

Children's Practice

A PUBLICATION FOR HEALTH CARE PROFESSIONALS

SEPTEMBER 2010



Children's Teen Hematology and Gynecology Clinic: Multidisciplinary team aids diagnosis of bleeding disorders

Also inside:

- Children's sickle cell program: "Expertise among the best anywhere."
- UnitedHealthcare gift accelerates progress toward Level I Pediatric Trauma Program


Children's
Hospitals and Clinics
of Minnesota

Delivering Next Generation Care



New facilities at Children's - Minneapolis campus open in October

I'm pleased to report that in October, all construction on the Children's - Minneapolis campus — a significant part of our \$300 million expansion project — will be complete. Our new Surgery Center opens next month, incorporating all surgical services on one floor, featuring larger integrative operating rooms with state-of-the-art technology, and more pre-op and post-op patient rooms. Tour our new facilities by calling (888) 664-4542 or e-mailing childrensphysician.access@childrensmn.org.

In this issue

Children's continues to provide leading expertise and advocacy for our patients, and in this issue we highlight the work of our pediatric hematology, gynecology, and sickle cell programs.

Children's Teen Hematology and Gynecology Clinic, plays a critical role in the effort to diagnose the more than 2.5 million girls and women in the U.S. who have an undiagnosed bleeding disorder. Rachel Miller, MD, Minnesota's only pediatric gynecologist, offers gynecological care especially suited to the needs of young girls. And, Children's sickle cell program, which treats more than 83 percent of patients in Minnesota with sickle cell disease or hemoglobinopathies, offers expertise and outcomes among the best anywhere.

Children's recently received a \$17.5 million gift from UnitedHealthcare to support our efforts to become a Level I Pediatric Trauma Program. The gift will help us to build a comprehensive trauma education and research program, and expand and modernize our Minneapolis Emergency Department. Read more about how it will help us save more lives and provide the highest level of care to children in our community.

In closing, on the back cover you will find a reader survey postage-paid return card. Please take a few moments to complete the card and provide your feedback about *Children's Practice* and other communications from Children's.

Phillip M. Kibort

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Delivering Next Generation Care

On the cover: (left to right) Susan Kearney, MD, Rachel Miller, MD, and Margaret Heisel Kurth, MD, lead Children's Teen Hematology and Gynecology Program, the only one of its kind in Minnesota.

Children's teen hematology and gynecology clinic provides care for bleeding disorders



Margaret Heisel Kurth, MD, reviews a plan of care with a teenage patient as part of the Children's Teen Hematology and Gynecology Clinic.

Overlap in expertise aids diagnosis

Young women with bleeding disorders present with heavy bleeding with the onset of menstrual periods. While blood clots are rare in adolescent women, the risk of clotting increases dramatically when a family history of blood clots combines with exposures to birth control pills.

Bleeding and clotting disorders in the adolescent population, therefore, pose a unique challenge to health care providers, who must investigate family history, consider the implications of genetic testing, and balance the risks and benefits of treatment.

"What we offer is unique," said Susan Kearney, MD, a pediatric hematologist and oncologist with Children's. "For a young woman with bleeding problems, there is significant overlap between the need for the expertise of a hematologist and that of a gynecologist. The lack of such overlap is one of the primary reasons there are so many women with undiagnosed bleeding disorders."

Teenagers who have had blood clots or who have a family history of blood clots require counseling related to choices of birth control and risks of pregnancy in the future. For these patients, the coordinated visit with hematology and gynecology experts can be especially valuable.

Few girls have an established relationship with an OB/GYN. Most of those who do, see a provider in an adult clinic. Patients visiting the Children's Teen Hematology and Gynecology Clinic on the first, third, and fifth Thursdays of every month, however, have access to Rachel Miller, MD, Minnesota's only pediatric gynecologist and leader of Children's pediatric and teen gynecology program. (See sidebar on page 6.)

