

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.

February 2008

Notes from Peter Dehnel, MD, Chief of Staff

Looking ahead to 2008

As any new year holds both promise and challenges, 2008 will present a number of significant opportunities for the professional staff at Children's. Your input, assessment, and participation in the various aspects of these opportunities will be sincerely appreciated and necessary to achieve the best outcomes possible. These best outcomes will translate into great care for our patients and an excellent overall experience for our families.

The short list of opportunities for 2008 includes:

- A formal description and definition of "the attending model of care:" Patient care suffers and can even result in significant injury when a physician in charge is not clearly identified or active in managing that patient's course during hospitalization. We need to ensure, to the fullest extent possible, that this does not happen at Children's.
- The development and implementation of a fully staffed "24/7" hospitalist program: This is still very much in the development phase and now is the time for your comments and suggestions. Some of the biggest challenges here revolve around communication at the "transitions of care": a patient going from the clinician's office to the hospital and those patients discharged from the hospital to be followed up in the clinic.
- CPOE: While you may want and hope this to be simply a misspelled version of "cope," it is of course the acronym for "computerized physician order entry." Scheduled to "go live" in September, CPOE will have a significant impact on aspects of patient care such as guideline utilization, patient care variation, and work flow.
- The Joint Commission (JCAHO): "Focused Professional Practice Evaluation" (FPPE) and "Ongoing Professional Practice Evaluation" (OPPE) are two new required elements of Joint Commission accreditation for 2008. What makes their timely implementation even more important is that Children's is likely on the list of site surveys for the Commission in 2008. Failure to develop and implement these elements would be seen as a significant deficiency for Children's as an institution.



Stay tuned for more information regarding these issues as well as a number of others that will undoubtedly arise in 2008. Thank you in advance for your input and participation; they are sincerely appreciated. Please forward any comments or questions to me at peter.dehnel@childrensmn.org or call (612) 813-8098.

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

2007: A successful year for Children's of Minnesota

Last year was very successful for Children's Hospitals and Clinics of Minnesota. It was a year in which we continued to grow.

- We had 14,036 inpatient admissions during 2007, which is a 7.3 percent increase in admissions over prior year.
- We ran near capacity at all times, which made it somewhat difficult and resulted in 61 deferrals. This was about 0.4 percent of all admissions. This is too many, and we are continuing to improve our capacity and throughput to be able to admit every child who needs our care.
- Our average daily census was up 4.1 percent from last year to 245.2 per day.
- By year's end, we had 4,270 employees, 2,978 of whom are full-time equivalents.
- We saw growth in the numbers of patients in hematology (9 percent), digestive diseases (6 percent), infectious diseases (6 percent), neonatal care (7 percent), neurosciences (1 percent), and other surgical cases (9 percent). Respiratory illnesses went up by 5 percent.

We thank all of you for your willingness to work with us.

David Brasel, MD, named medical director of the Minneapolis NICU

I'm pleased to announce that **David Brasel, MD**, is the new medical director of the NICU at Children's - Minneapolis.

Before becoming a staff neonatologist at Children's in 1980, Dr. Brasel was an instructor at the University of Minnesota and NICU assistant director at Hennepin County Medical Center. He is a graduate of the University of Minnesota Medical School, where he completed his residency and neonatology fellowship.

Dr. Brasel is also the director of the Infant Care Center (ICC), a unit that specializes in infants requiring long-term care. His areas of special interest include neonatal resuscitation and infant who are technology-dependent.

Our NICUs are among the most respected in the country, and we are fortunate to have someone as highly respected and dedicated as Dr. Brasel leading the next generation care we provide.

I also want to extend my deepest gratitude to outgoing NICU medical director **Robert Payne, MD**. Since 2003, his exceptional leadership has contributed significantly to the outstanding reputation our NICUs enjoy.

We are the leaders: Emergency department

Children's of Minnesota is the largest pediatric emergency department (ED) provider in the Midwest. Children's has two EDs, located in Minneapolis and St. Paul, and also staffs the ED at Woodwinds in Woodbury with pediatric specialists on evenings and weekends.

ED statistics

- On average, there are more than 100 visits per day at each hospital campus.
- There were 80,000 visits to Children's emergency services during 2006, with 10 percent resulting in an inpatient admission.
- Growth this past year has been more than 10 percent for both hospitals.
- Children's produced six peer review articles in 2007 in *Emergency Medicine* and gave 10 presentations locally and nationally.

Continued

Staff expertise

All 33 emergency physicians providing care in the ED are board-eligible or board-certified pediatric physicians. Children's also has specialized education in emergency nursing and is certified in Emergency Nurse Pediatric Course (ENPC) and Pediatric Advanced Life Support (PALS). ED staff has annually verified competencies in key emergency protocols, age-specific care practices, and sedation.

