

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.

November 2008

Notes from Peter Dehnel, MD, Chief of Staff

Now is the time to get
involved in children's
health care issues

By the time you read this edition of *Professional Staff News*, election day 2008 will have already passed. Regardless of which candidates win and assume local, state, and national offices in January, all elected officials will be under significant financial constraints given the current state of the economy and the unfolding repercussions of the sub-prime mortgage crisis.

So what does all this mean for members of Children's professional staff? This is a very important time for all members to become very interactive with your elected officials — whether it is your city council members or your elected officials in St. Paul or Washington, D.C. Issues related to health care for children often receive “second class” status simply because there are stronger advocates speaking on behalf of adult-related issues. We truly need to be advocates for children and their health care needs. Funding for services is going to be very contentious, and a promised expansion of services without adequate funding is going to be disastrous in terms of children's access to those services.

I also recommend getting involved with other clinicians at a regional, state, and national level. For physicians, this includes participation in the West Metro and East Metro Medical Societies (formerly Hennepin and Ramsey Medical Societies), the Minnesota Medical Association, the American Medical Association and the American Academy of Pediatrics. Adding your voice and efforts to others who are working to a similar end in terms of health care for children is much more effective than a single voice.

I encourage you to keep up to date with advocacy issues by visiting “Be the Voice for Children” on the Children's Web site, www.childrenmn.org.



Delivering Next Generation Care

These are challenging times ahead, and your participation is absolutely essential. If you have any questions, please e-mail me at peter.dehnel@childrensmn.org or call me at (612) 813-8098. Thank you in advance for your interest and efforts in this activity.

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

Children's Physician Access update

It has almost been a year since the introduction of Children's Physician Access as part of our focus on improving our service to both in-house as well as referring doctors and providers in the community.

In that time, we have gone from an average of 170 calls per month with the old referral line to more than 460 calls per month after going live with Children's Physician Access. While the previous line averaged about eight admissions a month, we are now up to an average of 45 per month.

In a recent survey of physicians, satisfaction has increased significantly. Sixty-two percent — up from 49 percent — of the physicians who responded are "very satisfied" with the responsiveness of the front line person at Children's.

I want to thank Angie Stoltz and Terri Williams from Children's Outreach Department and Rachel Castro from the CPN, who worked diligently to make this a great service and product for our professional staff and referring physicians. It is our goal to continually evolve the Children's Physician Access service to better meet the needs of providers as they call into or navigate Children's system. If you have suggestions or ways that you think we can improve upon this, please let me know.

Utilization of Up To Date®

The phenomena of Up To Date® as a repository of information on clinical disease is nothing short of amazing. Ten years ago when I began teaching about quality health care at the University of St. Thomas, I asked physicians how they kept up to date. Most replied that they would periodically read a few articles, go to conferences, and talk to their friends and colleagues. But over the last five years almost 80 percent of them say they use Up To Date® — available on Children's Web site — to get their information.

From Jan. 1 to Sept. 18 of this year, the top 10 topics of interest at Children's were the following:

1. drug information on Clyndomycin
2. acute management and imaging of urinary tract infections
3. drug information of Cephotoxene
4. inpatient treatment of pneumonia of children
5. treatment and complications of diabetic and ketoacidosis
6. clinical manifestations and diagnosis of Kawasaki's Disease
7. Cefdinir pediatric drug information
8. acute pylonephritis symptom, diagnosis, and treatment
9. apparent life-threatening events in infants
10. febrile seizures

Each of these topics, from among a list of nearly 2,000 items which have been evaluated, were evaluated somewhere between 100 and 200 times.

This is a very successful example of how the IT world and health care can work together to utilize information more rapidly and effectively. I doubt many new doctors know what it is like to go to the medical library using the Index Medicus anymore, but that's what makes things like Up To Date® so amazing and wonderful.

Children's co-sponsors national pediatric cardiac meeting

Children's Hospitals and Clinics of Minnesota and Children's Heart Clinic were proud to be co-sponsors for the Midwest Pediatric Cardiology Society Scientific Session on Sept. 25 and 26. The event brought together more than 90 pediatric cardiologists from throughout the nation. More than 25 papers were presented at the event, four of which came from our own institution. A national conference like this is a reflection of Children's leadership in children's heart disease and as the volume leader of heart patients in the Upper Midwest.

