

# 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.

October 2008

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

### Wanted: Models of great communication

For the last few months I have talked with groups both inside and outside of the hospital about how we, as members of Children's professional staff, communicate with each other about patients. Good communication is incredibly important for multiple reasons. It serves as one of the foundations of patient safety. It is essential for quality of care. It ensures that care for a given patient is effectively and efficiently delivered, minimizing — to use the Institute for Healthcare Improvement's language — any "overuse, under-use or misuse" of health care resources. It increases referring clinicians' satisfaction with Children's as a source of care. Finally, and most importantly, it is crucial for our patients and families that we serve.

Great communication implies the two-way flow of essential information, available at the time of patient care, for the optimal care of our patients. The key areas for this flow of information are:

- A primary care clinician referring a patient to a specialist — either inpatient or outpatient
- A specialist's recommendations back to the primary care clinician
- Patients being admitted to the hospital, especially when that patient is primarily followed by an in-house physician (e.g., hospitalist or specialist).
- Patients at the time of discharge

An additional opportunity for improvement pertains to communication within your own group. Anytime there are two or more clinicians in a clinic, there can be challenges in conveying all pertinent information about patients who are currently of concern. This includes on-call coverage of hospitalized patients, transitioning care for rounds when there is going to be a change in clinicians, follow-up of important laboratory tests for one of your colleagues when they go on vacation, and communicating important patient information from weekend call. If you work in a clinical group with multiple sites, the challenges of timely and accurate communication can increase exponentially!

What are your thoughts about great communication? Are there principles or processes that are working well for you individually or for your clinic? How can we do a better job from a professional staff standpoint to improve communication? Please forward your thoughts to me at [peter.dehnel@childrensmn.org](mailto:peter.dehnel@childrensmn.org) or (612) 813-8098. Thank you in advance for your input.



Delivering Next Generation Care

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

### Training required prior to May 2009 transition to CPOE

As part of our commitment to safety and next generation care, Children's will transition to computerized provider order entry (CPOE) on May 2, 2009. This change will occur in the inpatient, peri-operative, and hematology-oncology clinic areas.

We have been working to build a large number of electronic order sets to facilitate the transition and improve care and efficiency. In addition, we will provide 24/7 in-house support for the first four weeks after the go-live date.

All members of Children's professional staff will be required to undergo CPOE training prior to the implementation. This training will consist of about two hours of interactive e-learning as well as a three-hour didactic classroom session. The classroom session will be required for any staff member who wishes to obtain electronic ordering privileges.

As the implementation approaches we will provide more details, including information about specific training sessions. In the meantime, if you have any questions, please contact Rod Tarrago, MD, Children's chief medical information officer, at [rod.tarrago@childrensmn.org](mailto:rod.tarrago@childrensmn.org).

### Have you shared your next generation care examples?

I want to thank the many members of our professional staff who have taken time to call or send an e-mail to let me know about some of the great work you're doing at Children's on behalf of our patients and their families. These stories are proof for our professional staff that we truly are delivering next generation care.

If you haven't taken time to share with me the noteworthy work you are doing, either in the outpatient or inpatient environment, please take a few moments to do so in the coming days and weeks. I appreciate hearing from you and also the opportunity to recognize your great work in Professional Staff News and elsewhere. Please contact me at (612) 813-6165, (651) 220-6165, or [phil.kibort@childrensmn.org](mailto:phil.kibort@childrensmn.org).

## Programs and Services

### Children's sedation update: Chloral hydrate sedation

After reviewing sedation literature, polling other institutions, and reviewing our own data regarding level of sedation with chloral hydrate, the sedation committee has recommended 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 as of Nov. 1, 2008. Providers ordering greater than 50 mg/kg of chloral hydrate must have separate credentials for providing moderate sedation. The patient receiving greater than 50 mg/kg of chloral hydrate must have a history and physical in the chart, must be assessed prior to the administration of sedation, must have parental consent for moderate sedation, and must meet NPO times for moderate sedation (8-6-4-3). Additionally, there are more stringent monitoring guidelines while under the effects of sedation and the nurse administering the chloral hydrate must have additional training for providing moderate sedation.