In the effort to diagnose bleeding disorders, the Children's Teen Hematology and Gynecology Clinic, the only one of its kind in Minnesota, offers patients access to both a pediatric hematologist and pediatric gynecologist in one appointment. The program, which began in 2008, offers a comprehensive clinic specializing in the diagnosis and management of bleeding and clotting disorders, and other conditions, in adolescents.

Because of the many dangers and ramifications associated with such undiagnosed conditions, the National Hemophilia Foundation (NHA) is working to improve diagnoses through awareness campaigns with patients and doctors.

Still, the NHA estimates that today more than 2.5 million girls and women in the U.S. have an undiagnosed bleeding disorder which adversely affects their quality of life.

Children's Teen Hematology and Gynecology Clinic

Meet the providers



Susan Kearney, MD

Dr. Kearney is a pediatric hematologist and oncologist with specific focus on pediatric blood disorders including bleeding and thrombotic disorders, sickle cell anemia, thalassemia, iron overload, and bone marrow failure.

- Mayo Medical School, Rochester, Minn.
- Boston Children's Combined Residency Program in Pediatric Medicine, Harvard University, Boston, Mass.
- Pediatric Hematology/Oncology Fellowship Program, Children's Hospital/Dana Farber Cancer Institute, Boston, Mass.
- Assistant Professor, University of Minnesota, Division of Pediatric Hematology, Oncology, Blood and Marrow Transplantation
- Member of the American Society of Hematology, American Society of Pediatric Hematology and Oncology, Children's Oncology Group, and Hemophilia and Thrombosis Research Society

Margaret Heisel Kurth, MD

Dr. Heisel Kurth is a pediatric hematologist and oncologist with more than 28 years of experience. She specializes in the evaluation and treatment of children and young adults with inherited bleeding and thrombotic disorders and the treatment of inhibitors in hemophilia patients.

- University of Minnesota School of Medicine
- Pediatric Residency – University of Minnesota Hospitals
- Pediatric Hematology/Oncology Fellowship Program, Children's Hospital of Los Angeles and the University of Southern California.
- Bush Medical Fellowship on bleeding disorders in adolescent and adult women.
- Director of the Children's Hemophilia and Thrombosis Center.
- Participant in many clinical research studies evaluating new treatments for children with inherited bleeding disorders.
- Member of the American Society of Hematology, American Society of Pediatric Hematology and Oncology, World Federation of Hemophilia, and Hemophilia and Thrombosis Research Society



The Children's Teen Hematology and Gynecology Clinic care team collaborates on a course of treatment for each patient. (From left to right above) Susan Kearney, MD; Margaret Heisel Kurth, MD; Rachel Miller, MD; and Skye Peltier, PA-C, MPH.

Rachel Miller, MD

Dr. Miller is Minnesota's only pediatric gynecologist and is board certified in obstetrics and gynecology. She works with a multidisciplinary team of physicians, nurses, and support staff in the evaluation, diagnosis, and treatment of children and adolescents with complex gynecological disorders.

- University of North Dakota School of Medicine and Health Sciences
- Obstetrics and gynecology internship and residency at Oregon Health and Science University, Portland
- Pediatric/Adolescent Gynecology Fellowship Program, Cincinnati Children's Hospital Medical Center, where she founded a combined hematology-gynecology clinic.
- Member of the Society for Adolescent Medicine, North American Society for Pediatric and Adolescent Gynecology, and American College of Obstetricians and Gynecologists

Skye Peltier, PA-C, MPH

Skye Peltier is a physician assistant with specific focus on pediatric thrombosis, rare bleeding disorders, and bleeding disorders in adolescent patients. She has worked as a health educator for Children's Teenage Medical Service (TAMS) and has been involved in education efforts with the National Blood Clot Alliance and Hemophilia Foundation of Minnesota and the Dakotas.

