

# 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.

August 2007

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

### An Encouragement to Participate – Part I

I appreciate that we are all very much engaged in the delivery of great care to our patients and that we are working hard to help manage the operations of the practice setting in which we have chosen to participate. These are extremely important activities and should be our first professional priority.

There is an additional need for many of us to work at a broader level and collaborate with those in other practice settings and even those in other specialties. This is an important way to bring new concepts and care innovations into our own clinic. It is also important to work in a cooperative manner to develop new ways of delivering care, spreading innovation, and working with insurers and legislators to enhance policies that regulate and legislate the care that our patients receive.

Please consider attending any or all of the upcoming professional and society meetings, participation in which will give a broader view of medicine than any one of us can get simply working in our clinics.

- **The Minnesota Medical Association** is holding its annual meeting **Sept. 20-21** in Mankato.
- **Children's Physician Network** is hosting its fourth annual "National Telehealth Conference – Clinical Excellence Plus..." **Sept. 27-29** in Bloomington. [www.cpnonline.org](http://www.cpnonline.org).
- **The national AAP convention** is scheduled for **Oct. 26-30** in San Francisco.
- **Children's Professional Staff Quarterly Meeting** is **Oct. 3**. The evening's presentation will explore the issue of school safety and violence in youth. Invitations will be mailed in August.

Participation in activities and committees associated with Children's, Hennepin and Ramsey Medical Societies, and the Minnesota Medical Association also will benefit you, your practice, and your patients. The state chapter of the AAP would benefit from a much broader active involvement by members of the Professional Staff. Please make an effort to get involved at some level if you are not already doing so. Involvement in more politically-based activities will be explored in my column next month: "Encouragement to Participate – Part II."

Please contact me at (612) 813-8098 or [peter.dehnel@childrensmn.org](mailto:peter.dehnel@childrensmn.org) if you have any comment or questions.



Delivering Next Generation Care

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

### Welcome Greg Wright, MD, chief of the critical care division



I am pleased to welcome **Gregory Wright**, MD, to the position of chief of the critical care division. Wright began this new half-time position in July, replacing John Fugate, MD.

Wright, as many of you know, has been a member of Children's Heart Clinic for 21 years and continues to be clinically active. He did his pediatric cardiology training at Boston Children's and has focused on general pediatric cardiology for 21 years. He was chief of staff at Minneapolis Children's Medical Center from 1994 to 1995, and has been an active member of our professional staff.

Wright will bring great judgment, knowledge of the critical care system at Children's, and a strong understanding of the service component of care that patients, families, and other physicians expect. When you see him, please congratulate him on his new role.

### Changes to teaching service on Minneapolis campus implemented

As of July 1, structure changes to the teaching service on the Minneapolis campus will help ensure an even better educational experience for our trainees and a safer environment for your patients.

Employed staff-level physicians will guide and supervise trainees in-house from 8 p.m. to 8 a.m. These "staff leads" are in the Minneapolis hospital, working with a team of three to five pediatric and family medicine trainees. As in the past, you will remain the admitting attending, directing care, and assuming responsibility for patient management.

Another change includes the consolidation of four teams into two larger teams, each directed by a pediatric senior resident paired with a more experienced family medicine trainee. Senior residents will work alternating "long" and "short" days, but will not be in-house overnight; instead, the staff lead will direct the team. This schedule allows for more pediatric experience on each team, exposure to a greater number of diagnoses, increasing supervisory responsibility, and the opportunity to work directly with staff-level pediatricians for training and mentoring.

Your feedback has always helped shape our teaching service. Direct comments and questions to **Emily Chapman**, MD, associate director of medical education, (612) 813-6936, [emily.chapman@childrensmn.org](mailto:emily.chapman@childrensmn.org).