Many other health care professionals support patients and their families in meeting their emergency medical needs. Care is coordinated with pediatric intensivists, subspecialists, child abuse and neglect specialists, and primary care physicians. Consultants from other disciplines, including respiratory care, social work, child life, chaplaincy, and ethics, are available as needed.

Additional services

Emergency services works closely with interpretive services to ensure accurate communication with families. Coordination with pediatric and neonatal critical transport teams ensures access to emergency ambulance, helicopter, and fixed-wing services.

Children's emergency department has a Pediatric Emergency Fellowship program and participates in the health care communities' ongoing education by PALS and simulation training, as well as presenting an annual conference on Topics in Pediatrics Emergency Medicine.

For more information

For more information regarding Children's ED program, contact **Thomas Hellmich**, MD, at (612) 813-6843 or thomas.hellmich@childrensmn.org.

Children's has published its 2008 Professional Staff Joint Commission Survey. In addition to providing an overview of the Joint Commission survey process, it offers Children's professional staff members an overview of how Children's follows Joint Commission standards and the steps we take to provide a safe environment for our patients and families.

I noticed recently that some institutions claim to have a 24/7 hospitalist service, when what they really offer is available house staff.

When making the choice about what hospital to send your pediatric patients, I encourage you to consider that Children's has pediatric intensivists, neonatal intensivists, pediatric emergency room specialists, and anesthesiology services — all available 24/7. In addition, Children's experienced attending-level in-house hospitalists, already available 18 hours a day, will be available 24 hours a day beginning in July.

At Children's, the professionals watching your patients and their families are senior physicians who can deliver true quality care and great service at the hospital — not over the phone.

As many of you know, **Lee Prewitt**, MD, died on December 30 at the age of 62 after a long and courageous battle with sarcoma. Lee joined Children's – Minneapolis as a pediatric radiologist in 1976, following post-graduate training at Children's Hospital Boston. He was on the professional staff here until his illness was diagnosed last March. Lee was a skilled member of our staff who cared for his patients with compassion and dedication. From his motorcycle and music to his family, Lee was never far from the things he enjoyed most. He will be sorely missed.

Guide provides Joint Commission overview for professional staff

A rose is a rose, or ... a hospitalist is a hospitalist

Lee Prewitt remembered

In 2007, Children's produced 41 peer-reviewed publications, crafted 22 published articles, and delivered 114 invited presentations at local, national, and international conferences or meetings. While we will primarily be known for our great clinical care, we continue to earn increasing recognition for our academic contributions.

If you are publishing or giving talks nationally, please let me know. Please also contact me if you have a story to share about the care you're providing in the outpatient or inpatient environment. I can be reached at (612) 813-6165, (651) 220-6165 or phil.kibort@childrensmn.org.

Programs and Services

Hemophilia Treatment Center opens

Though we have long been a provider of pediatric hemophilia services in the region, Children's of Minnesota recently joined the nationwide network of federally designated Hemophilia Treatment Centers (HTC). As an HTC, Children's also provides outpatient and home factor distribution through a federally approved 340B program, which provides factor product to patients at a reduced cost, helping them and their families control the expense of their bleeding disorder treatments.

Children's operates the only HTC in the region dedicated solely to pediatric patients, providing a full range of expertise including, pediatric hematologists, pediatric nurse practitioners, nurse case managers, and experts in social work, genetics, pharmacy, pain management, research, child life, and physical therapy.

The HTC is active on both the Minneapolis and St. Paul campuses, providing comprehensive assessment, outpatient treatment, and acute care for children with all inherited and acquired bleeding and thrombotic disorders, including hemophilia, von Willebrand disease, platelet defects, and venous and arterial thrombosis.

Medical director of the HTC is **Margaret Heisel Kurth, MD**. To contact the center, call (612) 813-5940, in Minneapolis, or (651) 220-6732, in St. Paul.

Rehabilitation clinics in Roseville and Woodbury minimize appointment wait times

The rehabilitation clinics at Children's – Roseville and Children's Clinics – Woodwinds have both taken measures to greatly increase the number of children served at both locations. Developmental and rehabilitation services offers occupational therapy, physical therapy, and speech-language therapy.

The Children's – Roseville clinic has nearly doubled in size and has added significant treatment staff. Children's Clinics – Woodwinds has completed a dramatic reorganization of its space and processes to greatly increase its efficiency.

"We are now scheduling patients on demand in virtually all specialty areas. And about 98 percent of patients are scheduled for treatment the following week after their initial evaluation at both locations," said rehabilitation site manager Jean Pagel. "In the few specialties where there is a waiting list, we've dramatically reduced the waiting time for patients and their families."

Pagel noted that the clinics can also facilitate referrals and information-sharing between other Children's clinics whenever necessary to help expedite a patient's evaluation and treatment.

For more information, please contact Jean Pagel at jean.pagel@childrensmn.org or (651) 638-1608. For appointments, call Children's - Roseville at (651) 638-1670 and Children's Clinics - Woodwinds at (651) 232-6860.

