

# 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 2008

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

### Impairment of professional staff members

Providing safe, effective, efficient, and patient-centered care of the highest quality is our mandate as members of the professional staff at Children's. The vast majority of members of the professional staff provide that care on a day-to-day basis without any problems, barriers, or impairments. We are often in a unique position of also observing the care that our colleagues provide in a clinical setting — on the inpatient floors, in the various units, and in a variety of other clinical settings. Again, the vast majority of this care is of the highest quality and we can be extremely proud of the overall care environment that is experienced by patients and families here at Children's.

From time to time, there may be a member of the professional staff who develops an impairment or condition that prevents him or her from functioning at a level needed to provide this level of optimal care. This can include the development of a health condition that interferes with their physical or cognitive abilities. It can be an issue of drug or chemical dependency that has risen to a level which interferes with the delivery of care. The list of specific issues is quite long, but the end result is the same — these are conditions that interfere with an individual's ability to act in a professional manner and deliver the level of care needed for our patients and families to have the best possible outcomes.

When impairment becomes apparent, self-referral by the individual to the appropriate resources and treatment setting is optimal. Unfortunately, many times the individual is unaware or in denial that his or her ability to deliver care is compromised. It is then incumbent upon the rest of us as concerned colleagues to help this person obtain the appropriate assessment and treatment. While this referral process of a colleague is usually very distressing, it is absolutely essential for the well-being of the clinician and anyone for whom he or she provides care.

If you are unsure of how this will manifest itself in a colleague, criteria for "reasonable suspicion" of impairment includes:

- behavior consistent with being under the influence of alcohol or drugs affecting motor or mental function while engaged in patient care
- motor or mental function consistent with an acute or chronic neurologic insult that impairs the ability to exercise one or more granted privileges in a safe and competent manner
- has caused himself/herself or another employee to sustain a personal injury
- has caused a work related accident or has operated or helped operate machinery, equipment, or vehicles involved in a work related accident

If you are in need of educational materials on this topic, need to report a health condition or impairment for yourself, or if you are concerned about one of your colleagues, please contact Peter Dehnel, MD, chief of staff or Phillip M. Kibort, chief medical officer. All referrals will be handled in an extremely confidential manner.

Thank you in advance for your cooperation. If you have any questions or concerns, please contact me at [peter.dehnel@childrensmn.org](mailto:peter.dehnel@childrensmn.org), call me at (612) 813-8098, or page me at (612) 818-7646.

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

### Physician identification policy

As part of basic good practice, and as part of the Joint Commission regulations, we need to let every hospitalized inpatient family know who is caring for their child. This is the standard practice in many hospitals in our area.

We are requesting and recommending that the attending physicians or consultants write their names on the white board when they round on any med-surg patient at Children's – Minneapolis or Children's – St. Paul. Residents are not required to write their names on the board, but should feel free to do so. (In the intensive care units this is generally clear by identifying the neonatologist or pediatric intensivist.)

Whenever you enter a patient room on the med-surg floor to examine a patient or talk with a parent, please write your name on the white board in the room. If you are a new rounder for your group, replace your partner's name with your name.

We ask that this be implemented in your daily practice immediately. Thank you for your help in this effort.

### 24/7 Hospitalist program instituted as of July 1, 2008

As part of our ongoing efforts to improve our service to you, Children's Hospitals and Clinics recently instituted a complete attending level 24/7 hospitalist program on our Minneapolis campus. This program will also be instituted on the St. Paul campus within the next year.

What differentiates Children's program from others that claim to be a "full service" hospitalist program is that Children's has well experienced attending level clinicians overseeing the care of children in-house 24 hours a day. The program is another example of Children's commitment to offering the best pediatric clinical quality program while strengthening our commitment to education by also working with house staff.

The hospitalist program, along with our physician access line **(612) 343-2121**, is designed to make it as easy as possible for you to refer your patients for care at Children's.

If you have any questions about how this program can assist you and your clinics, please contact Walid Maalouli, MD, the hospitalist program medical director, at [walid.maalouli@childrensmn.org](mailto:walid.maalouli@childrensmn.org).

### Congratulations to Krishna Saxena

**Krishna Saxena**, a pediatric endocrinologist, one of the first subspecialists at our Children's – St. Paul campus, and first director of medical education on our St. Paul campus, recently received the Golden Cane Award from the Department of Pediatrics at the University of Minnesota. This wonderful honor goes to physicians in pediatrics who have put in a lifetime of work educating and providing great clinical care. Children's is proud of the fact that Dr. Saxena has always been a key component of our Children's family. Congratulations, Krishna.