Thank you, Julie Morath

On Nov. 1, Julie Morath, the COO of Children's Hospitals and Clinics of Minnesota since 1999, left our organization to accept a new position at the Vanderbilt University. Julie will become the Chief Quality and Safety Officer (CQO) for the entire Vanderbilt University Medical Center, in Nashville. The system includes adult, pediatric, and specialty hospitals, as well as The Vanderbilt Clinic.

Many of you know Julie as a national and internationally known leader in patient safety who has taken Children's through a significant cultural change over the past decade. This is a wonderful opportunity for Julie — one that is part of her desire to leave a legacy as part of the next decade of her life's work. Through her leadership Julie has had a significant impact on the organization and its culture. Thank you, Julie, for your service and contributions to Children's.

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

Cardiology echocardiogram report changes

The noninvasive cardiology department implemented a new structured reporting system for all echocardiogram reports on Oct. 28, 2008. The new report process will decrease the turnaround time for echo reports to be posted to Cerner. In addition, reports will display based on the date and time the echo was completed.

These reports can be found in Cerner clinical documents under the same folder as the current dictated reports. The new process allows auto faxing of the final report to the admitting provider, which will replace the current practice of faxing a preliminary report.

Children's Cerner/PowerKIDS November Release details

The following features will be part of Children's Cerner/PowerKIDS November Release, which will occur on Nov. 11. Please contact Rod Tarrago at rod.tarrago@childrensmn.org with any questions.

Outstanding lab report

A new outstanding lab report will allow providers to generate a list of all currently pending laboratory studies on their patients. By going to the explorer menu and selecting the relationship to the patient (attending, consulting) as well as the requested time interval, providers will generate a list of all of the patients with whom they have the requested relationship and who also have lab studies

pending. Resulted labs will not display on this report. Only patients who have been discharged from the inpatient or ambulatory settings will be seen on this report. At this point, we have not determined how long this report will take to print out. Therefore, we recommend running this report at a time that allows ample system time and resources.

Provider sign-out report

With this release, a new provider sign-out report is available. This is a streamlined version of the currently available provider sign-out report. This report allows providers to print out location-based or customized patient lists and will include patient demographics as well as associated providers, weight, precautions, and diet. An associated-powerform will allow providers to add in reminder notes that will also display on the report. The report will be run from the explorer menu and will require input of the requested patient list as well as the parameters for the powerform. We encourage providers who are the only ones using the report to enter "my powerform."

Line days tab

Starting in November, the current "Line Days" tab will expand to contain all indwelling devices including all chest tubes, PIVs, central and arterial catheters, and implanted catheters. It will also display all catheters for a given encounter, including those that have been removed. In addition, the performance of this time has been greatly improved.

DNR

Allow natural death/DNR documentation will be performed electronically beginning in November. The process will have the same requirements as the current process, but instead of filling out the DNR details on paper, the provider will enter them on the AND/DNR powerform. This form is available in the Ad Hoc Charting area. After filling out the form, the provider IS REQUIRED to write the DNR order in order to populate the AND/DNR status on the patient's banner bar. Once the AND/DNR powerform is completed, a new form must be completed every 5 days for inpatient encounters and every 90 days for outpatient/home care. Once the first form is completed, the information will "feed forward" to the next form to facilitate entering of data. If patients require a paper copy of their AND/DNR status, the form can be printed and will list all appropriate interventions. For quick access to the DNR form, clinicians may go to the patient flowsheets, the form browser, or simply go to ad hoc charting and open up a new form, which will display the previously completed form.

Patient communication and provider communication powerforms

The patient/parent communication powerform will now contain the patient/parent demographic information embedded within the form. The provider communication powerform will contain primary and referring provider information. These two changes will improve efficiency and make the use of these forms easier.

Smart templates

Three currently available smart templates that are used in direct charting will be revised. First, a consistent font will be applied. The vital signs and lab results smart templates will have normal values removed to improve usability.

Upcoming Events

Managing Pain in Infants, Children, and Teens

November 21, 2008
John Nassef Medical Center,
St. Paul

Children's Hospitals and Clinics of Minnesota Professional Staff Annual Meeting

December 3, 2008
Hilton Minneapolis
6 to 7 p.m. social hour
7:30 p.m. dinner
8:15 p.m. program

3rd annual Topics in Pediatric Emergency Medicine Conference

February 27, 2009
Minnesota History Center, St. Paul
8 a.m. to 5 p.m.

