A MESSAGE FROM THE ANESTHESIOLOGIST-IN-CHIEF
DEAN B. ANDROPoulos, M.D., MHCM

Many important and exciting developments are happening in the Department of Pediatric Anesthesiology at Texas Children’s Hospital. In 2014 we have recruited a total of 17 new faculty: 10 Pediatric Anesthesiologists, 1 Sedation Hospitalist, 5 CRNAs, and our first Pediatric Pain Psychologist. This is by far the largest number of new faculty recruited in any year, and brings our faculty number to 59 Pediatric Anesthesiologists, 2 Sedation Hospitals, 20 CRNAs, 1 Pediatric Pain Psychologist, and 2 research faculty, for a total of 84 Pediatric Anesthesia faculty members. All of this growth is essential to support the growing clinical program, where in the past 12 months the Department performed a total of 38,955 anesthetics, an increase of 2% over the previous 12 months. The case complexity continues to increase, reflecting the growing number of more complicated anesthetics performed all over the TCH system. We now start over 40 anesthetizing locations every day.

Another important milestone for the Department was reached recently, with the second year of the Pediatric Anesthesia Board Examination, offered by the American Board of Anesthesiology. 56 of the 59 Pediatric Anesthesiologists at TCH are now Board Certified, marking a level of commitment to excellence and professionalism unmatched in any other Department in the U.S. All of those not yet certified will be taking the examination in the next year; and our goal is 100% Pediatric Anesthesiology Board Certification at TCH.

Education and training continue to be a top priority for the Department, and this academic year we welcomed 6 outstanding Pediatric Anesthesiology Fellows, and 1 Pediatric Cardiovascular Anesthesiology Fellow. The Department has edited two brand new textbooks of Pediatric Anesthesiology published in recent months, including “Critical Incidents and Essential Topics in Pediatric Anesthesiology,” edited by David Young and Toyin Olutoye, published by Cambridge University Press. This book features a number of TCH authors and is a series of 170 short chapters covering the entire field of Pediatric Anesthesiology.

EXECUTIVE UPDATE

I am excited to be working with Anesthesiology again. I have had the pleasure of working with Dr. Andropoulos and Dr. Stayer in the past in some of my roles at TCH. I joined TCH 10 years ago and have had the opportunity to provide leadership over Ambulatory Services and our Health Centers, start up the PSO, facilitate the 14 Go Lives of our Epic clinical EMR, and lead some other exciting projects like Delivering on the Vision. As the current President of the Texas Children’s Physician Services Organization I have always kept an eye on all of our subspecialty areas, including Anesthesiology.

Houston is booming. With its growth in industry and commerce, it has become one of the most exciting places to be. Texas Children’s is no different. We have...
UPDATE ON PEDIATRIC ANESTHETIC NEUROTOXICITY: SmartTots AND THE FDA SCIENCE BOARD

By Dean B. Andropoulos, M.D., MHCMD

The SmartTots organization is a public-private partnership of the U.S. Food and Drug Administration, International Anesthesia Research Society, Society for Pediatric Anesthesia, and the American Academy of Pediatrics formed in 2007 whose mission is to address the issue of potential anesthetic and sedative neurotoxicity in the developing brain. The primary goals are to design and fund research, both basic science and clinical, into this problem, and also to develop communications to anesthesiologists, surgeons, pediatricians, parents, and the public about this issue. SmartTots has raised funds that have enabled it to fund 4 research grants to date, and written a Consensus Statement released in December 2012 about anesthetic safety in infants and children. Over the past several years, additional pre-clinical animal data, and retrospective epidemiological data have accumulated that increase the urgency of finding answers to this question. Do anesthetic gases and IV drugs binding gamma-aminobutyric acid, and N-methyl-D-aspartate receptors, truly result in adverse neurodevelopmental consequences, or does a child's underlying medical condition, or the surgery itself, cause of the neurodevelopmental issues observed in the population of young children undergoing anesthesia? The public health implications of this issue are huge, with 4-6 million children undergoing anesthetics annually, including about 1.5 million children under the age of 3 years, thought to be the highest risk group. The TCH Department of Pediatric Anesthesiology has a major role in this question, and two recent developments illustrate how essential we are in seeking answers to this very important problem.

I have had the privilege of serving on the SmartTots Scientific Advisory Board, and now on the SmartTots Task Force developing a high-impact research agenda to address this issue. After meetings in June and October 2014, the Task Force has created a research strategy to design a single, high-impact prospective randomized controlled trial, to make major progress in providing answers. The Task Force, made up of clinical and basic science researchers, and practicing pediatric anesthesiologists from major U.S. and international centers, reached consensus that a trial of standard anesthetic techniques with sevoflurane should be compared to a technique that has the best evidence for not causing the neurodegeneration in pre-clinical studies seen with conventional agents. The anesthetic combination that is most promising is a total IV anesthesia technique with dexmedetomidine and remifentanil. Before a major trial can be organized, two steps will be taken: 1. A pilot, open label study of dexmedetomidine-remifentanil anesthesia, supplemented by a caudal block, will be completed with 50 infants less than 12 months undergoing urological or lower abdominal/lower extremity surgery lasting greater than 2 hours. I have been the primary author/designer of this protocol, which will be carried out in 7 centers in the U.S., Australia, New Zealand, and Europe. TCH will be involved, this protocol will be submitted to the IRB this month, and enrollment should start in early 2015. Second, a non-human primate study is planned, comparing sevoflurane exposure, to a dexmedetomidine-remifentanil-caudal anesthetic.

If, as anticipated, the dexmedetomidine-remifentanil anesthetic is feasible in the infants, and does not cause neurodegeneration in the non-human primates, then a large, multicentered, multinationalized controlled trial would be planned, and TCH will be a major participant in both the design and funding of such a trial. SmartTots will be very active in fundraising of the millions of dollars anticipated to be required to carry out these studies.

