

# 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.

June 2008



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

### Indiana Jones and the 2008 Influenza Crusade

I apologize from the outset for shamelessly using the popular Indiana Jones series to grab your attention. The issue of influenza and influenza vaccination is an extremely important one that really needs closer attention. The time we need to act on this topic is now – long before the vaccine is in our refrigerators and pre-arranged “flu clinics” are set to take place. For many of us, we need to permanently change our view about influenza vaccination as a fall and early winter issue to a year-round educational effort.

The primary reason for this new approach to influenza vaccination is the expanded age recommendation for the upcoming season. Starting this fall, all pediatric patients from 6 months to 18 years of age are recommended to receive an annual influenza vaccination. For some clinics, this recommendation is not much different from what they did last season. Some clinics are going to have to significantly expand their use of influenza vaccine to comply with this latest recommendation. For a good number of clinics, it is difficult for them to estimate the number of patients that this entails and therefore pre-order vaccine supplies. The time to determine this estimated supply is now.

The other change clinics likely need to consider is to make influenza vaccination a year-round educational effort. If you see a twelve-year-old for a well visit this month, how are they going to know that they should return this fall or early winter for influenza vaccination? An 18-month-old who is seen in August is at risk for not receiving the vaccine in a timely manner because their next two-year well visit will not happen until February – a time traditionally at the peak of influenza disease in our communities.

Finally, some clinics will have to alter their usual processes to ensure that the maximum number of children receive the vaccine. “Influenza vaccination without barriers” would be a suggested mindset. It is recommended that anytime any family shows up in your office for influenza vaccination – either in conjunction with a visit or not – please minimize any barriers to administering the vaccine at the time that they are there. Special “flu vaccine” clinics on Saturdays and evenings are helpful, but they are likely to be insufficient to meet the need to vaccinate every child and teen in your practice.

If you have questions on this important topic, please contact me at (612) 813-8098 or [peter.dehnel@childrensmn.org](mailto:peter.dehnel@childrensmn.org).



Delivering Next Generation Care

### **Important additional note**

Plan now to attend Children's Hospital Association's 59th Annual Benefit Ball on Saturday, Nov. 22, 2008, at the Crowne Plaza St. Paul – Riverfront. This is truly a great event. This year, CHA is celebrating its 75th anniversary, and your support is greatly appreciated. Your attendance is greatly welcomed, as is your sponsorship of a table at the event. Please call (651) 220-6644 or visit CHA's Web site, [www.cha-stpaul.org](http://www.cha-stpaul.org).

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

### Children's of Minnesota named one of "America's Best Children's Hospitals"

Thanks to the dedication and expertise of everyone at Children's, *U.S. News & World Report* has once again named us one of "America's Best Children's Hospitals." Specifically, *U.S. News* ranked us among the best in two specialty groups: neonatal care and respiratory care, the latter having a significant emphasis on cystic fibrosis.

- Respiratory disorders: Children's was one of only six hospitals out of 30 to earn the highest possible score for clinical outcomes for cystic fibrosis. These honors reinforce the standing of Children's cystic fibrosis program, which has received top national rankings for success in lung function and nutrition, two key success factors in young patients.
- Neonatal care: Children's was awarded the highest scores possible in key areas examined in the neonatal care rankings. With the state's largest high-risk neonatal referral program, Children's has a long track record of recognition for excellence in clinical outcomes and leadership in clinical research and care innovation.

In addition to respiratory disorders and neonatal care, hospitals were ranked in the specialty areas of cancer, digestive disorders, heart and heart surgery, neurology and neurosurgery, and general pediatrics. This differs from last year's rankings, where the magazine provided one comprehensive list.

Children's information about programs and services was provided by the Center for Care Innovation and Research, with input from the respective programs. The data sent to *U.S. News* reflects all Children's sites.

The rankings are a blend of reputation (50 to 60 percent), outcomes (10 percent, when available), and care-related measures such as volume, nursing, and credentialing.

The role of the professional staff in our ability to attain this stature cannot be understated. Your extraordinary commitment to clinical excellence, patient safety, and care innovation translates into results that matter for the families who entrust their children's care to us every day.

For the complete list of rankings and methodology, visit [www.usnews.com](http://www.usnews.com).

Children's of Minnesota with Children's Heart Clinic announced that its echocardiography laboratories in Minneapolis and St. Paul received national accreditation in pediatric transthoracic echocardiology from the Intersocietal Commission for the Accreditation of Echocardiography Laboratories (ICAEL). These labs are the first and only in Minnesota to receive such accreditation.

The distinction recognizes Children's for its commitment to high quality patient care and its provision of quality diagnostic testing. The rigorous accreditation process is achieved through a peer review of staff credentials, policies and protocols for daily operations, and a review of actual case studies in order to verify compliance with the highest quality procedures.

