

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.

June 2009

Notes from Gigi Chawla, MD, Chief of Staff

CPOE update

Thank you to all members of Children's professional staff for your efforts to adopt CPOE and to help further mold its rough edges. Congratulations to Rod Tarrago, MD, for doing a fantastic job of transitioning the organization from paper to electronic with Cerner.

Now that our purple shirts are not as visible and the command centers are disassembled, please continue to call the help desk with any CPOE questions or concerns.

While verbal orders will be accepted when necessary, please understand that if you are giving a verbal order, the nurse is entering it into CPOE for you. This process takes time; perhaps as much time as logging on to Cerner and entering it yourself. If you are in the building, and not engaged in critical patient care activities, the expectation is that you will not give verbal orders.

Lastly, remember that CPOE can never take the place of face-to-face interaction between providers and nurses. The greatest source of frustration for patients and families is lack of communication among care providers, so please remember to talk to each other.

H1N1 influenza update



The latest surge of H1N1 influenza is likely just the start of what is to come in the autumn and winter. The emergency departments and clinics are covered with cough secretions. All of us are busily trying to reassure families and follow the day-to-day changes in diagnostic requirements and criteria for treatment. Please see the intranet for the most recent updates.

During this pandemic, we 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, with gowns/gloves/mask/goggles; and staying home if you feel ill are all necessary measures to prevent spread of influenza.

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

Children's announces Level III trauma status

In the March issue of *Professional Staff News*, I announced that Children's Hospitals and Clinics of Minnesota declared to the state of Minnesota through the Department of Health, its intention of earning a designation as a Level III pediatric trauma center. I'm pleased to say that Children's recently received confirmation of our Level III pediatric trauma center status. Over the next two years, we will be working toward Level I status.

David Hirschman, MD, has been named the medical co-director of the trauma center and we are in the process of identifying a surgical director. Melea Anderson, DNP, is the administrative lead for this program.

Joint Commission accreditation

Children's recently received word that it has been fully accredited by the Joint Commission. Children's received a total of eight requests for improvement (RFI) — well below the provisional accreditation limit of 13 RFIs.

The eight RFI areas included better documentation and assessment during blood transfusions and for pain assessment and reassessment. We also need to continue our efforts to ensure that our verbal orders are signed within 24 hours (a state requirement), to make sure that all of our contracts with outside vendors have quality parameters, and that we have an adult patient fall-reduction program, as we do for our pediatric patients. All of our medical equipment inspections also must be well documented.

Diagnostic errors – the next frontier for patient safety

A recent article in the *Journal of the American Medical Association* (March 11, 2009, Vol. 301(10) by Newman-Toker, MD, and Provonost, MD), discusses the fact that diagnostic errors have received relatively little attention, relative to medication and other system errors, as an important source of preventable harm.

It is important to distinguish between the error (which is a process), and the resulting harm (an outcome). According to the article, a diagnostic error can be defined as a diagnosis that is missed, wrong, or delayed as detected by some subsequent definitive test or finding. Of course, not all missed diagnoses result in harm, and harm may be due to the disease or an intervention. Missed-diagnosis-related harm can be defined as preventable harm that results from the delay or failure to treat a condition actually present (when the working diagnosis was wrong or unknown) or from treatment provided for a condition not actually present.

- We know that there have been estimates that 40,000 hospital deaths per year result from misdiagnosis.
- Roughly 5 percent of autopsies reveal lethal diagnostic errors for which a correct diagnosis, coupled with treatment, could have averted death.

- Physician errors resulting in adverse events are more likely to be diagnostic than drug related — 14 percent versus 9 percent.
- Tort claims for diagnostic errors are nearly twice as common as claims for medication errors and result in the largest payouts.

Missed diagnoses probably represent an enormous unmeasured source of preventable mortality, morbidity, and cost. And while diagnoses are largely still viewed as an individual art rather than an evidence-based science, the authors suggest developing system solutions to reduce diagnostic errors.

- 1) Create computer-based decision support systems that provide accurate estimates of disease probabilities.
- 2) Create actionable categories of errors based on context rather than cause.
- 3) Ensure that there is IT backup and search engines for rare but treatable disorders as opposed to simply depending on the clinician's knowledge.
- 4) Emphasize misdiagnosis-related harm rather than diagnostic error because it is easier to measure and monitor.
- 5) Build workflow sensitive solutions with computer-based tools that have been designed and piloted and shown to be true in practice, not just placed top down.
- 6) Focus on comparative and cost effectiveness. Researchers could identify solutions that outperform current practice at an acceptable cost by using new diagnostic tools or decision aids.