Questions regarding this upcoming change can be addressed to Kristine Hendrickson, MD, medical director of sedation at Children's – Minneapolis, at [kristine.hendrickson@childrensmn.org](mailto:kristine.hendrickson@childrensmn.org), or Mike Vespasiano, MD, medical director of sedation at Children's – St. Paul, at [mike.vespasiano@childrensmn.org](mailto:mike.vespasiano@childrensmn.org).

### Sedation Web site

Children's sedation Web site offers answers to common questions regarding sedation and the sedation program at Children's. For more information, please visit the Web site, located under "Sedation" and then "Guides" in the "Clinical Resource" section. If there are other questions or clarifications that you feel should be added to this Web site, please forward them to Kristine Hendrickson, MD, at [kristine.hendrickson@childrensmn.org](mailto:kristine.hendrickson@childrensmn.org).

### Safe patient handling tool available

Children's Safe Patient Handling Committee has developed an "Ask the Safe Patient Handling Committee" tool to provide all employees with the opportunity to ask questions, make suggestions, or provide general comments related to Children's safe patient handling program.

The "Ask the Safe Patient Handling Committee" tool can be found on Star Net. From the Star Net home page select "Departments and Committees" on the left side. Then select "Safety, Security and Emergency Management," and then "Safe Patient Handling" under the "Job Hazard Analysis." Finally, select "Ask the Safe Patient Handling Committee" in the right-hand navigation bar.

The tool can also be found on the Star Net home page by selecting "Clinical," under the "References" section. The committee will answer any questions employees have regarding the program and welcome any suggestions of ways to improve the program.

## Safe patient handling tool available

Since the program started in 2005, Children's has seen a 71 percent reduction in the number of patient handling injuries between the Minneapolis, St. Paul, and West campuses. This has decreased the average workers' compensation costs associated with patient handling injuries by 89 percent.

Employees are continuously improving their patient handling skills, but there are still obstacles and challenges employees may face while using lift equipment.

## Important Pharmacy and Therapeutics Committee updates

The committee is composed of direct care employees and managers from critical care, medical/surgical units, radiology, rehab, surgical services, and Children's West, as well as employees from safety, the center for professional development and practice, and human resources.

The Pharmacy and Therapeutics (P&T) Committee has:

- added caspofungin (Cancidas), recombinant thrombin (Recothrom) and the fibrin sealant Tisseel to the formulary.
- removed Micafungin (Mycamine) and bovine thrombin (Thrombin JMI) from the formulary.

The "Dietary Supplements" policy also was renamed the "Complimentary and Alternative Medicine Supplements" policy (#337.00). Supplements shown to be safe after P&T committee review will be added to the medication formulary and stocked in the pharmacy.

A list of supplements that are unsafe to use will be included with the policy as a list and/or by reference to source databases. Prescribers may not order supplements that contain any ingredients determined by the P&T Committee to be unsafe. A pharmacist must be consulted on the safety of a supplement and agree that it is not known to be unsafe before a prescriber may order a supplement that is neither approved for use by the P&T Committee nor on the unsafe list.

A home supply of supplement must be physically identifiable by a pharmacist before it is allowed to be used in the hospital. Identification of the supplement must be made by either a tablet or capsule stamp code or by using an unopened, sealed, labeled container of the supplement. Opened containers of liquid supplements, herbs, suppositories or unidentifiable tablets or capsules brought in from home may not be used at Children's of Minnesota.

Please contact David Hoff, PharmD, clinical leader, critical care at Children's, at [david.hoff@childrensmn.org](mailto:david.hoff@childrensmn.org) if you have any questions.

## Rapid Response Team procedure change

As of Sept. 15, the hospitalist physicians at Children's - Minneapolis are now responding to all calls for the Rapid Response Team (RRT) except for those calls from IMC (3rd floor).

To activate the RRT, unit personnel will call PICU (x56266). If the patient is on IMC, the PICU HUC will notify the intensivist in PICU, who will attend. If the patient is on any other unit, the PICU HUC will call the hospitalist (x57188) or page the hospitalist at (612) 526-3756. The hospitalist will notify the appropriate house staff physician.

## Primary and referring providers to begin receiving automatic copies of transcribed reports

For all RRT calls, the team will otherwise be composed of the same individuals as currently: PICU nurse and PICU respiratory therapist.

In summary: All RRT calls will go to x56266. The same team as always will respond, except that the hospitalist will be called or paged by the PICU HUC for requests from any unit other than IMC. Requests from IMC will be directed to the intensivist in PICU.