Recertification classes offered

Recertification classes for the Neonatal Resuscitation Program will be offered for physicians and other health care providers on the following dates:

- United Hospital, 6 to 10 p.m., Tuesday, April 22, room L-100
- United Hospital, 6 to 10 p.m., Tuesday, Aug. 5, room L-100
- United Hospital, 6 to 10 p.m., Tuesday, Oct. 28, 2008, room L-100

The cost is \$60 for the class and \$50 for the 5th Edition NRP Textbook. Advanced preparation is required. You will be tested on all manual information. For registration materials, call (651) 241-6290.

Important clarification regarding use of Menactra vaccine

The previous edition of *Professional Staff News* included an article noting that the quadrivalent meningococcal conjugate vaccine, Menactra®, is now approved for children as young as 2 years of age. However, it should have also said that this is only for children at high risk for meningococcal disease.

High-risk children include travelers to or residents of countries in which meningococcal disease is hyperendemic or epidemic, children who have terminal complement component deficiencies, and children who have anatomic or functional asplenia.

Recommendations on the general use of Menactra in children 2 years and older have not been discussed by the Advisory Committee on Immunization Practices (ACIP). If you have any questions about this issue, please contact David Hoff, PharmD, at david.hoff@childrensmn.org or (612) 813-6703.

Upcoming Events

Professional Staff Quarterly Meeting

April 8, 2008, 6 p.m. social hour, 7 p.m. dinner, 7:45 p.m. "Transforming Children's Through Philanthropy," Town and Country Club

Pediatric Surgery and Surgical Subspecialty Update

May 2, 2008, 7:30 a.m. to 5 p.m. Minnesota History Center, St. Paul

Spring Pediatric Update: Psychopharmacology

May 8, 2008, 7:30 a.m. to 5 p.m. John Nassef Medical Center, Children's - St. Paul campus

Awards and Accolades

At the Professional Staff Annual Meeting, **Richard Andersen**, MD, received the 2007 outstanding clinician award. Board Quality Achievement Awards went to **Robert Couser**, MD, for his work on head cooling of asphyxiated newborns; **Sam Reid**, MD, for his work on resuscitation; **Laurel Edinborough**, RN, CNP, for her work with runaways; **Nancy Watkins**, RN, CNP, and **Tammy Lyons**, RN, CNP, for their work on simulation. **Jeff Schiff**, MD, was awarded the Blanton Bessinger Child Advocacy Award for his work in creating medical homes. **Michael Shreve**, MD, and **Angie Sidler**, MD, were awarded the Mitch Einzig Physician Teaching Award.

Timothy Culbert, MD, et al.: "Integrative Approaches to Childhood Constipation and Encopresis." *Pediatric Clinics of North America* (Vol. 54, Issue 6, Dec. 2007, pps. 927-947). He also presented "Integrative Pediatric Pain Management," at Pangea: Conference for the Future of Pediatric Wellness, San Francisco.

Stefan J. Friedrichsdorf, MD, et al.: "The Management of Pain in Children with Life-limiting Illnesses." *Pediatric Clinics of North America* (Vol. 54, Issue 5, pps. 645-672). He also presented "Managing Acute Pain in Children with Cancer" and "Pediatric Pharmacological and Non-Pharmacological Symptom Management at the End of Life," at the Florida Association of Pediatric Tumor Programs 30th Annual Seminar, Orlando, Fla.

Mona LaPlant, MD, et al.: "Insomnia and Quality of Life in Children Referred for Limb Pain," *The Journal of Rheumatology* (Vol. 34, No.12, Dec. 2007, pps. 2486-2490).

Jeffrey P. Louie, MD: "Essential Diagnosis of Abdominal Emergencies in the First Year of Life." *Emergency Medical Clinic of North America* (Vol. 25, Issue 4, Nov. 2007, pps.1009-1040).

Dragos Luca, MD, et al.: "Prominent Vascular Proliferation in Clinically Aggressive Neuroblastoma," *Clinical Cancer Research* (Vol. 13, Issue 12, June 2007, pps. 30499-3506).

Joanna L. Perkins, MD, MS, and Julia Steinberger, MD, MS: "Long-Term Follow-up of Children Who Underwent Hematopoietic Cell Transplant (HCT) for AML or ALL at Less Than 3 Years of Age." *Pediatric Blood & Cancer* (Vol. 49, Issue 7, 2007, pps. 958-963).

Susan Sencer, MD, et al.: "Complementary and Alternative Therapies in Pediatric Oncology," *The Pediatric Clinics of North America* (Vol. 54, Issue 6, Dec. 2007, pps. 1043-1060).

Michael Vespasiano, MD, Stephen Kurachek, MD, Marsha Finkelstein, MSb, et al.: conducted the study "Propofol Sedation: Intensivists' Experience With 7304 Cases in a Children's Hospital."

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