

# Professional Staff News

News and information for the professional staff of  
Children's Hospitals and Clinics of Minnesota

Professional Staff News is e-mailed monthly to the professional staff of Children's of Minnesota.

July 2007



## Notes from Peter Dehnel, MD, Chief of Staff

### Exploring enhancements to the quality and safety of our care

One of the fundamental purposes of our professional staff is to ensure the quality of care that is delivered here at Children's. There are two principles that will be addressed in the next several months that are designed to enhance the quality and safety of care that we provide to our patients when they are admitted for care within the hospital.

The first is a better definition of the "attending model of care." Within the "Rules and Regulations of the Professional Staff" (Article II, Part D) is a section titled "Role of the Attending." Within this section is a statement: "Every patient shall have one Member who is the Attending Practitioner responsible for the global care of the patient, appropriate to the setting in which the patient is receiving care."

The section then describes how this individual is responsible for supervising the house staff, directing requests for consultations, and ensuring that all medically necessary care, treatment, and services are offered to the patient. This individual is also responsible for ensuring that the patient's family is given appropriate information in a timely and medically appropriate manner. The attending practitioner is also responsible for daily assessments of the patient and for documenting a record of the assessment and plan of care.

A situation in which every patient has a truly engaged and proactive attending practitioner is likely to lead to a higher level of safety and quality as well as a higher level of patient and family satisfaction. The challenge is getting there. Your insights and input in reaching this goal are very welcome and appreciated. Please forward them to me, (612) 813-8098, [peter.dehnel@childrensmn.org](mailto:peter.dehnel@childrensmn.org), or Phil Kibort, MD, (651) 220-6165, (612) 813-6165, [phil.kibort@childrensmn.org](mailto:phil.kibort@childrensmn.org).

The second item relates to enhancements in the oversight of patient care and supervision/education of the house staff through the nighttime hours on the Minneapolis campus. This is a rapidly evolving program and all the details have not yet been determined. The intention, however, is that there will be a board-certified

pediatrician on site through the night on the Minneapolis campus. This person will oversee the activities of the house staff, assist in the house staff's evaluation of admitted patients, and aid in the assessment of "cross-cover" patients when needed. Please look for updates on this new program in *Professional Staff News*.

## Notes from Phillip M. Kibort, MD, Vice President of Medical Affairs and Chief Medical Officer

### Development plans announced for St. Paul and Minneapolis campuses

Children's of Minnesota announced its plan to launch a multi-year initiative to expand and modernize its St. Paul and Minneapolis campuses this week. We expect to break ground for new construction in Minneapolis later this year, and begin work on the St. Paul campus within the next 12 to 18 months.

The plan includes placing all hospital beds in private rooms with sleep-in space for parents, modernizing the operating rooms, and expanding emergency departments. Additionally, in St. Paul, terraces or rooftop gardens will be added, while in Minneapolis the neonatal intensive care unit will be expanded and a Ronald McDonald House will be housed inside the hospital.

The current project is one of the largest campus upgrades Children's has made since it opened in 1924. While existing hospital facilities are now about 30 years old, recent renovations and additions include the NICU built in 2003 at Children's - St. Paul, and an ambulatory care center added in Minneapolis in 2004. The project will take place in phases, so as not to disrupt services to patients and their families.

Modernization will include expansion across Chicago Avenue at the Children's - Minneapolis campus.

The estimated cost of the projects is \$300 million. Cash flow from operations, bond sales, and philanthropic support will fund the development project.

These plans are all about enhancing our ability to apply new technology, practices, and standards of care in an environment devoted exclusively to the next generation – our region's children.

Additional information about these plans, including the architects' renderings, are available on the Professional Staff Portal.

## **Children's and Allina begin mother-baby planning**

As you know, Allina Hospitals & Clinics and Children's of Minnesota are committed to expanding our long-term collaboration to deliver the best care to our community. In our first phase of this expanded collaboration, we have been engaged in joint planning to forge a model to provide pre-eminent care and service to mothers, babies, and their families.

Broadly, our goal is to maximize clinical outcomes by leveraging the strengths of both organizations as leaders in providing mother-baby care, especially for high-risk pregnancies. The full scope of the collaboration will support development and dissemination of the care model across all of the communities we serve.

