

# 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.

March 2009

## Notes from Gigi Chawla, MD, Chief of Staff

### CPOE update

Remember to register for CPOE training via Cerner prior to the May 9, 2009, "go live."

Those who do not register and complete training prior to this date will not be able to write orders on inpatients or short stay/surgical patients after May 8. There will be plenty of support staff available for hands-on assistance during the "go live." Note: For those who have less than 12 patient contacts per year, CPOE training is not necessary.

### Communication remains vital to patient safety

As CPOE nears, the importance of enhancing and focusing on communication with each other grows. As part of this implementation, we will all be learning a new method of writing/receiving patient orders and a new work flow. This, however, should not take the place of discussions with the care team directly involved in your patients' care. Failures in communication amongst those directly involved in a patient's care are the most common reasons for safety concerns and patient/family dissatisfaction.

Please feel free to contact me via my pager (612) 740-2868 or e-mail at [pamela.chawla@childrensmn.org](mailto:pamela.chawla@childrensmn.org) with any questions or suggestions regarding communications at Children's.



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

### Children's announces Level III trauma status

Children's Hospitals and Clinics of Minnesota has declared to the state of Minnesota through the Department of Health, that it is a Level III pediatric trauma center. We have also initiated the process to become a Level I trauma center on one of our campuses, within the next five years.

Dr. David Hirschman has been named the co-medical director of the trauma center and we will begin seeking a surgical director soon. Melea Anderson, DNP, is the administrative lead for this program.

Children's sees more than 85,000 children in our emergency department each year — at least 5 to 10 times more than any other pediatric hospital in the community. We pride ourselves on having board-certified pediatric ED physicians available around the clock, and a full staff that is committed solely to pediatrics. If you have any questions in regard to this new status please feel free to contact me.

### Midwest Fetal Care Center

You may have seen recent newspaper articles about a joint program between Children's Hospitals and Clinics of Minnesota and Abbott Northwestern Hospital. Through this partnership we have created the Midwest Fetal Care Center, which provides the latest treatment for twin-to-twin transfusion syndrome (TTS).

The center is directed by Brad Feltis, MD, PhD, from Pediatric Surgical Associates, and William Block, MD, from Minnesota Perinatal Physicians. The center's goal, by forming this interdisciplinary team, is to provide optimal care for those babies who have potentially life-threatening conditions.

As you may know, the untreated mortality for twin-to-twin transfusion syndrome mortality approaches 90 percent. Traditional treatment with serial amnioreduction can result in survivors in up to 50 percent of cases, but risks neurological injury. The Midwest Fetal Care Center is one of the few centers in the country to use fetoscopic laser ablation therapy. This therapy increases the chance of survival for both babies significantly, to 75–90 percent for at least one twin and 35-45 percent for both twins.

The center offers diagnostic testing, fetal assessment, surgery, prenatal counseling, support services, post-natal care, and can deal with conditions such as chest anomalies, neurological disorders, cardiac disease, twin-related conditions, fetal tumors, gastrointestinal disorders, abdominal wall defects, and genital urinary problems. If you have any questions about this program, please feel free to contact Dr. Feltis at (612) 813-8000 or Dr. Block at (612) 863-4502.

### Does your patient know you are their doctor?

A recent study detailed in an article in the *Archives of Internal Medicine* and discussed in the Jan. 30 *New York Times* uncovered the fact that most hospital patients are unable to identify their physicians. Some 75 percent of patients are unable to name a single doctor assigned to their care. Of the 25 percent who responded with a name, only 40 percent were correct. Those patients who claim to understand the roles of their doctors were more likely to correctly identify at least one of their doctors.

With the frequent shift changes and bustling nature of a hospital, patients often lose track of their doctors, even when they have family members with them. Others would argue that even the nursing staff is not always able to identify the doctor in charge of a patient.

It is your responsibility, both from an ethical and business perspective, to ensure that your patients know you are their doctor and what your role is. Because people tend to be somewhat fearful of the hierarchy involved in a hospital's

operation, they are sometimes afraid to ask. We have placed white boards in patient rooms for this purpose. This is important even in instances when you are covering for a partner.

## Disruptive behavior

Over the next few months I want to discuss the issue of managing disruptive physicians and providers. The Joint Commission's 40th Sentinel Event Alert, released on July 9, 2008, was geared toward this issue. They believe, as do I, that disruptive behaviors undermine a culture of safety and that intimidating behavior often leads to staff dissatisfaction and failure to communicate vital patient-care information in a timely manner.

As if that wasn't reason enough to eliminate such behavior, keep in mind that there are laws banning disruptive behavior in the workplace. Title 7, adopted in 1964 and then amended in 1991, states that "treating anyone in the workplace in a demeaning and disrespectful manner is a form of discrimination under federal law." Many states have similar statutes.

We as an organization must not tolerate disruptive behavior, and more importantly, must act to stop it when we see it. It takes courage but, nevertheless, it is something we all must do.

## Medical diagnoses commonly associated with pediatric malpractice

I recently read an article in the December 2008 issue of *Pediatrics* titled, "Medical Diagnoses Commonly Associated With Pediatric Malpractice Lawsuits in the United States."\*

The article drives home the fact that in addition to being a calling and a profession, medicine is a business — and people in business get sued. While that is a somewhat depressing thought, it is also a good reason for Children's professional staff to review the article, which offers a list of the most common lawsuits involving U.S. pediatricians.