- Augsburg College Physician Assistant (PA) Program
- Masters' Degree in Public Health, University of Minnesota
- Member Minnesota Academy of Physician Assistants, National Hemophilia Foundation and Hemophilia and Thrombosis Research Society.

“For young women with bleeding disorders this is a huge improvement in quality of care” said Skye Peltier, PA-C, MPH, a physician assistant who works closely with Kearney, Miller, and Children’s hematologist Margaret Heisel Kurth, MD, as they collaborate on a course of treatment for each patient.

Shared knowledge benefits patients

The clinic is convenient for patients and their families, who would otherwise be required to coordinate at least two different appointments, often at different locations. Program team members believe it also results in better care and an improved family experience.

“As academicians and as clinicians, we’re on top of the latest treatments and medicine and we work together to share knowledge for our patients’ benefit,” Kearney said. “Through our close working relationship, we’re able to coordinate care and make the most of those opportunities for our patients.”

Miller believes the shared knowledge also translates to a common voice with patients and their families.

“A big benefit for families is the consistency, not just in the care we provide, but also in the messages we convey,” Miller said. “It’s reassuring for families when they know their doctors are all on the same page, saying the same things, and working toward a common goal.”

Five signs of a potential bleeding disorder

Project Red Flag is the National Hemophilia Foundation’s public awareness campaign aimed at educating women and health care providers about the symptoms of bleeding disorders:

- **Heavy menstrual periods**
- **Excessive nosebleeds**
- **Easy bruising**
- **Bleeding gums**
- **Heavy bleeding following dental work, surgery, injury, or childbirth**

For more information visit www.projectredflag.org. For consultation or concerns about a patient, or to refer a patient, call Children’s Physician Access toll-free at 1-866-755-2121.

Growing awareness of teen bleeding disorders

“Health care providers have not always thought of bleeding disorders as a cause of heavy bleeding and instead believed patients were having adolescent ovulatory bleeding or that their periods weren’t well regulated yet,” Heisel Kurth said.

“About 20 percent of young women with heavy menstrual cycles have an underlying bleeding disorder.”

Studies, however, have shown that about 20 percent of young women with heavy menstrual cycles have an underlying bleeding disorder. For young women with severe bleeding, the number rises to almost 50 percent.

In some cases, OB/GYNs may prescribe birth control pills to their patients in an effort to control heavy bleeding. And while in many instances the hormonal treatments may be effective, the concern is that this course of treatment can delay the diagnosis of an underlying bleeding disorder

With the introduction of its “Project Red Flag” educational campaign in 2000 (see sidebar at left), the NHA’s goal continues to be raising awareness with patients and physicians about the symptoms of bleeding disorders. While Heisel Kurth believes significant progress has been made as a result of Project Red Flag, delayed diagnoses are still common.

Dangers associated with delayed diagnosis

Unfortunately, the ramifications of delayed diagnoses — which often come 10 to 20 years after a patient exhibits symptoms — can be significant, life-changing, and even life-threatening.

Surgery, major dental work, or childbirth can result in serious and sometimes life-threatening bleeding — something that could be averted with prior knowledge of the disorder. The effects can also extend to a patient’s mental health.

“Many of these kids, when they finally come to us, are severely anemic — something that has implications on their health and quality of life,” Kearney said.

“They may have experienced significant exhaustion and missed many days of school. Often they’ve been socially isolated because of their health issues.”

In other cases, patients may undergo unnecessary procedures, including repeated dilatation and curettage and hysterectomies at a young age.

Even when birth control pills might be an effective solution for a bleeding disorder, they may not be a viable option for all patients due to health or personal reasons. In those instances, the team can offer alternatives.

“Regardless of the issues involved, it’s important for patients to have access to a full range of options,” Heisel Kurth said. “And that’s perhaps the most important aspect of our clinic — we can not only identify the cause of the bleeding, but also offer a range of options that meet each patient’s personal needs.” ✨

Retreat offers bleeding disorder education

Children’s pediatric hematologist Margaret Heisel Kurth, MD, will be a featured speaker at the Hemophilia Foundation of Minnesota and the Dakotas fourth annual Women’s Retreat.

