

Gillette

Partners in Care

JOURNAL

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Virtual Rehabilitation Program Expands to Wisconsin

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SUMMER 2022



Gillette Children's Takes a Team Approach to Cleft Lip and Palate Care



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ON THE COVER: Delissa Kearney and her daughter Heavenly speak to Gillette pediatric plastic surgeon, Jo Barta, MD, during a post-surgical appointment for cleft lip repair.

Medical Staff Leadership

Gillette Children's is globally recognized for medical innovation, patient-centered care teams and a commitment to evidence-based medicine. Gillette physician leaders are known for setting direction, innovating, inspiring trust and challenging the status quo. Our areas of pediatric focus include cerebral palsy, gait and motion analysis, orthopedics, neurology and neurosurgery, and rehabilitation medicine.

Micah Niermann, MD
Chief Medical Officer & Executive Vice President, Clinical Affairs

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About Our Journal

Partners in Care is produced by the Marketing and Communications team in collaboration with our Provider Relations team. Issues are published quarterly. To subscribe to our monthly e-newsletter, visit gillette.mn/pic.

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Dear colleagues:



Micah Niermann, MD
Executive Vice President,
Clinical Affairs

It is with excitement that Gillette Children's will soon offer our award-winning virtual rehabilitation services in Wisconsin. We know how important it is to ensure all patients who have neuromuscular conditions have access to the care they need, including the therapies that make a difference in their day-to-day lives.

Gillette therapists in all disciplines know how to use the home environment to enhance the therapy sessions. With physical, occupational and speech therapies available virtually, families can keep their kids on track with their rehab goals, even when busy school and work schedules make in-person appointments difficult.

As always, we are committed to providing the best care possible and will keep you, our partners in care, informed with our latest news, specialties and services, including the Wisconsin launch date of our virtual rehab program. Thank you for trusting us with the care of your patients.

Meet Our Provider Outreach Team

Our provider relations liaisons are excited to work with you!

Who they are:



Vicki Kopplin: A nonprofit leader with a career focused on epilepsy, including executive roles at the state and national level, Vicki had Gillette in her sights as a career move for many years. She is excited to use her background as well as her knowledge of Gillette's specialties to help providers understand when to connect their patients to our experts.

Vicki earned a Master of Arts degree at Hamline University with a concentration in non-profit management. She has a bachelor's degree in business from the University of North Dakota.



Reyna Staats: With a deep understanding of business development in the financial marketplace, Reyna has enjoyed learning more about pediatrics and the healthcare environment. She appreciates making connections and helping people navigate their decision-making process.

Reyna graduated with a double major in Business Administration and Spanish Communications from the University of Wisconsin River Falls. She is fluent in written and spoken Spanish.



Tara Swedberg: Transitioning from another role at Gillette focused on community engagement, Tara is a natural fit for a liaison role. For many years, she worked in the pharmaceutical and medical device field. She is also the mother of a Gillette patient.

Tara graduated with a bachelor's degree in Biology and Business minor from Gustavus Adolphus College.

They can help you by:

- Answering questions about Gillette specialties, services, or locations.
- Connecting you with our experts and bridging communications.
- Attending one of your meetings, programs, or events to explain Gillette services.
- Explaining when and how to refer a patient to Gillette.

To reach the team or sign up for our Partners in Care e-newsletter, email ProviderRelations@gillettechildrens.com

Gillette Children's Takes a Team Approach to Cleft Lip and Palate Care

Cleft lip (a separation in the upper lip) and cleft palate (a split in the roof of the mouth) are the most common conditions that affect the skull and face. Each year, these two conditions affect about one in every 700 babies born in the United States.

At Gillette Children's, we ensure patients who have a cleft diagnosis are informed and supported every step of the way. Gillette has one of the largest craniofacial programs in the U.S. The Gillette craniofacial team includes craniofacial and pediatric plastic surgeons, neurosurgeons, dentists, orthodontists, speech-language pathologists, advanced practice nurse practitioners, audiologists, and other providers who've been carefully selected because of their specialized training.

