disruptive for the child and for the family; now we can treat kids close to home. When a child is in the hospital, everything is turned upside down. Having the resources of Stanford and John Muir Health allows us to bring the specialties to the East Bay to complete the full picture. A common neurosurgery scenario can be an acute condition that materializes in a day. All of a sudden, you’re in the hospital for a week or two. This is an area in which we are needed most, to address that acute situation.

WHAT DO YOU MOST WANT OTHER PHYSICIANS TO KNOW ABOUT THIS SERVICE?

Beth Lannon: We want them to know that our services include pediatric neurosurgery, that we are working towards doing more complicated surgical cases and that Dr. Hong is available for consults for inpatients or outpatients. We are beginning to get busier rapidly.

Dr. Hong: I’d like to highlight the complexity of the things we’re able to do here and point out that we provide the same full service in pediatric neurosurgery offered at Lucile Packard Children’s Hospital Stanford. We also have an open-door policy – neurosurgery tends to be acute, and urgent questions can arise. We are just a step away from the pediatricians. We have found that many are excited to know this additional service is here. Our shared goal is to keep the kids close to the community.

Camly Slawson, NP: We’re very child-centered and have a team approach. We want clinicians to know that if you have any questions related to the brain, spine or neurosurgery, we’re very accessible. Our clinic number is (925) 239-2900.
A COMMON NEUROSURGERY SCENARIO CAN BE AN ACUTE CONDITION THAT MATERIALIZES IN A DAY.

ALL OF A SUDDEN, YOU’RE IN THE HOSPITAL FOR A WEEK OR TWO.

CAN YOU DESCRIBE THE CASES SEEN HERE NOW, AS WELL AS WHAT YOU’D LIKE TO SEE IN FUTURE?

Dr. Hong: In the clinic, we see a range, including abnormal head shapes, epilepsy, vagal nerve stimulation, brain tumors and hydrocephalus. In the PICU, we see hydrocephalus and spina bifida.

Other typical diagnoses include tethered cords or spinal dysraphism, head trauma and persistent concussion. The pediatricians here are very good at diagnosing neurosurgical issues.

Over time, we want to provide care for more brain tumors, spinal repairs, spina bifida, epilepsy, scoliosis and pediatric trauma.

WHAT MAKES YOU MOST PROUD OF THE NEUROSURGERY PROGRAM STARTING UP?

Dr. Hong: After a lot of teamwork, we were able to start doing the types of cases we are seeing now. We had many milestones, working together across the specialties — the PICU, the hospitalists, the nursing staffs. We had a historic moment — our first pediatric brain tumor case. Our patient did really well, and everyone gets to share in that outcome. This patient would have otherwise been transferred to another hospital. The family related how glad they were to return to John Muir Health for all of their child’s care. Another patient with a new onset of seizures had layers of evaluations, and there was good news: We could remove the source and deliver a good outcome. For me, there is a lot of satisfaction in seeing the patients turning around, doing well and going home soon.

Camly Slawson, NP: For me, it’s most satisfying to work with a variety of different patients. We go through pretty major events with them, and then it’s great to see them go “back to baseline.” We may follow them for years.

Beth Lannon: I’m proud that the pediatric specialties have far exceeded our expectations in just two to three years. Our families told us we needed pediatric services, we brought them in, and they are being used to the fullest.

I’m also proud of how these two very different institutions — a university with a medical school and John Muir Medical Center, Walnut Creek, have pulled together to provide these services. At the end of the day, we can do more for more people.

WHAT ARE YOU LOOKING FORWARD TO IN THE FUTURE?

Beth Lannon: We are doing a strategic assessment, with input from John Muir Health, Stanford Children’s Health, community physicians and nurses. A lot will be happening with specialty programs. Stay tuned!

Dr. Hong: Growth is always on our minds. I think we will see a dedicated, multispace center here. We don’t yet have qualifications for a pediatric trauma certificate, but we will work toward it.

ANY LAST WORDS ON THE EXPERIENCE OF STARTING THIS NEW SERVICE FOR THE COMMUNITY?