The retreat, Oct. 2-3, 2010, at the Oakridge Conference Center in Chaska, Minn., offers educational presentations on topics including the psycho-social issues associated with bleeding disorders and an “Ask the Provider” session with Heisel Kurth. The event is open to teens and women of all ages.

For more information or to enroll in the retreat, please call (651) 406-8655.

Meeting the special needs of girls and teens Children’s pediatric and adolescent gynecology program

“Pediatric gynecology has not been a common area of practice nationally,” said Children’s professional staff member and pediatric gynecologist, Rachel Miller, MD.

“Primary care providers do not get extensive gynecological training and few OB/GYNs receive pediatric-specific training.”

Miller, who leads Children’s pediatric and adolescent gynecology department, said many of the procedures that can be performed on women in an adult clinic cannot be done on young girls or even adolescents.

“For instance, few, if any, OB/GYNs feel comfortable doing a laparoscopy in an eight year old,” she explained.

The emotional and psychological needs of girls and adolescents can also be different than for adult women. Some girls, for example, may require sedation or anesthesia for what might be considered a relatively simple procedure on an adult. And, for Miller’s younger patients, the pediatric atmosphere at Children’s can help

calm fears about what could be a perceived as a traumatic experience.

The Children’s pediatric and adolescent gynecology department, which sees patients from birth to age 18, also offers consultation regarding the medical uses of hormonal contraceptives, including menstrual suppression and contraception for the medically complex teen.

Some of the most common conditions treated include:

- pediatric vulvar conditions
- abnormal development of the reproductive structures or systems
- ovarian cysts
- pelvic pain
- menstrual disturbances including polycystic ovary syndrome and endometriosis.

For more information, visit www.childrensmn.org/Services/Gynecology/. To schedule an appointment, call (651) 220-5999. For physician referral or consultation, call 1-866-755-2121 or (612) 343-2121.

Children's sickle cell program expertise is among the nation's best



In Minnesota, more than 83 percent of children and teens with sickle cell disease or hemoglobinopathies are treated at Children's. Children's sickle cell program outcomes rank among the best in the nation.

It is a track record that Stephen Nelson, MD, a pediatric hematologist/oncologist and director of the Children's hemoglobinopathy program, attributes to the program's comprehensive, multidisciplinary approach.

"Our program's resources, in addition to the sickle cell team, include a genetic counselor, pulmonologist, a respiratory therapist, neuropsychologist and social worker," Nelson said. "The breadth and expertise of our team is among the best anywhere."

Access to Children's pediatric pain and palliative care program, for instance, has reduced hospital admissions and lengths-of-stays for sickle cell patients by about 50 percent.

Children's Pediatric Hematologist/Oncologist, Stephen Nelson, MD, meets with a patient at Children's sickle cell clinic.

Multidisciplinary preventative care

The acute illnesses or crises seen in children and teens with sickle cell disease are initially treated either through the sickle cell clinic or Children's emergency rooms, where staff members use rigorous standards of sickle cell care recommended by the National Institutes of Health.

Among Children's preventative care measures is a pulmonary clinic integrated within the sickle cell clinic. Patients receive annual evaluations to identify and treat subclinical and clinical pulmonary problems, which are now the leading cause of death in sickle cell patients.

Neuropsychologists work proactively with patients, families, and schools to help patients reach their maximum potential. Strokes, which once affected 10 percent of sickle cell patients before they reached their teenage years, can now be predicted with testing and prevented through blood transfusions.

“We build strong relationships”

Perhaps best of all for patients and their families, Children’s expertise is offered to patients under one roof, instead of requiring multiple visits to several specialists. All testing, including pulmonary, neuropsychological, and echocardiographic, are conducted in one day at Children’s. In addition, the C.H. Robinson Infusion Center, the largest pediatric infusion center in the Upper Midwest, is conveniently located on site.

