

# 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.

May 2009

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

### CPOE update

Now only days into our CPOE implementation, an abundance of support staff are still available to help and to answer questions. While our goal is to make this as easy and smooth as possible, there will undoubtedly be some people who will experience delays and frustrations with the new system. As you do, please remain considerate and professional to those responsible for this significant implementation.

If you have any "how" questions regarding CPOE, please direct them to the IT support staff. Phil Kibort, MD, Rod Tarrago, MD, Dave Overman, and I are also available to answer any "why" questions.

### H1N1 influenza

A note of special thanks to the ER departments/staff/ancillary staff who have taken the brunt of the increase in work related to the H1N1 influenza pandemic. While we have certainly been fortunate thus far to have had relatively low acuity for our patients regarding this new virus, it has not made for any less work. It has been an unexpected test of how Children's responds in a crisis and the emergency department's unified efforts have not gone unnoticed. You have played a critical role reassuring families and educating the masses (in many languages). Thank you all!



We are especially grateful to Patsy Stinchfield, Michelle Hulse, MD, and Jim Leste for leading our H1N1 Children's strategic plan, which is updated daily, as well as the entire pediatric infectious disease and infection control departments for maintaining composure and working overtime to answer parent, provider, media, and legislative questions. We are conscious that these efforts may just be the beginning of what will be necessary in the future.

During this pandemic, we also need to take precautions to keep ourselves healthy and protected. This will not only keep our patients healthy, but also our own families. Careful and frequent hand washing or use of hand sanitizers; use of contact precautions, when indicated, with gowns/gloves/mask/goggles; and staying home if you feel ill are all necessary measures to prevent spread of influenza.



Delivering Next Generation Care

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

### Continuing Medical Education activity at Children's

Many members of Children's professional staff have made use of our Continuing Medical Education (CME) programs, from Web-based Grand Rounds programs to spring and fall conferences. Over the years the requirements to receive CME credits have increased dramatically — as has our professional staff's participation in CME programs.

- In the last year alone the number of CME credit hours that we assigned for our conferences increased from 913 hours to 1,446 hours — nearly a 60 percent increase.
- The number of physicians who have used our CME services has also risen — by 32 percent — to a total of 4,269.
- The number of non-physician providers is up 18 percent, to 11,108.
- The number of activities that Children's sponsored in 2008 was up 39 percent, to 284.

Ensuring that our professional staff is educated on pediatric topics is an integral part of our knowledge-driven mission. While we continue to look for ways to increase our offerings, we ask that you have consideration for the medical education staff — which has not increased in size along with the growth in demand for the programs. Because their time and resources are stretched, please plan your requests well in advance. If you have any questions, please contact Joe Sockalosky, MD, director of medical education, at (651) 220-6130.

### Universal Patient Compact: Principles for Partnership

After a yearlong process, the National Patient Safety Foundation recently released a compact defining the elements of a true and effective partnership between patients and providers.

*"The Universal Patient Compact: Principles for Partnership"* expands on principles contained in the Consumer Bill of Rights to outline a mutual covenant between health care providers and their patients. While the Bill of Rights focuses on the patient perspective, the compact focuses on the relationship between patients and the patient's health care partners. The compact describes principles that are integral to providing a care process that is truly patient- and family-centered and that respects the rights of patients.

I encourage all members of Children's professional staff to review the Universal Patient Compact and consider sharing it with your patients and their families.

## Ensure that children's voices are heard in health reform

"Speak Now for Kids in Health Reform" is a national campaign sponsored by the National Association of Children's Hospitals (N.A.C.H.). N.A.C.H. has been joined by national partners and supporting organizations from around the country who all care deeply about children's issues in health reform. Speak Now for Kids in Health Reform urges parents, family members, health care providers, and other advocates to tell Congress — through stories, photos, and videos — why children matter in health reform.

I encourage you to also be a champion for children. Take a moment to speak now and let Congress know, in your own words, how you feel about children's health care issues. The Speak Now for Kids Web site, [www.speaknowforkids.org](http://www.speaknowforkids.org), makes the process easy. Please pass it on to your colleagues and friends.

## Single Peer Review Committee chair job opening/description

The job description below is for the chair of the new Single Peer Review Committee for Children's Hospitals and Clinics of Minnesota. We are moving from a system of three separate committees to one, based on industry best practices. If you have questions or would like to learn more about the position, which will be a 0.2 FTe position, please contact Teri Leonard at (651) 220-6071. The selection process begins on May 15, 2009.

