

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.

November 2009

Notes from Gigi Chawla, MD, Chief of Staff

Asthma update

In February, the pediatrics division examined use of continuous albuterol nebulizations for treatment of status asthmaticus on the med/surg wards. We learned that most children's hospitals do NOT use continuous nebulization unless patients are in the ICU or monitored bed. However, it is clear that our patients have not had negative outcomes from this practice so far.

Please remember that if you are accepting a patient with status asthmaticus to the med/surg floor:

1. consider an ICU admission instead
2. if not, consider obtaining a pulmonary consult
3. re-evaluate often and transition to intermittent albuterol nebulizations when possible

H1N1 and seasonal influenza reminders

During this season, we need to take precautions to keep ourselves healthy and protected. This will help keep our patients healthy, as well as 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 the spread of influenza. H1N1 and seasonal influenza vaccination is required for all professional staff. They will be offered as supplies and availability allow. Please do not forget to self report your vaccine status online. Call Margo Dempsey at (612) 813-6123 if you are having difficulties reporting your status.

A note of special thanks to the emergency departments/clinics/staff/ancillary staff who have taken the brunt of the work as the result of a surge in patient volumes — twice that typically seen. They have busily been reassuring families and educating the masses (in many languages) who have turned to them with their H1N1 concerns. Deciding which children are truly sick and need medical interventions among the masses of febrile, tired-appearing, coughing patients is no easy feat. Thanks for everything you've done and continue to do during the pandemic.

Children's Hospital Association Ball

Please consider attending the Children's Hospital Association Ball on Nov. 21 at the Crowne Plaza Hotel in St. Paul. For tickets, please call the CHA office at (651) 220-6644.

Annual staff meeting/ holiday party

Please save the date for the next professional staff quarterly/annual meeting:

- Dec. 2, from 6 to 9 p.m., at the Crowne Plaza Hotel in St. Paul.
- Social hour is from 6 to 7p.m.
- The dinner/award presentations is from 7 to 9 p.m.



Delivering Next Generation Care

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

FDA alert regarding Tamiflu dosing errors

The FDA issued a Public Health Alert to notify prescribers and pharmacists about potential dosing errors with Tamiflu (oseltamivir) for oral suspension. US health care providers usually write prescriptions for liquid medicines in milliliters (mL) or teaspoons, while Tamiflu is dosed in milligrams (mg). The dosing dispenser packaged with Tamiflu has markings only in 30, 45, and 60 mg. The agency has received reports of errors where dosing instructions for the patient do not match the dosing dispenser.

Health care providers should write doses in mg if the dosing dispenser with the drug is in mg. Pharmacists should ensure that the units of measure on the prescription instructions match the dosing device provided with the drug.

Read the complete MedWatch 2009 Safety summary, including links to the FDA Public Health alert, Dear Healthcare Professional letter [Roche] and Information for Pharmacists [CDC], at:
www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsfo

"Reflections on Patient Safety"

Wrong-patient errors may occur in virtually all stages of diagnosis and treatment. Recommendations for avoiding such errors are the subject of "Patient Identification," a recent "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.

Did you know? Children's hematology/oncology cornerstone program

Children's hematology/oncology cornerstone program is the largest pediatric oncology program in the Upper Midwest and its outcomes are consistently among the best in the nation. The program is growing and expanding services through the Vascular Anomalies Center, the Hemophilia Treatment Center, the brand new CH Robinson Infusion Center on the Minneapolis campus, and through Children's research program.

Now in its second full year in existence, the Vascular Anomalies Center served nearly as many patients in the first half of 2009 as it did in all of 2008. The Hemophilia Treatment Center will soon be providing anti hemophilia factor to patients through its own home care pharmacy. Infusion services in the CH Robinson Infusion Center are currently being expanded to non-hematology/oncology patients.

The hematology/oncology program's more than 23 years of collaborative research recently culminated in the discovery of a DICER1 gene mutation linked with a rare childhood lung cancer. Published in *Science*, this discovery will be the basis of further funding and research for the research program.

Programs and Services

PowerChart Outreach (PCOR)

PowerChart Outreach (PCOR) is a web application used by community and referring providers to remotely view patients' Children's electronic medical record (EMR). This quick, view-only access to the patient's EMR allows the provider to view his/her group's patient list as well as individual patient information. The provider can monitor a patient's condition and treatment while at Children's and, if necessary, real-time information is available for consulting with the patient's attending provider. *Note: Access is allowed only for patients with which providers or their practice have a relationship. Patient searches are not available.*

Information available in PowerChart Outreach includes current orders, medications, allergies, as well as radiology and laboratory results. Scanned medical record images are also viewable. Scanned medical record images for inpatient daily progress notes are not available until after the patient is discharged.