### The evolving health care landscape

We are seeing major changes in the health care landscape. If you are older than 45, the world of health care is now vastly different from the one you entered. A recent white paper by The Governance Institute (Spring 2007), on Smart Growth and Disruptive Clinical Technology, revealed near-term and long-term results in health care. (See page 3)

Others have speculated that the landscape, as well as the rules and covenants between physicians, providers, and hospitals, is changing. It is possible to be left behind, either as a system or as an individual physician

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or provider, if we are not aware of these changes. We'll all have to adjust and confront the new realities. Please contact me if you'd like to discuss.

### Near-term themes

- **Costs and quality:** Patients will begin to understand that not all care is equal and will shop for services. Clearly, this generic trend will not apply to all aspects of health care. Those with acute issues will continue to go to nearby facilities, while those with elective problems will be more likely to "shop" for care.
- **Segmentation:** Serving different people with different needs will result in different patterns of health care demand. We will begin to recognize differences based on backgrounds and disease state.
- **Branding:** The cornerstone to branding is consistency. As providers embrace the power of systems of care in conjunction with consumer choice, brand affiliation will emerge.

### Long-term results

- **Genetic and molecular testing will be the standard of care.** While possible today, this technology is not used for most illness and is applied in a reactive fashion.
- **Gene-based therapies will prevent and treat illness.** Most treatment today is aimed at reduction of symptoms, whereas gene-based therapies can attack the root cause of some illness.
- **Chronic illness will be redefined.** While the illness of today will be better managed, others will become more challenging to treat.
- **Acute-care hospitals will significantly change.** These hospitals will focus on taking care of acute illness only.
- **Care delivery will be decentralized.** Specialization of outpatient care by consumer need will create more access points. This will create fragmented and decentralized care from the provider perspective, but more centralization of services from the patient perspective.

### Medical errors mean stress, anxiety for physicians

Increased anxiety, and loss of sleep, job satisfaction, and professional reputation were reported by physicians who committed medical errors, according to a report in the August issue of *The Joint Commission Journal on Quality and Patient Safety*. Many physicians who experienced a "near miss" also suffered emotional and job-related stress.

Of the 3,171 physicians whom researchers surveyed, 57 percent said they had been involved with a serious error, 36 percent with a minor error, and 7 percent with a near miss. The more serious the error, the more the physicians felt anxiety about future errors and the more they experienced loss of confidence, job satisfaction, and sleep.

Although 82 percent of the physicians said they were interested in receiving counseling after a serious error, 90 percent said they did not think their organization adequately supported them or helped them cope with error-related stress. There were other barriers to getting counseling as well, including difficulty in taking time off work, not believing it would be helpful, and confidentiality concerns.

## Electronic Medical Records confidentiality reminder

Families served by Children's, as well as the public in general, rightly expect that we will honor the confidentiality of our patients—consistently and without exception. Our confidentiality policies are rooted in sound ethical, legal, and regulatory requirements.

- Access a child's chart **only** if you have a specific patient care need to do so at that specific time.
- Following up because you cared for the patient in the past, personal education, or checking other units for possible transfers or staffing reasons are **not** acceptable reasons to access a record.
- Accessing a patient's record because of a possible acquaintance with the family or because the patient may be high-profile is an unacceptable violation of a patient's privacy.

Children's routinely monitors access to patient charts. Inappropriate access will lead to discipline.

## Call for next generation care examples

Do you have a story to share about the cutting-edge and next generation care you're providing, either in the outpatient or inpatient environment? I'd like to hear from you.

These stories are proof for our professional staff and the public that we truly are delivering next generation care. Please contact me at (651) 220-6165, (612) 813-6165, or [phil.kibort@childrensmn.org](mailto:phil.kibort@childrensmn.org).

## Programs and Services

### Electronic medical record development update

The development of Children's electronic medical record continues. Below is a progress update, as preparations are made for several changes over the next 18 months.