"We care for a high volume of patients at Gillette and have a very low complication rate," **Martin Lacey, MD**, Medical Director of Craniofacial and Plastics, says. "Plus, unlike some other hospitals, Gillette has fellowship-trained pediatric craniofacial plastic surgeons—meaning our doctors achieved the highest level of knowledge and training in this area."

New mother Delissa Kearney knows what it's like to hear your baby has a health condition before they're even born. "I found out at the 20-week ultrasound for my daughter Heavenly," Kearney recalls.

A Warm Welcome

Kearney was referred to Gillette Children's for a prenatal consultation to talk about Heavenly's condition before birth. During these prenatal consultations, the Gillette expert craniofacial team provides information about treatment options, counseling, and helps plan a course of treatment.

Gillette also offers "Smile Bags" during consultations with new parents of children diagnosed with a cleft lip and/or palate. These tote bags contain a collection of tools and educational materials to help teach families what to expect. It's a special way for the Gillette craniofacial team to support parents who might feel anxious and overwhelmed by their new baby's diagnosis.

"Right away Dr. Barta and the team at Gillette made me feel better," Kearney recalls. "They explained the different bottles I would need to feed Heavenly properly and I appreciated their advice." Kearney adds the Gillette craniofacial team understood her emotions and helped to reassure her. "We all want our babies to be 'perfect' but sometimes that's not the case. I'm grateful I already knew Dr. Barta so she could help Heavenly right away."

"As the second oldest of nine children, I am used to being in a caregiver role and have a deep appreciation for Gillette's family-centered care model," **Jo Barta, MD**, Heavenly's surgeon, says. "Many congenital and craniofacial anomalies require multidisciplinary team collaboration, and that is also something Gillette champions. Everyone is here pulling together as a team for the benefit of the patient."

Positive Outcomes

Heavenly had surgery to repair her cleft lip in February 2022. "She spent one night at Gillette and I was able to take her home the next day," Kearney says. "She was a little swollen and wanted to be cuddled but everything healed well, and I only had to give her Tylenol for pain."

"At first, I really did cry a lot," Kearney admits. "That's because I was worried about what it meant for my daughter, and I was concerned she would eventually face teasing at school. But Dr. Barta and the Gillette team were really helpful," Kearney says. "I would tell other



The expert craniofacial team at Gillette Children's includes pediatric craniofacial and plastic surgeon, Jo Barta, MD, pediatric nurse practitioner, Martha McGrory, and registered nurse Ariat Ongach.

parents to put your trust in these surgeons at Gillette. They see this all the time and they will help everything turn out amazing"

Cleft lip repair typically occurs when babies are about 3 months old and usually requires only one reconstructive surgery. Cleft palate repair typically occurs when a baby is 9 to 12 months old. After cleft repair surgery, our speech-language pathologists may work with your patient to improve speech. If your patient has hearing problems, their treatment plan might also include collaboration with audiologists and ear, nose and throat (ENT) specialists.

"The first year is certainly, in many ways, the most important year for cleft lip and palate care because that's when you have the opportunity to correct a problem and do the initial surgery," Lacey says, "But long-term follow-up to monitor speech as well as growth and development through all the stages of life is part of proper cleft care. At Gillette, we can monitor and do all the necessary care in-house."

New Craniofacial Surgeon Joins Gillette Children's

Courtney Carpenter, MD, joined the Craniofacial and Plastic Surgery team in September 2022. She comes to Gillette from Albany Medical Center where she was a pediatric plastic surgery physician and the director of their Cleft-Craniofacial clinic. She completed a fellowship in Microsurgery at Albany Medical Center and a Craniofacial fellowship at Children's Healthcare of Atlanta.



Courtney Carpenter, MD

Dr. Carpenter attended medical school at the University of Massachusetts and did her residency in Plastic and Reconstructive Surgery at Montefiore Medical Center. She has been board certified by the American Board of Plastic Surgery since 2017.