“That’s a huge benefit for patients and their families,” Nelson said. “And I think the coordinated care among the specialists is one of the reasons our outcomes are as strong as they are. Patients get the recommended care they need.”

While many of the program’s advantages are possible because of its large size and capabilities, the program staff works hard to make patients’ and families’ experience as personal as possible. Throughout their care at Children’s — often over the course of many

years — patients and families have the same core team of providers who care for them during each visit.

Nelson believes that personal and consistent care is one reason the program maintains excellent patient adherence to follow-up care and medications, in contrast to the much lower industry-wide adherence for sickle cell patients.

“The coordinated care among the specialists is one of the reasons our outcomes are as strong as they are.”

“We build strong relationships and patients and families know who to turn to when they need us,” Nelson said. “This is a lifelong issue for these patients and their families, and we’re committed to doing everything we can to make things as easy for them as possible.” ✨

Children’s Hemoglobinopathy and Sickle Cell Program staff is available 24 hours a day to assist providers with questions regarding sickle cell patients or any hemoglobinopathy issue. Call Children’s Physician Access toll-free at 1-866-755-2121 for consultation or referral.

New to Children’s professional staff

The following providers have recently joined the professional staff at Children’s of Minnesota. For information on credentialing opportunities, contact the credentialing department at (612) 813-6121 or (651) 220-6571.

Sharon Bazak, MD
*U of M - Infectious Disease,
Pediatric*

Dariusz Bulczak, MD
Virtual Radiology

Andrea Bushaw, RN CNP
Pediatric Surgical Associates

Beau Crabb, MS
MN Department of Health

John Fugate, MD
*Childrens Respiratory and
Critical Care Specialists*

Jonathan Grischkan, MD
*U of M – Pediatric
Otolaryngology Fellowship*

Lawrence Hudson, MD
MINCEP Epilepsy Care

William Katsiyannis, MD
Minneapolis Cardiology

Associates
Kate McCarn, MD
U of M - Facial Plastic Fellowship

Erik Mikkelsen, MD
*Children’s Respiratory &
Critical Care Specialists*

Patricia Jo Nouis, RN CRNA
Associated Anesthesiologists

Historic gift aids pursuit of Level I Pediatric Trauma Program certification

A \$17.5 million gift from UnitedHealthcare — the largest corporate gift in Children’s 86-year history — will accelerate Children’s efforts to become certified as a Level I Pediatric Trauma Program.

Children’s announced its intention to pursue Level I Pediatric Trauma Program certification last year after the Minnesota Department of Health designated Children’s as a Level III Pediatric Trauma Program at its Minneapolis and St. Paul campuses.

“We are honored and delighted to receive such a generous gift,” said Phil Kibort, MD, Children’s chief medical officer. “As we continue working together to provide expert care for children with severe and life-threatening injuries, I believe this gift will help us save

more lives and provide the highest-quality of care to children in our community.”

With more than 90,000 visits and 450 trauma cases each year, Children’s has the seventh busiest pediatric emergency department in the nation.

Level I requirements

Obtaining designation as a Level I Pediatric Trauma Center is a rigorous, multi-year process overseen by the American College of Surgeons Committee on Trauma. It requires Children’s to accomplish two key objectives: build a comprehensive trauma education and research program, and expand and modernize its Minneapolis Emergency Department.

“As one of the busiest pediatric emergency departments in the nation, we have the size, depth, and expertise to successfully achieve both of those objectives,” Kibort said.

As part of the new Level I Pediatric Trauma Center status, referring physicians will have access to Children’s comprehensive range of pediatric care services, new Continuing Medical Education (CME) offerings within the expanded emergency training programs, and opportunities to collaborate on new pediatric trauma research.

