



# Together We're Better

All Children's Hospital is proud to join forces with Johns Hopkins Medicine

## TABLE OF CONTENTS

Together We're Better . . . . .	A1
Interview with Jonathan Ellen, M.D. . . . .	A2
All Kids All Sports . . . . .	A4
Common Conditions Treated by our Sports Medicine Team . . . . .	A5

All Children's Hospital is now a part of the Johns Hopkins Health System as a fully integrated member of Johns Hopkins Medicine (JHM). All Children's becomes the first US hospital outside of the Baltimore/Washington DC region to achieve membership within JHM, which includes The Johns Hopkins University School of Medicine and the Johns Hopkins Hospital and Health System. All Children's celebrated joining forces with Johns Hopkins Medicine on April 4, 2011 at the St. Petersburg campus.

"This is a momentous occasion, the beginning of a new chapter in the history of All Children's Hospital," said Gary Carnes, President & CEO of All Children's Health System.

"We welcome All Children's to the Hopkins family and we join the leadership of All Children's in viewing this integration as an opportunity that allows both partners to continue their respective mission-centric work in

children's health care," said Edward D. Miller, M.D., Dean and CEO of Johns Hopkins Medicine. "We also believe it increases All Children's value as a key community asset, extending benefits near and beyond to the children in need of top-notch clinical care by adding the advantages of the world-class teaching and research opportunities that Johns Hopkins Medicine will bring."

The transaction involved no cash, and no purchase or sale occurred. Under the terms of the integration agreement, All Children's Hospital retains its name and its longstanding commitment to the children of Florida. Leadership and day-to-day operation of the 259-bed freestanding pediatric hospital in St. Petersburg and outreach facilities in eight west Florida counties are not expected to change. All Children's retains its voluntary medical staff and physician organizations, including those University of South Florida physicians practicing at All Children's.





Jonathan Ellen, M.D. is the Vice Dean of Pediatrics for Johns Hopkins University School of Medicine at All Children's Hospital and Physician-in-Chief.

Board governance structure guarantees that local community leaders continue to provide guidance and oversight of All Children's as majority members of the Hospital's Board of Trustees.

### All Children's New Physician-in-Chief

Jonathan Ellen, M.D. is the Vice Dean of Pediatrics for Johns Hopkins University School of Medicine at All Children's Hospital and Physician-in-Chief. Previously he served as Chairman of Pediatrics at Johns Hopkins Bayview, Vice Chair of Pediatrics at Johns Hopkins University School of Medicine, and Director of the Johns Hopkins Center for Child and Community Research. For nearly a year, Dr. Ellen has been a frequent visitor to ACH to coordinate plans for the integration. Several months ago he shared his perspective on the great opportunity the integration provides.

### Now that you've spent some time at All Children's, what stands out?

What stands out is the quality and dedication of medical staff. Now I

haven't met with the nursing staff and a lot of the other members of the All Children's team, but I can only imagine that they follow suit in the tradition, too - there's some great quality here. I've been getting to know physicians and meeting with various leaders including Greg Hahn, M.D., the current chief of staff. I have not gotten to meet as many physicians as I'd like, but that's just a function of time. I'm also getting to know the organization.

I have yet to come across anything less than excellence in clinical care. That doesn't surprise me. What's great about this integration is that it allows us to learn ways to harness the strengths of the Hopkins model but not necessarily replicate its rare shortcomings. Now, can that be done? Can you create an academic culture and still maintain the nimbleness and strategic ability of a clinical program? That's the challenge. To do that, you have to study it and not come with any preconceived notions that 'how we do it in Baltimore is how it has to be done here.'

Excellence in all facets of the mission has to be the culture. But the issue of how one gets there and how you do that in terms of integrating staff, physicians, all aspects of the organization together - we have to learn. We'll look to other children's hospitals that may use a less academic model. We'll look at our own Hopkins organization, a very hardcore academic model, and try to figure out if we can develop a more blended scheme that perhaps transcends either approach.

### How does your experience at Bayview lend itself to coordinating the integration of All Children's with Johns Hopkins Medicine?

Bayview is one of Hopkins' core academic medical centers. It used to be Baltimore City Hospital, the county

hospital, and its pediatric program was a community program. Most of these types of community pediatric programs - at least in the Northeast - have a difficult time maintaining both a residency program and an academic program because the cost structure is so difficult.

Over the past five years at Bayview, we've expanded both in terms of research and teaching. And I think there are a lot of lessons there with potential to benefit us as we integrate All Children's into the Hopkins system. We didn't go into Bayview with any preconceived notions of what was or wasn't going to work. We looked for opportunities. We looked for natural leaders that were primed for positions of greater responsibility. And part of the reason why I've been able to spend time in St. Petersburg is that the first group of leaders that we cultivated can step up and manage many of those programs in a wonderful way. So the success at Bayview is real, but on a smaller scale than we're talking about happening here. We have some evidence and ways of approaching it that I think will yield success here as well.

