

# 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.

September 2009

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

### New associate chief elect Timothy Lander, MD, for surgery division

I am pleased to announce that Timothy Lander, MD, pediatric ENT, is the new associate chief elect for the surgery division. He joins Richard Karlen, MD, associate chief of surgery, and David Schmeling, MD, chief of surgery, in the leadership for surgery, anesthesia, and pathology.

Dr. Lander takes over this role from David Vandersteen, MD, who has served a 4.5-year term as associate chief elect and associate chief. Thank you, Dr. Vandersteen, for your years of service and for your commitment to improving quality and safety at Children's.

Dr. Lander has responsibilities in the credentials committee, peer review process, performance improvement committee, and professional executive council. He will be delighted to address any concerns and bring them forward as needed. Please contact him at [timothy.lander@childrensmn.org](mailto:timothy.lander@childrensmn.org).

### New requirements for student observers

To meet regulatory requirements, Children's must now be aware and responsible for all student observers. This includes high school students, college students, medical students, foreign medical visitors, and residents.

These student observers must now:

1. Enroll on the Children's intranet site: home page → departments → medical education → graduate medical education → online enrollment
2. Provide personal identification information, emergency contact information, program or designated monitor/teacher information, dates of observership
3. Provide documentation of immunization status
4. Review a compliance packet
5. Sign confidentiality forms
6. Wear a photo identification badge

Please contact Joseph Sockalosky, MD, or the medical education department with any questions at (651) 220-6130 or (612) 813-6206.

### Quarterly staff meeting Sept. 22

Please save the date for the next Professional Staff Quarterly Meeting:

**Date:** Sept. 22, 2009

**Time:** 6 to 9 p.m. (Social hour: 6 to 7 p.m., hosted by the emergency department staff. Dinner and presentations 7 to 9 p.m.)

**Location:** Town and Country Club

**Topic:** Health Care Reform and What it Means for the Children of Minnesota

**Speaker:** Dr. Jeff Schiff, Minnesota Department of Health



Delivering Next Generation Care

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

### Ten implications of reform

Although the specific details of delivery-system reform proposals are yet to be finalized, many common themes exist across diverse constituencies. An analysis by The Advisory Board Company ([www.advisory.com](http://www.advisory.com)) revealed the following implications from this consensus:

- The transition to outcomes-focused reimbursement will materially increase risks to revenue growth.
- Operating efficiency will challenge top-line growth as the driver of future inpatient profitability.
- Bundled payments and other reimbursement innovations will make specialty care more rare and less profitable.
- Rewards in primary care practice will evolve to focus on coordination, chronic disease management, and population health.
- Total cost management will begin to supplant fee-for-service incentives in the health system business model.
- All providers will maintain tighter and fewer affiliations across the delivery system.
- M & A strategy will expand in scope to focus increasingly on (functional) vertical integration.
- Information-driven care, not simply information technology adoption, will ascend as a competitive differentiator.
- Consumer-driven health care will be driven (further) to the margins.
- New regulatory frameworks and entities will emerge.

### Library services update

During recent discussions about the continuation and availability of faculty appointments at the University of Minnesota Medical School, it became clear that a major benefit of a faculty appointment was the free online access to the University Biomedical Library catalog of journals. This access is utilized frequently, not only for research purposes, but also for day-to-day clinical decisions in acutely ill and complex patients.

Children's leadership has been actively involved in discussions with the department of pediatrics chair, Aaron Friedman, MD, to address the issue of faculty appointments for employed physicians as well as other members of the professional staff. Since a resolution of the faculty appointment issue is not likely in the next few months, Children's will make every effort to meet the needs of the professional staff for access to online journals in the meantime.

Children's staff may utilize Allina library services and are encouraged to use Children's library in St. Paul. Librarians Nancy Battaglia and Jerè Wasko can take requests directly from a PubMed search, an e-mail request, inter-hospital mail, or an in-person request. E-mail requests can be sent to [medical.library@childrensmn.org](mailto:medical.library@childrensmn.org). Most requests will be completed with a full-text article within 24 to 48 hours. While this does not provide instant access, it will hopefully be able to meet most needs until the issue of University of Minnesota faculty appointments is resolved.

