

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.

March 2008

Notes from Peter Dehnel, MD, Chief of Staff

The view from 30,000 feet

This month's offering for *Professional Staff News* is written literally from the perspective of 30,000 feet over St. Louis. As is true for many families with school-agers, I'm part of the great exodus headed south for "Spring Break." Seated in seat 35-F of a Northwest 757 headed for Tampa, the individual farms, roads, small towns, and sections of woods blend into an amazing patchwork that spreads on for miles over the countryside surrounding St. Louis.

I appreciate the St. Louis view I currently have is very different than that of Dr. Randy Sterkel, a pediatrician who is medical director for the city's pediatric call center. He is very involved with the quality of care of each and every telephone call that comes into his St. Louis call center. I don't have that level of detail at 30,000 feet, but simply get to enjoy the panorama that is unfolding before me.

So what's my "30,000 foot view" for Children's and Twin Cities' pediatrics?

- Our first and foremost concern – our patients and the care that they receive. Delivering a full complement of pediatric care that is safe, effective, efficient, patient-centered, accessible, and without disparities (reference to the IOM) is hopefully at the top of every clinician's list.
- Creatively finding new and effective solutions to the rapidly evolving ("de-volving") insurance and state reimbursement landscape is incredibly important for long-term viability.
- Securing an expanding primary care referral base so that families will get directed to Children's in the first place is a challenge with the consolidation of adult-based, multi-specialty clinics into a few very large health systems.
- Finally, supporting in a whole plethora of ways a significant expansion of philanthropy that is directed towards Children's, so that Children's is less subject to the whims, uncertainties, and capricious nature of insurance reimbursement and state budget demands. Many other children's institutions around the country rely on their "significant" endowments to make up for the difference between the cost of delivering great care and the reimbursement they receive for delivering that care.

I would strongly encourage everyone on the professional staff to become more informed, involved, and engaged in these issues related to pediatrics in the Twin Cities. This can be at a personal, clinic, or even professional staff level. Individual effort is important, just as is participating in a more collaborative effort with your colleagues. Find an issue that you are passionate about and invest some of your time and effort in it. It is almost guaranteed that you will have a positive impact, although there may be a "learning curve" in how to be most effective. Most importantly, our patients are greatly dependent on your increased involvement.

That is my view from 30,000 feet. I will now settle back into my seat, take out my non-medical novel, and enjoy the view of the sun setting over the western horizon.

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

Care Innovation and Research Report debuts

A new publication, *Care Innovation and Research Report*, which provides information on research and sponsored programs at Children's for 2006–2007, was recently mailed to physicians throughout the region. It also is available on the "Health Professionals" page of Children's Web site.

The report features seven principal investigators for research projects approved in 2006–2007. They include **Andrea Lampland, MD**, **Mark Mammel, MD**, and **Jill Therien, MD**, neonatologists; **David Gremmels, MD**, and **Amarjit Singh, MD**, pediatric cardiologists; **Bruce Bostrom, MD**, and **Yoav Messinger, MD**, pediatric hematologists/oncologists; **Casey Hooke, RN, PhD(c), CPON**, clinical nurse specialist; and **Anna Karpas, MD**, pediatric emergency medicine.

The sponsored programs in which staff seek new approaches to health care issues are Children's Institute for Palliative Care, with coordinator **Stacy Remke, MSW, LICSW**, and the Eliminating Health Disparities Initiative of the Teen Age Medical Service, with **Emily Scribner-O'Pray**, community services supervisor.

Also listed in the report are all studies approved by Children's Institutional Review Board in 2006–2007.

Welcome to Walid Maalouli, MD, FAAP; new medical director of hospitalist program

I'm pleased to welcome **Walid Maalouli, MD, FAAP**, as the new medical director of Children's hospitalist program. Previously, Maalouli was a member of the professional staff at Dakota Pediatric Clinic in Lakeville. He earned his bachelor of science degree in neurobiology from McGill University, Canada, and graduated from the medical school at the American University of Beirut.

Maalouli is leading the development of Children's hospitalist program. We anticipate the program will translate to improved efficiency, better outcomes, greater patient satisfaction, and shorter lengths of stay. This is a volunteer program for those who would like to use it.

The program will formally launch in July in Minneapolis and January in St. Paul. Contact Dr. Maalouli at walid.maalouli@childrensmn.org for information.

Welcome to James Engels, MD, and Gerald Rosen, MD

I also wish to welcome **James Engels, MD**, and **Gerald Rosen, MD, MPH**.