Access to PCOR is available from any Internet connection. The login requires your PowerChart username and password; no RSA token or pin is needed.

PowerChart Outreach is a view-only application — current information cannot be changed and new information cannot be entered. Orders and documents cannot be signed in PowerChart Outreach. You must continue to access PowerChart to sign all documents and sign verbal orders.

PowerChart Outreach can be accessed either from Children's Star Net home page or the Internet:

- From Children's Star Net home page, select "For Health Professionals" on the left navigation bar. From the Internet, select the "Health Professionals" link at the top of the page.
- Scroll down and select the section titled "PowerChart Outreach," located on the right side of the page.
- To access PowerChart Outreach, enter your PowerChart username and password.
- An eLearning session and user guide are also available on the PowerChart Outreach page for reference. These are listed separately on the right side of the page.

Please Note: At this time, PowerChart Outreach does not support all browsers. Those not supported include Safari (Mac users) and Firefox (versions other than Firefox 1.0). Additional browsers will be supported in future upgrades.

If you have any questions or concerns regarding the PowerChart Outreach application, please contact the Children's Help Desk at (651) 855-2500.

Lean process improvement

Children's is engaged in systematic efforts to improve both clinical and operational processes that improve patient care outcomes, enhance flow, increase safety and reliability, and ameliorate the patient and family experience. In the past 12 months, more than 40 teams composed of physicians, nurses, other caregivers, front line staff, and families have implemented process improvements regarding emergency department triage, interpreter services, transfer of care between the OR and PACU, and family-centered inpatient rounds.

Our efforts in 2009 have emphasized improvements to our ED, MedSurg, and Perioperative flow. In 2010, we plan to add emphasis on medication safety and further reduction of adverse drug events. We thank the many members of the professional staff who have engaged, or will be invited to engage, in these process improvement teams. By working together to continuously improve our processes, we invest in our ability to deliver better care and achieve benchmark-setting outcomes.

— M. Chris Robison, MD
Vice Chief Medical Officer and
Senior Director, Operations Improvement

A quick look: Emergency Medical Services for Children Resource Center of Minnesota

The Emergency Medical Services for Children Resource Center of Minnesota (EMSC) was established in 1996 to help improve the pediatric emergency care infrastructure throughout Minnesota. EMSC is dedicated to improving emergency care for children through education, system development, and research. This is accomplished by collaborating with families, pediatric, EMS, and community organizations throughout Minnesota.

The EMSC Resource Center is housed within Children's Hospitals and Clinics of Minnesota and is a collaborative program of Children's, the University of Minnesota School of Medicine, and the Emergency Medical Services Regulatory Board. For more information, please contact Paula Fink Kocken, MD, co-medical director, or Kristi Moline, manager, at (612) 813-6861

Awards and Accolades

Emily Chapman, MD, spoke on "Common Diagnostic Errors in Pediatrics" at Burnett Medical Center, Oct. 1, Grantsburg, Wisc.

Peter Dehnel, MD, received the "Physician Communicator Award" from the Minnesota Medical Association at their annual meeting in September.

Laurel Edinburg, RN, CPNP, presented "Do You See Me?" A community wide response to sexual exploitation of children, Minnesota Council of Child Caring Agencies and Minnesota Juvenile Detention Association annual conference, Sept. 30, St. Cloud, Minn.

Stefan Friedrichsdorf, MD, presented "From Jazz to Propofol: The Pain and Palliative Care Program at Children's of Minnesota," Lilliputian Surgical Society Meeting, Sept. 26, Minneapolis, Minn.

Mark Hudson, MD, presented "Sticks and Stones: Identifying Child Abuse" at the National Alliance for Drug Endangered Children Conference, Sept. 22, Spokane, Wash.

Mona LaPlante, MD, Sam Reid, MD, and Jennifer Kylo, MD, presented topics at "Current Trends in Pediatric Medicine," St. Luke's Hospital, Oct. 8, Duluth, Minn.

Robert Segal, MD, and Sheldon Berkowitz, MD, presented, "Developmental Surveillance and Screening in a General Pediatric Practice: Review of the 2006 AAP Policy Statement" at the Practical Pediatrics Conference in St. Paul, Minn.

Patsy Stinchfield, RN, CNP, presented "Vaccine Safety: Effectively Communicating with Parents" at the CPN National Telephone Triage Conference, Sept. 25.

Michael Troy, PhD/LP, et al. "Disorders of Childhood: Development and Psychopathology," 1st edition book is in production and will be available Jan. 2010.

Chief of Staff, 2009-2010

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