

Minutes of Pediatric Care Committee Meeting
March 7, 2002
9:00 - 10:30 a.m.
Medical Board Room (2C116)

PRESENT: Dr. Deborah Merke, Chair
Ms. Margo Aron
Dr. Nilo Avila
Mr. Gilson Brown
Ms. Barbara Corey
Mr. Larry Eldridge
Ms. Donna Gwyer
Dr. Steve Holland
Dr. Paul Jarosinski
Ms. Tammara Jenkins
Dr. Johnson Liu
Ms. Helen Mays
Ms. Becky Parks
Dr. Forbes Porter
Dr. Raphael Schiffman
Dr. Lisa Snider

ABSENT: Ms. Claudia Briguglio
Ms. Tannia Cartledge
Dr. Steve Chanock
Ms. Linda Coe
Dr. Gregory Dennis
Dr. Ray Fitzgerald
Dr. Lee Helman
Ms. Madeline Michael
Dr. Stephen Kaler
Dr. Donna Krasnewich
Ms. Georgeanne Kuberski
Dr. Cliff Lane
Dr. Ekaterina Tsilou
Dr. Lori Wiener
Dr. Carol Worrell

GUESTS: Ms. Judi Miller
Ms. Wendy Schubert
Ms. Nadira Mangra
Ms. Donna Gwyer

ANNOUNCEMENTS

The minutes of December 13, 2001 were approved as written.

A new Clinical Center Pediatric Care Program Respiratory Virus Management pamphlet, written by the Hospital Epidemiology Service, was distributed to the committee. This pamphlet is available in all pediatric areas of the hospital for use by health care providers.

The guardianship form was approved by the MEC. This form will now go to the Medical Record Committee for their consideration.

The Clinical Center is in the process of hiring a second Pediatrician. The search committee is being chaired by Dr. Zena Quezado. Other members of the search committee include Dr. Stephen Chanock (NCI), Dr. Mitch Horwitz (NIAID/NHLBI), Dr. Jeffrey Baron (NICHD) and Ms. Tannia Cartledge (CC Nursing).

The next PCC meeting will be held Thursday, June 6th, 9 a.m. in the Medical Board Room.

BUSINESS

A. PALS

The Clinical Center has sponsored two PALS courses. One was held in October 2001, the other one was held in March 2002. An outside agency was hired to teach this 2-day course. Dr. Merke mentioned that both courses were fully enrolled within 48 hours of opening course enrollment and waiting lists were generated. Ms. Tammara Jenkins gave a brief summary of the PALS course. Discussion followed and Committee members from various Institutes agreed that this course is extremely valuable. The Committee unanimously endorsed the idea of the Clinical Center continuing to offer this class.

Action:

- Dr. Merke will explore the possibility of this course being offered regularly through the Clinical Center

B. Pediatric Web Page

Ms. Schubert provided the Committee with an update. Approximately 4,000 visits to this site occurred in the months of January and February. Approximately 20 percent of users were repeaters, so many are finding this web site a useful resource. Ms. Schubert mentioned that she is the web master for this web site and suggestions for this web page should be addressed to either her or Dr. Merke. Ms. Schubert also mentioned that the section with the most visits was the main introduction to the whole program, the second most visited section was Rehabilitation. All of the sections are being accessed at approximately the same rates.

Action:

- Suggestions for the Pediatric Web Site should be sent to Ms. Schubert.

- Committee members will continue to inform their respective Institutes of the availability of this web site: <http://www.cc.nih.gov/ccc/pedweb/index.html>.

C. Standardized Pediatric Social Work Assessment

Ms. Margo Aron, chair of the sub-committee working on the Standardized Pediatric Social Work Scope of Services, provided the Committee with an update. There was discussion regarding how best to prescreen pediatric patients prior to their visit to the CC. Patients are contacted in various ways, by case workers, research nurses or administrative staff. Each study may have a different way of contacting patients, therefore implementing a standard screening for social work referral is difficult. It was decided that Ms. Aron will work with one institute first to pilot a system for prescreening new pediatric patients. Dr. Johnson Liu volunteered to work with Ms. Aron.