If you have any questions about this change please contact Greg Wright, MD, chief of critical care services division, at [gregory.wright@childrensmn.org](mailto:gregory.wright@childrensmn.org) or (612) 813 6173; or Pamala VanHazinga, MBA, BSN, RN, clinical services director of critical care, at [pamala.vanhazinga@childrensmn.org](mailto:pamala.vanhazinga@childrensmn.org) or (612)-813-8338.

Currently, carbon copies of inpatient, transcribed reports are only sent out to whomever the author states to send a copy to. In addition, all carbon copies of inpatient reports are the preliminary (unedited/unsigned) version.

On Oct. 7, 2008, Children's will begin to auto-distribute carbon copies to the primary and referring providers. This will occur for the following report types on inpatient encounters only.

- History and Physicals
- Consultations
- Operative / Procedures
- Narrative Summaries

Providers can chose if they want to receive the final version or both the preliminary and final versions for the reports where they are the primary or referring provider.

If you have questions or concerns, or if you were not contacted and you would like to change your option, please contact Jennifer O'Connell, transcription manager at (612) 813-5892 or [jennifer.oconnell@childrensmn.org](mailto:jennifer.oconnell@childrensmn.org).

## Awards and Accolades

**Sheldon Berkowitz**, MD, spoke on "The Aging Pediatric Population: Transitions to Adulthood" at Child Health Corporation of America (CHCA) Ambulatory Strategy Forum in Kansas City, Sept. 2008.

**Laurel Edinburgh**, RN, CPNP, participated in a panel discussion for a Sex Trafficking Needs Assessment Report at a conference organized by the Women's Human Rights Program and The Advocates for Human Rights, Sept. 2008. This was a report requested by the legislature.

**Stefan Friedrichsdorf**, MD, presented "Managing Acute Pain in Children - An Introduction" at Professorial Rounds, Children's National Medical Center, Washington, DC, Sept. 2008.

## Upcoming Events

**First Biennial Kent S. Wilson, MD, and Midwest Ear, Nose & Throat Specialists Pediatric Otolaryngology Lecture** (Part of Children's Grand Rounds series)  
October 9, 2008

John Nasseff Medical Center  
Children's - St. Paul campus  
Topic: Management of Pediatric Rhinosinusitis.

### **Children's Quarterly Professional Staff Meeting**

October 14, 2008

Town and Country Club, St. Paul  
Topic: Children's Pain and Palliative Care Program

**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

**Friedrichsdorf** presented "Acute Pain Management in Pediatric Palliative Care - The Concept of Broad-band Analgesia" at the Quality of Life for the Children - 2nd Annual Pediatric Palliative Care Conference. The District of Columbia Pediatric Palliative Care Collaborative, Georgetown University, Washington D.C., Sept. 2008.

**Friedrichsdorf** presented "Management of Neuropathic Pain in Pediatric Palliative Care" at the Quality of Life for the Children - 2nd Annual Pediatric Palliative Care Conference. The District of Columbia Pediatric Palliative Care Collaborative, Georgetown University, Washington D.C., Sept. 2008.

**Friedrichsdorf:** "Pediatric Pain Management" Grand Rounds, Ridgeview Medical Center, Waconia, Minn., Sept. 2008.

**Phil Kibort, MD**, spoke at the national Child Health Corporation of America (CHCA) meeting for CMOs/VPAs, Kansas City, Sept. 2008. Topics were "Transparency of Quality Data to your Stakeholders" and "Equity of Care at Children's Hospitals."

**Kibort** spoke at the Children's Physician Network (CPN) national teleconference on Leadership Development in Health Care, Sept. 2008.

**Martin D. Klatzko, MD**, spoke on "Myths in Pediatric Emergency Medicine" at the Quarterly Quality Forum of the Emergency Physicians Professional Association, Sept. 2008.

**Richard J. Patterson, MD**, et al.: "Acquired Obstructive Hydrocephalus in Globoid Cell Leukodystrophy" *Pediatric Neurology* (Vol. 39, No. 4, pps. 279-280, Oct. 2008).

**Gerald Rosen, MD**, and **Pam Stading** were notified by the American Academy of Sleep Medicine that the Pediatric Sleep Disorders Program at Children's - St. Paul has been granted re-accreditation for a period of five years beginning Dec. 11, 2008. A site visit will not be required at this time.

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