Congratulations to all who have been involved in obtaining this national recognition.

### National pediatric echocardiography accreditation received

## Universal Protocol compliance at Children's

Many of you are aware of the very unfortunate — but not entirely unpredictable — event that occurred recently at a hospital when the wrong kidney was removed from a patient.

We know human errors will occur. In fact they can't be stopped. Our focus, therefore, should be on preventing harm by creating systems that decrease the likelihood of errors on our patients. The Universal Protocol is one such system that can help in this effort.

The Universal Protocol has three separate processes intended to prevent wrong site, wrong procedure, and wrong person surgery. They are 1) pre-procedure verification, 2) site marking, and 3) time out. All three of these processes are to be completed prior to the start of all applicable invasive procedures. This does not just mean in the operating room — it means anywhere. The verification process applies to all invasive procedures that expose patients to more than minimal risk without regard to the physical location where the procedure is performed.

In pursuit of our goal of making Children's the safest hospital in North America, I encourage all clinicians to begin using the Universal Protocol and to help ensure the safety of your patients.

## Implementation of Pediatric Early Warning Score begins June 15

The PEWS tool and algorithm is being mailed to all professional staff members and can be found at <http://www.childrensmn.org/portals/psp/staffnews/PEWSAnnouncement.pdf>

In Nov. 2005, Children's launched its Rapid Response Team Program. Since the program was implemented, more than 300 consultations have been provided, and the number of Code Blues occurring on the medical/surgical floors has dropped. While we are gratified by these results, we recognize that Rapid Response consultations represent a "recovery" strategy. A more powerful strategy is one of prevention. The Pediatric Early Warning Score (PEWS) is one such a strategy.

The PEWS tool is a three-category tool that is used to rate the cardiac, respiratory, and behavior (neurologic) status of a patient. The rating in each category is associated with a point value that is combined to yield a composite score. Patients are assessed every four hours. The real power of the PEWS tool, however, comes from the associated action algorithm, which prescribes specific tasks based on the patient's composite score. The action steps dictated by the algorithm embody the organization's "Chain of Command" policy. Local resources are used first to confirm an at-risk score. Once confirmed, consultation with the care team is initiated.

For the past several months, the PEWS system has been under active evaluation at Children's. In addition, three inpatient units have been piloting the tool using the electronic medical record. A system-wide implementation is planned for June 15, 2008.

Nurses will score patients on admission and every 4 hours. Based on this score, they will either continue to monitor, confirm their findings with another nurse, call the patient's attending by phone, or request an in-person assessment of the patient. In addition, a Rapid Response Team consultation or a Code Blue can be activated at any time. A normal PEWS does NOT prevent the activation of either team.

Continued

Professional staff members should expect that the nursing staff will include the PEWS risk score as an element in their conversations with you. If your patient's status indicates the need for consultation, you will be contacted. The nursing staff will follow the chain of command policy if you are unavailable.

We believe that a number of very positive patient benefits will result from this initiative. Thank you in advance for your support and participation in this exciting new endeavor. We believe that the PEWS system is a tangible example of our organization's commitment to the delivery of next generation care.

For more information about PEWS, contact **Glenn Billman**, MD, medical director of patient safety, (612) 813-6518, [glenn.billman@childrensmn.org](mailto:glenn.billman@childrensmn.org).

**Health literacy is everyone's issue: Maximize the time spent with families to ensure understanding**

Many providers assume their patients' families read better and comprehend much more than they actually do. In reality, even well-educated adults report high levels of misunderstanding in stressful circumstances. Children's parent satisfaction surveys show that approximately 20 percent of our inpatient families who ask questions of their provider receive answers that they find difficult to understand. While your time with families is limited, here are some ways to maximize understanding in the time you have.

- Use common "living-room" language. If medical terms are important to communicate, define them.
- Use models and pictures whenever possible to help communicate health information.
- Demonstrate your receptiveness to questions. Ask "What questions do you have?" rather than, "Do you have any questions?"
- "Ask-Me-3" is a National Patient Safety campaign aimed at encouraging discussion. Although all of the information you communicate is important, Ask-Me-3 recommends that you be sure families know the answers to these three important questions:
  - What is my child's main problem?
  - What should I do?
  - Why is it important for me to do it?
- "Teach-back" is a valuable tool for evaluating understanding. Ask the learner to paraphrase what you just said. During your interview/history taking, paraphrase what the family said to check your own understanding.

For more information about health literacy, view the online video, "Health literacy and patient safety: Help patients understand," on the American Medical Association's Web site: <http://www.ama-assn.org/ama/pub/category/8035.html>

## News of sadness

It is with a heavy heart that I acknowledge two obituaries of people who have been on our professional staff – **Sally Couser** and **Sally Shindele (Weisdorf)**. I have known both of these Sallys for more than 30 years. It is hard to believe that people my age are now passing away but both of these brilliant, wonderful women had great impact on my life even though I may have only intermittently interacted with them. Small precious moments with them have had lasting memories for me and nothing but joy comes to mind when I think about them. They will both be sorely missed.