### If you were to create pathways to this kind of leadership - whether it's clinical or research or educational leadership in pediatrics - how would you set that up?

Starting from scratch, one approach would be to identify the end product - here's what we all agree are the kinds of people and what we want them to be doing when they come out of training to achieve leadership excellence. To reach that goal, would you train them slightly differently? Would you recognize the revolution we've had in genetic medicine - the revolution we've had in individualized medicine? The revolution we've had in technology? Information technology? Recognizing all that has changed both in terms of time and how

you can structure residencies, would you build it slightly differently than it exists now?

### And Hopkins has been involved in such changes before?

Yes. Back in the early 1900s, the Flexner Report pointed to the need to formalize training of physicians, and Johns Hopkins was at the center of that innovative idea. Now, once again, Hopkins and some others as well have recognized that we need to train medical students differently. That's where our Genes to Society medical student curriculum came from.

Our dean had the backing of leaders throughout Hopkins who said - go build a curriculum for training medical students in the 21st century. Tell us what that is and we'll instill it. Through philanthropy we were able to build a structure around it: the new pre-clinical medical student training building called the Armstrong Building at Johns Hopkins. The space is designed around the curriculum to facilitate small group discussion of how basic science, public health, genomics and so many other areas interact in medicine.

Now we want to recreate that for residency, and we want to do that here. We can design a residency program with, in some respects, very few strings attached except for what's required by the American College of Graduate Medical Education and the American Board of Pediatrics. Those are the two things that bound the space. After that, we can pull the greatest minds together and say, look - if you could rebuild the program, how would that look? We're in

the position to do that, and that's very exciting.

### How does this play into the nurturing of a greater research role for All Children's?

What we are hoping to do, without disturbing the clinical enterprise and with this growing innovative residency program, is to build the type of research environment, the culture and cadre of investigators that are doing what needs to be done to save the lives of children in the 21st century. We need to think about what complements and is synergistic with what we're already doing in Baltimore - that's one guiding principle. But there are also things that we're not yet doing in Baltimore that we'd like to develop and invest in both campuses. Investigations in cardiovascular issues would work well for both campuses. Quality and safety initiatives are another area. Genetics and proteomics is an avenue of study that we have going on in Baltimore which I think would be great here. And bioinformatics -

how to use all these reams of information that we're getting either at the patient level or at the systems level, bringing it together to understand how we can get true improvements in health - not just basic scientific discovery. We'll come together to create this culture that I think will end up with NIH-funded investigators, investigators that are leaders in the areas of health and health impact.

I think it's going to be a lot of fun. It's a great opportunity. The hope is that we innovate - not just replicate what we do in Baltimore, but use the power of this institution to innovate.



The new logo is revealed at the April 4, 2011 celebration of All Children's Hospital integrating with Johns Hopkins Medicine.



Targeted therapies help athletes return to competition quickly and safely.

## All Kids All Sports Pediatric & Adolescent Sports Medicine at All Children's Hospital

All Kids All Sports is the Pediatric and Adolescent Sports Medicine program at All Children's Hospital, developed to meet the special needs of children and teens with sports injuries. Our comprehensive center for pediatric and adolescent sports medicine is the only sports medicine program in the Tampa Bay area focused solely on the care of young athletes.

All Kids All Sports is a multidisciplinary program dedicated to advancing the treatment, education, research and prevention of sports injuries in children, adolescents and young adults. Pediatric specialty services including orthopaedics, emergency medicine, radiology, neurosurgery, hematology-oncology, cardiology and sports rehabilitation are available to patients as needed, according to the type of injury and the specific needs of each patient.



Drew E. Warnick, M.D. examines a young athlete with a wrist injury.

### Pediatric Orthopaedics

Five pediatric orthopaedic surgeons with Children's Orthopaedic and Scoliosis Surgery Associates, LLP play a key role in the All Kids All Sports program. The surgical team understands the demands that sports place on young athletes and the importance of age-appropriate care. Sports medicine surgeon Drew E. Warnick, M.D., is fellowship-trained in pediatric and adolescent sports medicine. He completed his fellowship at the Scottish Rite Hospital for Children in Atlanta. He is trained in cutting-edge techniques in sports surgery for children and adolescents. This provides focused expertise to maximize recovery in young athletes who sustain injuries.

