

Happy 2023

We hope you had a wonderful holiday season!

We want to start by thanking all of our providers — physicians, nurses, respiratory therapists and staff — for working so hard to accommodate the increased number of pediatric patients we have seen this winter. We appreciate all that you have done and continue to do in support of our kids.

This month, our Children's Hospital Annual Report will be released and we are excited to share the successes we have seen here in our hospital and clinics over the past year. 2022 has been another monumental year of teamwork and we are looking forward to all that this new year brings.

Starting this issue, we are happy to be joined by Brenda Chagolla, our new associate chief nursing officer for UC Davis Children's Hospital! Brenda has more than 20 years of health care leadership experience and prior to this position, she was the nurse manager of the UC Davis birthing suites, women's pavilion, newborn nursery and obstetric triage.

We wish you and your family all the best in 2023!

Thank you,

Satyan, Shinjiro and Brenda



Satyan Lakshminrusimha, Shinjiro Hirose and Brenda Chagolla

World's first stem cell treatment for spina bifida delivered during fetal surgery

Groundbreaking trial aims to reverse the paralysis and other abnormal functions of spina bifida before birth

Four babies have been born after receiving the world's first spina bifida treatment combining surgery with stem cells. This was made possible by a landmark clinical trial at [UC Davis Health](#). The one-of-a-kind treatment, delivered while a fetus is still developing in the mother's womb, could improve outcomes for children with this birth defect.



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Launched in the spring of 2021, the clinical trial is known formally as the "[CuRe Trial](#): Cellular Therapy for In Utero Repair of Myelomeningocele." Thirty-five patients will be treated in total.

The four babies from the trial that have been born so far will be monitored by the research team until 30 months of age to fully assess the procedure's safety and effectiveness.

The first phase of the trial is funded by a \$9 million state grant from the state's stem cell agency, the California Institute for Regenerative Medicine ([CIRM](#)).

Inland Northern California's only pediatric lipid disorders clinic opens

A new, dedicated clinic for pediatric lipid disorders has opened in Roseville. The clinic is the only one of its kind in inland Northern California.

The UC Davis Health clinic offers care for children with [abnormal cholesterol levels](#), elevated triglycerides and [lipoprotein \(a\) levels](#) and other complex lipid disorders. Care will also be provided to children with secondary causes of lipid abnormalities, such as diabetes and kidney disease.

"The goal of this clinic is to diagnose and treat lipid disorders to achieve normal

levels through a combination of dietary and lifestyle changes and carefully monitored prescription medications. We hope this will reduce the long-term risk of heart disease and stroke in these patients," said UC Davis pediatric cardiologist [Lakshmi Nagaraju](#).

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Study finds caregiver-child relationships improved after seven-session intervention

Challenging behaviors improved, communication increased after PC-CARE

Only about [25 percent of children](#) with challenging behaviors receive mental health treatment, and dropout rates are high for those who do. This makes brief and effective intervention programs to improve relationships between children and their caregivers needed.

A growing number of open trials (clinical trials in which both the researchers and participants know which treatment is being administered) and comparison studies have supported the use of Parent-Child Care (PC-CARE), a seven-session intervention program developed at the [UC Davis CAARE Center](#).

A new study by researchers at [UC Davis Children's Hospital](#) uses the first randomized controlled trial to evaluate PC-CARE's effectiveness for children with challenging behaviors and their parents or caregivers. The study design randomly assigns participants to an experimental or control group and is often referred to as the gold standard in research. The study's findings were [recently published](#) in the Journal of Child Psychiatry Human Development.

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California takes lead on mandated reimbursement for screening for childhood traumas

A group of researchers and policy analysts has published a brief that suggests California's expansion of screening for childhood trauma can be a model for other states.

The researchers from [UC Davis Health](#) and other University of California institutions say the screenings have the potential to demonstrate the current prevalence of [Adverse Childhood Experiences](#) (ACEs) and how they affect health outcomes for adults.

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International Society for Pediatric and Adolescent Diabetes releases new DKA guidelines

The [International Society for Pediatric and Adolescent Diabetes](#) (ISPAD) has released its [clinical consensus guidelines](#) on the treatment of diabetic ketoacidosis (DKA). The guidelines were published this month in the journal of [Pediatric Diabetes](#). [Nicole Glaser](#), professor of pediatrics and pediatric endocrinologist at [UC Davis Children's Hospital](#), was the lead author of the published guidelines.

"On behalf of ISPAD, we are pleased to provide these recommendations to help guide DKA management in children," Glaser said. "The guide includes recommendations for fluid and electrolyte replacement, insulin therapy and monitoring for complications."

