

# 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.

December 2008

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

### A fond farewell

This is my last entry for *Professional Staff News*, having come to the end of my two-year term as chief of staff. Gigi Chawla, MD, of the Pediatric Clinic at Children's - St. Paul is my very capable successor and will be the future contributor to this section. It has been a great privilege to work with all of you in this great endeavor of providing quality care for children and their families.

There have been a number of very important changes in these last two years. The "24/7" hospitalist service has been initiated on the Minneapolis campus. There are large construction cranes lining Chicago Avenue and will soon be seen outside the St. Paul campus as well. The Professional Staff Fund Endowment has met its goal and will be supporting a fellowship position in Pain and Palliative Care — one of the few in the nation. These are reflective of the myriad of changes that are happening within health care as a whole — and which are likely to accelerate as the nation's current financial challenges play themselves out.

My parting request to all of you on the professional staff is to get more active and engaged in securing a healthier future for the infants, children, and teens that we all see on a daily basis. There will continue to be a number of opportunities within Children's and activities of the professional staff to make a difference.

We also need to work more actively outside of the walls of Children's and our own clinics to impact such issues as school success, obesity prevention, reducing tobacco and alcohol use/abuse, and preventing suicide — the second leading cause of preventable death for teens between 15 and 19. Involvement in legislative advocacy at the state and national levels will be crucial at a time when funding priorities will be increasingly swayed by the most vocal constituents.

Thank you again for the hard work and dedication that you show in caring for children and their families. This professional staff is truly a great group of committed professionals with whom to work. I wish you all well. I can always be contacted at (612) 813-8098 or [peter.dehnel@childrensmn.org](mailto:peter.dehnel@childrensmn.org).



Delivering Next Generation Care

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

### Thank you to Peter Dehnel, MD

I want to personally thank Peter Dehnel, MD, for his past two years as chief of staff at Children's Hospitals and Clinics of Minnesota. Many of you who know Peter realize what a great physician he is and how committed he is to Children's and, more importantly, to the children of our community and state. Peter works incredibly hard, whether it is in his practice, for the CPN, for multiple organizations dealing with health care issues for primary care, as well as in his role of chief of staff. In working for what's right for children, Peter combined a clinical knowledge with the passion that few of us possess.

Peter's tenure was one of great accomplishments and his commitment to all the stakeholders has been second to none. If you see Pete in the near future, please congratulate him and thank him for his tremendous efforts. We look forward now to the tenure of Pamela (Gigi) Chawla, MD, and continue to appreciate all of the work that so many of you do for Children's.

### Roadmap for transitioning adolescents to adulthood

During the past 10 months, a 20-person ad-hoc workgroup chaired by Sheldon Berkowitz, MD, medical director of the general pediatric clinic at Children's – Minneapolis, has worked on the issue of transitioning adolescents to adulthood.

Although this is a topic on which much has been written and proposed, implementing recommendations has proven more difficult — especially when dealing with adolescents with complex needs.

At this time, the workgroup, which is composed of physicians (including pediatricians, med/peds, family practice and subspecialists), social workers, parents, and others, has completed development of a Roadmap for Transitioning Adolescents from a Pediatric to an Adult Practice. This document has been posted on Children's Web site on the "For Health Professionals" page. The Roadmap is self-explanatory and available for anyone in the community to use.

In addition, Dr. Berkowitz and I have been meeting with medical group and health plan CMOs as well as representatives of the state of Minnesota. Our goal is to broaden this issue beyond the walls of Children's and make it one that the community as a whole embraces.

The reality is that these patients *will* “graduate” from our practices at some point and their families *will* need to find new medical homes for them. But to accomplish this in the adult health care world will take some changes in the way those systems operate. We will keep you updated as these discussions proceed.