Engels joins Children's as a pediatric orthopaedic surgeon. He was in private practice at River Valley Orthopedics, P.C., Grand Rapids, Mich. Engels earned his bachelor's of science degree in biology from the University of Notre Dame and is a graduate of the Wayne State University School of Medicine, Detroit.

Rosen, who has been on the professional staff since 1994, will serve as the medical director of Children's sleep disorders program. For 28 years, he served consecutively as associate professor of pediatrics, University of Minnesota School of Medicine; associate physician in pediatrics, Hennepin County Medical Center; and pediatrician, Minnesota Regional Sleep Disorders Center. He earned his medical degree from the University of Maryland School of Medicine and his master's of public health degree from Harvard School of Public Health.

Competing for referrals

Having been both in private practice and a subspecialist for many years, I am very aware of the importance of keeping good referrals, both in primary and specialty fields. I also know that on our professional staff we have many groups who compete against each other.

Every so often, I receive a call from a doctor or a group who feels another has stolen a referral from them. These situations may arise as a result of:

- a miscommunication.
- the fact that one partner asked for one group and another partner asked for another.
- the house staff calling the wrong person.

To help reduce these situations, please be clear and explicit as to whom you want in your request for the consult. If a mix-up still occurs, please accept it as most likely an act of omission and not one of commission. If there are issues that you or your group would like to discuss with me, please feel free to contact me.

We are the leaders: Pharmacy

You just can't say "pharmacist" anymore and know what it means. Did you know that Children's Hospitals and Clinics of Minnesota is a leader in medication safety because of the large number and high-quality of pharmacists that we have?

We have master-prepared and doctoral-prepared pharmacists who serve as liaisons between each division and clinical unit. The pharmacy department helps develop MUIs (Medication Use Improvement), address safety issues, and consult on many projects. Our decentralized pharmacists work on the nursing units entering drug orders, monitoring patients' drug therapy, offering drug information, and collaborating on patient therapy. These are specially trained pediatric pharmacists who also teach asthma classes, children who have diabetes, and actively participate in the medication reconciliation processes.

Home care pharmacists work with physicians and other providers, families, care coordinators and inpatient staff. Emergency department pharmacists help with therapeutic questions, verify orders, and take drug histories on patients with complex medication therapy.

- At Children's, 75 percent of our pharmacy staff hold doctorate or master's degrees. More than 5 percent of them are active in state, national, and international organizations in leadership roles.
- Staff teach at the College of Pharmacy at the University of Minnesota, Augsburg College, as well as many other community institutions.
- During 2007, pharmacy staff published articles, were judges for peer review journals, and presented at four major conferences.
- Eighty five percent of our pharmacy technicians are certified by the National Pharmacy Technician Certification Board.

This is the difference; this is why we are leaders. This is why a true free-standing children's hospital is different from all the others.

Children's introduces two new television ads

Children's recently rolled out two new television ads. Continuing last fall's storytelling theme, the ads will highlight the experiences of two families. Thanks to professional staff members **Ron Hoekstra, MD**, and **David Slomiany, MD**, for their participation. Also featured in the ads are Mary Bye, RN, and Linda Litecky, RN.

Since this storytelling campaign began last fall, more than 100 stories have been submitted. To view the ads and the expanded family stories, visit our Web site, www.childrensmn.org.

Call for next generation care examples

Do you have a story to share about the care you're providing in the outpatient or inpatient environment? If so, I'd like to hear from you. Please contact me to let me know what you are doing in your fields. I can be reached at (612) 813-6165, (651) 220-6165 or phil.kibort@childrensmn.org.

Programs and Services

New Medical-Surgical Observation Program at Children's - St. Paul

Children's - St. Paul offers a comprehensive model of care for children who require a short stay for observation. The medical-surgical observation program employs a team of experienced pediatric nurse practitioners who will evaluate patients and follow their care to discharge.

The benefits of the program are many, including:

- Nurse practitioners provide care for patients 24 hours a day, 7 days a week.
- Patients may be processed through the emergency department, from PACU, or direct from the clinic (must be examined by the child's clinic provider before arrival).
- Professional staff members have a choice to manage their patient's care independently, collaborate with the nurse practitioner, or turn over the patient's care entirely to the nurse practitioner.
- Nurse practitioners provide regular updates of the patient's progress to primary care clinics, including the discharge summary of a child's visit.
- Nurse practitioners can manage a patient's discharge for surgeons with patients in the short stay unit.