- An analysis of current order-entry flows has begun. This allows for better understanding of current provider, nurse, and HUC workflow and also for better decision making on future workflow. Providers from a wide range of medical and surgical specialties will be key participants in the development as Children's moves toward computerized provider order entry (CPOE).
- An April 2008 release of enhancements, including a new enhanced view combining PowerChart and PowerChart Office, is scheduled.
- Sept. 2008 has been set as the go-live time for CPOE. The scope will include all inpatient, peri-operative, and emergency departments on the Minneapolis and St. Paul hospital campuses, the hematology-oncology clinic in Minneapolis, and Children's West. These rollouts will happen simultaneously. Outpatient CPOE will follow.
- A proof of concept will be conducted in May/June 2008. This will be open to all providers, offering a look at how CPOE will work.
- Required CPOE training will be provided in the two months prior to rollout. This training is crucial since, after we go live, virtually no paper orders will be used except during system downtimes.

While this is a significant change and the transition will take some time to adjust, it will significantly improve patient safety and care. Contact **Rod Tarrago**, MD, chief medical information director, or **David Overman**, chief information officer, with questions.

## Calendar

### Practical Pediatrics for the Primary Care Physician

Allergy, Genetics, Immunology/  
Rheumatology, School Failure  
Sept. 27-28, 2007

John Nasseff Medical Center,  
Children's - St. Paul campus

### Children's Physician Network National Telehealth Conference

Clinical Excellence Plus...  
Sept. 27-29, 2007

Hilton: Minneapolis/St. Paul Airport,  
Mall of America, Bloomington

### Children's Professional Staff Quarterly Meeting

School Safety and Violence in Youth  
Oct. 3, 6 p.m. social hour, 7 p.m.  
dinner, 7:45 p.m. presentation  
Town and Country Club, St. Paul

### Pediatric Hematology/Oncology Update

Oct. 12, 2007, 7:30 a.m. to 5 p.m.  
Minnesota History Center, St. Paul

### Pediatric Cardiology Tutorial

Nov. 3, 2007, 7:30 a.m. to 2 p.m.  
Children's - St. Paul campus

### Pandemic Influenza in Pediatrics: Justice, Scarce Resources, and Tough Decisions

Westgate Ethics Forum  
Nov. 16, 2007, noon to 4 p.m.  
Children's - Minneapolis campus

## Awards and Accolades

**Timothy Culbert, MD**, co-authored three books on holistic self-care for kids: *Be the Boss of Your Pain*, *Be the Boss of Your Sleep* and *Be the Boss of your Stress*. All are offered through Free Spirit Publishing in Minneapolis.

**Laurel Edinburgh, RN, CNP**, et al: "Outcomes of a Runaway Intervention Project for Sexually Exploited Young Girls." *Journal of Adolescent Health* (Vol. 40, Issue 2, pps. S38-S38).

**David Gremmels, MD; David Overman, MD; Francis Moga, MD**, et al: "Dosage and effectiveness of intrapleural doxycycline for pediatric postcardiotomy pleural effusions." *Pharmacotherapy* 2007 (Vol. 27, Issue 7, July 2007, pps. 995-1000).

**Mary Ella Pierpont, MD**, et al: "Genetic Basis for Congenital Heart Defects: Current Knowledge." A Scientific Statement From the American Heart Association Congenital Cardiac Defects Committee, Council on Cardiovascular Disease in the Young: Endorsed by the American Academy of Pediatrics. *Circulation* (Volume 115, Issue 23, June 12, 2007, pps. 3015-3038).

**Patsy Stinchfield, RN, CNP**, spoke at the National Foundation of Infectious Disease meeting on Influenza in Children in Washington, D.C. Her talk was titled: "Overcoming Barriers to Increase Pediatric Influenza Immunization Rates."

**Paul Zenker, MD, MPH; Thomas Hellmich, MD; Glenn Billman, MD**; et al: "Implementation and Impact of a Rapid Response Team in a Children's Hospital." *Joint Commission Journal on Quality and Patient Safety* (Vol. 33, No. 7, July 2007, pps. 418-425).

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