### Safety concerns reporting

Any employee or physician who has concerns about the safety or quality of care provided in the hospital may report these concerns to the Joint Commission. The hospital will take no disciplinary action because an employee or physician reports safety or quality of care concerns to the Joint Commission.

Children's Hospitals and Clinics of Minnesota is committed to safe and effective care delivery. We promote our shared values of open communication, improvement, and working together toward a common goal. Please notify your manager or administration of any concerns you may have. Together, we are delivering next generation care.

## Peter Huszar, MD, joins Children's neurology department

**Peter Huszar, MD**, has joined Children's as a pediatric neurologist. He joins pediatric neurologist Elizabeth Gilles, MD, in the Children's – St. Paul neurology department. Dr. Huszar finished his fellowship at SUNY Downstate Medical Center, in Brooklyn, N.Y., and recently began clinics at Children's. For general pediatric neurology issues, please contact the clinic at (651) 220-6705.

## 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

### Grand Rounds moves to 7:30 a.m. in Minneapolis

Pediatric Grand Rounds at Children's – Minneapolis have moved to a new time in an effort to increase attendance and accommodate clinic schedules. As of July 1, the new time is 7:30 to 8:30 a.m. The day (Tuesday) and the location (education center) have not changed.

### Road construction continues in front of Children's – Minneapolis

As part of our facility building and improvements, Chicago Avenue remains closed between 25th and 26th Streets (directly in front of Children's – Minneapolis). The city's target date to re-open Chicago Avenue is September. Children's recommends that patients, families, employees, professional staff, and visitors allow an extra 15-20 minutes when traveling to the Minneapolis campus in case of possible delays due to detours or traffic.

## Upcoming Events

### 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.

## Awards and Accolades

Children's Hospitals and Clinics of Minnesota received the American Hospital Association's Circle of Life award July 25 for its innovative program for children who are terminally ill or facing life-threatening conditions. Children's is consistently recognized for its work at the forefront of pediatric pain and palliative care.

**Sharon Berry**, PhD/LP, was elected to the Boards of Directors of the Council of Clinical Health Psychology Training Programs (CCHPTP); and the Association of Psychology Postdoctoral and Internship Centers (APPIC), which re-elected her to a second term.

**Patrick L. Carolan**, MD; Kathleen L. Fernbach, RN, PHN; Marsha J. Finkelstein, MS; and Brooke Moore, MD; MPH: "Impact of Changes in Infant Death Classification on the Diagnosis of Sudden Infant Death Syndrome" *Clinical Pediatrics* (Vol. 20, No. 10, April 2008).

**Stefan Friedrichsdorf**, MD, presented "Subanesthetic Ketamine as well as Sedation to Unconsciousness in the Management of Intractable Pain in Children with Life-Limiting Conditions" at the American Pain Society's 27th Annual Scientific Meeting, Tampa, Fla., May 2008.

**Friedrichsdorf** is a core faculty member "Program in Palliative Care Education and Practice," Harvard Medical School Center for Palliative Care, Boston, Mass., April and Nov. 2008.

**Phillip M. Kibort**, MD, spoke on "Creating a Culture of Safety at a Children's Hospital" and "Disclosure at a Children's Hospital" at the Duluth Children's conference on Family Centered Care, May 2008.

## Awards and Accolades

**Paula Fink Kocken, MD**, was officially appointed by Governor Tim Pawlenty as the representative for pediatricians to the Emergency Medical Services Regulatory Board (EMSRB). This is a four-year term.

**Ginger Malone, RN, MS**, spoke on "Developing a Culture of Family Centered Care" at the Duluth Children's conference on Family Centered Care, May 2008.

**Patsy Stinchfield, RN, CNP**, presented "Vaccine Hot Topics" at Minneapolis Grand Rounds, Children's Hospitals and Clinics of Minnesota, May 2008. Stinchfield also presented "Myths and Misconceptions about Influenza Vaccine: How to Talk to Parents about Vaccine Safety Concerns in Pregnant Women, Infants and Children." at the National Influenza Summit. She also presented "Vaccine hot topics including proper storage and handling" to the nursing staff at Fairview Red Wing Clinic.

### Chief of Staff, 2007-2008

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