## 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](mailto:phil.kibort@childrensmn.org).

## Programs and Services

### Beginning July 1, Grand Rounds moves to 7:30 a.m. in Minneapolis

Pediatric Grand Rounds at Children's - Minneapolis will be changing to a new time in an effort to increase attendance and accommodate clinic schedules. **Beginning July 1, the new time will be 7:30 to 8:30 a.m.** The day (Tuesdays) and the location (education center) will not change.

### Road construction to close Chicago Avenue in front of Children's - Minneapolis

The city of Minneapolis has tentatively scheduled the reconstruction of Chicago Avenue, between 26th and 25th Streets, for late June. This will require the road to be shut down. During this time, the tunnel and skyway connecting Children's - Minneapolis with the new the ambulatory care center will be constructed. The city's target date to re-open Chicago Avenue is September. Updates, along with maps, will be posted to Children's Web site, [www.childrensmn.org](http://www.childrensmn.org).

### ECMO 2007 services report

The Extracorporeal Membrane Oxygenation (ECMO) program at Children's — one of 120 ECMO centers in the U.S. — began in 1985. During 2007, under the leadership of medical director **Virginia Husted**, MD, Children's had its second largest yearly volume in terms of number of patients (25), and the most number of hours of ECMO (5,537).

The program's overall outcomes are comparable to the National ECMO Registry. Its rate of survival to discharge, for patients treated with ECMO, is 57 percent, compared to 64 percent nationally. However, Children's cares for more children within the diagnostic categories with the highest mortality rates, such as congenital diaphragmatic hernia and congenital heart defects. Our most recent five-year survival rate for newborns with diaphragmatic hernia is 52 percent, compared to 43 percent nationally. Overall, the program is exceptional and staffed by professionals who are truly dedicated to its success.

Contact Husted at [virginia.husted@childrensmn.org](mailto:virginia.husted@childrensmn.org) with any questions or to see the program's full 2007 report.

### Children's Quarterly Professional Staff Meeting

October 14, 2008

Town and Country Club, St. Paul

Topic: Children's Pain and Palliative Care Program

### 18<sup>th</sup> annual Practical Pediatrics for the Primary Care Physician

September 25-26, 2008

John Nasseff Medical Center

Children's – St. Paul campus

Topics: Autism spectrum disorders, obesity, pulmonology, and sleep disorders

### 5<sup>th</sup> annual National Pediatric Telehealth Conference

September 25-27, 2008

Hilton MSP Airport, Bloomington

[www.cponline.org](http://www.cponline.org)

### 32<sup>nd</sup> annual Midwest Pediatric Cardiology Society Scientific Session

September 25-26, 2008

Radisson Plaza Hotel, Minneapolis

Visit Children's Web site, [www.childrensmn.org](http://www.childrensmn.org), and click on "For Health Professionals" for conference and registration information.

**Malea Anderson**, RN, CNP, graduated from the University of Minnesota Doctor of Nursing Practice (DNP) program. This was the first class in Minnesota. She is the first Children's employee to graduate from this program.

**Howard Bach**, MD, and Partners in Pediatrics were recognized in Metro Doctors May/June 2008, pps. 4-6 regarding the new Ready Care Program his corporation has developed.

**Kiran Belani**, MD; **Yoav Messinger**, MD; **Judy Wenzel**, et al. "Successful Plasmapheresis for Extreme Hyperbilirubinemia Caused by Acute Epstein-Barr Virus," *Journal of Pediatric Hematology/Oncology* (Vol. 29, Issue 5, May 2007).

**Bonnie Carlson-Green**, PhD, LP, received the "Spirit of Hope Award" from the Leukemia & Lymphoma Society at the 2008 The Salute to Our Heroes event, Excelsior, Minn.

**Timothy Culbert**, MD, et al. "Wetting the Bed: Integrative Approaches to Nocturnal Enuresis." *Explore* (Vol. 4, No. 3, May/June 2008, pps. 215-220).

**Laurel Edinburgh**, RN, CNP, presented "Runaway Intervention Program: Outcomes and Challenges" at the international conference at University of British Columbia, sponsored by the international Stigma and Resiliency Among Vulnerable Youth Consortium (SARAVYC), Vancouver, British Columbia.

**Stefan Friedrichsdorf**, MD, presented "Pain and Symptom Management in Pediatric Palliative Care" at the Minnesota Telehealth Network - Telemedicine Grand Rounds at the University of Minnesota, Minneapolis.