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UC Davis Medical Center re-verified as level I trauma center by American College of Surgeons



[UC Davis Medical Center](#) has been re-verified as a level I trauma center and a level I pediatric trauma center by the

[American College of Surgeons](#) (ACS).

This achievement recognizes the trauma centers' dedication to transforming trauma care for optimal outcomes and meets Sacramento County EMS Agency requirements for the medical center's designation as a trauma center for Sacramento County.

As California's only level I trauma center north of San Francisco, UC Davis Medical Center is one of only three in the state with level I verification for both adult and pediatric trauma.

"We're proud to have met the rigorous standards for level I trauma verification by the American College of Surgeons," said Brad Simmons, chief administrator of UC Davis Medical Center and chief operating officer of UC Davis Health Hospital Division. "This designation represents our ability and commitment to providing the highest level of trauma care to patients throughout Sacramento and the Northern California region."

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Say appointed to vice chair of ambulatory operations at UC Davis Children's Hospital



UC Davis pediatric gastroenterologist [Daphne Say](#) has been appointed to the new position of vice chair of ambulatory operations at [UC Davis Children's Hospital](#).

In this role, Say will be a physician-administrator to lead pediatric ambulatory care at the children's hospital. Her job duties will include engaging in administrative oversight of physician provider issues at the UC Davis Glassrock Clinic, the pediatric subspecialty

clinics, [Sacramento Native American Health Center](#) and the [Sacramento County Health Center](#).

"I hope to foster excellence in outpatient pediatric care within UC Davis Health and our community partners by ensuring that our faculty and staff have the support they need to be fully engaged in growth and improvement efforts," Say said. "I am proud to be part of a health system that prioritizes compassionate, outstanding care for all the children of our community."

Wiedeman honored at Pediatric Infectious Diseases Society event



UC Davis pediatric infectious disease physician [Jean Wiedeman](#) was honored at the [Pediatric Infectious Diseases Society's](#) Celebrating Women of Science reception, which was held during [ID Week](#).

"I'm humbled to be included in this awesome group of women," said Wiedeman, who was one of 20 honorees.

Wiedeman was nominated by Roberta DeBiasi and Alexandra Brugler, two UC Davis pediatric residents that Wiedeman mentored, who became infectious disease physicians at [Children's National Hospital](#) in Washington, D.C.

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PC-CARE added to California Evidence-Based Clearinghouse for Child Welfare

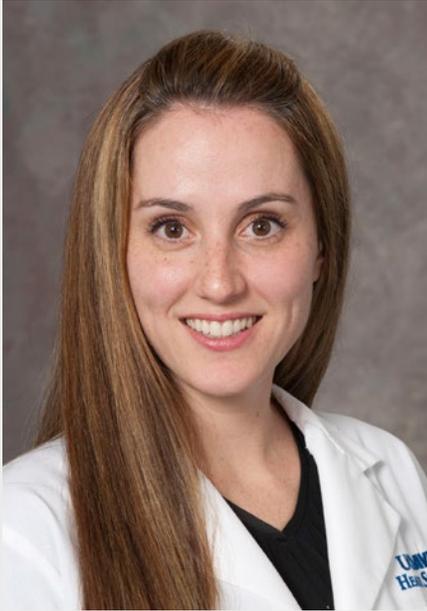
[PC-CARE](#), a treatment program to improve caregiver-child relationships, has been added to the [California Evidence-Based Clearinghouse for Child Welfare \(CEBC\)](#). The clearinghouse is an online tool that identifies and disseminates evidence-based child welfare practices. CEBC seeks to improve child safety, increase permanence and family and community stability, and promote child and family well-being.

Developed at the [UC Davis CAARE Center](#), PC-CARE serves families with children ages 1 to 10 years old, including Sacramento County foster children and their caregivers.

"Being recognized as an Evidence-Based Treatment (EBT) by the CEBC means that mental health providers will be able to bill for PC-CARE when insurance companies require EBTs for reimbursement," said [Brandi Hawk](#), a co-developer and supervisor of the PC-CARE program. "It also means greater visibility for PC-CARE when agencies or providers look to the CEBC to decide which treatments to use or trainings to pursue. There is a push for mental health providers to offer EBTs to ensure clients receive appropriate care. Now, PC-CARE is included in that group of treatments that work."

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Q&A with Jocylen Glassberg



“The most rewarding part of my job is seeing my patients healthy and happy with their new baby. I feel like a part of their journey!”

— Jocylen Glassberg

We talked with Jocylen Glassberg, associate clinical professor and co-director of medical student education in Obstetrics and Gynecology.