The SmartTots organization will also issue an updated consensus statement in the next several months, about the potential anesthetic neurotoxicity in young children. It will be a bit stronger than the 2012 statement, and will urge parents and caregivers to discuss surgical and anesthetic procedures. No changes to current anesthetic drug regimens are recommended; rather a discussion of the true necessity of a purely elective surgical/anesthetic procedure should be discussed. The statement will recommend that these procedures be postponed until a later age if this can be reasonably done without detriment to the health status of the child. The problem is that no one knows the exact age when potential anesthetic neurotoxicity is no longer a concern. Everyone is encouraged to follow this information closely, the SmartTots website is an excellent source of updated information: www.smarttots.org

The FDA Science Board met on November 19, 2014, in Silver Spring, Maryland to consider the state of the pre-clinical and clinical evidence for anesthetic neurotoxicity. The Science Board is a high level body convened by the Commissioner of the FDA to consider important problems and questions, and issue recommendations. I had the privilege of attending and participating in this meeting. The morning session consisted of a thorough update the scientific evidence that resulted in a clear impression that this problem needs to be addressed more urgently by the clinical and scientific community. The afternoon session started with public comments, and I was able to deliver a 15-minute statement advocating for properly designed research, including the new SmartTots research strategy, and also for the FDA Science Board to call for this research to be performed, and equally importantly, to call for funding for this research from the National Institutes of Health, and other funding agencies. The text and video of my remarks can be found at these links:


https://collaboration.fda.gov/p948po0mns4/?launcher=false&fcsContent=true&pbMode=normal

In addition, a Science Magazine piece was written about the FDA Science Board Meeting for which I was interviewed, and can be accessed at this link:

Researchers struggle to gauge risks of childhood anesthesia

The Department will be updated regularly about this issue; please do not hesitate to contact me directly with questions; there is also additional information on the TCH Blog, consisting of questions from parents, and my responses to them, at:

http://www.texaschildrensblog.org/author/dandropoulos/

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seen tremendous growth with our expansion to West Campus and Pavilion, and it seems as though we are just getting started. With projects like CareFirst and the Woodlands campus, we are in some really exciting times at TCH right now. But with this progress, comes the renewed responsibility to maintain our focus on providing the highest quality patient care and achieving high patient satisfaction goals. I look forward to working with you as we keep up with this growth and ensure that Texas Children’s upholds its ranking as one of the top hospitals in the country.
We are pleased to announce that Kelly Crumley, B.S., M.B.A./M.H.A. has been recruited to be the Practice Administrator for the Department of Anesthesiology. Ms. Crumley graduated from Texas A&M University with her bachelor’s degree in Biomedical Science, and earned her M.B.A./M.H.A in Business and Healthcare Administration from the University of Houston. She has worked at Baylor and TCH since 2007 in several roles in practice management, revenue cycle management, and patient access in the TCH system. She has most recently been Admissions Manager with TCH Patient Financial Services, where she has led a number of successful projects, including integrating Epic with the admission/discharge process, a green belt project with pathology laboratory point of service, radiology point of service improvement, and consolidation of patient access representatives for all front desk operations on the Main Campus. She is currently part of several process improvement initiatives including a Kaizen project with the Department of Surgery. Her expertise in the TCH system and energetic approach will be a great asset to the Department as we launch new initiatives in Pain Medicine, Perioperative Surgical Home, and expand Surgical ICU services in 2015.

ANESTHESIOLOGIST PRESENTATIONS AT SPA AND ASA ANNUAL MEETING

The Department of Anesthesiology was well represented at the annual meetings of the American Society of Anesthesiologists, and the Society of Pediatric Anesthesiologists held on October 10-14 in New Orleans.

ABSTRACTS, PBLDS, MEDICALLY CHALLENGING CASES, PODIUM PRESENTATIONS

“Challenges of Vascular Access in a Patient with CLOVES Syndrome” - Aina Titilopeomi, M.D.

Problem-Based Learning Discussions (PBLD’s): “I don’t have the faintest idea of what to do! A 9-year-old with recurrent syncope presents with acute appendicitis.”

Nathaniel Greene M.D., Lisa Caplan M.D.

Perioperative Considerations for Ex Utero Intrapartum Treatment Procedures: Principles, Pitfalls & Progress - Toyin Olutoye, M.D.

Evolving Indications for EXIT Procedures - Toyin Olutoye, M.D.

The Role of the Anesthesiologist in the Care of the Dying Child

Nancy L. Glass, M.D., M.B.A., FAAP

Problem-Based Learning Discussions (PBLD’s): “Give me oxy NOW!” Acute pain management in the adolescent with chronic pain, substance abuse and poor coping skills - Evelyn C. Monico, M.D.

Medical Challenging Case (MCC): Anesthetic Management of Congenital Tracheal Stenosis in a Neonate - Pablo Motta, M.D., Premal Trivedi, M.D.

Medical Challenging Case (MCC): Anesthetic Management for Staged Posterior Occipito-Cervical fusion and Endoscopic Endonasal Odontoidealomy in a Child with Basilar Invagination

Yang Liu, M.D., Monte Chin, M.D.

Medical Challenging Case (MCC): Neonatal Heart Transplant with Aortic Arch Reconstruction for Hypoplastic Left Heart Syndrome (Shone complex) - Pablo Motta, M.D., Monte Chin, M.D.

Medical Challenging Case (MCC): The Liver Without Its Ducts: A Case Presentation of Biliary Atresia & The Anesthetic Management For A Kasai Procedure

Christina X. Wang, M.D., Carlos Campos, M.D.

The Predictive Validity of 12 month to 36 month Neurodevelopmental Testing After Complex Neonatal Cardiac Surgery


Assessment of predictive validity of 12 month to 36 month neurodevelopmental outcomes indicates strong predictive relationship. The use of 12 month neurodevelopmental outcomes should continue in research.

Noncardiogenic Pulmonary Edema following Protamine Administration Requiring ECMO Initiation in a 5-year-old Patient

Julie A. McWhorter MD, R. Blaine Easley MD

Anesthetic Exposure, MRI Brain Injury and Neurodevelopmental Outcomes at Age 36 Months Following Neonatal Cardiac Surgery

Ashraf M. Resheidat, M.D., Marcie Meador, R.N., M.S., Ronald B. Easley, M.D., Ken Brady, M.D., Rachel Dugan, R.N., Voight Robert, M.D., M Turcich, LPC, LMFT, LSSP, Dean Andropoulos, M.D.