The authors conclude it is impossible to eliminate all diagnostic errors but that we must open dialogue about how much diagnostic safety medicine can afford. Tort reform is needed to reduce excessive testing associated with the practice of defensive medicine, and defining acceptable error rates should be a policy imperative. As with most scientific advances, the journey to find improvement in diagnostic abilities will likely be a long and arduous one, but the authors suggest that the next frontier for patient safety is in plain view.

ECMO services annual report for 2008

Children's Hospitals and Clinics of Minnesota is not only the largest provider of care for children with acute health care needs, but also is a leader in many specialties.

- In 2008, under the direction of Virginia Hustead, MD, the ECMO program at Children's received a national ELSO (Extracorporeal Life Support Organization) award as a center of excellence after a rigorous selection process.
- We are one of 120 ECMO centers in the U.S.
- In 2008, we provided ECMO to 11 neonatal respiratory patients, 11 cardiac patients, six pediatric respiratory patients for a total of 28 runs and 5,899 hours of ECMO. This represents the largest patient volume in the history of the program.

- 15 pregnant women were referred for delivery to Abbott Northwestern's perinatal center because of the availability of ECMO at Children's and six of their babies received ECMO.

Again, I want to congratulate Ginny Hustead and her entire team, especially the nursing staff, who are there minute-to-minute with these very complex patients.

Children's McNeely Pediatric Diabetes Center earns Center of Excellence Award

Medtronic Diabetes recently presented Children's McNeely Pediatric Diabetes Center with the Center of Excellence Award. The award represents an exclusive recognition from Medtronic Diabetes for the work, care, advocacy, and accomplishments of the McNeely Pediatric Diabetes Center program. The center is the first and only center in Minnesota to receive this prestigious award. Congratulations to the entire staff of the diabetes center for the professionalism and dedication that made this award possible.

Children's ED: Did you know?

I have some interesting facts about Children's that I want to share with you — more evidence of our leadership and commitment to next generation care.

- Children's sees more than 85,000 children in our emergency rooms each year and we are the 6th busiest pediatric emergency room in the country.
- Five of our emergency department doctors are able to reduce closed forearm fractures and are providing training to all of our fellows and many other members of the staff. Under the guidance and teaching of our orthopedists, this will allow quicker and safe treatment of these patients.
- Over the last year, Children's has used a CO₂-delivery needleless medication methodology (J-tip) that is sometimes used for subcutaneous injections for diabetics. It is now being used for a local anesthesia for both venous starts and for lacerations. Benefits include no pain for patients when they receive it or, subsequently, when they need IVs or laceration repairs.
- As one measure of quality, Children's monitors its 48-hour return rate to our emergency room for non-elective returns that end up in either the ICU, admission to the floors, or operating room. Children's rate of 0.00193 means fewer than two in 1,000 children come back within 48 hours of being seen in our emergency room. This is another reflection of the great clinical care and strong education the children and their parents receive.
- Children's received a Level III trauma designation by the state of Minnesota for our emergency rooms as of June (See "Children's Announces Level III Trauma Status" in this issue of Professional Staff News.) We are working toward Level I status over the next two years.
- Our emergency department now also has the ability to do ultrasounds of the abdomen for blunt trauma. This procedure is called FAST (focused abdominal sonograms for trauma). Again, this reflects that Children's is not only the biggest ED by volume but also a leader in emergency room care for children.

Several areas have moved to the new Children's Specialty Center and to the fourth floor of Children's tower

Several areas have moved to Children's Specialty Center, the new building across from Chicago Avenue, at the Minneapolis campus in June. The areas that have moved to the Specialty Center include:

- The Hematology/Oncology Clinic and C.H. Robinson Infusion Center moved to the first floor of Children's Specialty Clinic on June 1.
- The Marketplace retail and coffee kiosk opened on second floor of Children's Specialty Center on June 8.
- A new unit called the Diagnostic and Treatment Center is located in the lower level of Children's Specialty Center as of June 15. The unit includes these services: scheduled outpatient sedated procedures, scheduled outpatient ultrasound exams, unscheduled diagnostic radiology procedures, and outpatient laboratory services.
- The Marketplace outpatient pharmacy opened on the second floor of Children's Specialty Center on June 15.
- Rehabilitation services moved to the second floor of Children's Specialty Center on June 22.
- Home care pharmacy moved to the second floor of Children's Specialty Center on June 22.