### **Children's Hospitals and Clinics of Minnesota, Chair, Single Peer Review Committee**

#### **Job qualifications include:**

- Knowledgeable in the principles of peer review as described by The Joint Commission, CMS, and within Children's bylaws;
- An understanding of the role of focused practitioner performance evaluations (FPPE) and ongoing practitioner's performance evaluation (OPPE) as described by The Joint Commission and implemented by Children's;
- An understanding of the concepts and principles of performance improvement;
- A physician with at least 10 years of experience and who is on the active staff at Children's Hospitals and Clinics of Minnesota;
- A current and active medical license in the state of Minnesota.

#### **Job responsibilities include:**

- Oversight of, and accountability for, the functions of the Peer Review Committee of the professional staff;
- Facilitating and chairing the monthly single peer review meeting;
- Reporting to the Professional Executive Committee and the Chief Medical Officer. The CMO will be responsible for ensuring that the Chair's work environment is appropriate;

- Abiding by the rules and service standards of Children’s as well as the professional staff;
- The single peer review committee has 11 voting members and two non-voting ex-officio members. Responsibilities of the Members will include:
- Ensuring that quality of the care provided at Children’s by the professional staff and individuals with privileges is well-defined within the standards of care based upon evidence, literature, and the standards of the community;
- Working in conjunction with the peer review consultants and the three subcommittees (divisions) that include the chiefs of the division, associate chiefs of the division, and associate chief elect;
- Ensuring the quality and timeliness of the reviews and that they are evaluated to the highest degree;
- Communicating with members of the professional staff regarding the outcome of a peer review.
- The chair will have an office and work collaboratively with staff in the peer review department.

## Pediatric Early Warning System score

Many of you are aware that Children’s has taken on a Pediatric Early Warning System (PEWS) as developed by other hospitals and utilized by Children’s of Cincinnati. This follows our rapid response team efforts for early recognition and intervention for patients with deteriorating status.

Adding this capability to our computer system is a significant enhancement in that it allows nurses to simultaneously assess our patients for cardiac, respiratory, and neurological symptoms every four hours. They then chart it in the EMR with an objective summary score and watch trends for early signs of patient distress. PEWS scores provide a structured process for consistency in nurses’ evaluation of their patients and communication of that status to the provider. As Greg Wright, MD, put it, “The beauty of this tool is that a 4 is a 4 regardless of the patient — you can quickly tell how your patient is doing.”

This system allows us to evaluate a patient much more objectively and systematically so that codes may be avoided. Since its implementation, the number of codes on our floors has decreased dramatically, to the point that in more than eight months we have averaged only approximately one “Dr. Blue” per month on the floors.

Mari Akre, Mary Erickson, and our nursing staff are to be greatly commended for creating this system and having such a strong impact on the lives of our patients.

**Congratulations to  
Jack Priest, MD, and  
Yoav Messinger, MD**

Hopefully many of you have heard by now, but if not, you should be aware that Yoav Messinger, MD, and Jack Priest, MD, participated in a study from their research registry on a rare childhood cancer called pleural pulmonary blastoma (PPB).

Dr. Messinger and Dr. Priest are partners with others in the discovery of a deleterious mutation in the Dicer 1 gene, a master controller gene that helps regulate expressions of other genes. This finding has great implications for research into this disease and may actually have implications regarding how other cancers develop. Along with their colleagues at Washington University of Medicine in St. Louis and Children's National Medical Center in Washington, D.C., they announced their findings in Denver at the 100th Annual Meeting of the American Association of Cancer Research. Children's Hospitals and Clinics of Minnesota, through Dr. Priest, has a registry that has been in place since 1988 and has more than 260 confirmed cases that are being followed from around the world.

Please congratulate Drs. Priest and Messinger the next time you see them on their wonderful work. Let me also extend my gratitude to Children's research department, under Laurie Blumberg-Romero, and our IRB, through Elizabeth Kipp-Campbell and Don Brunnquell, for their important assistance with this study.

**Margo Dempsey is new  
physician liaison**

I am pleased to announce that Margo Dempsey has accepted the half-time position as Children's physician liaison — a position held for many years by Mary Mecom. Margo's role is to be the liaison between both physicians and other advance practice professionals on our staff and management. She will provide orientations for this group as well as address issues that arise internally. Margo will also provide assistance with some of the specialty groups that are very active at Children's.

The other half of Margo's job will continue to be working with the professional staff along with our newly hired administrative assistant to the professional staff, Alyssa Harvey. I look forward to working many years together with Margo and hope that you will congratulate her on this new position the next time you see her.

**Children's NICU,  
Dr. Hoekstra's micro  
preemie study, in local  
and national spotlight**

The NICU at Children's – Minneapolis has been receiving local and national attention recently regarding neonatologist Ronald Hoekstra's "micro preemie" study and some of the incredible success stories that have come out of that research.