## Important new Laboratory policy for specimens sent to reference laboratories

Children’s Laboratory uses Mayo Medical Laboratories (MML) as our primary reference laboratory. Over time, Children’s has allowed the practice of individual physicians/providers to specify the reference lab of choice for any particular send-out test. As a result, more than 200 laboratories outside Children’s were used in 2008. As of Jan. 1, 2009, we will send specimens which we do not currently analyze ourselves to MML only. Limited exceptions will apply and are described below.

### Benefits

The benefits of using MML as our single primary reference lab for both our physicians and patients will be immediate. These benefits include more rapid results notification via electronic means with far fewer phone inquiries and manual transactions, standardization of reporting, which reduces the probability for error and improves patient safety, as well as a substantial annual expense reduction of several hundred thousand dollars. More productive utilization of lab staff skills and talents will also allow us to provide better service to you and pursue development of more complex diagnostic technology to deliver next generation care.

### Exceptions

All approved research studies involving Children’s patients will be handled as currently specified within the individual protocol, using the reference labs designated by the study. Otherwise, the few exceptions to the selection of MML include reference lab testing not available at Children’s. Those exceptions will be based on the need for critically important time-sensitive test results (e.g., drug levels) and on other factors relating to specimen viability and preservation (e.g., optimal cell growth in tissue culture). **If you have an exception request, you will be required to show the cost and quality difference data demonstrating why another lab should be used.**

We are indeed fortunate to have MML as a world-class reference lab within our region. Children’s Laboratory will continue to partner with MML to enhance the quality and expand our menu of diagnostic testing for patient and family-centered care.

If you have questions, please contact me, Susan Simonton, MD, medical director, pathology at (612) 813-6043 or:

- Cristina Pacheco, MD, pathologist medical director for client support services at (612) 813-6711.

## CPOE Update — May 9 implementation

From Rod Tarrago, MD, chief medical information officer

On May 9, 2009, Children's will convert to CPOE for the inpatient, peri-operative, emergency department, and hematology/oncology clinic settings. The implementation of CPOE will offer multiple provider benefits including improving patient safety through real-time clinical decision support, standardization of care, and the ability to order remotely.

Education sessions will be offered starting in late March and will run throughout April. Children's professional staff members who expect to continue placing orders on children in these settings will be required to participate in CPOE training. This training will consist of one to two hours of interactive web-based learning modules and an additional three hours of classroom didactic and interactive instruction. The web-based modules can be completed prior to CPOE classroom training from any computer with Internet access.

The classroom training sessions will be scheduled via an online tool that can be accessed by anyone with access to Cerner Powerchart. This includes providers as well as office staff who currently have access to the EMR (Power KIDS). Details on how to register for a training session will be communicated in January.

After our May 9 go-live, **all** orders in the above clinical settings will be placed via CPOE and not on paper. Providers/groups that have transitioned to using the Children's or Allina hospitalist services as well as those providers/groups that have less than one inpatient encounter per month will need to use CPOE processes for order entry but will not be required to attend classroom training. For these providers, we do recommend that they review the web-based training modules. In addition, if an "infrequent provider" will be coming to Children's to see a patient and possibly enter orders, we will provide a call-ahead service via Children's Physician Access that will arrange to provide at-the-elbow assistance with the CPOE processes.

If you or your group will not be entering orders or you feel that you qualify for infrequent provider status, please contact the Children's ITS Education Coordinator at (651) 855-2505 so that we can remove you from the CPOE training list.

## If you want nitrous oxide for your patients

I have been asked to remind members of Children's professional staff that Children's nitrous oxide administration policy requires a specific physician request for the use of nitrous oxide sedation for voiding cystourethrograms (VCUGs).

## Programs and Services

### Patient name changes

Children's Hospitals and Clinics of Minnesota places the safety of our patients at the highest level. Therefore, it is our policy to allow a newborn name change to occur only once within seven days of the initial inpatient hospitalization (admission date). It is vital that the name change matches what is on the child's/patient's birth certificate. In addition, the name given to the insurance company when the baby is added to the policy must match the name used at the hospital. Further changes require legal documentation after the patient is discharged.