Children's and the March of Dimes neonatal conference

March 31 and April 1, 2009
Como Conservatory, St. Paul

6th annual National Pediatric Telehealth Conference

Sept. 24-26, 2009
www.cponline.org

Information about these conferences and other upcoming events will be posted on Children's Web site, www.childrensmn.org.

Awards and Accolades

Glenn Billman, MD, Thomas Hellmich, MD, and Julianne Morath, RN, et al. co-wrote "Leadership in the Management and Design of Safe, Reliable Systems" Patient Safety in Emergency Medicine (Ch. 54).

Maura Fitzgerald, RN, CNS, and Mary Langevin, RN, PNP, presented a pre-conference workshop on the use of integrative medicine for hematology/oncology patients at the Association of Pediatric Hematology Oncology Nurses conference in Albuquerque N.M.

Stefan Friedrichsdorf, MD, presented "Pain Management and Palliative Care on the NICU. Neonatal Nutrition: Assessment, Intervention, and Management," Division of Neonatology, Dept. of Pediatrics, University of Minnesota.

Jane Hennessey, RN, CNP, presented two concurrent podium sessions: "Why are they bleeding? Can it be stopped?" and "Inherited vs. acquired bleeding disorders."

Casey Hooke, RN, CNS, and Lynn Tanner, MPT: poster "Evaluation of the current validity of the Lansky Play-Performance Scale" was displayed at the 32nd Annual Association of Pediatric Hematology Oncology Nurses (APHON) Conference in Albuquerque, N.M.

Hooke: poster "Assessment of physical performance using the six-minute walk test in children receiving chemotherapy" was displayed at the 32nd Annual Association of Pediatric Hematology Oncology Nurses (APHON) Conference in Albuquerque, N.M.

Hooke and Mylynda Livingston, RN, CNP, Charlet Allen, Ph, BCOP, Sofi Goerd, RN, and Maria Zarambo, RPh: poster "Benadryl-Ativan-Decadron infusions for chemotherapy induced nausea and vomiting" was displayed at the 32nd Annual Association of Pediatric Hematology Oncology Nurses (APHON) Conference in Albuquerque, N.M.

Hooke, and Linda Madsen, RN, CPNP: poster "Hematology oncology specific forms within an institutional electronic medical record" was displayed at the 32nd Annual Association of Pediatric Hematology Oncology Nurses (APHON) Conference in Albuquerque, N.M.

Hooke, and Heather Quammen, RN, CNP, presented the paper: "Implementation of a Standard of Care for Propofol Infusions for Treatment of Pain at the End of Life."

Mylynda Livingston and Kathleen Slagerman, RN, CPON, presented a concurrent podium session: "Nurse directed program to assess patient satisfaction using nitrous oxide during lumbar puncture for pediatric leukemia and lymphoma patients."

Kristin Mascotti, MD, and Judith Wenzel: "Reducing Missing Pediatric Preoperative Blood Orders through Peer Review and Electronic Icons." *Transfusion* (Vol. 48, issue s2, pp. 322A, Sept. 2008).



Awards and Accolades

Mascotti: "Role of Tissue Service Medical Director and a Hospital Tissue Oversight Committee" as a panelist member at the National AABB meeting, Montreal, Canada.

Mascotti and Christina Pacheco, MD, presented "Placental Pathology and Perinatal Autopsy" at St. Luke's Hospital, Duluth, Minn.

Rachel Miller, MD, presented a talk on Adolescent Gynecology and Bleeding Disorders at the annual Women's Bleeding Disorders Retreat at the Oak Ridge Conference Center.

Dawn Niess, RN, CNP, and Heather Quammen, RN CNP: poster "Development of management guidelines for osteonecrosis in children with acute lymphoblastic leukemia" was displayed at the 32nd Annual Association of Pediatric Hematology Oncology Nurses (APHON) Conference in Albuquerque, N.M.

Yuri E. Reinberg, MD, et al. presented "Sacral Nerve Stimulation for Children with Severe Dysfunctional Elimination Syndrome" at the Mayo Clinic, Rochester, Minn.

Drew Thomas, MD, recently gave a talk on "Apophyseal Injuries in the School Age Athlete" at the Twin Cities Marathon Sports Medicine Conference. He also gave a case presentation: "Posterior Cruciate Injury in Three School Age Athletes" at the AAP Annual Meeting, Boston.

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