Thursday Overview
By Gil Wernovsky, MD

On behalf of the organizing committee and The Children’s Hospital of Philadelphia, welcome to Day Two of Cardiology 2008! Today’s schedule is jam-packed, with a mix of ‘sunrise’ hands-on meetings, large group plenary sessions in the morning, and smaller subgroup specialty sessions in the afternoon.

In the morning, we will review two complex congenital cardiac disorders: arterial annuloventricular atresia with intact ventricular septum. As we have done in previous meetings, we will first review the pertinent anatomy utilizing slide images, ‘live’ demonstrations of anatomic specimens on the ‘heart-cam’® and echocardiography. These presentations will be followed by surgical and catheterization approaches, early cardiac outcomes, and the impact on outcomes and quality of life. These two plenary sessions will be followed by 3 featured talks on new research and technology. The morning session will conclude with an outdoor lunch buffet.

Our second all-day poster session will feature 27 new studies, with an emphasis on inpatient management and evaluation of new pharmacotherapies. Discipline-specific breakout groups will be held all afternoon, including concentrated reviews of echocardiography, surgical therapy, cardiac intensive care, cardiovascular nursing, pediatric perfusion and cardiovascular administration. The later afternoon sessions will feature a mini-symposium on pulmonary valve placement, a ‘stump the faculty’ session with complicated echo images, and a combined session with nursing and administration including an update on the Nightingale initiative. Our first poster session will be held with 28 new presentations from all around the globe, with a focus on new investigations regarding the care and outcomes for children with single ventricle. Please remember to visit our exhibitors over the course of the meeting and enjoy the day!

Cardiac Simulation Program
By Stacie B. Peddy, MD

A diverse group of practitioners took part in the second annual Cardiac Simulation program yesterday, "Practice Makes Perfect: Cardiac Postoperative Simulation & Mock Codes" kicked off bright and early Wednesday morning and welcomed 24 practitioners from 3 countries and included cardiologists, intensivists, advanced practice nurses and anesthesiologists.

Through technology and techniques developed by CHOP’s simulation center, cardiac intensive care scenarios were simulated for a truly “hands-on” clinical experience. Working in small groups, the participants were taken through many of the predictable (low cardiac output, tachyarrhythmias) and sudden, unanticipated events (respiratory failure, cardiac tamponade and shunt thrombosis) that characterize the 24-48 hours after cardiopulmonary bypass. In addition, perioperative scenarios (hypercyanotic spell in a Fontan patient, acute fulminant myocarditis and seizures in a Fontan patient) were used as well.

Each Simbay station was staffed with clinical and simulation facilitators and teams of 5-6 participants “rotated” through all 8 scenarios. Through open communication and role assignment each team actively worked through the clinical scenario presented to them. The learning objectives were reviewed and an inclusive debriefing session was given at the completion of each scenario.

Through simulation we all trained to excellence!!!

Opening Conference
By Alan H. Friedman, MD

On a beautiful winter afternoon in Scottsdale, Arizona, Dr. Gil Wernovsky welcomed a packed ballroom at the Hyatt Regency Resort and Spa at Gainey Ranch to Cardiology 2008, the 11th annual update on pediatric cardiovascular disease. The inaugural audience was treated to the insightful introductory remarks from the renowned professional football coach, Dick Vermeil. The “Coach,” as he is known, had tremendous professional success and off the field by employing a leadership style that emphasizes values, teamwork, diligence and hard work. He emphasized that winning isn’t complicated, but rather it’s people who complicate winning. Drawing analogy to the gridiron, he stressed that putting together a team, cardiovascular or athletic, was based upon clearly setting a plan, defining and then sharing the vision to all members of the team and building meaningful relationships with all members of the team. Caring about the people and having fun in the process creates a format for success he believes.

Dr. Andrew Redington delivered a thought provoking discussion as to whether there should be separate practices for the adult and pediatric patient with congenital heart disease (CHD). He presented data that suggests that there are about 850,000 adults with CHD in the US, and that about half of these people will require specialized CHD care. In this example, it is estimated that there would be a need for some 210 Adult Congenital Heart Centers. Currently, there are less than a dozen Centers that have the requisite patient population and physician/nursing staff established to provide such care. Dr. Redington also stressed that transitioning care for these patients is the ideal approach, and that the transfer of care to a new practice or location results in poor patient care and a lack of continuity of care. He proposed a consolidated, centralized approach to the delivery of care for the adult with congenital heart disease.

