



Progress Notes

MEDICAL STAFF

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LVHC site. Our current plans are to have a fixed group of about 15 physicians meeting for 15 sessions or one "season." If this pilot program proves successful, we are planning to repeat it regularly on an ongoing basis. Availability will be on a first come, first serve basis.

The Mission/Vision Statement, along with the primary goals of the Medical Staff, generated during our recent weekend retreat, are being finalized in a review meeting this month. Once completed, the Statement as well as the goals will be widely distributed and will represent for the first time a written commitment of the Medical Staff to its goals and purposes.

The Managed Care Committee is being reactivated to examine issues of different practice models as they impact on the Medical Staff and its current practice patterns. Medical Staff members are encouraged to refer any questions concerning PPOs, HMOs, etc., to this Committee, which is scheduled to meet on June 18 at 5 p.m.

Finally, some interesting discussions have begun via the new Management Council, concerning issues of mutual importance to the Administration and Medical Staff. Some suggestions have been made concerning means of realizing efficiencies in practice patterns, e.g., antibiotic prescribing, which could result in significant savings to the hospital without negatively impacting on patient care. We are optimistic about continuing this dialogue in a way that will be beneficial both to our patients and the hospital's efficient operation.

None of these new programs can succeed without your input and participation. Please contact the Medical Affairs Office at 776-8968 with your interest in any of these items. We can do more together!

John S. Jaffe, M.D.
President, Medical Staff



FROM THE PRESIDENT

Plans have been finalized for the kick-off meeting of the Physician Well-Being Group, scheduled for June 17, at 6 p.m., in the Conference Dining Room at the



The Allentown
Hospital—
Lehigh Valley
Hospital Center

A HealthEast Hospital

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Dr. Dimick Named Alumnus of the Year

Dean F. Dimick, M.D., endocrinologist, was presented with the Alumnus of the Year Award at the 16th Annual Housestaff Appreciation Dinner held on Friday, June 14, at the Holiday Inn Conference Center, Fogelsville. The Alumnus of the Year Award is presented annually to the alumnus and/or member of the hospital's teaching faculty for his or her leadership role in medical education.

Dr. Dimick, who, for almost 20 years, served as the first full-time clinical chairman at The Allentown Hospital and Lehigh Valley Hospital Center before merger, nurtured the hospitals' efforts in training young internists. Under his guidance, the medical residency program grew in size as did its reputation for quality graduate medical education. Today, many graduates of the program serve the Lehigh Valley community as general internists and are colleagues of Dr. Dimick's on the Medical Staff of TAH--LVHC.

In addition to his position as Chairman of the Department of Medicine, Dr. Dimick also served as Vice President of Academic Affairs, Coordinator of Continuing Medical Education, and Medical Director for the Metabolic Regional Resource Center. He retired from the hospital in 1990 and now maintains a private practice specializing in endocrinology.

A graduate of the University of Chicago School of Medicine, Dr. Dimick completed a residency in Internal Medicine at the University of Chicago clinics and a rotating internship at King County Hospital, Seattle. He also completed a U.S. National Institute of Health fellowship in endocrinology and steroid biochemistry at the Faculte de Medecine, Paris, France.

Also honored at the event as Teachers of the Year were Peter T. Davis, D.D.S., dentistry; Bryan W. Kluck, D.O., medicine; James L. McCullough, M.D., surgery; Michael S. Patriarco, D.O., obstetrics and gynecology; and Paul G. Sipe, M.D., colon and rectal surgery. Recipients were chosen by residents of each program for their outstanding contributions to the educational programs.

The Paul R. Bosanac, M.D. Research Award, provided by the Dorothy Rider Pool Health Care Trust to encourage and recognize residents in scientific investigation, was awarded to Mark Zelkovic, M.D., third-year surgical resident, for his research paper titled "Indications for Carotid Endarterectomy: Surgeons vs. Neurologists."