Action:

- Ms. Aron will work with Dr. Johnson Liu of NHLBI to pilot a process for standardizing the preadmission social work assessment of new pediatric patients.

D. Pediatric Medication Errors

Dr. Paul Jarosinski mentioned that at the last PCC a subcommittee was formed to look at medication occurrence reports in pediatric patients. As a result of the data presented at the last PCC, changes were made to the acetaminophen MIS screens. The new subcommittee met in February and discussed the goals of the subcommittee and the format of future meetings. The group will plan to meet at least semi-annually two to three weeks before the quarterly Pediatric Care Committee (PCC) Meeting. Additional meetings will be as needed. The subcommittee's goal is to evaluate medication occurrence reports in pediatric patients and to identify issues that are unique to pediatrics. The objectives are to detect significant trends, detect safety concerns, detect system problems, recommend preventative education, and recommend preventative interventions (e.g. alteration of MIS ordering pathways). The subcommittee agreed to review Clinical Center pediatric occurrences and pharmacist pediatric interventions in the following format: 1) overall data by type of occurrence will be presented as pie charts for pediatric patients only and for all patients (adults and children); 2) individual medication occurrences will be reviewed for the 3 drugs with the most pediatric occurrences; 3) individual central pharmacy pediatric interventions; 4) individual reports will be provided for D, E, and F level occurrences. For the high alert reports, all data elements will be presented with the exception of patient name; 5) acetaminophen occurrences and interventions will be reviewed and compared to previous error rates (to evaluate the impact of the recent MIS screen changes). Similar follow-ups will be done following suggested interventions. The group also agreed to review sentinel pediatric events that have been reported from other institutions.

Action:

- Dr. Paul Jarosinski will report the subcommittee's progress to the PCC and will also report to the P & T committee as needed

E. Children’s Hospital Contract

Ms. Judi Miller reported on updates for the Children’s Hospital Contract. Ms. Miller stated that the last modifications to the contract have been received from Children’s Hospital concerning difficulty in obtaining post-operative orders from the outside consultant and the transfer of care (“sign-off”) from the consultant to the NIH clinicians. She stated that there has been additional wording to the contract to reflect the changes. She also stated that Ms. Jan Haggerty and others in the CC are in the process of reviewing these changes. Once these changes have been reviewed, they will be sent to Children’s Hospital for approval.

F. Pediatric Subspecialty Directory

Ms. Miller distributed handouts. Each Clinical Center subspecialty consult service was surveyed and asked to chose 1 of 3 options: 1) This service provides consults to pediatric patients (age range: infant to 18 years); 2) This service provides limited consults to pediatric patients (service asked to state age range); 3) This service does not provide consults to pediatric patients, contact consultant at Children’s Hospital. To date, 21 of the 31 returned surveys chose Option 1, 7 chose Option 2, 2 chose Option 2 and 1 no response. Ms. Miller noted that the next step is to contact the MIS personnel to update the MIS screens.

G. Pediatric Emergency Drug Sheet

Ms. Jenkins gave a brief presentation on the pediatric emergency drug sheet. Ms. Jenkins stated that she is currently working with the Critical Care Medicine Department, two pharmacists including Dr. Jarosinski, Dr. Merke and an intensivist from Children’s Hospital to update the pediatric emergency drug sheet.

H. Overview of Pediatric Protocols

A handout was distributed listing new pediatrics protocols. Dr. Merke suggested distributing this type of list periodically to inform everyone about new protocols and pediatric initiatives. Dr. Merke stated there are several new pediatric initiatives and populations of new pediatric patients will soon be seen at the Clinical Center including patients with leukemia (NHLBI), leukemia/lymphoma (NCI), brain tumors (NCI), inherited bone marrow failure syndromes (NCI/NHLBI), juvenile rheumatoid arthritis (NIAMS), metabolic diseases (NICHD), obesity (NICHD), myositis (NIEHS), Friedrich’s ataxia (NINDS), and Gaucher’s (NINDS). Ms. Corey gave a brief summary of the new protocols. Several committee members asked about active pediatric protocols and suggested that a listing of all active pediatric protocols, including both old and new, would be useful.

Action:

- Reports in the future will include both ongoing and new pediatric protocols.