Please contact Joseph Sockalosky, MD, at (651) 220-6130 if you have further questions or concerns.

## Children's Physician Access service

About a year and a half ago, we began the Children's Physician Access program as a way to create a single point of access to Children's and to improve our service to both our professional staff and referring physicians. The program strives to provide great service to all of these clinicians through the fine efforts of Rachel Castro as the program's supervisor, Angela Stoltz as the program's manager, and through the facilities at the Children's Physician Network.

Here is an update on the program's activity in 2009:

- Children's Physician Access, year-to-date, has taken 4,951 phone calls, up considerably from the 2,485 calls received at this time last year and the 1,607 year-to-date calls in 2007.
- The number of calls placed by referring physicians is about 2,100, a 42 percent increase over last year.
- Our own professional staff, so far this year, has placed 1,600 calls to Children's Physician Access. Residents have made close to 1,200 calls.
- The majority of these calls — nearly a 4-to-1 ratio — are for telephone consults. Directory assistance is the second most common request, and admissions and clinic appointments follow closely behind.
- There are approximately 50 or 60 calls a month for referrals to Children's programs, departments, or services.
- The top ten requested specialties are: 1) pediatrics, 2) infectious disease, 3) emergency services, 4) pediatric neurology, 5) pediatric gastroenterology, 6) pediatric endocrinology, 7) pediatric cardiology, 8) pediatric hematology/oncology, 9) pediatric pulmonology, and 10) pediatric surgery.

(Note: If you would like access to data regarding which calls came through to your group and from which referring areas, please feel free to contact me.)

The Children's Physician Access service strives to serve callers in the most effective way possible. As they reach a call volume marker in the next few months — assisting 1,000 calls per month — please do not hesitate to contact me, Angela, or Rachel with feedback. It is the dedication and responsiveness of our internal departments, hospital-based physicians and professional staff at large that make this program a success. Thank you for your response and support!

As a reminder, Children's Physician Access service is available 24/7 at (612) 343-2121 in the Twin Cities metro area. Or toll free at (866) 755-2121. Internally at Children's, dial 5-2121.

## Latest "Reflections on Patient Safety"

Children's requirement that two identifiers correctly identify each patient before any intervention is the subject of "[Back to Basics – Patient Identity](#)," the latest "Reflections on Patient Safety." Please review the most recent installment of this important patient-safety tool that is designed to help close the loop on lessons learned from Focused Event Reviews.

## Dictation system downtime on Sept. 1

There will be an extended Dictation System Downtime beginning on Tues., Sept. 1 at 8 a.m. It is expected that the dictation system will be back up at 3 a.m. on Wed., Sept. 2. This extended downtime is necessary for ITS and our vendor to replace and upgrade our dictation and transcription servers and systems. During this time we ask that you refrain from dictating, if at all possible.

If you do have a dictation that is needed STAT during this downtime, we have set up an alternative dictation system for STAT and ED work only. To access this system, call (651) 855-2929. Use your regular dictation ID and you will be prompted for the same information that you use on our existing dictation line. We will have limited transcription resources during this downtime, but will attempt to get the documents transcribed as quickly as we can.

If you have questions or concerns please contact Children's transcription manager, Jennifer O'Connell, at (612) 813-5892 or Anne Tegen, HIM director, at (612) 813-6189. Thank you.

## Programs and Services

### Infant pulmonary functions now available

Clinicians...wouldn't it be nice to diagnose and treat infants with respiratory illness using standard pulmonary function testing equipment found in pediatric and adult labs? How about receiving a standard report with predicted values and graphics?

Now you can!

Children's Pulmonary Function Lab in Minneapolis now uses the state-of-the-art nSpire IPL (infant pulmonary lab, formerly Collins Medical, a Ferraris Group) equipment. The IPL is FDA approved, has calibration accuracy that exceeds ATS/ERS guidelines, and provides reliable, accurate, and repeatable test results.