Six of Dr. Hoekstra's former patients came to Children's - Minneapolis recently to reunite with Dr. Hoekstra and tour the NICU and see some of the babies being cared for today. Producers from KARE-11 and Inside Edition were on hand to interview the former patients about their experiences and how they have been able to overcome their challenging beginnings to thrive later in life.

**The Inside Edition  
broadcast aired nationally  
on May 15**

These stories come on the heels of a major story in People magazine that hit newsstands Friday, May 8 (dated May 18, 2009), highlighting Dr. Hoekstra and former patients who are now grown, accomplished adults. The article describes the research of Dr. Hoekstra who has followed 156 micro preemies, since their birth, documenting their progress into young adulthood. Dr. Hoekstra's unique data looks at how these former micro preemies, born between 1986 and 1990, some as early as 23 weeks gestation, are functioning physically, educationally, and socially in the real world as adults.

## **Children's Specialty Center**

Many of Children's Specialty Clinics on the Minneapolis campus moved to our new Children's Specialty Center across from Chicago Avenue in April. The clinics that moved from their location in Children's Tower to the 3rd floor of Children's Specialty Center are: Developmental Peds, Down's Syndrome, Endocrine/Diabetes, Genetics, NICU Follow-Up, Infectious Disease, Immunology, Rheumatology, Nephrology, Urology, Cystic Fibrosis Comprehensive, Dietary, Neurocutaneous, Asthma, Cleft and Craniofacial, Velocardiofacial, and Pediatric and Adolescent Gynecology.

Families visiting one of these clinics can park in the new Specialty Center ramp, accessible off 26th Street, west of Chicago Avenue.

On June 1, the Hem/Onc Clinic and C.H. Robinson Infusion Center are moving to the first floor of the new Children's Specialty Center. Look for more information on additional areas moving in June in the next edition of Professional Staff News.

## **Upcoming Events**

**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**

**Marydee Chamberlain, MD, Samuel Reid, MD, Manu Madhok, MD/MPH**, presented the abstract "Utilization of Bedside Ultrasound in Pediatric Emergency Departments" at the Pediatric Academic Societies Annual Meeting, Baltimore, May 2009.

**Stefan Friedrichsdorf, MD, et al.**, presented "Beyond Opioids: Advanced Pain and Symptom Management in Pediatric End-of-Life Care" at the American Pain Society 28th Annual Scientific Meeting, San Diego, Calif, May 2009.

**Friedrichsdorf** presented "Pain Management in Pediatric Palliative Care," and "Symptom Management in Pediatric Palliative Care" at the 5th Annual International Telehealth Palliative Care Symposium, Mayo Clinic, Rochester, Minn., May 2009.

**Friedrichsdorf** presented "Managing Acute Postoperative Pain in Children" at the Otolaryngology Rounds, University of Minnesota, May 2009.

**Alan L. Goldbloom, MD**, presented "Beyond the Tipping Point: Developing a Patient Safety Culture," at the Children's Hospitals International Executive Forum, Barcelona, Spain, April 2009.

**Richard Kaplan, MD**, is on the AAP Committee on Child Abuse and Neglect, 2008-2009, which wrote the AAP Policy Statement on "Abusive Head Trauma in Infants and Children" *Pediatrics* (Vol. 123, No. 5, May 2009, pps.1409-1411).

**Opher Nadler, MD, Samuel Reid, MD, Marsha Finkelstein**, presented the abstract "Well Does the Serum Bicarbonate Concentration Predict Venous pH in Children with Diabetic Ketoacidosis?" at the Pediatric Academic Societies Annual Meeting, Baltimore, May 2009.

**James Sidman, MD**, has been made a full Professor in the department of Otolaryngology at the University of Minnesota.

**Judith Zier, MD**, et al: "Utility of blood cultures in postoperative pediatric intensive care unit patients." *Pediatric Critical Care Medicine*. (Vol. 10, No. 2, May 2009, pps. 364-368).

**Judy L. Rognli, RN, CNP**, has been a vital partner in the Runaway Intervention Project, which received a 2008-2009 Local Government Innovation Award from the Humphrey Institute of Public Affairs. Rognli was invited to attend the April awards ceremony in the Cowles Auditorium of the Humphrey Institute at the University of Minnesota.

**Children's McNeely Pediatric Diabetes Center** was recognized as a Medtronic Diabetes Center of Excellence and presented an award on April 30. The Center of Excellence initiative recognizes health care providers who have successfully implemented best practices for modern therapies in diabetes management. They are the first and only center in the state of Minnesota to have ever received this award to date.

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