What’s your average day like?

My average day is a mix of things. I typically see some pregnant women, some women with gynecologic issues, and have some administrative duties related to my role in medical education. I love that it isn’t the same thing every day—some days I operate in the OR all day, other days I am in labor and delivery helping families welcome new babies, and some days I am in the clinic.

What’s the most rewarding part of your job?

The most rewarding part of my job is seeing my patients healthy and happy with their new baby. I feel like a part of their journey!

What’s the experience like for a patient at a hospital-based birth center?

I have delivered all my children at hospital-based birth centers, including here. From the time you are admitted, you have an amazing care team committed to a healthy outcome for you and your baby. This includes a one-on-one labor nurse who helps guide you through the process to delivery as well as a team of doctors providing care and recommendations along the way. Your family and support system are integral parts of your care as well. I really like that there is a connection with your care team and that you get evidence-based medicine approaches for a healthy delivery.

What sets UC Davis apart from other hospitals and birth centers?

UC Davis stands out to me for a birth center because our entire department is committed to having a healthy mom and healthy baby — and a big part of that is including patients, families and patient support people (doulas, etc.) in shared decision making. Our team really works to try and help your birth be as tailored to your desires as possible.

Residency training program receives a \$200,000 grant from CalMedForce

The UC Davis Health Obstetrics and Gynecology Residency Training Program has received a \$200,000 CalMedForce grant over the next four years

CalMedForce administers annual grants to fund new residency positions at graduate medical education (GME) programs throughout California.

CalMedForce is funded by Proposition 56, which allocates \$40 million of funding toward Graduate Medical Education (GME) to sustain, retain, and expand California residency positions in primary care and emergency medicine. The University of California (UC) is the designated recipient of funds and contracts with Physicians for a Healthy California (PHC) to administer the GME grant program, CalMedForce.



Meet our first baby born in 2023!

Local Costco locations raise more than \$1.2m for UC Davis Children's Hospital



Children's Miracle Network Hospital's (CMN) partner, **Costco**, continues to change kids' health at **UC Davis Children's Hospital**. Costco team members across inland Northern California raised \$1,233,756 for local pediatric patients during the 2022 Month of Miracles campaign in May.

A total of 22 area locations from Redding to Tracy raised money by asking members to purchase a CMN Miracle Balloon at checkout or to give online. Sacramento-area Costco totals were the fourth highest in the country, despite having fewer locations than bigger markets like Los Angeles, Seattle and San Francisco. The Chico warehouse was ranked number two in the country and thanks to a Costco match,

CMN at UC Davis received \$189,699 for the efforts of this warehouse alone.

"Our local Costco partners rose to the occasion again this year," said Michelle Thompson, assistant director of development for CMN at UC Davis. "We could not be more grateful and are so proud of their efforts. The teams got super creative and were able to raise even more money than last year. It's a testament to the employees' giving spirit and the generosity of Costco members." [READ MORE »](#)

Walmart, Neighborhood Market and Sam's Club's donate nearly \$477,000 to UC Davis Children's Hospital



Walmart, Sam's Club and Neighborhood Market stores throughout inland Northern California teamed up this summer to fundraise for **UC Davis Children's Hospital**. The annual **Children's Miracle Network Hospital's** (CMN) campaign raised \$476,994 through register, self-checkout or online donations

from shoppers. This year's total topped 2021 and saw the return of the "Round Up" feature, allowing customers to round up purchases to the nearest dollar and donate the difference.

All funds raised at the 50 local Walmart/Neighborhood Market and six local Sam's Club locations from Anderson to Tracy stayed here in the region to help sick and injured children treated at UC Davis Children's Hospital. Funds raised this year brought the total donation to CMN at UC Davis to more than \$9.5 million since 1987.

Hospital leadership, including UC Davis Medical Center chief administrator and UC Davis Health chief operating officer Brad Simmons, as well as physicians, nurses and other children's hospital staff, made store visits during the campaign to meet with associates and share the impact of dollars raised.

Audrey with her mother Jennifer, then and now.



NICU receives book donation

Reading has always been an important part of Audrey's life, beginning as a NICU baby when her mom would read to her every day.

In honor of Audrey becoming a senior in high school, her great aunt and a friend sponsored a donation of 48 books to our UC Davis NICU, autographed by child book author Laura Duksta.

Audrey herself was born at 28 weeks and stayed in the NICU for 80 days. It was because of this experience that her mother, Jennifer, became a NICU RN.

Meet Super Tory

Our NICU team recently received a Super Tory, "the most advanced neonatal simulator," which

was funded by **Children's Miracle Network Hospitals at UC Davis**. Thank you to CMN for supporting our NICU!