Neonates undergoing cardiac surgery have significant subsequent anesthetic exposures. In this analysis we demonstrated association between the total number and duration of anesthetics and lower neurodevelopmental outcomes at 36 months of age with univariate regression analysis, but not in a multivariate model. We are now studying variation in anesthetic technique, specifically VAA exposure and other anesthetic and sedative dosing data, to determine if this modifiable factor is associated with neurodevelopmental outcomes in this population at 36 months

BMI and Musculoskeletal Pain Among Hispanics and Non-Hispanic Whites: Evidence From The National Longitudinal Study of Adolescent Health, 1994

Evelyn C. Monico, M.D., Anna Zamora-Kapoor, Ph.D., Nathalia Jimenez, M.D., Adam Omidpanah, M.S.

Despite the fast demographic growth of Hispanics in the U.S. and the group’s increasing obesity rates, no documented analysis has examined the role of BMI in Hispanics’ report of musculoskeletal pain and the extent to which it differs from non-Hispanic Whites. Hispanic adolescents exhibit, on average, a higher BMI than non-Hispanic Whites but report lower frequencies of musculoskeletal pain. Here we examine whether acculturation, identified with the language spoken at home, could explain this racial/ethnic gap.

Multi-Specialty Educational Programing at a Free Standing Children’s Hospital - Challenges of Supply and Demand

Ronald B. Easley, M.D., David Young, M.D., M.Ed., Carlos L. Rodriguez, M.D., Rahul G. Baijal, M.D., Priscilla J. Garcia, M.D., Chris Glover, M.D., Thomas L. Shaw, M.D., Mark J. Harbott, M.D., Dean B. Andropoulos, M.D.

Academic Children’s Hospitals are challenged with the educational demands of anesthesiology and non-anesthesiology learners from multiple specialties. At our center, non-anesthesiology learners are the majority of trainees—seeking experiential learning in airway management skills. Anesthesiology faculty must consider the diverse needs of both both learner groups when developing educational programs. Future studies of this complex educational issue are necessary to understand the impact and explore the best strategies for integration of multi-specialty learners into busy clinical environments.
Nancy L. Glass, M.D., M.B.A., FAAP
Society for Pediatric Anesthesia, President

Dr. Glass had the privilege of serving as the President of the Society for Pediatric Anesthesia for the last two years. The Society for Pediatric Anesthesia meetings have grown substantially, under her leadership but the sense of belonging and fellowship remain intact. With the Board’s leadership, and the participation and support of so many, much has been accomplished.

- Administration of the first ever ABA Pediatric Anesthesia Board Exam last October 2013, after years of effort and support by Frank McGowan and countless others, a huge step for recognition of our specialty!
- Revision and acceptance of updated By-laws, with the assistance of Rosalie Tassone, Lynne Maxwell, and Ira J Cohen
- Revision and updating of our Strategic Plan for the organization
- An enlarged Board of Directors
- Appointment of new Committee leadership, for Communications (Sean Flack), Research (Toyin Olutoye), and SPACIES (Faye Evans)
- Creation of the Society for Pediatric Pain Management, under the umbrella of the SPA
- Continued growth of our Winter Meeting to over 800 registrants, at a time when many medical meetings are struggling to attract attendees. Updated lecture topics, electronic posters, a special session for Young Turks, and expanded PBLDs all contribute to this meeting’s “buzz.”
- Presentation of the Intensive Review of Pediatric Anesthesia, a new review course, so popular that a second site had to be created, and faculty had to give each lecture twice!
- Publication of the Critical Events Checklist, created by the Quality and Safety Committee under the leadership of Genie Heitmiller, FREE to anyone on our website
- Publication of the Critical Events Checklist in Spanish, professionally translated, with considerable assistance from Carlos Campos, also FREE on the website
- Creation of the FREE Pedi Crisis i-phone application, created and supported by members of the Bioinformatics group, including Mohamed Rehman and Justin Lockman from CHOP
- Initiation of a process for distributing seed grant money from the Research-Safety-Education Fund
- Continued growth of WakeUpSafe and PRAN, with additional institutions and many, many more cases included in both databases.
- Continued growth of the Congenital Cardiac Anesthesia Society, as well as its outcome database
- Sponsorship of our first-ever, SPA Fellowship in Pediatric Anesthesia, at the University of Nairobi, Dr. Susane Nabulindo.

Please join us in celebrating Dr. Glass and the many accomplishments during her tenure.

Emad Mossad, M.D.
Congenital Cardiac Anesthesia
President

Dr. Mossad has been elected as the Congenital Cardiac Anesthesia Society President effective October 14, 2014. Dr. Mossad looks forward to the privilege of acting as President, and will no doubt go forward with increasing success. His personal goals as president are trying to improve the profile of the CCAS internationally, and to increase collaborations with other organizations involved in the care of patients with CHD, and children with heart disease.

Drs. David Young and Toyin Olutoye

Congratulations on their new textbook, “Critical Incidents and Essential Topics in Pediatric Anesthesiology,” published by Cambridge University Press. This book features a number of TCH authors and is a series of 170 short chapters covering the entire field of Pediatric Anesthesiology, as a bedside reference for mastering the field during training, review as a practicing anesthesiologist, and preparation for in-training and board examinations.

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as a bedside reference for mastering the field during training, review as a practicing anesthesiologist, and preparation for in-training and board examinations. The second new textbook is “Anesthesia Care of Pediatric Patients in Developing Countries,” edited by George Gregory and Dean Andropoulos. This book is an electronic-only book, designed for the anesthesia care providers in developing countries, who otherwise would not have access to a textbook of Pediatric Anesthesia. This book has 23 chapters covering the entire field and also features a number of TCH authors. It will be available for free download to developing countries, and is written in a straightforward, physiologically based style that will be amenable to translation into other languages.

Texas Children’s Hospital is embarking on two very major expansion projects that will directly affect the Department of Anesthesiology. The first is Texas Children’s Hospital the Woodlands, a community pediatric hospital scheduled to open in 2017. The Department will have 6 additional anesthetizing locations in the Woodlands, including 4 ORs and 2 out of OR locations. We will begin recruiting faculty for the Woodlands in the next year, and our plan is to recruit people who will be based at the Woodlands for most or all of their clinical duties. The second project is CareFirst, consisting of a new patient care tower of 19 floors, built on top of the current Pavilion for Women 5-story base to the south of the main PFW Tower. CareFirst will build a completely new set of 8 high-acuity ORs, and relocate the Heart Center, which will have 4 CVORs, 4 Cardiac Catheterization Laboratories, and a 5th CVOR shell space. In addition, all ICUs will move to the new tower, including 48 CVICUs, and 81 PICU/PCU beds, which will include a dedicated Surgical ICU area immediately above the new ORs. CareFirst will open in 2018. The total cost of the Woodlands, CareFirst, and additional fundraising for faculty recruitment and development will be $1 billion. The funding will come from a fundraising campaign called the Promise Campaign, issuance of tax exempt bonds, and from operating cash flow margin. The leadership of the Department of Anesthesiology has been integrally involved in the planning of the Woodlands and CareFirst, and the design of the perioperative areas will reflect the absolute state of the art for quality and efficiency of care, and patient and family experience. We are all very fortunate to work in an institution with the vision, foresight, and resources to create such outstanding facilities and programs.