Gillette Virtual Rehabilitation Program to Expand into Wisconsin

Through Gillette Children's virtual rehabilitation program, your patients have access to the same trusted team of physical, occupational, and speech/language therapists from the safety and comfort of their homes. Gillette will soon improve access to its virtual rehab therapy program by expanding into Wisconsin.

Patients who experience serious injuries or have complex medical conditions often need help to develop or regain their strength, mobility and independence over time. Rehab therapies safely address these important needs, helping patients return to their typical activities and environments.

The Gillette rehab therapy team includes more than 100 therapists across physical, occupational and speech services. They have specialized and advanced training focused on pediatrics and complex conditions. Our team tailors the therapy to your patient's needs and ensures the sessions work well for a family at home.

Is Virtual Therapy Right for Your Patient?

Attending in-person therapy appointments can be hard for some families. Whether it's due to distance, transportation issues or something else, we want to ease any obstacles to care.



Learn more about virtual therapies for new and existing Gillette patients.



Rehabilitation therapies can help your patients who need to:

- Manage lifelong conditions such as cerebral palsy
- Heal from sports-related injuries
- Recover from extensive surgery
- Recover from trauma or illness

Regardless of the condition or reason for therapy, our goal at Gillette Children's is the same: We make sure kids learn how to navigate their world with confidence.

Spotlight on Occupational Therapy

Occupational Therapists Build Independence for Patients

When patients come to Gillette, they'll collaborate with one of the nation's top providers of pediatric inpatient and outpatient rehabilitation therapies. Gillette Children's has occupational therapists (OTs) throughout the Twin Cities metro area in our St. Paul, Phalen, Burnsville and Maple Grove clinic locations as well as virtual appointments.

The therapists at Gillette are experts in making the hard work of therapy fun. The OTs know children are motivated by play so they often incorporate toys, dress-up, or pretend scenarios to help children learn how to button their coats, prepare a bowl of cereal, or use scissors. They also help children learn how to use adaptive devices, regain strength and function in their arms, focusing on activities that are meaningful to them.

Occupational therapists work with children who have a traumatic brain injury, cerebral palsy, stroke, brachial plexus, or another complex condition. The team of skilled OTs at Gillette help children learn the everyday skills they need to function in their home and communities.



Gillette Achieves Prestigious Level I Children's Specialty Surgery Verification

Gillette Children's has been named the first **Level I Specialty Children's Surgery-Musculoskeletal Surgical Center** in the nation verified by the American College of Surgeons (ACS). The ACS shares, "As a verified program you have demonstrated that your center meets the needs of your patients by providing multidisciplinary, high-quality, patient-centered care." Gillette has been working toward verification through the American College of Surgeons Children's Surgery Verification Quality Improvement Program (ACS CSV) since 2019.

The ACS CSV program was developed to improve the quality of children's surgical care by creating a system that allows for a prospective match of every child's individual surgical needs with a care environment that has optimal pediatric resources. Verified centers must meet strict standards to ensure that children facing

surgery receive care under a multidisciplinary program with quality improvement and safety processes, data collection, and appropriate resources provided to them as patients at the hospital. Gillette's commitment to quality care begins with appropriately trained staff and leadership from surgeons who participate in our monthly Surgery Performance Improvement and Patient Safety (SPIPS) committee meetings to review surgical outcomes. Through review of our surgical outcomes, we can identify opportunities for continuous quality improvement.

"It is a great honor to be the first hospital awarded this specialty verification through the ACS's CSV program. It shows the individualized care we provide to our patients is like none other in the US," says Ashley Johnson, Children's Surgery program manager at Gillette.

Craniofacial and Plastics

Conditions Best Evaluated Sooner Rather than Later:

Head shape concerns

Craniosynostosis

The earlier craniosynostosis is diagnosed the better. After diagnosis, surgical planning and workup can begin.

Plagiocephaly

If positional plagiocephaly is severe enough to require helmet therapy, it is best initiated between 4-6 months of age.

