

Minutes of Pediatric Care Committee Meeting
Thursday, June 14, 2007
9:00 - 10:30 a.m.
Medical Board Room CRC Room 4-2551

PRESENT: Dr. Deborah Merke, Chair
Ms. Margo Aron
Dr. Nilo Avila
Ms. Tannia Cartledge
Ms. Suzanne Spisso for *Ms. Linda Coe*
Dr. Ray Fitzgerald
Ms. Maria Gebey
Dr. Terry Fry
Dr. Paul Jarosinski
Ms. Maryellen Rechner for *Dr. Stephen Kaler*
Dr. Donna Krasnewich
Dr. David Lang
Ms. Helen Mays
Ms. Jennifer Graf for *Ms. Madeline Michael*
Dr. Naomi O'Grady
Ms. Becky Parks
Dr. Scott Paul
Ms. Kristin Johnsen for *Ms. Karen Perkins*
Dr. Forbes Porter
Dr. William Kammerer for *Dr. Zena Quezado*
Dr. Laura James-Newton for *Dr. Lisa Rider*
Ms. Jennifer Lucca for *Ms. Kathy Russell*
Mr. Bruce Steakley
Ms. Joan Sheeron
Dr. Lori Wiener

ABSENT:
Dr. Gregory Dennis
Mr. Larry Eldridge
Ms. Donna Gwyer
Dr. Steve Holland
Dr. Cliff Lane
Dr. Maryland Pao
Dr. Kristina Rother
Dr. Phillip Scheinberg
Dr. Raphael Schiffmann
Dr. Ekaterina Tsilou
Ms. Myra Woolery-Antill

GUESTS: Ms. Gina Ford (CC OD)
Ms. Karen Perkins

ANNOUNCEMENTS

The minutes of the previous meeting were approved.

Dr. Merke introduced Ms. Joan Sheeron, new nurse manager of the Pediatric Clinic.

The next PCC meetings will be held in the CRC Board Room (Room 4-2551) on **September 13th, and December 13th** from 9:00 - 10:30 AM.

The next PALS course is July 11th and 12th in Natcher. We continue to get more and more requests for PALS. We are increasing the number of people we can accommodate from 36 to 40. Dr. Merke thanked Dr. David Lang, Ms. Tammara Jenkins, Dr. Terry Fry, Dr. Bob Danner and Ms. Jill Sanko for participating in PALS as instructors. Their help has made PALS at the NIH possible.

The playground being used!

BUSINESS

A. Anesthesiology QI project

Dr. Lang gave an interim report on the anesthesiology QI project. He presented 4 months of data. Our plan is to collect 6 months of data. He thanked NIAID, NHGRI, NICHD, NCI – neuro-oncology for their participation.

27 cases “completed” in 4 months

- 15 completed as planned (1 not done w anesthesia after medical evaluation by DASS)
- 8 not completed at all (7 cancelled by team for patient reasons, weather, etc; 1 canceled by DASS)
- 4 canceled by DASS and rescheduled

2 cases done without anesthesiology

During the discussion, some members expressed the concern that cases are scheduled several weeks to months in advance as they are part of a full week of research. While a case delayed but completed on the scheduled day may be inconvenient, a case changed to another day, even the same week, often requires a change of several other appointments and can lead to missing data. There were some instances when notification that the case would need to be rescheduled was given the day before or the Friday before the scheduled visit.

Action

- Dr.'s Merke, Lang and Quezado will continue to work together to finalize the survey. The results will be presented at a future PCC meeting with plans to develop recommendations for the Clinical Center administration.

B. MORE

Dr. Jarosinski presented an overview of the MORE meeting of May17, 2007.

Changes to the NHLBI standing Mg bolus orders have been implemented. Dose reconciliation for liquids is in progress. CRIS will revamp the KCL quick orders at the suggestion of the MORE and PCC.

There were only three occurrences among the four-targeted drugs (insulin, magnesium, potassium, and TPN) over the last six month period. One was a TPN hung without a filter, another where the TPN volume dispensed was a required 700 ml rather than the erroneous 300 ml in the order, and the other was a KCl bolus that was found to be “streaming” in shortly after the intended two-hour infusion was hung. This latter issue was of particular concern. Although this case did not result in any documented short or long term damage, the potential for injury was great. Additionally, the committee noted that a similar case with a runaway heparin solution had occurred on another unit that led to an ICU admission. Paul noted the past history with CADD pumps where free flow infusion was possible when the cassette was not properly locked in the pump and wonder whether the same could occur with the Alaris pumps. In the case of the CADD pumps, the industry changed the tubing to require a free flow inhibitor to built into the IV tubing. Paul is investigating the Alaris tubing to see if it has a free flow prevention valve. He will also work with Myra to see if they can recreate the “streaming” infusion effect by skirting the pump safeguards.

In the review of all the occurrences over the past 6 months, the top problem was with methotrexate. The committee reviewed the remaining occurrences with special emphasis on the three D and E level occurrences and found no significant trends that required attention.

Many of the Pharmacy interventions were simply time changes or session type changes. There were several dose-mismatch interventions involving liquid that a CRIS update will hopefully prevent. There were 12 interventions on KCL bolus orders compared with 49 during the previous period reflecting an increased awareness of this problem. Elimination of the quick orders screens will likely improve this further. The top drugs for intervention were TPN (26), trimethoprim/sulfamethoxazole (24), ondansetron (18) and vancomycin (16). The majority of all these changes were administrative to change schedule, session type, or note that vancomycin was given via a central line. The interventions were similar to the last 6-month period with the TPN and KCL interventions decreasing significantly.

Dr. Jarosinski noted that Dr. Wayne issued a memo to POB staff warning them of the dangers of completing or suspending orders rather than discontinuing them and asking staff to refrain from using this option. Other Institutes should be aware of this issue.

There were no significantly outside sentinel events reviewed.

On occasion patients have their doses verbally changed by their doctors without any documentation in CRIS. When these patients come into the hospital or clinic or call in the evening, the medical professional does not have the correct dose information. Dose changes can be entered into CRIS as Take Home orders with zero for a quantity to dispense. Dr. Jarosinski encouraged this practice.

C. Pediatric Elective

Dr. Lang announced and described the Pediatric Consult Elective for visiting medical students. It is a four-week elective, available through the NIH Clinical Electives program. The elective description, as well as a list of other electives including some pediatric subspecialties is available at www.training.nih.gov/student/cep/. The elective involves participation in all Pediatric Consult Service activities, as well as completion of an independent project reviewing a pediatric topic of interest to be presented at the end of the session. PCC members who are aware of students who may be interested in this elective are encouraged to direct them to the above website, and also to have them call Dr. Lang with any questions. Interested staff may participate and students may ask to observe ongoing teaching and patient care conferences. Information about the above activities and any other ideas are welcome and should be discussed with Dr. Lang.