Finally, our Wellness mission is very important to the long-term health of every member of our Department, and we have made a major new commitment with the FitBit Challenge, organized by Drs. Stayer, Campos, and Motta. Every member of the Department who commits to share their daily physical activity data (number of daily steps with a goal of 10,000 per day) has received a FitBit free of charge. Besides activity tracking, this device and the accompanying software and smart phone app allows a multidimensional approach to health and wellness, including diet, weight, exercise, sleep, hydration, and calories burned/consumed. It has been an important part of my own health and wellness regimen and we expect that many members of the Department will also see significant benefits from this new technology.
Dr. Stuart Hall and I traveled to Lubbock as part of a Heart Center initiative in late September. The purpose of the trip was to provide top of the line care to families requiring cardiac surgery in West Texas. Our team was made up of surgeons, OR staff, CVICU nurses, nurse practitioners, perfusionists and anesthesiologists, of course. Our goal of this visit was to recreate the Texas Children’s Hospital cardiovascular surgery perioperative experience at Covenant Lakeside Hospital.

Prior to this trip, I took a trip to Lubbock to inventory supplies, familiarize myself with the operating rooms and the intensive care unit, and meet with Dr. Mark Thompson, a pediatric anesthesiologist working at Covenant. It was important to become familiar with procedures for blood product ordering and timing, blood gas analysis, invasive monitoring, and transport during this short visit.

In September, Dr. Hall, Thompson, and I anesthetized an older child for repair of a vascular ring. Dr. Charles Fraser, Our Texas Children's Hospital, Surgeon-in-Chief, performed the surgery through a left thoracotomy with the assistance of Anna Groneck, RNFA and Dr. Richard Ranne, a pediatric surgeon at Covenant. Although this was a non-pump case, the anesthetic care was very complex. This case required placement of an arterial line, a central line and a Univent tube for one-lung ventilation. We elected to place an epidural for postoperative pain control.

The case went quite well, and the patient was extubated in the operating room. He was then transported to the PICU for postoperative care. Dr. Hall rounded with the team daily while the patient was in the unit.

We plan to return to Covenant Lakeside Hospital with the team in 2015 to care for more patients from the West Texas area. The goal for this initiative is to recruit a Lubbock-based surgeon and team that can provide high quality care with the support and guidance of Texas Children’s Hospital.

Elyse Parchmont, CRNA

“This was my first, of hopefully many, medical mission trips. I highly encourage others to become part of a medical mission trip.”

Several members of the Baylor Pediatric Anesthesia team recently attended the 9th annual “Corazon a Corazon” Pediatric Cardiovascular Surgical medical mission trip to Santa Cruz, Bolivia in late August, 2014. This mission, which was founded by Dr. Steve Stayer in conjunction with surgeons, anesthesia providers and other volunteers from Memorial Hermann Children’s Hospital, Baylor, and Texas Children’s Hospital and is hosted by Clinica Incor in Santa Cruz, Bolivia. Much of the funding is donated by Children’s Memorial Hermann, the Rockets Foundation and the Roger Clemens Foundation. This mission has become a yearly tradition of humanitarian efforts aimed at providing life-saving surgical and cath lab procedures to children of Bolivia with congenital heart disease that would not otherwise receive the much needed interventions; as this area of the world is lacking in the knowledge, care, and resources necessary for treating pediatric patients with congenital heart disease.

Over the years many people have volunteered once or repetitively from Baylor anesthesia including Dr. Steve Stayer, Dr. Carlos Campos, Dr. Pablo Motta, Sarah Laqua CRNA, Dr. Miller-Hance, Dr. continued on page 6 >>>
Integration with the TCH Pediatric Anesthesiology division to form a single unified Anesthesiology department thus strengthening the BCM mission

Appointment of Dr. Dean Andropoulos, Anesthesiologist in Chief, as Vice Chair of Clinical Affairs

New innovations in perioperative care: Establishment of a formal Pre-Anesthesia Care and Testing (PACT) Clinic at BTGH and implementation of an innovative Telemedicine PACT Program at the VAMC

Appointment of Anesthesiologist Champion to implement anesthesia Epic Op-Time EMR for entire Harris Health operating rooms

Continued growth and high patient satisfaction amongst our private ambulatory anesthesia services

Successful recruitment of new faculty

Education

Restructuring of curriculum and the addition of state-of-the-art Simulation Training to further enhance postgraduate anesthesia training and medical student education

Implementation of an ACGME-approved obstetric anesthesia fellowship program

An increasing number of high caliber residents: a total of 927 applications were received of which 130 were interviewed

The Graduate Program in Nurse Anesthesia received commendation and continued accreditation for another 10 years

Research

Advancements in basic neurosciences research and appointment of a third Ph.D.

Convening of the first ever Departmental Research Retreat which was well attended and highly successful

I wholeheartedly thank you for your contributions and challenge you to build further upon this strong foundation of excellence as we work together to achieve greater success in the future.

BOLIVIA continued from page 5

Caplan, and Dr. Joglar, among others. Various other team members donate their time to the group effort such as surgeons, cardiologists, CVICU physicians and nurses, perfusionists, respiratory therapists, and technical support specialists. This year, I had the privilege of joining the team, which was a wonderful experience that I hope to repeat.

The mission started with a full day of travel to Santa Cruz, Bolivia. After two long flights with a layover in between and encountering some issues with supplies and customs, we finally met our destination. With two full travel days on either end of our mission trip, and one day to unload and set up our supplies, we had seven full days of surgical and cath lab procedures. During this time, 14 children received heart surgery that would otherwise likely not have received the needed surgical interventions. The OR cases were a mixture of aSDs, VSDs, Tetrology of Fallot, complete atrioventricular canal defect, and mitral valve repairs. Patients were fast tracked to extubation and moved to the step down unit as soon as possible as our team was only there for one week.