Orthopaedic sports medicine services include:

- Comprehensive diagnosis and treatment of all athletic injuries in children, adolescents and young adults

- Arthroscopic and minimally invasive surgical techniques for the hip, knee, ankle, shoulder and elbow

- Extensive experience in the treatment of all fractures sustained during athletic activity

- Age-appropriate and injury-specific rehabilitation protocols designed to help athletes return to sports participation in a timely manner

- For emergent injuries, our surgeons provide 24-hour, seven-days-a-week emergency room coverage at All Children's Hospital – the only hospital in the Tampa Bay area to have an emergency room continuously covered by fellowship trained pediatric orthopaedic surgeons

The table at right provides a list of some of the most common conditions and injuries that are evaluated and treated by our sports medicine team.

Pediatric orthopaedic patients can be seen at All Children's Specialty Care of Brandon and All Children's Specialty Care of Sarasota in addition to offices in St. Petersburg and Tampa. Locations in St. Petersburg, Sarasota, and Brandon feature new sports therapy gyms.

More information about the Children's Orthopaedic and Scoliosis Surgery Associates, LLP is available at [www.chortho.com](http://www.chortho.com), or you can call 727-898-BONE or 813-879-BONE.

### Pediatric Emergency Care

All Children's multidisciplinary Emergency Center team handles more than 43,000 patient visits per year, with a staff that includes pediatric emergency medicine physicians, orthopaedic surgeons, radiologists, neurosurgeons, general surgeons, plastic surgeons, and a variety of other surgical specialties.

The All Children's Emergency Center is the only hospital in the Tampa Bay area with 24/7 pediatric

## Common Conditions and Injuries

Evaluated and Treated by our Sports Medicine Team

### Hip

Femoroacetabular impingement  
Labral tears  
Loose bodies  
Cartilage injuries  
Internal and external snapping hip  
Legg Calvé Perthes disease  
Slipped capital femoral epiphysis  
Pelvic avulsion fractures

### Elbow

Little League elbow  
Osteochondritis dissecans  
Panner disease  
Elbow and forearm fractures  
Ulnar collateral ligament injuries

### Foot and Ankle

Ankle sprains  
Ankle and foot fractures  
Ankle instability  
Accessory navicular  
Tarsal coalition  
Bony and soft tissue ankle impingement  
Symptomatic ossicles  
Osteochondral lesions of talus  
Sever's disease

### Shoulder

Shoulder dislocations  
Multidirectional shoulder instability  
Labral tears  
Acromioclavicular joint injuries  
Little League shoulder  
Clavicle fractures  
Humerus fractures

### Knee

Anterior cruciate ligament tears  
Posterior cruciate ligament tears  
Collateral ligament tears  
Meniscal tears  
Discoid meniscus  
Patellar subluxation and dislocation  
Osteochondritis dissecans  
Osgood-Schlatter disease  
Sinding-Larson-Johannson disease  
Femur fractures  
Tibia fractures



Magnetic resonance imaging of elbow demonstrating an osteochondritis dissecans lesion.

orthopaedic coverage for treatment of bone and soft tissue injuries in young athletes. When reduction of fractures is needed, patients receive adequate pain management, and when procedural sedation is needed it is provided by the pediatric emergency room physicians. For tendon, ligament, and cartilage

injuries, our pediatric and adolescent sports medicine surgeon provides focused care.

The Emergency Center is adjacent to All Children's Radiology Department, providing easy access to any diagnostic imaging services that are needed.



Our new sports therapy gyms feature equipment designed for children, adolescents and young adults.

## Pediatric Radiology: Advanced Sports Imaging

All Children's pediatric radiologists are fellowship trained in advanced techniques to quickly diagnose and help treat all athletic injuries in children and adolescents. Facilities in the new All Children's Hospital include state-of-the-art magnetic resonance imaging (MRI) that gives accuracy and precision in diagnosis. We provide same-day or next-day MRI availability in order to help athletes receive a diagnosis and any necessary treatment in a timely manner. MRI services are available in two locations: All Children's Hospital in St. Petersburg and All Children's Specialty Care of Tampa.

Advanced 3-dimensional computed tomography (CT) and ultrasound are additional modalities that can aid in making accurate interpretations. Our radiology program participates in the Image Gently™ initiative and has the equipment and expertise to use the lowest possible dose of ionizing radiation when CT or X-ray is needed. Whenever possible, we select imaging modalities that do not use radiation.

In addition to providing the most advanced diagnostic imaging services, our Radiology Department is equipped for all interventional procedures. This includes joint arthrograms, joint injections, epidural and nerve root injections, biopsies and radiofrequency ablation of tumors. All Children's pediatric anesthesiologists provide sedation when it is needed for any diagnostic or interventional procedure.

Jeffrey Clarke, M.D. heads the musculoskeletal imaging team. Prior to joining All Children's Hospital, Dr. Clarke completed an additional year of fellowship training in musculoskeletal imaging and worked closely with, and interpreted studies for, the New York Yankees spring training and minor league teams. Dr. Clarke is the area's expert in musculoskeletal imaging of sports injuries in pediatric, adolescent and young adult athletes.