Every parent/legal guardian will be directed to the admitting department to verify their name, address, and billing information.

Only one change will be made during the inpatient stay. If parents request a name change a second time, they will be referred to the Children's Hospitals and Clinics of Minnesota policy noting that further name changes must be completed after discharge. Parents should be directed to Health Information Management if they would like their child's name changed after a hospitalization. Parents requesting further name changes after discharge will also need to provide legal documentation (such as a birth certificate or adoption records) indicating their child's legal name.

Please refer to Patient/Person Identification Accuracy policy # 1135 for additional details.

### Addition to documents signed by providers in EMR

To prevent confusion as to whether an electronic medical records (EMR) document has been electronically signed, the following statement will be added to all documents above the signature line: "Document not electronically signed until dated after provider name."

## Upcoming Events

### 3rd annual Topics in Pediatric Emergency Medicine Conference

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

Information about these conferences and other upcoming events will be posted on Children's Web site, [www.childrensmn.org](http://www.childrensmn.org).

## Awards and Accolades

**Joe Arms, MD, Henry Ortega, MD, and Sam Reid, MD:** "Chronological and Clinical Characteristics of Apnea Associated With Respiratory Syncytial Virus Infection: A Retrospective Case Series," *Clinical Pediatrics* (Vol. 47, No. 9, Nov. 2008, pps. 953-958).

**David Aughey, MD,** presented Grand Rounds (adolescent contraception) at St. John's Hospital in November.

**Donald Brunnquell, PhD/LP,** "Categorical Objections to Growth Attenuation Treatment (GAT) for Children with Profound and Permanent Generalized Disabilities" in K.W. Schmidt and G. Wolfslast (eds.), 2008. *Das "Ashley-Treatment": Die Grenze der Behandlung bei schwerstbehinderten Kindern.* Haag + Herchen Verlag: Frankfurt, Germany. (Translation of book title: *The "Ashley Treatment": The Boundaries of Treatment for the Most Severely Disabled Children.*)

**Laurel Edinburgh, RN, CNP, et al.:** A Novel, "Intensive Home-Visiting Intervention for Runaway, Sexually Exploited Girls," *The Journal of Specialists in Pediatric Nursing* (online Oct. 2008). The article will be in the print version of *The Journal of Specialists in Pediatric Nursing* in 2009.

**Mani Mokalla, MD,** recently won the editor's choice award for the *Journal Pharos* (the medical honor society journal of Alpha Omega Alpha). He published the article, "Searching for God below the vocal cords," last winter in this journal and it was selected as the winner for the calendar year 2007.

**Richard Morris, MD,** published an editorial: "Are breastfeeding and diet strategies overrated for the prevention of atopy?" *Annals of Allergy, Asthma, and Clinical Immunology* (Vol. 101, No. 2, Aug. 2008, pps. 113-113).

**Sandra Oehlke, RN, CNP,** gave a lecture on Atopic Dermatitis to the Chapter 13 Dermatology Nurses Association, Rochester, Minn.

**Karen Wills, PhD/LP,** was elected as a board member for the American Academy of Clinical Neuropsychology.

**Judy Zier, MD,** presented "Nitrous oxide for pediatric procedural sedation and analgesia" at Grand Rounds at Red Cedar Medical Center, Menomonie, Wis., and at Immanuel St. Joseph's Hospital, Mankato, Minn.

**Zier and MaryKay Farrel** assisted in the initiation of the pediatric nitrous oxide sedation program at Rice Memorial Hospital, Willmar, Minn.

**Zier, et al.:** "Effectiveness of sedation using nitrous oxide compared with enteral midazolam for botulinum toxin A injections in children," *Developmental Medicine & Child Neurology* (Vol. 50, 2008, pps 854-858).

### 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)

### Credentials specialists

(612) 813-6121