Upon verification as a Level I Pediatric Trauma Center, Children’s will serve as a referral and counseling resource for hospitals across the region in the treatment of the most complex and challenging pediatric cases. It also will allow Children’s to:

- provide 24/7 availability of its leading pediatric trauma specialists at a dramatically upgraded emergency facility.
- contribute much-needed pediatric trauma research on a national scale.
- prevent injuries and save lives through new trauma prevention efforts in the Upper Midwest.

In recognition of the gift, the Children’s - Minneapolis Emergency Department is named “UnitedHealthcare Pediatric Emergency Department.” ★

Greg Wright, MD, chief of critical care, Children’s - Minneapolis; Melea Anderson, RN, CNP, DNP, director of trauma services, Children’s - Minneapolis; and David Hirschman, MD, medical director of trauma, Children’s - Minneapolis



Practice Profiles



Shelly Strong, MD

“Families really identify with us. Parents frequently tell us they used to be patients here when they were children.”

Clinic: Central Pediatrics

Locations: St. Paul and Woodbury

www.centralpeds.com

“The secret to our continued success has been our ability to keep pace with the changes in the market,” said Shelly Strong, MD, president of Central Pediatrics. “The days of being open from 9 to 5 are long gone. Families today expect more.”

Central Pediatrics, which has 15 board-certified pediatricians in its two locations, offers after-hours care from 5-10 p.m. on weeknights, from 9 a.m. to 5 p.m. on Saturdays, and from noon to 8 p.m. on Sundays. Walk-in care was also recently added.

“We conduct frequent surveys to ensure we’re keeping up with the needs of our patients,” Strong said, noting that effective communication with families is a priority.

The practice offers electronic patient/family newsletters and access to forms, educational resources and appointment-scheduling on its website. The practice also has its own Facebook fan page.

At the heart of the practice’s success, however, are the relationships that have been built since Central Pediatrics was one of the first pediatric practices in St. Paul. “We’ve been in practice so long that families really identify with us,” Strong said. “Parents frequently tell us they used to be patients here when they were children.”



Steven Kurachek, MD

“We are the face of pediatric critical care and pulmonary medicine in Minnesota. No one sees more patients.”

Clinic: Children’s Respiratory & Critical Care Specialists, P.A.

Locations: Minneapolis, Minnetonka, St. Cloud, St. Paul, Willmar, and Duluth (opening 2011)

www.crccs.com

Children’s Respiratory and Critical Care Specialists (CRCCS) include 27 physicians and two nurse practitioners. Its providers have formal certification in pediatric critical care, pediatric pulmonary medicine, neonatology, pain and palliative care, smoking cessation, and pediatric sleep disorders.

“We have tremendous diversity in our expertise and activities providing outpatient and inpatient clinical services, as well as leadership to Children’s,” said Stephen Kurachek, MD, a pediatric critical care pulmonary physician and senior member of the practice.

CRCCS also offers pulmonary clinics in several locations that provide outpatient consultation for children with both common and complex respiratory problems. More than 200 children receive home-based invasive and non-invasive mechanical ventilation through CRCCS. An active inpatient pulmonary service compliments these outpatient activities.

CRCCS also provides intensive care services. Board certified critical care physicians have provided 24/7 in-hospital coverage for more than two decades, attending to children with complex multi-system illness and trauma. When not in the PICU or cardiovascular center, CRCCS critical care physicians provide deep sedation services to almost 2,000 children each year.

“When parents bring their children to Children’s we are aware that they are choosing Children’s and not the individual on-call for our practice,” Kurachek said. “It is a privilege that we seek to be worthy of each day.”

Children's Practice

Vol. 4, No. 3

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Children's Hospitals and Clinics of Minnesota

Published by Children's Hospitals and Clinics of Minnesota, Communications and Public Relations Department, Suite 216 South, 2550 University Ave. W., St. Paul, MN, 55114. Phone (612) 813-6222.

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Children's mission

Children's Hospitals and Clinics of Minnesota champions the special health needs of children and their families. We are committed to improving children's health by providing high-quality, family-centered pediatric services. We advance these efforts through research and education.

