

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.

September 2007

Notes from Peter Dehnel, MD, Chief of Staff

Teens, Tobacco
Reduction, and
Involvement:
Encouragement to
Participate — Part II

As health care professionals, we have a substantial ability to influence health care issues. With there being more than 1,600 members on Children's professional staff, our local elected officials should, in theory, have more than enough input when they are debating issues that affect children's health and access to care. These elected officials see health care professionals as the most credible source of information on many health topics. Physicians and advanced practice nurses are more likely to be believed if there are differing opinions expressed in letters, e-mails, or public debate. Most importantly, it does not take a "ton" of involvement to make your voice known to your elected officials.

The passage of the "Freedom to Breathe" legislation this spring is a prime example of how a limited amount of involvement by clinicians can go a long way. While there was much work done by many groups and individuals at both the local and state level to protect public places from secondhand smoke, clinician involvement was key to final passage of ordinances at both the local and state level. Furthermore, it did not take a large number of physicians and nurse practitioners to get involved in the effort — just a handful compared to the total numbers who are in active practice.

When this legislation takes effect on Oct. 1, we will all, literally, be able to take a breath of fresher air. This is also very good news for our children and teens, who will no longer be subjected to the adverse effects of tobacco smoke at their place of employment or in other public places. This ordinance will also help their parents reduce or quit smoking if they are current tobacco users. In the long run, it will also help reduce a teen's likelihood of starting tobacco use, since workplaces are a common site of first experimentation for teen tobacco users. Finally, this ordinance will help "de-normalize" adults' use of tobacco in a child's or teen's day-to-day experience.

While all of this is very good news, there is still much work that needs to be done in terms of reducing tobacco initiation and ongoing use by teens. The important point is that we, as health care professionals interested in the welfare of our patients and their families, can influence our local elected officials to pass legislation that will reinforce the work that we do to enhance health. It does take a little time, some well-grounded information, and a little coordination of efforts with a few other clinicians to be most effective. The most important requirement in all of this is your commitment to an issue that you think is important — and there is no shortage of issues coming up in the next few years that will have a sizable impact on children and teens.



Delivering Next Generation Care

Please contact me at (612) 813-8098 or peter.dehnel@childrensmn.org if you have any questions, comments, or suggestions for involvement.

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

Children's among America's best

Children's of Minnesota has earned a spot in the newly inaugurated "America's Best Children's Hospitals" edition published by *U.S. News & World Report*. The survey found:

- Children's earned the highest marks possible for very low mortality in its repair of tetralogy of Fallot and also for very low mortality following removal of malignant brain tumors;
- Children's was one of only four hospitals awarded the highest marks possible for palliative care and pain management program;
- Among the 30 hospitals, Children's had the second-highest ratio of registered nurses to patients and was recognized for its designation as a Magnet hospital by the American Nurse Credentialing Center.

The 2007 rankings are available online www.health.usnews.com/pediatrics. They reflect advances in the magazine's methodology for determining the highest quality among pediatric hospitals. While previous rankings used only subjective criteria—reputation among surveyed physicians—this year's edition expands to include verifiable data that measures quality in pediatric care.

Thank you for the contributions you make in ensuring Children's strong leadership for clinical excellence and family-centered care.

Champion Children's Service Standards

In 2006, Children's determined that creating a "welcoming environment" is a business imperative. A key focus of this effort is re-invigorating Children's Service Standards and addressing concerns raised in the last two employee surveys.

As leaders at Children's, you play a critical role in demonstrating and encouraging others to carry out these standards. I expect our professional staff to champion the standards, to be role models for positive behavior, and to help "hard-wire" the standards into our organizational culture. **Everyone is expected to follow these standards:** employees, providers and physicians, families, and visitors.

The executive team is also re-dedicating ourselves to the Service Standards as part of this renewed effort. We have pledged to join the professional staff to effect positive change in our culture. We are also committed to long-term reinforcement of the standards, including:

- Implementing a Corrective Action/Just Culture Policy
- Promoting the Service Standards through ongoing communications
- Revising our awards and reinforcement programs
- Offering skill building templates and tools, covering topics such as listening and feedback, problem resolution, conflict management, customer service, and cultural competence.

Copies of Children's Service Standards are available on the Professional Staff Portal under "Administrative References." Thanks to all of you for your leadership in this important effort.

Thank you, Dr. Sane

After 35 years in radiology at our Minneapolis campus, Shashi Sane, MD, recently retired. Sane was one of the first four physicians to open our Minneapolis hospital. He is truly one of the founding fathers of the institution. His commitment to Children's, our community, and its children is second to none. We wish him well and congratulate him on a wonderful career.

Speakers bureau demonstrates expertise

Did you know that through Children's speakers bureau, professional staff members present more than 75 talks to outside hospitals, clinics, and conferences every year? If you are asked to speak, please let our outreach department know so that we can keep records of these important demonstrations of our expertise and knowledge-driven culture. If you would like to be included on Children's speakers bureau, or to report a speaking engagement, please contact Terri Williams, terri.williams@childrensmn.org.