Torticollis

If torticollis is diagnosed, physical therapy is best initiated between 2-4 months of age to help achieve equal range of motion and prevent or improve plagiocephaly.

Cleft lip and palate

Gillette has an American Cleft Palate-Craniofacial Association (ACPA) certified team that offers a multispecialty team approach to cleft care. This team includes a craniofacial surgeon, feeding specialty team, speech therapist, pediatric ENT, social worker, dietician, dentist and orthodontist.

Hemangioma

If the family is interested in medical intervention to stunt the proliferative phase, it is best to initiate before 3 months of age.

Polydactyly

If on a small stalk, this can be removed in clinic under local anesthetic to avoid general anesthesia exposure. The younger the child, the easier it is to do in the clinic setting.

Ear molding

Maternal estrogen keeps the ear cartilage soft for a few weeks after birth. If ear molding is to be successful, it is best initiated in this time frame.

Conditions Best Seen Close to 1 Year of Age:

We recommend deferring elective surgical procedures until after 1 year of age to avoid early general anesthesia exposure. We see consults at any age.

Dermoid cysts

Unless causing functional concern.

Benign skin lesions

Syndactyly

Scar revision

Capillary malformations / Port Wine stains

Trigger thumb

Conditions Seen in Adolescence

Gynecomastia

Macromastia (breast reduction)

Poland syndrome

Contact Gillette

We are always available for provider-to-provider phone consultation, if unsure of what and when to refer to our clinic.

Provider Referral Line

651-325-2200

Online Referral

gillettechildrens.org/referral

Fax Referral

651-726-2622

Patient Scheduling

651-290-8707

Contact a Provider Relations Liaison

providerrelations@gillettechildrens.com

Minnesota Locations

Gillette Children's - St. Paul Campus

Gillette Children's - Burnsville Clinic

Gillette Children's - Mankato Clinic

Gillette Children's - Maple Grove Clinic

Services vary by location.



See a full timeline of cleft lip and palate repair.

Care After Initial Repair

Some children who have cleft palates will need additional surgeries as they develop to help with speech, improve the appearance of the lip, close openings near the mouth or add bone to the upper gum to allow for proper gum development.

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Partners in Care Journal is a publication of Gillette Children's.

The team at Gillette Children's knows that expertise regarding complex conditions is almost as rare as the conditions themselves. We strive to share our knowledge with providers across the world to positively impact patient care for generations to come. That's why we partner with you at every stage of your referral journey.

We respond daily to comments and questions submitted via email at providerrelations@gillettechildrens.com

To refer a patient



Call 651-325-2200
855-325-2200 (toll-free)



Refer online at
gillettechildrens.org/referral

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WEBINAR



Registration
Open Now!

gillette.mn/2022fall

Connecting Primary and Specialty Care in the Treatment of Complex Pediatrics

5.0 AMA PRA Category 1 Credits™ | 5.0 Contact/Clock Hours
Friday, October 7, 2022 • 7 a.m. - Noon

This virtual conference has been designed to share knowledge and best practices in the clinical care of complex pediatric patients. Sessions include presentations with time for questions. At 10 a.m., we host a Panel Q&A with all the experts. You're welcome to attend the entire program or select the sessions most relevant to your practice.

This conference features presentations from five Gillette physicians:



An Orthopedic Eye on Gait Abnormalities

Tom Novacheck, MD, Orthopedic Surgeon, Medical Director, Integrated Services



Spasticity Management

Andrea Paulson, MD, Physical Medicine & Rehabilitation, Medical Director, Greater Minnesota



Early Diagnosis/Early Intervention in Cerebral Palsy

Angela Sinner, DO, Physical Medicine & Rehabilitation, Co-Director, Inpatient Rehabilitation



Craniofacial – Sooner Rather than Later

Jo Barta, MD, Pediatric Craniofacial and Plastic Surgeon



How and When to Transition the Peds Patient

Tori Bahr, MD, Pediatric and Internal Medicine, Medical Director, Pediatrics