Dr. Hong: Starting this specialty here has not had the same novelty as a traditional “startup,” but there has been a similar enthusiasm about it. Our specialty is tried and true, and we are fitting into the East Bay picture very smoothly.
Glucose-monitoring devices
enhance data collection, improve diabetes care and connect directly to electronic medical records

By Laura Kaufman

Technology is making life a little easier for kids and adults with type 1 diabetes.

More and more patients now wear small insulin pumps and a continuous glucose-monitoring device (CGM). With no needle in sight, insulin pumps eliminate the need for multiple daily insulin injections. These programmable pumps allow frequent, small adjustments to insulin delivery and mimic the pancreas by delivering tiny amounts of insulin over the course of an entire day.

The wireless cellphone-sized CGM detects trends, tracks glucose patterns and alerts the patient when glucose values fall outside of the target range. This data is made available to the patient and the patient’s family and clinicians.

“We offer the CGM system to our young patients early, even at the second visit after a type 1 diabetes diagnosis,” says pediatric endocrinologist Cristina Candido-Vitto, MD. “The data it provides keeps us in close contact with them, well beyond their appointments. This is a big advantage in pediatric endocrinology, as insulin requirements frequently change in growing children. Activities affect blood sugars, as seen when they transition from the school year to summer, or when a child begins a sports program. Changes also come along with hormones and growth.”

“In the past, we would have four or five blood glucose numbers per day in between a patient’s office visits to base the insulin dose adjustments on,” she adds. “Now, we get the numbers every five minutes. We have a much more accurate picture than before.”

Nurse Marin Preston, a certified diabetes educator (CDE), adds, “It’s like comparing four or five snapshots to a movie. More frequent communication can lead to better diabetes control.”

Recently, a Stanford physician developed a system to allow this data to feed directly into Epic, the electronic medical record (EMR) software used by Stanford Children’s Health.

“The fact that this data is now connected to the EMR is a big help. Documentation is easy, and now all the people taking care of these kids can see great detail in the reports,” says Dr. Candido-Vitto.

Kelli Patin, RD, CDE, notes that data-sharing advances for diabetes patients are following the trend of other app- and phone-based health tools, such as nutrition apps and fitness trackers. Many diabetes devices can now deliver data to a smartphone, tablet or Apple Watch.

“When the improved technology, a quick check on your phone can reveal a number on a screen with an arrow that indicates whether glucose levels are trending up, holding steady or dropping,” she says. Alerts can also be helpful and greatly increase safety, both day and night.

One program downloads data from various blood glucose meters, CGMs and some insulin pumps and translates the numbers into a report that quickly generates a graphic image of doses, carbs and the effects of exercise or food. It helps diabetes patients and their care teams make proactive improvements to the diabetes care plan.

“We’re excited to offer this technology, along with expertise and experience from Stanford, to the East Bay pediatric population,” says Preston. “Local families don’t have to travel long distances after diagnosis any more. We provide great diabetes care and education and a positive, encouraging setting right across from John Muir Medical Center in Walnut Creek.”
John Muir Medical Center
1601 Ygnacio Valley Rd, Walnut Creek, CA 94598
Thursday, 7:30 a.m. – 8:30 a.m.
Epstein 1 Conference Room

August
4  Pediatric Endocrinology, Suruchi Bhatia, MD
11  Pediatric Gastro/Hepatic, Norberto Rodriguez-Baez, MD-UTSW
18  Pediatric M&M — PICU Case Presentation, Drs. Wiryawan & Harsono

September
1*  Updates & Advances in Pediatric Food Allergies, Joshua Jacobs MD
8*  Neonatal Jaundice Update, Vinod Bhutani, MD-LPCHS
15  Pediatric Clinical Rounds
24  CME Berkeley Conference on Adolescent Medicine
29*  GERD Update, Kelly Hass, MD

October
6*  The Vomiting Child, Tom Hui, MD-CHO
20  Pediatric M&M Case Presentation, Drs. Dos Santos & Liao

*Webinars
Webinars are available via the internet starting at 7:30 a.m.
To access as a guest:
1. Navigate to: (expired)
2. In the form on the landing page, enter your first name, last name and email address
3. Click Join meeting (if displayed, do NOT click Register me now)
4. If a pop-up blocker appears, choose Always allow
5. Enter your phone number with area code
6. Click Connect me
7. If requested, download the evaluation, complete it and fax it to (925) 947-5286
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**Infectious Disease**

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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.