It is truly amazing how this group of people come together from all over the United States year after year to complete this effort. The incredible energy from the group is a combination of comradery going forth to help these children, propelled by the gratitude and infectious spirit of the Bolivian people. The 10-14+ hour days were very rewarding and we were surprisingly ready to pop right up the next day after collapsing, exhausted, into bed the previous night.

There are many mission trip opportunities for providers that are rewarding for the patients as well as the volunteers. This was my first, of hopefully many, medical mission trips. I highly encourage others to become part of a medical mission trip. If one cannot attend a trip for various reasons, organizations are always in need of monetary donations and usually have websites with donation information listed. Volunteering of time, donating funds and/or supplies is great way to “give back” to others in need.

Faculty Anesthesiologists 124
Pain Management Specialist 1
CRNA 61
Residents 60
Interns 14
Fellows 17
Research (Ph.D.s) 3

GRACE KAO, PH.D.
Assistant Professor
Dr. Kao obtained her Bachelor of Arts, Plan II Honors major from University of Texas at Austin; Bachelor of Science, Psychology major, Biology minor, University of Texas at Austin; Master of Education, School of Psychology, Texas A&M University. Dr. Kao then proceeded with her Predoctoral Internship in Clinical Child and Pediatric Psychology at Harvard Medical School; she then obtained her Doctor of Philosophy, from the School of Psychology, Clinical Child Strand at Texas A&M University. Dr. Kao completed her Postdoctoral Fellowship in Pediatric Pain Psychology at Stanford University School of Medicine.

EVELYN “CARO” MONICO, M.D., Assistant Professor
Dr. Monico obtained her Medical Degree at University of California, San Francisco; She then completed her Internship in Preliminary Medicine at Alameda County Medical Center, UCSF East Bay. Dr. Monico continued with Anesthesiology Residency at University of California, Davis Medical Center, Sacramento, CA; and completed Pediatric Anesthesiology Fellowship at Lucile Packard Children’s Hospital at Stanford, Stanford, CA. Dr. Monico recently completed Pediatric Pain Medicine Fellowship at Seattle Children’s Hospital, Seattle, WA.

ZOEL A. QUINONEZ, M.D., Assistant Professor
Dr. Quinonez obtained his Medical Degree from University of California San Francisco, School of Medicine, San Francisco, CA; he then completed his Preliminary Surgery Internship at University of California, San Francisco, San Francisco, CA. Dr. Quinonez continued with Anesthesiology and Pain Medicine Residency at University of California, Davis Medical Center, Sacramento, CA; and completed Pediatric Anesthesiology Fellowship at Lucile Packard Children’s Hospital at Stanford, Stanford, California. He then completed Pediatric Cardiac Anesthesiology Fellowship at Lucile Packard Children’s Hospital at Stanford, Stanford, CA. Dr. Quinonez joined the Pediatric Anesthesiology Faculty in October 2014.

LUIGI VIOLA, M.D., Assistant Professor
Dr. Viola is originally from Italy and obtained his Diploma of Doctor in Medicine and Surgery from Universita’ Cattolica del Sacro Coure, Rome, Italy. Dr. Viola completed Residency in Pediatrics, Universita’ Cattolica del Sacro Coure, Rome, Italy; He completed Residency in Anesthesiology at University of Florida, Gainesville, FL. Dr. Viola continued his education with Pediatric Anesthesiology and Critical Care Medicine Fellowship at Children’s Hospital of Philadelphia, Philadelphia, PA. Dr. Viola joins us from Cincinnati Children’s Hospital Medical Center, Cincinnati, OH. Dr. Viola joined the faculty in September 2014.
Thank you to those who were in attendance for our New Faculty Welcome Reception on November 15, 2014.

Your attendance was greatly appreciated, we had a wonderful evening.

It was a pleasure to share in this event welcoming our new faculty with you and your family.
THANK YOU FOR GETTING VACCINATED AND HELPING TO ENSURE THE SAFETY OF OUR PATIENTS, STUDENTS AND STAFF

As we entered into the flu season, the Pediatric Anesthesiology department leaders and Texas Children’s Hospital leadership would like to thank all of you for your commitment to excellence in helping us reach 100% departmental compliance of flu vaccinations. “We routinely care for immunocompromised patients, and it is our duty as caretakers to prevent the possibility of passing on a potentially deadly illness to such patients. We have all heard the adage “To whom much is given, much is expected.” No one would argue that Texas Children’s has been tremendously blessed. We have some of the world’s most gifted professionals among our clinical staff and administrative teams, state-of-the-art facilities and the ability to provide comprehensive care that very few centers can. I believe our organization is all that it is today because we are called to do something greater for our community—here and beyond. And when one is called, there is a responsibility to answer that call.” Mark Wallace

Thank you for answering the call of responsibility.

OUR WELLNESS MISSION

The Department of Anesthesiology wellness mission is very important to the long-term health of every member of our Department, and we have made a major new commitment with two department fitness initiatives: The FitBit Challenge, organized by Drs. Stayer, Campos, and Motta and the Fresh Gas Flow Run Jog Walk Club organized by Dr. Shaw. Every member of the Department who commits to share their daily physical activity data (number of daily steps with a goal of 10,000 per day) has received a FitBit free of charge. Team members will receive a wellness assessment in the office monthly, where they will have blood pressure, heart rate and weight measured.

PACU/ICU OVERFLOW SYSTEM UPDATE

By BLAINE EASLEY, M.D.

In anticipation of the high-volume of medical admissions this winter, plans are in place for the utilization of the PACU for the care of ICU and PCU patients. This effort was designed to facilitate continuation of elective surgical cases that require high-acuity beds, without creating high cancellation rates of these procedures. In 2013-2014 this system was initiated after 20 neurosurgical cases were cancelled during the month of November in 2013.