Documentation reminders for all providers

History and physical (H&Ps):

- While a resident may document an H&P, it must be co-signed by an attending physician.
- An advanced practice registered nurse (APRN), including a CNP, PNP, and NNP, and a physician assistant (PA) may document an H&P, however, it must be co-signed by an attending physician.
- An H&P documented by a medical student does not count as a valid H&P for an admission. Another H&P must be documented either by the resident or attending physician.
- All H&Ps written by a medical student must be signed by an attending physician to fulfill graduate medical education supervision requirements. As a reminder, writing the words "agree with above" does not meet regulatory requirements. The attending physician's comments on the H&P must include: that he/she was present during the entire H&P examination, and that the H&P is an accurate representation of the history, physical examination, assessment, and plan of care for the patient.

Narrative summaries:

- APRN and PA narrative summaries need to be co-signed by an attending physician.
- All narrative summaries and inpatient stay documentation must be completed within 30 days of discharge.

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? Then 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 to let me know what you are doing in your fields, (612) 813-6165, (651) 220-6165, phil.kibort@childrensmn.org.

Programs and Services

Primary clinic can be listed as primary provider

PowerChart users can now see clinic names in the PPR Summary on the "Pt Info" tab. This feature allows registration to use clinics as the primary care provider when the patient has a primary clinic but not a primary care provider. Users can also see Primary Care Clinic information in the MedSurg and PICU QuickView where the Primary Care Physician information is found. Please direct any questions to Stephanie Tanner at (612) 813-7683.

Awards and Accolades

Judith Zier, MD; Steven Kurachek, MD; Marsha Finkelstein, MS, and Kathryn Kvam: "Sedation with nitrous oxide compared with no sedation during catheterization for urologic imaging in children." *Pediatric Radiology*, Vol. 37, Issue 7, July 2007, pps. 678-684.

Patrick Carolan, MD: "Progress Toward Reducing the Risk of Sudden Infant Death Syndrome: An Update." Presented at Women and Infant Symposium: Medical Management Today for Healthy Living Tomorrow. Philadelphia, July 19, 2007.

Jeffrey Louie, MD: "Hypothermia and Cold-related Injuries." *Comprehensive Pediatric Hospital Medicine*. 1st edition. Zaoutis L and Chiang V (eds). Mosby, 2007.

Stefan Friedrichsdorf, MD, et al.: "Breakthrough Pain in Children with Cancer. *Journal of Pain and Symptom Management*, Vol. 34, Issue 2, August 2007, pps. 209-216.

Friedrichsdorf, co-authored "Palliative Care: Moving Forward" in *Ethical, Legal and Social Aspects of Child Healthcare*. P. Cartlidge (ed.) Elsevier, Edinburgh 2007. pps. 137-40.

Glenn Billman, MD, presented as part of a national Webcast, viewed at 122 sites across the country: "The Kid's Campaign: Reduce Methicillin-Resistant Staphylococcus aureus (MRSA) infection."

Mary Ella Pierpont, MD, et al.: "An absence of cutaneous neurofibromas associated with a 3-bp inframe deletion in exon 17 of the NF1 gene (c.2970-2972 delAAT): evidence of a clinically significant NF1 genotype-phenotype correlation." *American Journal of Human Genetics*, Vol. 80, 2007, pps. 140-151

Pierpont et al.: "Low copy repeats mediate distal chromosome 22q11.2 deletions: sequence analysis predicts breakpoint mechanisms." *Genome Research*, Vol. 17, 2007, pps. 482-491. (Cold Spring Harbor Laboratory Press; ISSN 1088-9051/07)

Continued

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

Pierpont attended the CFC International (CardioFacioCutaneous) to be one of the Clinical Experts in the clinical evaluation of the attendees. She also was asked by the Noonan Syndrome Support Group to attend their national meeting in August to serve as one of the Clinical Experts in the clinical evaluation of some of the attendees and to participate in the workshops.

Congratulations to the following people for having their proposals accepted by our Internal Research Criteria Proposal Committee:

- **Timothy Culbert, MD:** "The Effect of Gender and Ethnicity on Children's Attitudes and Preferences for Essential Oils."
- **Julie Erickson, PhD, LP:** "Mental Health and Suicide Screening in Adolescent Primary Care."
- **Andrea Lampland, MD:** "Observational Study of the Positive Distending Pressure Generated by a New Version of Humidified High Flow Nasal Cannula (HFNC) as Compared to Nasal Continuous Positive Airway Pressure (NCPAP) in Newborn Animal Model."
- **Nathaniel R. Payne, MD:** "Follow-up Gastroschisis Patients."
- **Jill Therien, MD:** "The Development of Auditory Memory and Neurodevelopmental Outcomes in Late Preterm Infants."
- **Karen Wills, PhD/LP:** "Effects of Medical condition and Family Environment on Neuropsychological Functioning of Children with Sickle Cell Disease."

Chief of Staff, 2007-2008

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