We have undertaken intensive team-based planning to determine the details of the care model. The project Steering Committee is co-chaired by Julie Morath, chief operating officer of Children's, and Penny Wheeler, MD, chief clinical officer of Allina. Physician leaders and key content experts from throughout our two organizations are part of each of the six teams (patient and family; facilities; finance, strategy and market; communications; development; and legal, governance and management).

## **Hematology serves children with benign hematology disorders**

A formal hematology service was introduced on the Minneapolis campus and a similar program is in development stages for Children's - St. Paul.

A dedicated group of pediatric hematologists are focusing their time on patients with benign hematology disorders. They provide inpatient and outpatient consultation weekdays, 8 a.m. to 5 p.m. The pediatric hematology and oncology on-call physicians will continue to handle patient care issues for hematology patients during off hours and on weekends.

A hematologist is also available any time for questions over the phone at (612) 813-5940. Callers can ask for the rounding hematologist during the day or the on-call doctor at night and on weekends.

Physicians and other providers participating in the hematology service include:

- **Margaret Heisel Kurth, MD**
- **Stephen Nelson, MD**
- **Jane Hennessy, RN, CNP**
- **Jocelyn Gorlin, RN, CNP**
- **David Slomiany, MD**
- **Jawhar Rawwas, MD**
- **Michael Richards, MD**
- **Kim Jacobson, RN, CNP**
- **Kristin Moquist, RN, CNP**

Nicole Leonard, RN, and Anne Harris, CRA, have also joined the service as a research nurse and data manager, respectively. This has allowed participation in a number of national and international clinical studies related to ITP, thrombophilia, Gaucher's disease, Diamond Blackfan Anemia, hemophilia, sickle cell, factor XIII deficiency, and the use of recombinant VIIa.

If you have any questions or comments related to the hematology service, please contact **Margaret Heisel Kurth, MD**, at (612) 813-5940.

## **Change in process for overnight radiologist consultations**

To manage the increasing demand for overnight consultations on the Minneapolis campus, Children's will contract with Minnetonka-based Virtual Radiologic Corporation to provide preliminary interpretations from 11 p.m. to 6 a.m. daily. Provided by American Board of Radiology certified physicians, the interpretations will be reviewed the next morning by one of the four pediatric radiologists. This is very similar to a process already in place on the St. Paul campus.

Staff radiologists **Karen Blumberg, MD, Richard Patterson, MD, William Mize, MD, and John Nicotra, MD**, also will continue to be on call and are available for any emergent fluoroscopic procedures that need to be performed in the hospital or questions that cannot be answered satisfactorily by the night radiologists.

For consultations on the Minneapolis campus, call (612) 874-5399. If you have questions, please contact Blumberg, MD, [karen.blumberg@childrensmn.org](mailto:karen.blumberg@childrensmn.org).

## **George Miller remembered**

George E. Miller, MD, a long-time member of the professional staff died suddenly at 61 years of age this past month. A wonderful member of our staff, he frequently cared for our most critical, fragile, and premature infants evaluating them for retinopathy of prematurity and many other diseases. Miller was a great man to know, always in a good mood, and he was multi-talented with a very large family whom he loved dearly. Miller will be missed for his great clinical work, his wonderful outgoing personality, and his commitment to children and Children's.

## Call for next generation care examples

Do you have a story to share about the cutting-edge and next generation care you're providing — in the outpatient or inpatient environment? If so, I'd like to hear from you. We've already highlighted many important examples, including our head cooling program for premature infants, the Nuss Procedure for pectus excavatum cases, and our nitrous oxide sedation program.

These stories are proof for members of the professional staff and the public that we truly are delivering next generation care. Please contact me at [phil.kibort@childrensmn.org](mailto:phil.kibort@childrensmn.org), (651) 220-6165, or (612) 813-6165 to let me know what you are doing in your fields.

## Policies and Procedures

### Policy on "treatment considered harmful, non-beneficial or futile" approved

Children's cares for thousands of patients every year, and in almost every case the decision makers and the treatment team agree on what is best for the child. This is generally true even in the tragic cases of children dying in spite of our best efforts.