Children's vision

Children's will be a national leader in advancing the health of children, innovating and delivering family-centered care of exceptional quality.

Children's Hospitals and Clinics of Minnesota

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and Perioperative Care

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Clinical Services Director, Surgical Services and
Perioperative Care

Greg Wright, MD
Chief of Critical Care Division, Critical Care

Pam VanHazinga, BSN, MBA, RN
Clinical Services Director, Critical Care

LOCATIONS

Children's - Minneapolis

Hospital and specialty clinics

2525 Chicago Avenue South
Minneapolis, MN 55404
(612) 813-6000

Children's - St. Paul

Hospital and specialty clinics

345 North Smith Avenue
St. Paul, MN 55102
(651) 220-6000

Children's Clinics - Woodwinds

Specialty and rehabilitation clinics

1825 Woodwinds Drive
Woodbury, MN 55125
(651) 232-6800 (specialty clinics)
(651) 232-6860 (rehabilitation clinic)

Children's - Maple Grove

Rehabilitation clinic

7767 Elm Creek Boulevard, Suite 300
Maple Grove, MN 55369
(763) 416-8700

Children's - Minnetonka

Pediatric outpatient day surgery

6050 Clearwater Drive, Suite 300
Minnetonka, MN 55343
(952) 930-8600

Pediatric diagnostic imaging center

6050 Clearwater Drive, Suite 400
Minnetonka, MN 55343
(952) 930-8644

Pediatric outpatient rehabilitation center

5950 Clearwater Drive, Suite 500
Minnetonka, MN 55343
(952) 930-8630

Pediatric specialty clinics and

McNeely Pediatric Diabetes Center

6060 Clearwater Drive, Suite 204
Minnetonka, MN 55343
(952) 930-8123

Children's - Roseville

Rehabilitation clinic

1835 West County Road C
Roseville, MN 55113
(651) 638-1670

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EDUCATIONAL OPPORTUNITIES

Center to Advance Palliative Care (CAPC) – Pediatric Palliative Care Leadership Center (PCLC) Training:

Sept. 15-17, 2010
Dec. 1-3, 2010
Children's - Minneapolis

Children's 2nd Annual Pediatric Wound Management Conference

Sept. 16 and 17, 2010
7:30 a.m. - 4:30 p.m.
Sheraton Minneapolis Midtown

Health Care Occupational and Environmental Safety Workshop

Sept. 21 and 22, 2010
Millennium Hotel, Minneapolis

20th Annual Practical Pediatrics for the Primary Care Physician

Sept. 23 and 24, 2010
John Nasseff Medical Center
Children's - St. Paul campus

7th Annual National Telehealth Conference

Sept. 30, 2010
Hilton Hotel, Minneapolis-St. Paul
International Airport/Mall of America,
Bloomington, Minn.

Pediatric Emergency and Trauma Conference

Oct. 8, 2010
7:30 a.m. - 4 p.m.
Como Conservatory, St. Paul

Online Grand Rounds

With a library of more than 110 presentations, Children's offers Grand Rounds online. To view Grand Rounds, follow these easy steps:

1. Log on to www.childrensmn.org.
2. Choose "Grand Rounds" under "For Health Professionals."
3. New users will first need to register. Once registered, all you have to do is choose the presentation.

For information about these conferences and registration, visit Children's website, www.childrensmn.org/conferences.

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If No, skip to question #4:

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1=Don't read 5=Very useful	1	2	3	4	5
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-

4. Please share any ideas for improving our communications

You may also share your suggestions via e-mail. Send your comments to:
chc.communications@childrensmn.org

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-

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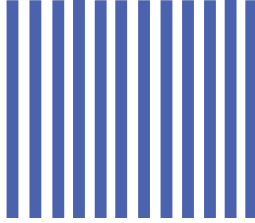
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