#### *Tests Performed*

- Spirometry using the raised-volume rapid thoraco-abdominal compression technique to obtain standard flow volume loop parameters
- Lung volumes in a closed plethysmograph to obtain functional residual capacity (FRC) and other lung volumes
- Tidal breathing loops
- Respiratory system mechanics (Crs, Trs, Rrs)
- Post bronchodilator testing can also be obtained
- The IPL meets all ATS specifications for data sampling

#### *Candidates*

Infant pulmonary functions can be performed on infants from 2 months to children up to 3 years. Diagnoses include, but are not limited to, asthma, bronchiolitis, wheezing, bronchopulmonary dysplasia, cystic fibrosis, immune deficiency, pneumonia, restrictive thoracic disease, scoliosis, and obstructive airway lesions.

### *Pre- Procedure*

Personnel and facilities are reserved for infant PFTs on Wednesdays and Thursdays with one slot in the morning and another slot in the afternoon. These procedures are being done in the diagnostic and treatment center within Children's Specialty Center. The infant PFTs require a pulmonary consultation prior to the physician order, which may be done by phone. (Please contact William Wheeler, MD, via his pager at (612) 538-0563.) High-dose chloral hydrate (75-100mg/kg up to 2gm max) is required for sedation and a sedation physician will oversee the infant during the testing. Patients are NPO and sleep deprived per Children's sedation policy. The sedated infant is placed in the IPL and the child is fitted with an inflatable bladder under a vest connected to the pneumatics of the system. Two cardio-pulmonary technicians are present and use a mask and therapeutic putty to obtain a leak free seal. Measurements are made over 60 to 90 minutes. Reproducibility is assessed and data analyses are performed by trained technicians and pulmonologists.

### *Reports*

A report can be generated listing actual results; predicted, percent predicted, and percent change after the bronchodilator. A flow volume loop and lung volumes are graphed showing predicted plots. These reports will have a formal interpretation and become part of the EMR.

### *Research*

Infant pulmonary function testing can provide the clinician with decision-making tools to assess, intervene, improve outcomes, and reduce the cost of treatment in our infant population.

For more information, please contact the Pulmonary Function Lab at (612) 813-5846 or contact William Wheeler, MD, medical director, at (612) 813-3300 (office) or (612) 538-0563 (pager).

## August Pharmacy and Therapeutics Committee update

**Formulary update:** tretinoin (Retin A) and nicardipine (costly; use as a second line agent only) were added to the Children's formulary. Ginger was added to the herbal formulary. Flaxseed oil was not added to the herbal formulary.

**Guideline update:** palivizumab (Synagis) use guidelines were updated to more closely match the new AAP guidelines, with a few inpatient exceptions.

Contact David Hoff, PharmD, clinical leader, Critical Care, at (612) 813-6703 with any questions.

## Upcoming Events

### **6th Annual National Pediatric Telehealth Conference**

Sept. 24 to 26, 2009

[www.cpnonline.org](http://www.cpnonline.org)

### **19th Annual Practical Pediatrics for the Primary Care Physician**

Sept. 24 and 25, 2009

John Nasseff Medical Center  
Conference Hall

Campus of Children's - St. Paul  
and United Hospital, St. Paul,  
Minnesota

### **Children's Pediatric Wound Management Conference**

Sept. 25 and 26, 2009

7:30 a.m. to 4:30 p.m.

Sheraton Minneapolis Midtown

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

**Margaret Heisel-Kurth, MD, et al.** published "Inhibitors in haemophilia A: the role of VWF/FVIII concentrates – a meeting report," *Haemophilia* (2009), pps. 587–591.

Dr. Heisel-Kurth has been named to the Steering Committee (as one of two U.S. members) of the RESIST Study which is the International Study of Immune Tolerance Induction with VWF/FVIII Complex Concentrate in Patients with Hemophilia at the International Society of Thrombosis and Hemostasis (ISTH) which met in Boston, July 2009.

**Joseph Sockalosky, MD, et al.:** "The use of hormonal therapy in pediatric heart disease," *Frontiers in Bioscience S1*. (June 2009, pps. 358-375).  
Dr. Sockalosky wrote the section on "Fludrocortisone treatment for syncope."

### **Chief of Staff, 2009-2010**

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