

# 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.

February 2010

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

### Pediatrician's Day at the Capitol

Pediatricians' Day at the Capitol offers a chance to learn more about the issues before the Minnesota State Legislature that affect children's health. Don't miss this great opportunity to understand and advocate for issues that are important to you and your colleagues.

**March 3, 2010**

**Noon to 4 p.m. at the State Capitol**, briefing and meeting with legislators  
4 to 6 p.m. at Axel's Bonfire on Grand Avenue, debriefing and follow-up  
Please contact [debilzan@mnaap.org](mailto:debilzan@mnaap.org) to register.

### Professional staff bylaws voting complete

Thank you for your votes for the professional staff bylaws and for your comments on the policies on peer review, appointment/reappointment and clinical privileges, and professional staff committees. Final tallies and Board approval are pending.

Overall, the professional staff has been exemplary in reporting H1N1 and seasonal influenza vaccination — our professional staff vaccination rate stands at 80 percent. If you have not yet reported your status, please do so online or call Margo Dempsey at (612) 813-6123 if you having difficulties reporting your status.

### H1N1 and seasonal influenza reminders

Since Dec. 21, 2009, wearing a mask is required for any professional staff members who are un-vaccinated against H1N1 and seasonal influenza and who work in patient-care areas.

### CPOE is not a replacement for direct communication

Reminder: Please do not rely on CPOE as your sole means of communication. CPOE should not take the place of discussion about your patient with the care team directly involved in that patient's care. Failures in communication among those directly involved in a patient's care are the most common reasons for safety concerns and patient/family dissatisfaction.



Delivering Next Generation Care

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

### 2009 research update

Researchers at Children's are recognized internationally for their excellent care and outcomes. Our professional staff has been invited to participate in networks, consult as experts, and coordinate cooperative agreements in national initiatives and clinical research trial networks. By continuously stopping to ask, "What can I do to make a difference?" Children's researchers are producing dramatic, positive results.

In 2009, Children's continued to demonstrate its research leadership in the following ways:

- Children's research funding grew to more than \$7 million — an increase of nearly 70 percent since 2005.
- The number of peer-reviewed publications has almost doubled since 2007 to 61
- The total number of research projects has risen to 414 from 346 in 2006

### Recent "Reflections on Patient Safety"

Children's Code Pink policy is the subject of "Now you see me, now you don't," 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.

If you have feedback regarding this or any "Reflections on Patient Safety" story, or to recommend a story for inclusion in a future edition, please contact Pam Graves, RN, CNP, FHIMSS, clinical quality & safety improvement consultant, Center for Quality & Safety at [pam.graves@childrensmn.org](mailto:pam.graves@childrensmn.org).

## Programs and Services

### Children's rolls out new vision and strategic plan to guide the organization

Children's new vision and ASPIRE strategic plan is a five-year roadmap that defines where our organization is going and how we plan to get there. Each letter in ASPIRE represents one of the strategic plan's key focus areas: Advocacy; Safety, Quality and Research; Philanthropy; Innovation; Results; and Engagement. Thank you for your efforts to be part of Children's new vision to be a national leader in advancing the health of children, innovating, and delivering family-centered care of exceptional quality.

Everyone at Children's shares responsibility for implementing the ASPIRE strategic plan. As physicians and members of our care team, each of us has a role to play in putting the plan into action. Together we deliver the best quality, family-centered care to our patients. For more information, please visit the ASPIRE page on StarNet.

### January Pharmacy & Therapeutics Committee Update

- *Formulary update:* To improve safety and reduce waste, the committee removed the TID strengths (i.e., 125 mg/5 mL; 250 mg/5 mL; 250 mg tab; 500 mg tab) of amoxicillin/clavulanate from the hospital formulary. We will continue to use the BID and Q-Day formulations (i.e., 400 mg/5 mL, 600 mg/5 mL concentrations and the 875 and 1 g tablets).
- *Hazardous IV drugs:* IV, Sub-Q, and intra-arterial administration of hydroxyzine and promethazine are not recommended because severe tissue injury, including gangrene, may occur requiring fasciotomy, skin graft, and/or amputation. IV, Sub-Q, and intra-arterial administration of prochlorperazine may also cause severe tissue irritation on infusion and extravasation.