Last year, the PACU/ICU overflow was utilized from December to March, with a similar plan in place for 2014-2015. This year the system launched in October 20, 2014. Unforeseen was the PICU, PCU and CVICU census achieving 110% capacity for the past 3 weeks. We have then collaborated with the Critical Care Medicine (CCM) division to provide expanded coverage of the PACU/ICU overflow for 24/7 coverage for November and December. To date this year, the PACU/ICU overflow has provided care to 11 critically ill children. Of these patients, 60% have been surgical, while 40% have been medical. Nursing coverage is provided primarily by PICU nursing, to allow PACU nursing to focus on surgical patients and the increased number of overnight “boarders.” Night-time physician coverage includes both ANES/ICU providers and CCM physicians. While daytime coverage is shared between the GOAT and PICU purple attending, improved systems of communication have been put in place, such as, “huddles” in the morning, mid-day and evening between the ICU, PACU, GOAT and surgery to assure that bed needs are being met and care plans are in place for our sickest patients.

A personal note of thanks to everyone’s hard work and flexibility during this stressful time. While this is a temporary solution, it has allowed for Texas Children’s Hospital to provide safe and effective medical and surgical care to an unprecedented number of patients these past few weeks.
THE PERIOPERATIVE SURGICAL HOME – VALUE FOR PATIENTS AND HOSPITAL SYSTEMS

By STEPHEN STAYER, M.D.

What is a surgical home?
A multidisciplinary team that develops and executes care pathways from the decision to operate to discharge and beyond that coordinate patient care, optimize patient outcomes and value.

Why should we care?
A well-functioning surgical home should improve outcomes, patient experience and efficiency by reducing morbidity and mortality, OR delays and cancellations from inadequate preoperative preparation, readmissions, variation in preparation, surgical/ anesthesia management, and postoperative care.

How would we apply the surgical home at TCH?
Most surgical patient would not benefit from the surgical home, only those undergoing complex procedures or those with complex medical problems. We will ask each surgical division to define complex surgical procedures. Examples include: Intracranial Surgery, Limb Salvage Procedures, Airway Reconstruction, Spinal Instrumentation, Craniofacial Reconstruction, and Abdominal Tumors. Examples of complex patients include: sickle cell disease, cancer, metabolic disease, diabetes mellitus and the former premature infant.

Our neuromuscular spine patients are the first population to apply the concept. Before surgery these patients are discussed at an indications conference. They then present their neuromuscular spine patients are the first population to apply the concept. Before surgery these patients are discussed at an indications conference. They then present for a second PASS visit where all labs and consults are reviewed. Aspects of the anesthetic management are standardized, such as use of a central line, SSEP and MEP monitoring. All patients are admitted to the PICU or PCU and a subset of intensive care physicians provide care.

What are the next steps?
Dr. Rahul Bajjal has volunteered to lead this effort. Dr. Stayer and Dr. David Wesson, Associate to Surgeon-in-Chief, will work with each of the surgical division chiefs to assist them in defining patient populations that will be the most benefitted. Those service lines with existing microsystems (spine, neurosurgery, craniofacial) will depend on the members of the service for expertise in pathway development.

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MATA CONJOINED TWINS TAKE FIRST STEP TOWARD SEPARATION WITH TISSUE EXPANSION

Conjoined 8-month-old twin girls, Knatalye Hope and Adeline Faith Mata, underwent a five-hour surgery December 16 at Texas Children’s Hospital Main Campus to place custom-made tissue expanders into their chest and abdomen area. The tissue expanders will help stretch the babies’ skin in preparation for their separation surgery, which is expected to take place early next year.

During their recent surgery, the infants also had an examination to help assess their anatomy and the placement of PICC catheters in preparation for their separation surgery, which is expected to take place early next year.

The Anesthesia team included:
Kalyani Govindan, MD
Helena Karlberg, MD
Olutoyin Olutoye, MD
Stephen Stayer, MD
Dheeraj Goswami, MD
Tricia Vecchione, MD

We are pleased the babies did so well during the surgery,” Hollier said. “A multidisciplinary team continues to monitor them in our neonatal intensive care unit as they recover.”

LEADERSHIP RETREAT FOR THE DEPARTMENT OF ANESTHESIOLOGY

On October 24, 2014 the Executive Committee of the Department of Anesthesiology had its first leadership retreat. The goal of this endeavor was to educate the committee on the Texas Children’s Hospital mission, vision and resource; then to have the executive committee develop strategic planning for the future of the department. Many hours of work went into preparation for this meeting. Sara Sommers and the former vice-president over Anesthesia, John Nickens interviewed each of the members of the executive committee individually prior to the meeting to determine their ideas of the strengths and weaknesses of the department and recommendations for future direction.

The retreat started a 3:00 pm where members of the executive committee heard presentations from Mark Wallace, president and CEO of Texas Children’s Hospital about leadership; Charles Fraser, Surgeon-in-Chief spoke on the surgery/anesthesia partnership; Ben Melson, chief financial officer educated the group on hospital / operating room / anesthesia finances; Linda Aldred, VP of human resources discussed mentorship and faculty development; and Mary Jo Andre, VP of quality and safety discussed the quality and safety efforts of the hospital. There was a break for dinner and while we were enjoying the meal Drs. Wesson, Hankins, and Bisset gave the executive committee feedback and advice on how the department may best serve their particular needs.

After dinner the executive committee went to work. This meeting was skillfully facilitated by Mallory Caldwell, SVP over surgery. Only members of the executive committee remained along with Sara Sommers, John Nickens and Mr. Caldwell. The committee worked on a mission statement, and decided we need a motto as well. We then heard the compiled results of the interviews and based on this information we developed strategic priorities. These priorities have been presented to the entire department who were then surveyed and finalized the following goals:

- Development of the Perioperative Surgical Home
- Expand the departmental governance structure
- Faculty promotion and development
**PROGRESS TOWARD GOALS/OBJECTIVES**

On October 24, 2014, the pediatric anesthesia leadership group had a Leadership Retreat to determine its strategic priorities for the upcoming year. The group set goals for the next 6-24 months. Speakers included Mark Wallace, Ben Melson, and other prominent TCH executives and physicians. Mallory Caldwell was invited to facilitate the event.

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**PROFESSIONAL PRESENTATIONS AND PUBLICATIONS**

David Young, MD and Olutoyin Olutoye, MD edited textbook titled *Handbook of Critical Incidents and Essential Topics in Pediatric Anesthesia* that was published in October. Contributors include Mary A. Felberg, Luigi Viola, Lisa D. Heyden, Carlos Rodriguez, Catherine P. Seipel, Julia Chen, Yang Liu, David A. Young, Shakeel Siddiqui, Pablo Motta, Premal Madhukar Trivedi, Olutoyin A. Olutoye, and Erin A. Gottlieb.