As you might guess, the most prevalent conditions resulting in malpractice lawsuits in order of frequency are:

- |   |  |
|---|--|
| 1) brain-damaged infant                 | 6) pneumonia                           |
| 2) meningitis                           | 7) specified non-teratogenic anomalies |
| 3) routine infant or child health check | 8) premature birth                     |
| 4) respiratory problems in newborns     | 9) birth itself                        |
| 5) appendicitis                         | 10) asthma                             |

The most prevalent conditions in pediatric malpractice claims caused by error in diagnosis were:

- |  |                         |
|--|-------------------------|
| 1) meningitis                          | 4) pneumonia            |
| 2) appendicitis                        | 5) brain damaged infant |
| 3) specified non-teratogenic anomalies |                         |

The article also offers general risk-management techniques, including:

- 1) carefully documenting all positive and negative clinical findings
- 2) the importance of quality over quantity
- 3) not underestimating the importance of referring a specialist
- 4) red-flagging a patient's identified risk factors for a condition
- 5) effective communication and use of terminology
- 6) avoiding language that blames
- 7) correctly labeling conditions
- 8) writing medication as milligrams per kilogram per time

As you can see, the foundation of many of the most effective risk-management techniques is good communication. Keeping in mind that the Institute of Medicine has noted that half of Americans, even among the well educated, do not understand basic health information. It is up to us to improve our communication with each other and with patients and families.

*\*Pediatrics Vol. 122 No. 6 December 2008, pp. e1282-e1286, by Gary N. McAbee, DO, JD; Steven M. Donn, MD; Robert A. Mendelson, MD; William M. McDonnell, MD, JD; Jose L. Gonzalez, MD, JD; and Julie Kersten Ake, BA.*

## Programs and Services

### Perioperative division discontinues administering vaccinations and immunizations

The Perioperative Division recognizes that immunizations and influenza vaccines protect the health and well being of children. However, the perioperative division has decided to discontinue administering vaccinations and immunizations based on a number of considerations. The Division has received support for this practice change from Infection Control, Risk Management, and the Family Advisory Council. Among the reasons for this change:

1. Depending on the vaccination, children can experience problems such as fever, abdominal pain, rash, or occasional vomiting or diarrhea following an immunization or vaccination. When immunizations or vaccinations are combined with a surgical procedure, it may be difficult to determine if a post-operative problem is caused by an immunization or a surgical procedure.
2. The health care provider that administers a vaccine is required to provide patient and family education along with a Vaccine Information Statement (VIS) prior to administration of each dose of a vaccine. The perioperative setting is not the ideal place for the required patient and family pre-vaccine education. The staff's ability to answer vaccine questions is not their area of focus rather theirs' is the provision of expert surgical care.
3. Documentation of vaccines is not entirely electronic and patients from referring clinics all over the region may inadvertently receive unnecessary, incorrect, or repeated vaccinations when given in the OR.

Please contact Judy A. Reitmeyer-Hunt, MS, APRN-BC, clinical nurse specialist, perioperative division, at [Judy.Reitmeyer-Hunt@childrensmn.org](mailto:Judy.Reitmeyer-Hunt@childrensmn.org), with any questions.

### Children's introduces sports medicine clinic

Children's Orthopedic Department opened a pediatric orthopedic sports medicine clinic on Feb. 16. This clinic is one of the few in the country dedicated to the care of young athletes and focuses on the diagnosis and treatment of sports-related disorders and injuries.

James Engels, MD, pediatric orthopedic surgeon, and Kevin Riddle, physical therapist, will collaborate together during patients' visits. Engels is trained to perform general orthopedic procedures in addition to arthroscopy of the shoulder, elbow, knee, and ankle. Young athletes who may have recently injured themselves, in addition to patients with chronic injuries that are preventing them from playing sports, are candidates for referrals to the sports medicine clinic.

Children's sports medicine clinic is held every Monday morning from 8 a.m. to 12 p.m. in the Garden View Building at Children's - St. Paul. Call (651) 220-5700 with questions.

## Hard-hat tours give an up-close look at campus development

Each Tuesday from 4:30 - 6:00 p.m., Children's Foundation will host hard-hat walking tours of the new construction at Children's - Minneapolis. All members of Children's professional staff are invited and encouraged to attend.

The tour offers an up-close and behind-the-scenes look at how and why the hospital is changing nearly every day. Children's Foundation will also describe unique opportunities to make a lasting gift that will become a permanent part of Children's.

Contact Annie Waters (651) 855-2810 or [annie.waters@childrensmn.org](mailto:annie.waters@childrensmn.org) to schedule your tour.

## Upcoming Events

### Children's and the March of Dimes Neonatal Conference

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

### Ahlaya Seminar in Pediatric Palliative Care

April 15 - 17, 2009

### Pediatric Pain Master Class

June 21 - 26, 2009  
Marquette Hotel, Minneapolis

### 6th annual National Pediatric Telehealth Conference

Sept. 24 - 26, 2009  
[www.cpnonline.org](http://www.cpnonline.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

**Jed Gorlin, MD**, presented "Introduccion a la Hematologia" (Introduction to Hematology) and "Uso y Abuso Riesgos de Transfusion Sanguinea" (Use and Abuse of Blood Transfusion) at Hospital Regional Cusco in Peru Feb. 16 2009.

**Jocelyn Gorlin, RN, CNP**, presented "Hemostasia" (Hemostasis) at Hospital Regional Cusco in Peru Feb. 16 2009.

**James Sidman, MD**, Marsha Finkelstein, et al.: wrote "Symptom Duration and CT Findings in Pediatric Deep Neck Infection" *Otolaryngology Head Neck Surgery*. (Vol. 140, No. 2, Feb. 2009, pps. 183-186).

**Pramod Kelkar, MD**, et al.: wrote a chapter on cough in the premier allergy textbook- *Middleton's Allergy: Principles and Practice*.

**Kelkar**, et al.: wrote "Habit Cough" *Annals of Allergy Asthma and Immunology* (Vol. 102, No. 2, Feb. 2009, pps.91-95).

### Chief of Staff, 2009-2010

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