IM will be the only parenteral route available in Cerner for hydroxyzine. A warning will pop up on order entry of parenteral promethazine and prochlorperazine indicating the potential hazards of IV use.

Hydroxyzine, promethazine, and prochlorperazine will not be stocked in Pyxis.

IV promethazine and prochlorperazine entries in Cerner will be auto-populated in standard dilutions.

- *Therapeutic substitution change:* Novo insulins do not have a commercially available diluent. Lilly insulins are more cost effective to use. A new 3-mL vial is being marketed.

- Lilly insulins (e.g., Humalog/Humulin) will be our default brand for all new orders. Existing patients maintained on Novo insulins may continue to receive the Novo brands.

Please contact David Hoff, PharmD, clinical leader, critical care at Children's, at [david.hoff@childrensmn.org](mailto:david.hoff@childrensmn.org) if you have any questions.

## Geek Squad® Precinct opens at Children's - Minneapolis

Geek Squad® Precinct opens at Children's - Minneapolis. Children's - Minneapolis now provides patients, families, and staff with an on-site Geek Squad® Precinct right on second floor of Children's Specialty Center for drop-in consulting and service support. The new Geek Squad Precinct provides a full range of technology and expertise — with many services provided at no cost to patients and families.

Expert Geek Squad® agents are available on-site to address questions and issues involving computers, DVD players, gaming systems, cameras, cell phones, or any other consumer technology devices.

In addition to the services typically offered at Geek Squad® locations nationwide, the Children's Geek Squad® location also provides several free services for patients and their immediate family, including:

- Free computer and cell phone networking support
- Free technology consultation
- Check-out of loaner laptops and digital cameras
- Cell-phone charging
- Free basic photo printing
- Free CaringBridge® or blog setup advice
- Free assistance with taking and uploading digital photos

Parts and more extensive Geek Squad® services, like complicated repairs and system maintenance, are available to patients, families, and staff at Geek Squad's® normal service rates — through the convenience of the on-site facility at Children's.

Please note that **Geek Squad® agents may only work on non-medical technology equipment**, and are not available to support Children's-owned business computers, laptops, and other technology equipment. Through its easily recognized agents, Geek Squad® provides a complete array of technology repair and services to consumers through more than 1,000 locations nationwide.

## Upcoming Events

**22nd Annual Harold Katkov Tutorial in Pediatric Cardiovascular Medicine for the Primary Practitioner**  
Saturday, Feb. 20, 2010  
9:45 a.m to 2:30 p.m.  
John Nasseff Medical Center  
255 North Smith Avenue  
St. Paul, MN 55102

**4th Annual Topics in Pediatric Emergency Medicine Perspectives in Pediatric Trauma Management**  
Friday, Feb. 26, 2010  
7:30 a.m. to 5 p.m.  
Minnesota History Center  
St. Paul, Minn.

**Children's Hospitals and Clinics of Minnesota and the March of Dimes Neonatal Conference**  
May 17, 2010  
John Nasseff Medical Center  
255 North Smith Avenue  
St. Paul, MN 55102

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

**Emily Chapman, MD**, presented "Pediatric Problems that Shouldn't be Missed" to physicians, River Falls Area Hospital and Medical Clinic, Jan. 21, 2010.

**Stefan Friedrichsdorf, MD**, refers to the Children's Pain and Palliative Care Program online with The U.S. Department of Health and Human Services under "Pediatric Pain Management." To view, visit <http://bolivia.hrsa.gov/emsc/Toolboxes/0606PedPainMgmt/Toolbox.aspx>

**Nathaniel (Rob) Payne, MD**, was a lead author of "NICU Practices and Outcomes Associated With 9 Years of Quality Improvement Collaboratives," Pediatrics, published online Feb. 2010; DOI: 10.1542/peds.2009-1272.

### Chief of Staff, 2009-2010

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