Appropriate conditions *could* include:

- hyperbilirubinemia.
- respiratory conditions (asthma, croup, bronchiolitis, RSV, pneumonia).
- febrile evaluation.
- gastroenteritis.
- tonsillectomy (ENT short stay).
- surgical cases staying overnight.
- UTI.
- infections-cellulitis.
- mild closed head injury and headaches.
- simple fractures.

For more information about the medical-surgical observation program or to admit a patient, page the nurse practitioners at (612) 526-8026.

Isabel diagnosis reminder system now available

The Isabel diagnosis reminder system is now available to members of Children's professional staff. Isabel is designed to suggest a checklist of likely diagnoses for your patient, based on the clinical features entered. The system allows you to enter any combination of symptoms, clinical signs, and results of laboratory tests as long as you express them in medical terminology and in words rather than numbers.

Diagnoses applicable to all ages of patients will be displayed with corresponding gender symbols. If a gender is specified, diagnoses specific to the opposite gender will be excluded.

The causative drugs feature of the system is designed to suggest a checklist of likely drugs that might account for the patient's clinical features. This will be useful when it is unclear whether the patient's clinical features are the result of a disease or side-effects of drugs.

It is important to note that the Isabel diagnosis reminder system is designed only to suggest a checklist of likely diagnoses based on the clinical features you enter. This checklist may not always include the patient's real diagnosis and *it is not meant to replace your clinical judgment.*

For more information, go to the Professional Staff Portal (user name: professional, password: staff). Select "Isabel Diagnosis Decision Support System" under "Applications." Contact **Phil Kibort**, MD, with feedback, (651) 220-6165, (612) 813-6615, or phil.kibort@childrens.mn.org.

After reviewing sedation literature, polling other institutions, and reviewing Children's data regarding level of sedation with chloral hydrate, the sedation committee has recommended, and the patient care practices committee (PCPC) approved, the change of chloral hydrate from its current minimal sedation level to moderate sedation. This change will be effective for patients receiving >50 mg/kg of chloral hydrate at a time. Those receiving 50 mg/kg or less will still be considered as having received minimal sedation.

This policy change will take place in the next 6 to 9 months and will include an education plan for nurses and physicians. In preparation for this change, all outpatients coming to Children's – Minneapolis, after Feb. 1, 2008, for procedures in radiology or special diagnostics, who are receiving > 50 mg/kg of chloral hydrate:

- will need a history and physical.
- must meet NPO times for moderate sedation (8 hours solids, 6 hours milk, 4 hours breast milk, and 3 hours clear liquids).
- will be seen by a provider for assessment and consent for sedation.

Additionally, if a child requires a peripheral IV for a procedure and is 3 months of age or older, propofol sedation will be used rather than chloral hydrate for radiologic procedures.

Questions regarding this change can be addressed to **Kristine Hendrickson**, MD, medical director of sedation, at kristine.hendrickson@childrensmn.org.

Children's sedation site on Star Net (Children's Intranet) offers answers to common questions regarding sedation and the sedation program. Under "Clinical Resources," select "Sedation" and then "Guides." With or suggestions for clarifications to this site contact **Kristine Hendrickson**, MD, medical director of sedation, at kristine.hendrickson@childrensmn.org.

Children's sedation update: Chloral Hydrate Sedation on the Minneapolis campus

Sedation Web site

Tamper-resistant prescription pads to take effect April 1, 2008

Children's will begin using new tamper-resistant prescription pads to comply with regulations from CMS and the Minnesota Department of Health (MDH) for outpatient Medical Assistance (MA) payments. As these requirements represent a significant portion of Children's patients, they will be applied to all prescriptions written by hand at Children's.

Requirements, summarized below, are outlined in MSCP Provider Update PRX-07-03R, searchable at the MDH Web site: www.dhs.state.mn.us.

	Required tamper-resistant characteristics. One or more industry-recognized features designed to:	Examples include but are not limited to:
1	Prevent unauthorized copying of a completed or blank prescription form.	High security watermark on reverse side of blank and/or thermochromic ink.
2	Prevent erasure or modification of information written on the prescription by the prescriber.	Tamper-resistant background ink shows erasures or attempts to change written information.
3	Prevent the use of counterfeit prescription forms.	Duplicate or triplicate blanks and/or sequentially numbered blanks.