Robert J. Sinnott, D.O., chief surgical resident, received the E. John Stahler, M.D. Award for excellence in clinical surgery.

Medical Executive Committee At-Large Members Elected

At the General Medical Staff meeting held on Monday, June 10, four members of the Medical Staff were elected to serve on the Medical Executive Committee as At-Large Members.

Those elected to serve a three-year term from July 1, 1991 through June 30, 1994 include John E. Castaldo, M.D., neurologist; Carl F. D'Angelo, M.D., gastroenterologist; Mark A. Gittleman, M.D., general surgeon; and James J. Goodreau, M.D., vascular surgeon. Congratulations!

A special *thank you* to Peter J. Barbour, M.D., neurologist, Donald L. Levick, M.D., pediatrician, Robert A. Morrow, M.D., neurosurgeon, and Robert D. Riether, M.D., colon and rectal surgeon, who will be completing their terms on June 30.

Preferred "Red Bag" Vendor Selected

In an effort to establish a high quality, low cost infectious waste disposal program for members of TAH--LVHC Medical Staff, the Physician Office Practice Services (POPS) staff researched the services provided by a number of vendors over the past several months.

(Continued on Page 3)

(Continued from Page 2)

Following a thorough analysis, which included both financial and reference checks on numerous vendors, Incendere, Inc., was selected as the preferred vendor of TAH--LVHC Medical Staff. Incendere has also been endorsed as a preferred vendor by the Voluntary Hospitals of America (VHA) of which TAH--LVHC is a member.

Incendere is a full service company which transports, handles, and destructs medical waste. All governmentally-required licenses, permits, and insurance are held by Incendere.

An Incendere representative will be making a presentation to physicians and their office staff on Tuesday, June 25, at noon in the Auditorium at the LVHC site. Attendance at this session will allow the Incendere representative to collect the information needed to set up an account. As lunch will be provided, please call the POPS Office at 778-2780 to register.

If you are interested in learning more about how this program can benefit your practice, please contact Joe Pilla, POPS Representative, at 778-2780.

KePRO KORNER

Avoiding Unnecessary Peer Review

by Kenneth M. Nelson, M.D., MPH, Medical Advisor, Office of Inspector General, US Department of Health and Human Services, Rockville, MD

Review of medical records is now being performed with a frequency that was unthinkable in a previous era. Both the quality and cost of care provided may be concerns of such reviews. The following discussion, which is based on review of over 300 cases submitted for possible Federal sanctions, is provided for physicians to minimize unnecessary concerns about review of their medical care.

Importance of Medical Record

The medical record is all that remains, after a service is provided, to show what happened. Both quality and payment issues utilize the medical record for making determinations. Although review of a patient's chart may clearly demonstrate good care or bad care, in some instances there is little to indicate what care was given, why it was given, or what other factors (e.g., patient request) influenced the care provided.

If the medical record does not contain the basis for the physician's decisions, questions of necessity and quality cannot be answered. Patients are not interviewed to determine if care was appropriate; rather the

medical record is reviewed and is expected to provide data supporting necessity and quality. Physicians should not assume that when an issue is unclear the physician will be given the benefit of the doubt. Potential doubt should be eliminated by good documentation.

(To be continued in Volume 3, Number 7 of **Medical Staff Progress Notes**.)

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FYI



Parking Signs - TAH Site

If you haven't already noticed, the street signs on 17th Street across from the Outpatient entrance of TAH site and in front of the Fairgrounds Medical Center were recently changed. The signs, which were previously posted for Emergency Physician Parking Only, now allow for "1 Hour Parking, 8 AM - 6 PM, Except Sunday." These signs have also replaced signs in front of the Allentown Medical Center.

Admitting to Improve Service

The Admitting Department has been working with the Short Stay Unit (SSU) to better utilize resources while simultaneously improving customer service with physicians' offices.