Image Is Everything
By Girish Shirali, MBBS, FACC, FAAP

This 6-hour workshop featured cardiac morphologists (Prof. Robert Anderson and Dr. Paul Weinberg), cardiac imaging specialists (Dr. Meryl Cohen, Anthony Hiavacek and Girish Shirali), and cardiac surgeons (Drs. Tom Karl and Jim Quintessenza) who all combined to provide their insights into a wide range of cardiac structural defects. The lesion highlighted today was Atrioventricular Septal Defect. Dr. Weinberg demonstrated the spectrum of this defect using the heart-cam. Prof. Anderson expounded on the fundamental differences between the left AV valve in AV septal defect and the normal mitral valve. The surgeons discussed what they need to know before and after surgery. Dr. Shirali demonstrated the value of 3DE imaging for this defect, and Dr. Cohen presented a systematic approach to postoperative TEE evaluation. Other highlights included intraoperative videos by Dr. Quintessenza. Dr. Hiavacek showed spectacular 3D reconstructions of CT angiograms on children with pulmonary venous abnormalities and also on children with aortic arch abnormalities.

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Committed to providing more options for the lifetime care of patients with congenital heart disease.
to Our Patients," was an amazing experi-
ence. Drawing on the success of similar
meetings at Great Ormond Street Hospital
in London (November 2006), and Children’s
Hospital Boston (October 2007) the organi-
zation’s committee was delighted to be able
to bring such a wonderful group of speakers
together to talk about the real work of inspiring attendees
to become change agents back home at their own institutions.

Martin Bromiley, Senior First Officer, bmi, led the session by setting the stage with a
poignant outline of the events and subse-
quently arranged around the hierarchy of her death,
Elaine, due to a medical error.

Guy Hirst, BA Training Captain, Red’f, fol-
lowed on by using his years of experience in
aviation to frame a commentary on the Con-
corde disaster and the ways in which that occurrence has shaped subsequent changes in aviation safety.

Marc de Leval, pediatric cardiothoracic sur-
gaeon, then provided a brief overview of Bris-
tol Inquiry. He used the ten years since the
famous Inquiry to outline the knock-on ef-
effect that such defining moments have led onto
patient safety. Patient safety has advanced
since Bristol, but we’ve also a long way to

Steven Altschuler, the Children’s Hospital of
Philadelphia’s Chief Executive Officer fol-
lowed next with a discussion of how admini-
strative needs to frame such questions
in patient safety. Commercizing with clinicians in the
audience, he noted that regulatory oversight
by government may have its downside.

Kathy Jenkins, at Children’s Hospital Boston
switched gears from “Can we risk adjust for
patient safety?” to “Should we risk adjust for
organizations that can both try to correct and fail to
ero early attempts to understand variations in
outcomes. There are difficult questions about adjusting for,
versus directly addressing
modifying modifiable and unmodifiable factors im-
portant to patient satisfaction. The Boston
team has taken this work several steps fur-
ther in using the identified risk groups for
targeted intervention.

Martin Bromiley returned to the stage to out-
line the ways in which he has begun to move
from focusing on the likely causes of medical error.
As an aviator he noted the
difference between the medical investigation
that sought to determine what happened and
what to do with those involved, versus avia-
tion’s approach to discover what happened
and then what can be done to prevent future occurrence.

Tom Henrikks, former NASA astronaut
and current President of Aviation Week, followed
by outlining organization, communication,
and leadership styles, and the ways in which
organizations can both try to correct and fail
to correct decision-making processes after
disasters like Challenger and Columbia.

Narrating a mission video, Henricks en-
thrilled the audience with a unique 22,500
mile view of leadership and teamwork. We
were able almost to feel the sensation of strap-
ning on and “wearing,” as he put it, the enor-
mous shuttle system.

Michael Useem, Professor at the Wharton
School of Business, kept the audience riveted
with his interactive style to “Making leadership
decisions under stress.” For the safety
arena, it was an easy or a “slam dunk”
to have a session with an audience “volunteer,”
we learned that “naturally-born” leaders are not
“naturally born,” – they are developed. Three
methods include: (1) coaches and mentors,
(2) being a self-directed student of leadership,
and (3) taking opportunities to do what one
did not have before done.

Allan Goldman, from Great Ormond Street,
discussed “How Safe Is Safe Enough?” using
high reliability organization theory,
normal accident theory, discussion of the
medical and aviation industries,
and leadership styles, and the ways in which
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