Outpatient prescriptions for patients with MA payers, written on pads with dates of service beginning April 1, 2008, will be required to contain at least one of the above characteristics. Dates of service beginning Oct. 1, 2008, will require all three characteristics. These requirements pertain only to non-electronic prescriptions and do not pertain to those filled within Children's institution for inpatient use. Emergency prescriptions can be written on non-tamper resistant pads as outlined above only if the pharmacy filling it also receives a verbal, faxed, electronic, or subsequent written prescription written on a tamper-resistant pad within 72 hours.

To effectively comply with these regulations, Children's will begin using new prescription pads on April 1, 2008, for all handwritten prescriptions. All previously used pads will be discarded.

To satisfy the new requirements; unique numbers, erase evident paper, and copy-protected prescriptions will be employed. Prescription blanks will have sequentially numbers that can be used for tracking. Tamper-resistant paper will prevent erasure or modification of information written by the prescriber. A watermark will prevent unauthorized copying of a completed or blank prescription form.

Contact CC Koentopp, director of pharmacy services, (612) 813-5922, with questions or for more information.

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, St. Paul

2008 Competency Fairs

April 28-30 and May 2-3, Minneapolis Education Center
May 12-15, St. Paul River Centre
(For more information, contact Keri Rateliff at keri.rateliff@childrensmn.org)

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

Stephen Kurachek, MD; Michael Vespasiano, MD; Marsha Finkelstein, MS; presented "Propofol Sedation: Intensivists' Experience With 7304 Cases in a Children's Hospital," 17th Pediatric Critical Care Colloquium, British Columbia.

Margaret Heisel Kurth, MD, Jane Hennessy, RN, CNP; Stephen Nelson, MD; presented "Reversible Bony Changes after Treatment with Bevacizumab in a Child with Cutaneous Angiomas with Thrombocytopenia Syndrome: A Case Report and Review of the Literature," 49th annual meeting of the American Society of Hematology, Dec. 2007.

Kristin Mascotti, MD, et al.: "Survey of Current Tissue Banking Practices at Pediatric and Adult Hospitals." *Transfusion* (Vol. 47, Issue 71A, 2007).

Mascotti, et al.: "Application of LEAN tools for process Improvement in a Pediatric Transfusion Service." *Transfusion* (Vol. 47, No. 271A, 2007).

Yoav Messinger, MD, et al.: "Safety, Pharmacokinetics, and Efficacy of Palonosetron in Pediatric Patients: A Multicenter, Stratified, Double Blind, Phase 3, Randomized Study" *Journal of Clinical Oncology* 2007 (Vol. 25, No. 18S: 543s, Abstract 9570 June 20 Supplement, 2007).

Julie Morath, MS, RN, chief operating officer was appointed to the National Quality Forum's Safe Practices 2008 Committee. As part of her role she will serve on the National Quality Forum's Steering Committee's project, "Safe Practices for Better Healthcare: 2008 Update Maintenance Committee."

Stephen Nelson, MD; Jane Hennessy, RN, CNP; et al.: "Subarachnoid Hemorrhage in a Young Child with Sickle Cell Disease. Is Transcranial Doppler Helpful?" *Pediatrics*, (Vol. 119, Issue 6, 2007, pps. 1249-1250).

Nelson; Anne Bendel, MD; Joanna Perkins, MD; presented "Transfusional Iron Overload in Pediatric Oncology" at the 20th annual Society of Pediatric Hematology/Oncology (ASPHO) meeting, Toronto, Canada.

Nelson, et al.: presented "Genetic Influence on the Systems Biology of Sickle Stroke Risk Detected by Endothelial Gene Expression," at the 49th Annual Meeting of the American Society of Hematology, December 2007.

Judy Zier, MD, and Mary Farrell, RN, won "Innovation of the Year in Patient Care" award, Minnesota Hospital Association for the Nitrous Oxide Sedation Program.

Chief of Staff, 2007-2008

Peter Dehnel, MD
(612) 813-8098
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

Senior Director, Operations Improvement, and Vice Chief Medical Officer

M. Chris Robison, MD, MBA
(612) 813-8484
chris.robison@childrensmn.org

Chief of Pediatrics Division

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

Chief of Surgical Services and Perioperative Care Division

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

Chief of Critical Care Division

Gregory Wright, MD
(612) 813-6058
gregory.wright@childrensmn.org

Professional Staff Coordinators

Margo Dempsey
(612) 813-6123
margo.dempsey@childrensmn.org

Kathie Jacques
(651) 220-6123
kathie.jacques@childrensmn.org

Credentials specialists

(612) 813-6121

Physician liaison

Mary Mecom
(612) 813-6608
mary.mecom@childrensmn.org