## Sports Rehabilitation Program

Our sports rehabilitation program is a physical and occupational therapy program specifically designed for children and adolescents with athletic injuries. All Children's therapists blend their skills in sports medicine and their unique knowledge of pediatric growth and development to provide comprehensive care for the young athlete.

Sports rehabilitation after an injury has multiple objectives. Early therapy allows an athlete to benefit from manual soft tissue and joint mobilization exercises to decrease the initial pain and inflammation

of an injury. Later therapy is targeted at regaining full range of motion and strength without compromising healing. Once the injury is healed, our therapy targets the skills required to return to sport and reduce the risk of re-injury.

We specialize in providing age-appropriate and sport-specific treatment for all acute and chronic injuries in youth athletes. Our youth-friendly facilities feature equipment that is designed for older children and teens rather than adults, and our therapists have expertise in engaging and motivating these patients. The focus of therapy is to target and rehabilitate muscle groups and movements specific to each sport so that they may return to sport safely.

Our sports rehabilitation approach to therapy includes:

- A one-on-one sports injury assessment by a pediatric therapist focusing on the athlete's maturity level, skill level and performance goals.
- Post-surgical treatment that follows injury-specific protocols
- Individualized treatment to return the athlete back to his/her sport in healthy condition, prepared with the knowledge and skill to avoid re-injury
- Personalized therapeutic exercise programs designed to increase physical performance by improving flexibility,



3-Dimensional Computed Tomography demonstrating femoroacetabular impingement.

range of motion, strength, coordination and endurance

- Effective treatment through specialized equipment that is designed for young athletes
- Education that will help the athlete and parent to participate in a home exercise program

New sports therapy gyms equipped for these protocols are located on the All Children's Hospital campus in St. Petersburg, and at All Children's Specialty Care Centers in Brandon, Pasco and Sarasota.

Patients who require less acute therapy may be referred to any one of our 11 All

Children's Specialty Care or Therapy Center sites.

## Additional Clinical Resources

Many pediatric medical and surgical specialties at All Children's Hospital are available for consultation as needed to ensure optimal health, safety and performance in young athletes. The **pediatric cardiology program** works to prevent sudden cardiac death in young athletes through screening for potentially lethal arrhythmias or heart conditions that may predispose to sudden cardiac death. The All Children's **Neuroscience Institute** provides treatment for traumatic injuries of the head and will be working with our sports medicine specialists to develop baseline and/or post-injury testing to make sure concussions are managed safely. Our **pediatric hematology-oncology** specialists can address the

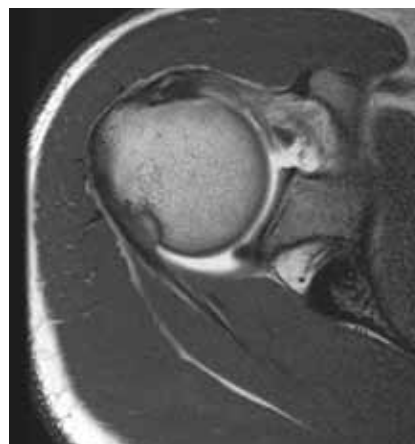
possible impact of any bleeding disorders or sickle cell disease on an athletic participation. Look for a discussion of these aspects of sports medicine in an upcoming issue of Physician Practice.



A wide variety of the latest strength and balance equipment is available in our sports rehabilitation gyms.



Magnetic resonance imaging of knee demonstrating an anterior cruciate ligament tear in a skeletally immature individual.



Magnetic resonance imaging of shoulder demonstrating an anterior labral tear (Bankart Lesion).

## ALL KIDS ALL SPORTS Contact Information

Referrals to the All Kids All Sports program can be made by calling 727-76-SPORT (727-767-7678). Additional information is available at [www.allkidsallsports.com](http://www.allkidsallsports.com).

### Pediatric Orthopaedic Locations:

625 6th Avenue South, Suite 450  
St. Petersburg, FL 33701

2727 Martin Luther King Jr. Blvd, Suite 720  
Tampa, FL 33607

All Children's Specialty Care of Brandon  
885 S Parsons Avenue  
Brandon, FL 33511

All Children's Specialty Care of Sarasota  
5881 Rand Blvd.  
Sarasota, FL 34238

### Referrals for pediatric sports rehabilitation:

To refer a patient for sports rehabilitation, fax a prescription for physical or occupational therapy to 727-767-4436.

The prescription should include the child's name, DOB, diagnosis, precautions and contraindications, along with the referring physician's name, office phone number, and signature.

After the prescription has been faxed, the family should call 727-767-7678 to schedule the most convenient appointment to complete the evaluation and create a comprehensive treatment plan.