Dean Andropoulos, MD presented the following abstracts at the American Society for Anesthesia annual meeting in New Orleans, LA:

- Easy RB, Brady KM, Kibler KK, Carsos G, Fraser CD, Rhee C, Rusin C, Andropoulos DB. Elevated diastolic collapsing margin is associated with increased risk of intraventricular hemorrhage in preterm neonates. Anesthesiology 2014;119:A4091.

Dean Andropoulos, MD was invited to speak on a 120 minute panel titled *Anesthesia and Sedation for MRI: Adapting to Technological Advancements and Demands* at the American Society of Anesthesiologists’ Annual Meeting in New Orleans LA on October 11, 2014. His specific area of focus was “Tackling the Challenge of Anesthetic Care for Cardiac Imaging.”

Olutoyin Olutoye, MD was invited to speak on a 120 minute Obstetric Anesthesia panel titled *Ex Utero Intrapartum treatment: progress, pitfalls and complications* at the American Society of Anesthesiologists’ Annual Meeting in New Orleans LA on October 12, 2014. Her specific area of focus was “Evolving indications for the EXIT.”

Dean Andropoulos, MD was invited to give a Refresher Course Lecture at the American Society of Anesthesiologists’ Annual Meeting in New Orleans LA on October 12, 2014 titled “Anesthesia for the Patient with Congenital Heart Disease: Preoperative Considerations for Non-Cardiac Surgery: Are You Well Equipped?” He also participated in a Subspecialty Panel titled “Staffing Issues: When Should We Just Say No?” and led a Hands-on Workshop titled “Point of Care: Novel Use of Ultrasonography in Everyday Pediatric Anesthesia Practice: Transthoracic Cardiac Imaging” on October 14, 2014.

Catherine Seipel, MD gave a lecture on “Neonatal Surgical Emergencies - Congenital Diaphragmatic Hernias” for the Pediatric Anesthesia Morning Lecture Series at Texas Children’s Hospital on October 30, 2014.

Catherine Seipel, MD taught two Integrated Problem Solving courses for Baylor College of Medicine. She taught “Unexpected Consequences” on October 13, 2014 and “Diabetes Insipidus” on October 20, 2014.

Michelle Dalton, MD taught “Temperature Homeostasis” to anesthesia residents and SRNAs at Texas Children’s Hospital on October 27, 2014.

Premal Trivedi, MD taught “Simulation Scenario Development” to fellows and PACU and OR RNs at Texas Children’s Hospital on October 22, 2014.

Imelda Tjia, MD was an invited speaker at the First Annual Perioperative Patient Safety Seminar and Vendor Fair-AORN West Houston in Katy, Texas on October 18, 2014. The title of her talk was “Safety in the Operating Room- Critical Events Checklist.”

Nihar Patel, MD gave a talk entitled “PALS Review 2014” for Anesthesia Fellows’ Conference at Texas Children’s Hospital on October 28, 2014.

Olutoyin Olutoye, MD was invited to speak at Texas Children’s Hospital Department of Pediatrics Grand Rounds. Her talk was titled “Anesthesia induced neurotoxicity: facts, myths and the role of the pediatrician.”

Olutoyin Olutoye, MD gave a talk on October 15, 2014 at Baylor College of Medicine Department of Anesthesiology Grand Rounds titled “Report on ASA presentations: Evolving indications for the EXIT procedure.”

Shakeel Siddiqui, MD presented “PACU Resuscitation: Improvement of the Code” on October 24, 2014 at the Department of Pediatric Anesthesia’s monthly Quality Improvement Conference at Texas Children’s Hospital.

David Vener, MD was invited to speak on “Anesthesia Database Usage and Its Results” at Society of Thoracic Surgeon’s Advances in Quality and Outcomes Meeting, Chicago, IL on October 14, 2014.

David Vener, MD was invited to speak on “Update on the STS-CCAS Database” Congenital Cardiac Anesthesia Society Board Meeting, New Orleans, LA on October 11, 2014.

Yang Liu, MD was invited to give a talk titled “Recent Advances in Pediatric Anesthesia” at Affiliated Hospital of Guangdong Medical College in Zhanjiang, Guangdong, China on October 17, 2014.

Emad Mossad, MD presented “Trisomy 21 and Atlantoaxial Subluxation” at the Cardiovascular Anesthesia Quality Assurance Conference at Texas Children’s Hospital on October 23, 2014.

Stephen Stayer, MD and David Young, MD presented “A Case Presentation and Developing Perioperative Simulation for the Texas Children’s Hospital Surgical Quality Improvement Conference on October 17, 2014.

Carlos Campos, MD served as a Poster Moderator for Challenging Cases in the Pediatric Track at the American Society for Anesthesia annual meeting October 19 and 20 in New Orleans, LA.

Evelyn Monico, MD presented her poster titled “The Role of acculturating in Reports of Musculoskeletal Pain among Hispanic adolescents” at the American Society for Anesthesia 2014 Annual Meeting in New Orleans, LA in October.

Titi Aina, MD presented her poster titled “Challenges of Vascular access in a Patient with CLOVES Syndrome” at the American Society for Anesthesia 2014 Annual Meeting in New Orleans, LA on October 11, 2014.

Monte Chin, MD and Yang Liu, MD presented two posters titled “12 years old: Jehovah’s Witness undergoing Posterior Spinal Fusion for severe scoliosis - hemodilution is the only accepted choice for blood replacement” and “Anesthetic Management for Staged Posterior Occipito-Cervical fusion and Endoscopic Endonasal Odontoidectomy in a Child with Basilar Invagination” at the American Society for Anesthesia 2014 Annual Meeting in New Orleans, LA in October.

David Young, MD was invited to facilitate two Problem-Based Learning Discussions (peer reviewed) at the American Society of Anesthesiologists Annual Meeting in New Orleans, LA in October. The titles of his talks were “Using Advanced Trauma Life Support to Manage a Pediatric Trauma Patient with Traumatic Brain Injury and Disclosure of Difficult News after a Poor Outcome” and “Application of Pediatric Advanced Life Support for Managing a Patient with a Defibrillator Who Develops an Intraoperative Cardiac Arrest.”

Catherine Seipel, MD was invited to facilitate a Problem-Based Learning Discussion titled “Tonsillectomy and adenoidectomy in a child with Down syndrome: More to it than you think!” at the American Society of Anesthesiologists Annual Meeting in New Orleans, LA October 11-12, 2014.