Sadly, there are a few cases when the well-intentioned parents and team cannot come to agreement when the child is extremely ill and dying. This Children's policy spells out a careful process of consideration and conflict resolution. It also provides some limits on what can be imposed on parental choice or required of physicians and the team by the parents.

The policy applies to situations where either the legal guardian(s) (generally the parents, and that term will be used from this point on in the article) or the team believes continued treatment is harmful to the child, provides no benefit, or is futile. Specifically, the policy addresses the following situations:

- when parents wish to refuse treatment recommended by the team but the parents believe it is not right for the child.
- when the team does not believe that the treatment requested by the parents is right for the child.

This policy is now available on the Professional Staff Portal and Children's Intranet in the "References" section under the administrative subsection in the Policy and Procedure Manual. It is "Policy 137.00, Treatment Considered Harmful, Non-beneficial, or Futile."

This policy is a complex balancing of the interests of the child and the collaborative roles and autonomy of the parents and the physicians and treatment team. Questions should be directed to **Don Brunnuell**, PhD, in the office of ethics at (612) 813-6159.

## Use of ibuprofen and ketorolac in infants

The Pharmacy and Therapeutics Committee recently reviewed the use of oral ibuprofen and IV ketorolac in infants. Based on data collected at Children's over the past year as well as a current review of the literature, the P&T Committee approved the following dosing recommendations at Children's:

### Oral ibuprofen

- Oral ibuprofen should not be used in infants < 3 months of age.
- Infants 3 to 6 months of age: 5mg/kg/dose q6h/q6h PRN.
- Infants > 6 months of age: 5-10 mg/kg/dose q6h/q6h PRN.

### IV ketorolac

- Ketorolac should not be used in infants < 6 months of age.
- Infants 6 months to 12 months of age: 0.5 mg/kg/dose q8h/q8h PRN.
- Children older than 1 year: 0.5 mg/kg/dose q6h/q6h PRN.

This change will go into effect immediately. Pharmacists will be changing orders that do not fall within the new guidelines based on approval from the P&T Committee. If the only pain medication prescribed is either ibuprofen or ketorolac and the patient is too young to receive the medication, the pharmacist will contact the prescriber to discuss other analgesic options.

## 2006 antibiograms available

The 2006 data on bacteria sensitivity to antibiotics is available in the new 2006 antibiogram. The antibiogram helps clinicians to choose appropriate empiric antibiotics for patients at Children's of Minnesota based on our specific antibiotic resistance patterns. Contact Brett Wagner, pharmacy, at (612) 813-6541 or (651) 220-6684 for a copy of the 2006 antibiogram for Children's.

## Programs and services

### Pertussis vaccination encouraged for all staff

New recommendations from the CDC's Advisory Committee on Immunization Practices (ACIP) advise professional staff members, especially those who have contact with infants 12 months of age or younger, to receive the Tdap vaccine.

Recently, an adult pertussis booster known as Tdap (Adacel) was licensed by the FDA. This one-time Tdap dose contains pertussis, diphtheria, and tetanus boosters and is given once in place of the adult tetanus booster. Because there has not been a pertussis vaccine available for adults and immunity from childhood pertussis wanes before adolescence, most teens and adults are now susceptible to acquiring pertussis.

Pediatric health care providers are specifically noted in the CDC's/ACIP's high priority recommendation for this vaccine because of their ability to spread pertussis to vulnerable patients.

Children's of Minnesota is strongly recommending that professional staff and employees receive a Tdap vaccination according to these new guidelines. The vaccine is now available free of charge to Children's professional staff members and may be received in Employee Health Services on a walk-in basis 7:30 a.m. to 3:30 p.m. Monday through Friday.

Employee Health Services has two locations. On the Minneapolis campus, it is located in the Wasie Building at Abbott Northwestern Hospital, 800 E. 28th St. On the St. Paul campus, it is located in the Doctors' Professional Building, Suite 811, 280 N. Smith Ave.

For more information, call Children's infection control department at (651) 220-5555 or Employee Health Services, at (612) 262-4490, press 2 for the clinic nurse.

### Physician members sought for Children's Institutional Review Board

The Children's Institutional Review Board is seeking additional physician members. The group reviews all human subjects research at Children's of Minnesota. Board meetings are held on the second and fourth Wednesdays of each month from 8 to 9:30 a.m. and are teleconferenced between the St. Paul and Minneapolis hospital campuses. It's a great way to stay in touch with current research issues and endeavors.