**Friedrichsdorf** and **Kaci Osenga**, MD, "Principle of Double Effect in Pediatric Palliative Care - Pain Management for Seriously Ill Infants and Children" *Practical Bioethics* (Vol. 3, No. 4, 2008, pps. 3-4).

**Angela Goepferd**, MD, was a panelist on the LGBT Health Disparities panel at the University of Minnesota as part of National LGBT Health Awareness Week. She spoke about how homophobia and transphobia impacts the health care of children, and particularly LGBT families.

**Jocelyn Gorlin**, RN, CNP, presented "Tricks for the Trade" at the National Hemophilia Foundation in Florida.

**Karen Hick**, MD, presented "Pediatric Neurological Emergencies" at the 2008 South Dakota Academy of Family Physicians Winter Seminar.

**Richard Kaplan**, MD, was appointed to the American Academy of Pediatrics (AAP) Committee on Child Abuse and Neglect Section Member position representing the Section on Child Abuse and Neglect.

**Pramod Kelkar**, MD, co-developed, moderated, and spoke on the topic of "cough" at a session titled "Difficult Cases: What would an Expert Do" at the Annual Meeting of the American Academy of Allergy Asthma and Immunology, Philadelphia, March 2008.

**Paula Fink Kocken**, MD, spoke at "Pediatric Trauma: Assessment, Treatment and Transport" at the Northwest Wisconsin Emergency Nurse Association Spring Symposium in March.

**Margaret Heisel Kurth**, MD, won the Community Caregivers Award given by Minnesota Physician Publishing for her work on medical missions in Armenia in her specialty of dealing with Hemophilia. The article is in *Minnesota Physician* (Vol. 21, No 12 March 2008, pp. 23).

**Kristin Mascotti**, MD, et al. Tissue bank management presentation at the American Society for Clinical Laboratory Science Region V Tri-state Meeting, Fargo, ND.

**Karen Mathias**, MSN, RN, APRN, and Barb Peterson, RN, CNP, presented at the NACHRI Creating Connections Conference on "A Journey Toward Building Strong Emergency Department Team Performance Through High Fidelity Simulation," Miami.

**Richard Patterson**, MD, presented "Professional recognition: Invitation to serve as an examiner in Pediatric Radiology for the American Board of Radiology"

**Joanna Perkins**, MD; **Julia Steinberger**, MD; **Alan Sinaiko**, MD; et al. abstract "Growth Hormone Deficiency (GHD) is Associated with Insulin Resistance and Adiposity in Childhood Cancer Survivors," was accepted for oral presentation at the Pediatric Academic Society's meeting May 2008.

**Perkins** presented "Advances in Management of Childhood Cancers and Potential Late Effects of Therapy" at the 14th Annual Minnesota Get Together: Health Care and Minnesota Kids, St. Cloud, Minn.

**James Sidman**, MD, **Timothy A. Lander**, MD, **Todd W. Lund**, DDS, MS, et al. presented "Complications and Satisfaction with Pediatric Osseointegrated External Ear Prostheses" at the Triological Society 2008 Annual Poster Program, Orlando.

**Sidman**, **John McNamara**, MD, **Marsha Finkelstein**, MS, et al. presented "Sinus Surgery in Cystic Fibrosis Patients: Comparison of Sinus and Lower Airway Cultures" at the Triological Society 2008 Annual Poster Program, Orlando.

**Sidman**, et al. presented "An Engineering Model Used to Evaluate the Nasal Airway of a Child With Vomer Flap Repair of Wide Cleft Palate Deformity" at the American Rhinologic Society annual meeting at the Combined Otolaryngology Spring Meeting, Orlando.

**Sidman**, MD, et al. presented "Conscious Sedation in Pediatric Speech Nasoendoscopy" at the 2008 American Society of Pediatric Otolaryngology (ASPO) meeting, Orlando.

**Sidman** and **Frank Rimell**, MD, et al. presented "Safety and Feasibility of Balloon Sinuplasty in the Pediatric Population" at the 2008 American Society of Pediatric Otolaryngology(ASPO) meeting, Orlando.

**Sidman**, et al. presented "Excision of Periorbital Hemangiomas to Correct Vision Changes" at the Triological Society 2008 Annual Poster Program, Orlando.

**Michelle Van Vranken**, MD, presented "Contraceptive Update" at the Minnesota Association of Family Physicians (St. Paul) - Spring Refresher.

**Van Vranken** presented "Preconception Care and Adolescents," at the Minnesota Department of Health/March of Dimes Preconception Conference, St. Paul.

---

#### **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)

#### **Senior Director, Operations Improvement, and Vice Chief Medical Officer**

M. Chris Robison, MD, MBA  
(612) 813-8484  
[chris.robison@childrensmn.org](mailto:chris.robison@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**

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

#### **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 specialists**

(612) 813-6121

#### **Physician liaison**

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