UC Davis Children's Hospital brings advanced neonatal care to St. Joseph's Medical Center

[UC Davis Children's Hospital](#) has partnered with [St. Joseph's Medical Center](#) in an effort to bring its nationally ranked neonatal care to premature babies in the Stockton region.

By collaborating with community neonatal intensive care unit (NICU) partners, UC Davis Children's Hospital provides its world-class maternal child health care to more communities across the region. The partnerships aim to enhance quality of care, keep moms and babies together, and ensure patients receive the right care at the right place and the right time.

"Families shouldn't have to drive long distances to connect to our expert teams. It's our mission to help families stay in their communities by bringing our advanced and highly specialized neonatal care to them," said [Satyan Lakshminrusimha](#), chair of pediatrics and physician-in-chief at UC Davis Children's Hospital. "The new partnership greatly increases the level of care available to babies in the region and decreases the need for transfers to UC Davis Children's Hospital."

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Neonatal partnerships deliver care to more premature babies

Seven Northern California community hospitals have joined UC Davis' NICU network

UC Davis Children's Hospital serves as the Regional NICU partner for seven community NICU affiliates focused on supporting maternal child health care. These partners are found across UC Davis Health's 33-county service area that stretches from Central California to the Oregon and Nevada borders. These are:

- Barton Memorial Hospital
- Adventist Health Lodi Memorial
- Adventist Health and Rideout
- Mercy Medical Center Redding
- Mercy San Juan Medical Center
- St. Joseph's Medical Center
- Methodist Hospital of Sacramento

The partnerships aim to enhance quality of care, keep moms and babies together, and ensure patients receive the right care at the right place and the right time.

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PACES webinars provide peer-to-peer training for clinicians

Our Pediatric Acute Care Education Sessions (PACES) program continues to support clinicians who care for pediatric patients at community hospitals.

The program gives clinicians the opportunity to increase their specialized knowledge in pediatric clinical guidelines.

[VIEW OUR PACES WEBINARS »](#)

Patient milestone

Carter Vincent is living proof that a unique approach by doctors at [UC Davis Children's Hospital](#) could successfully stave off major cardiac surgery just days after his birth.

Carter was born with a single ventricle defect in his heart, which caused too much blood flow to his lungs and risked inadequate blood flow to his body.

At any other hospital, his surgical path might have gone the way of decades of congenital heart patients before him. At only a couple of days old, he would have received the Norwood procedure, his first open-heart surgery in a three-stage procedure to rebuild his heart and restore proper circulation of oxygen-rich blood to his body.

But instead, the UC Davis Children's Hospital team innovated to buy some time for this newborn to adjust to post-fetal life, grow and develop more, before moving forward with an open-heart surgery.

"We wanted to try rerouting his blood flow so he could go home and adjust to the world in his first days of life instead of recovering from



Innovative procedure buys time for newborn who needs heart surgery

open-heart surgery," said [Frank Ing](#), interventional cardiologist, chief of pediatric cardiology and co-director of the [UC Davis Pediatric Heart Center](#). "I am not sure any other center on the West Coast is doing this."

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Child gets lifesaving care after ruptured appendix

For weeks, nausea, vomiting and diarrhea plagued 11-year-old Seth Hanson. Trips to the pediatrician and the local emergency room weren't helping much.

On New Year's Day, Seth's parents returned with their son for a third time to their nearest emergency room. He was sicker than ever and doctors couldn't figure out what the problem was. His parents decided to transfer Seth to [UC Davis Children's Hospital](#) where a pediatric care team immediately went to work.

"From the minute we arrived, there was such a difference," Hanson said. Only a few hours later, the dilemma was solved: a ruptured appendix. Seth was wheeled into surgery. "I was in tears ... but the doctor assured me, 'I am going to take



care of Seth like he is my own child. He will be OK."

Surgeons removed his appendix, which was the start of a very long recovery compared with most appendectomies. Infection had invaded other areas of Seth's digestive tract. Additional complications arose due to how long the problem had festered.

"Appendicitis is usually a fairly simple surgical problem, but Seth is proof that sometimes even simple diagnoses can require complex care," said UC Davis pediatric general surgeon [Jonathan Kohler](#). "Our team of pediatric surgeons and nurse practitioners, together with our pediatric nurses and other pediatric subspecialists, took great care of Seth and his family. He had one of the most complicated cases of advanced appendicitis that any of us had ever seen."

Five weeks and two additional surgeries later, Seth was well enough to come home from the hospital.

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Share your patient story!