Both general pediatricians and subspecialists are needed. While members must have an interest in research, they do not need to be research experts. If you are interested, contact **Don Brunnquell**, PhD, at (612) 813-6159 or [don.brunnquell@childrensmn.org](mailto:don.brunnquell@childrensmn.org).

### Change improves functionality of Power Chart/Power Chart Office Inbox

In order to provide better communication about certain deficiencies that appear in your Power Chart/Power Chart Office Inbox, data and record services has begun using the inbox messaging system. Currently, those providers who need to complete a deficiency and require additional information along with a signature or a dictation, receive a message in their "Documents to Dictate" folder that states "Missing Documentation" with the campus-specific phone number of someone to contact. When opened, all that is viewable is the following message: "This is an anticipated document."

You now see the "Missing Documentation" deficiency in your inbox in addition to a statement instructing you to open your inbox messages. Once the inbox messages icon is opened, a note from the data and record services

staff will appear with the information needed to complete the deficiency. You will be able to correspond with data and record services staff through inbox messaging, if needed.

Please contact Patti Smith, coding manager, at (612) 813-6387 or Richard Tillery, operations supervisor, at (651) 220-7607 if you have any questions.

### Awards and Accolades

**Pramod Kelkar**, MD, developed and co-moderated an all-day session titled "Difficult Cases: What would an expert do?" at the American Academy of Allergy Asthma annual meeting. **Kelkar**, et al, co-authored "Taming Chronic Cough," *Annals of Allergy, Asthma & Immunology*, April 2007.

**Patsy Stinchfield**, RN, CNP; **Patricia Ackerman**, BS, MT (ASCP); and **Kathryn Como-Sabetti**, MPH, et al, co-authored, "Epidemiology of Methicillin-Resistant Staphylococcus aureus at a Pediatric Healthcare System, 1991-2003," *Pediatric Infectious Disease Journal*, April 2007.

**Manu Madhok**, MD; **Jose Jimenez-Vega**, MD; **Marydee Chamberlain**, MD; and **Thomas Hellmich**, MD, MBA, authored "Pediatric Emergency Medicine Improving Management and Methods," *Minnesota Physician*, Vol. 21 (1):14-15, April 2007.

**Lee Pyles**, MD, was appointed to the Emergency Medical Services Regulatory Board by Gov. Tim Pawlenty.

**James Dufort**, MD, was awarded the Excellence in Family-Centered Care Award by the Family Advisory Council at Children's in recognition of his compassionate above-and-beyond approach to advancing the tenets of family-centered care: family strength, respect, choice, communication, support, flexibility, collaboration, and constancy.

#### Chief of Staff, 2007-2008

Peter Dehnel, MD  
(612) 813-8098  
[peter.dehnel@childrensmn.org](mailto:peter.dehnel@childrensmn.org)

#### Vice President of Medical Affairs and Chief Medical Officer

Phillip M. Kibort, MD, MBA  
(612) 813-6165, (651) 220-6165  
[phil.kibort@childrensmn.org](mailto:phil.kibort@childrensmn.org)

#### Chief of Pediatrics Division

Clark M. Smith II, MD  
(651) 220-5877  
[clark.smith@childrensmn.org](mailto:clark.smith@childrensmn.org)

#### Chief of Surgical Services and Perioperative Care Division

David J. Schmeling, MD  
(612) 813-7636

#### Chief of Critical Care Division

John H. Fugate, MD  
(612) 813-6058

#### Professional Staff Coordinators

Margo Dempsey  
(612) 813-6123  
[margo.dempsey@childrensmn.org](mailto:margo.dempsey@childrensmn.org)

Kathie Jacques  
(651) 220-6123  
[kathie.jacques@childrensmn.org](mailto:kathie.jacques@childrensmn.org)

#### Credentials Specialist

Meredith Kvalness  
(612) 813-6121  
[meredith.kvalness@childrensmn.org](mailto:meredith.kvalness@childrensmn.org)

#### Physician Liaison

Mary Mecom  
(612) 813-6608  
[mary.mecom@childrensmn.org](mailto:mary.mecom@childrensmn.org)