There is a new parking ramp connected to Children's Specialty Center, accessible off 26th Street, west of Chicago Avenue.

There are also some services that have moved to the fourth floor of Children's tower in June.

- Pulmonary Diagnostics, Non-Invasive Cardiology, and EEG (nonsedated) moved to the fourth floor of Children's tower on June 15.

Children's Specialty Center Grand Opening

All professional staff, employees, patients, and families are invited to attend Children's Specialty Center Grand Opening on Wednesday, June 24, from 3 to 6 p.m. Come tour the new space and enjoy:

- Light refreshments and snacks
- Fun activities and entertainment
- Program at 4:30 p.m. outside of the Specialty Center in a tent
- Passport activities with prizes

There will be registration tables on first and second floors of the Specialty Center where you can check in to receive a passport to tour the building.

Professional staff traveling from offsite locations can park in the Specialty Center ramp and parking will be free during this time.

Programs and Services

Marketplace opened June 8 in Children's Specialty Center

Marketplace at Children's offers an outpatient pharmacy and an array of products from personal and health care items to safety products and gifts. Many of the items have been recommended by our health care providers.

The pharmacy, open to Children's patients, families, and employees, accepts most health plans. Marketplace will offer over the counter medications and medical supplies available to the general public. The pharmacy team will incorporate all of the core concepts of family-centered care, culture care, and interpreter services to the services they provide. Knowledgeable and experienced pharmacists are available to cater to the needs of children and families.

Children's encourages physicians and staff to recommend the outpatient pharmacy to support Children's operation priorities: SAFEST, and to ensure every patient and their families receive the best health care possible. Staff members with any medication or product recommendations for the pharmacy are encouraged to contact the pharmacy staff.

Employees will receive a 10 percent discount on over-the-counter medications and negotiations are in process for reduced co-pay arrangements.

Marketplace hours: Monday - Friday, 7 a.m. to 8 p.m., Saturday, 8 a.m. to 4 p.m. and Sunday, 10 a.m. to 2 p.m.

Pharmacy hours: Monday - Friday, 8 a.m. to 8 p.m., Saturday, 8 a.m. to 4 p.m. and Sunday, 10 a.m. to 2 p.m.

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

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

Awards and Accolades

Dory Baker, RN, CNP, was awarded the 2009 Pediatric Nurse Practitioner of the Year Award by the Minnesota Chapter of the National Association of Pediatric Nurse Practitioners (NAPNAP). The award was presented at the Minnesota NAPNAP Spring Conference, May 2009.

Rich Kaplan, MD, was an invited national speaker at two meetings: Serving Victims of Abuse meeting, Faith Regional Health Services, June 2009, Nebraska, and The Utah Children's Justice Symposium/UPC Domestic Violence Conference 2009, Midway, Utah, May 2009.

Anna Karpas, MD, **Samuel Reid**, MD, et al. Parental Preference for Rehydration Method for Children in the Emergency Department. *Pediatric Emergency Care* 2009; (Vol. 25, No. 5, 2009, pps. 301-306).

Awards and Accolades

Mani Mokalla, MD, presented a lecture, titled "From Bench Side to Bed Side: Clinical Manifestations of Genetic Disorders," at St. Thomas University, May 2009.

Maren Olson, MD, presented a paper titled "The impact of income and income inequality on infant health outcomes in the United States" at the 2009 Pediatric Academic Societies (PAS) meeting, Baltimore.

Jawhar Rawwas, MD, et al. wrote a chapter titled "Anemia: An Approach to Evaluation," *The Cleveland Clinic Intensive Review of Pediatrics* ed. Lippincott Williams and Wilkins, new 3rd edition, May 2009.

James Sidman, MD, has become a full professor at the University of Minnesota in the department of Otolaryngology.

Christopher Mickelson, MD, co-authored the article "Early Exposure to Anesthesia and Learning Disabilities in a Population-based Birth Cohort," *Anesthesiology* (Vol. 110, No. 4, April 2009, pps. 796-804).

Christine Ternand, MD, et al. recently received an award for the article "Decrease in Anogenital Distance among Male Infants with Prenatal Phthalate Exposure," *Environmental Health Perspectives* (Vol. 113, No. 8, Aug. 2005).

Judy Zier, MD, presented "Nitrous Oxide Sedation" at the Fourth International Multidisciplinary Conference on Pediatric Sedation, Philadelphia, PA, June 2009.

Chief of Staff, 2009-2010

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