Evelyn Monico, MD was invited to facilitate a Problem-Based Learning Discussion titled “Give me oxy now! Acute pain management in the adolescent with chronic pain, substance abuse and poor coping skills” at the Society for Pediatric Anesthesia Conference in New Orleans, LA October 11-12, 2014.

continued on page 12 >>>
Carlos Campos, MD was invited to facilitate a Problem-Based Learning Discussion titled “Tonsillectomy and adenoidectomy in a child with Down syndrome: More to it than you think” at the American Society of Anesthesiologists Annual Meeting in New Orleans, LA October 19, 2014.

Lisa Caplan, MD was invited to facilitate a Problem-Based Learning Discussion titled “I don’t have the faintest idea of what to do! A 9-year-old with recurrent syncope presents with acute appendicitis” at the Society for Pediatric Anesthesia Conference in New Orleans, LA October 11-12, 2014.

David Mann, MD was invited to facilitate two Problem-Based Learning Discussions titled “Anesthetic Management of the HLHS Parturient” and “Ethics for Pediatric DNR in OR” at the American Society of Anesthesiologists Annual Meeting in New Orleans, LA on October 11, 2014.

Lisa Heyden, MD led a Problem-Based Learning Discussion titled “Neonatal Surgical Emergencies” for anesthesi trainees at Texas Children’s Hospital on October 31, 2014.

Nihar Patel, MD led a Problem-Based Learning Discussion titled “Acute Pain Management” for anesthesi trainees at Texas Children’s Hospital on October 23, 2014.


In 2013, the first Pediatric Anesthesiology Subspecialty Board Certification Examination was offered; as of mid-october, 56 out of 60 Texas Children’s Hospital pediatric anesthesiologists have achieved this additional board certification making the Department one of the largest board-certified pediatric anesthesiology practices in the nation.

Emad Mossad, MD started his two term as President elect of the Congenital Cardiac Anesthesia Society (CCaS) on October 14, 2014.

Nancy Glass, MD finished her term as President of the Society for Pediatric Anesthesia (SPA). Under her leadership, the Society for Pediatric Anesthesia grew in prestige and membership while making great strides to advance quality improvement including the publication of the Critical Events Checklist in both English and Spanish.

Shakeel Siddiqui, MD was recognized as a Leading Top Physician by the International Association of Anesthesiologists.

Olutoyin Olutoye, MD was officially inaugurated as Chair of the Society for Pediatric Anesthesiology Research Committee on October 9, 2014.

The Anesthesia Record newsletter is a publication of Pediatric Anesthesiology at Texas Children’s Hospital/Baylor College of Medicine

CONTENT MANAGER
Karlisha Neal
ksneal@bcm.edu

SR. PROJECT MANAGER
Sara Sommers, MBA
sesommer@texaschildrens.org

EDITOR-IN-CHIEF
Dean B. Andropoulos, MD, MHCM

Please send contributions, questions or suggestions to ksneal@bcm.edu

 SITE VISITS/TOURS
David Young, MD was invited to conduct a visiting professorship at Beth Israel Deaconess Medical Center and Harvard Medical School in October 2014. He presented “Creating an Effective Educational Experience in the Operating Room for both Learners and Faculty” at the Anesthesia Grand Rounds.

PUBLICATIONS


PRESENTATIONS
Pablo Motta, MD gave a compelling and participatory presentation titled “Should Wellness Be Your Priority?” for the Department of Anesthesiology on November 4, 2014.

Nancy L. Glass, MD presented at the Baylor College of Medicine Department of Human and Molecular Genetics Grand Rounds on Hospice Care for Children with Progressive Genetic Disease on November 10, 2014.

Nancy L. Glass, MD gave a lecture for learners on Caudal and Spinal Blocks in Children on November 13, 2014.

ACCREDITATION/AWARDS/RECOGNITION
Dean B. Andropoulos, MD was interviewed by Science Magazine, a publication of the American Association for the Advancement of Science (AAAS) on his work on neurotoxicity and the developing brain. The interview was published in Volume 346, Issue 6214 on December 5, 2014.

Pablo Motta, MD earned the Fulbright & Jaworski L.L.P. Faculty Excellence Award for Teaching and Evaluation based on his outstanding efforts in education for Baylor College of Medicine.

 SITE VISITS/TOURS
The SmartTots organization is a public-private partnership of the U.S. Food and Drug Administration, International Anesthesia Research Society, Society for Pediatric Anesthesia, and the American Academy of Pediatrics formed in 2007 whose mission is to address the issue of potential anesthetic and sedative neurotoxicity in the developing brain. Dean B. Andropoulos, MD has served on the SmartTots Scientific Advisory Board, and now on the SmartTots Task Force developing a high-impact research agenda to address this issue. The FDA Science Board met on November 19, 2014, in Silver Spring Maryland to consider the state of the pre-clinical and clinical evidence for anesthetic neurotoxicity. The Science Board is a high level body convened by the Commissioner of the FDA to consider important problems and questions, and issue recommendations. Dean B. Andropoulos, MD attended this meeting and delivered a 15-minute statement advocating for properly designed research, including the new SmartTots research strategy, and also for the FDA Science Board to call for this research to be performed, and equally importantly, to call for funding for this research from the National Institutes of Health, and other funding agencies.

In November, Texas Children’s Hospital was evaluated by Wake Up Safe (WUS) safety experts. WUS is a Patient Safety Organization of the Society for Pediatric Anesthesia and the Anesthesia Patient Safety Foundation. WUS serves as a national registry of pediatric perioperative adverse events in order to improve the safety of pediatric anesthesia care. The evaluators identified several best practices at TC H and made some suggestions to more effectively provide the safest and highest quality care to our patients.

Mary “Toni” Felberg, MD administered and taught principles of pediatric anesthesiology to anesthesia residents at Eric Williams Medical Center, Trinidad as part of a medical mission to Trinidad/Tabago November 8-16, 2014. As part of Dr. Felberg’s trip a total of 21 hypospadias repairs were completed.

Nancy L. Glass, MD attended American Society of Anesthesiology’s Pediatric Surgical Home Collaborative Meeting in Chicago, IL on November 14, 2014 as the representative for the Society for Pediatric Anesthesiology and Texas Children’s Hospital.