Effective June 24, 1991, the number of conference calls necessary when calling in a reservation for the SSU at the LVHC site will be decreased as Admitting will now obtain and transmit all necessary information to the SSU. This will decrease the amount of telephone time for SSU staff and the physicians' offices.

If you have any questions or concerns, please contact Bernadette Potetz, Manager, Admission Services, at 776-8066.

Physician Recognition Dinner

Mark your calendar for the first Physician Recognition Dinner which has been scheduled for Saturday, March 28, 1992, to be held at the Holiday Inn Conference Center, Fogelsville. More details to follow in future newsletters.

PC Training Schedule

The Personal Computer Training Schedule for June 1991 through September 1991 was recently announced by HealthEast

Information Services. These classes, which are available to the office staff of members of TAH--LVHC Medical Staff at special rates, are held at Practice Builders, Inc., near the ABE Airport. In addition, video training is available through HealthEast Information Services. For a list of course titles and dates or for more information, contact Janet M. Laudenslager in the POPS Office at 778-2780.

New Slide Projection Lens Available in LVHC Auditorium

The Auditorium at the LVHC site is set up for dual slide projection. Human Resource Development now has available a new lens for single projection. This new lens provides a larger and brighter image, and will be stored in the projection room for your use. When using the single projection lens, use #2 (video/film) or #4 (slide) light setting on the podium for the brightest slide image.

For more information, contact Gary Weisel in Human Resource Development at 776-8320.

STAT Weekend Echo Requests

Any physician requesting a STAT echo done after regular Heart Station hours (Friday - 5 p.m. until Monday 7 a.m.) must call a cardiologist to read this study as soon as it is recorded. This must

be done prior to the echo technician being called in by the Hospital operator. This may be the cardiologist assigned to unreferral echoes that week (the operator will know which physician or group is on call) or any cardiologist of the referring physician's choosing. This does not represent a cardiology consultation nor a request for the cardiologist to see the patient.

Physician to physician communication is required to direct the interpreting physician to the specific pathology of interest requiring the STAT study.

If you have any questions regarding this issue, please call Nancy Carr, Director of Cardiology, at 776-8964.

Lower Extremity Venous Doppler Studies at TAH

There has been some confusion regarding where to send patients for lower extremity venous doppler studies since both the Radiology Department at TAH site and the Vascular Lab provide this service. It would be helpful if the requesting physician would indicate on the request in the chart where he desires this study to be done. At TAH, color doppler or duplex doppler evaluation of the lower extremity venous system is performed only in the Radiology Department.

☼ Eggcrate Pads No Longer Available

Due to decreased usage and potential fire hazard, eggcrate pads have been eliminated from hospital stock and should be replaced with either Tendercloud or Comfortex mattresses.

☼ Travelers Medicare Lists New Phone Number for Physician Inquiries

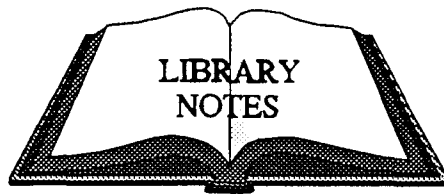
Travelers Insurance Company, Medicare carrier for railroad retirees, has a new telephone number for physicians' inquires -- (404) 855-1386 -- for both Medicare-participating and non-participating physicians.

Under a Health Care Financing Administration mandate, Travelers may no longer use its toll-free number for physician inquiries as of May 1.

☼ HCFA 1500 Claim Form Revised

Pennsylvania Blue Shield issued a Medicare Special Bulletin dated May 15, announcing that the government approved revisions to the HCFA 1500 claim form and that the new form will be used beginning around September.

Physicians' offices will have a grace period from September through March to use up their old forms. Offices should keep the change in mind when ordering supplies.



The Health Sciences Library recently announced its newest book acquisitions for both sites. At TAH, new books include:

Andreasen. **Essentials of Traumatic Injuries to the Teeth.** Munksgaard, 1990.

Blake. **Surgery of the Thyroid and Parathyroid Glands.** 3rd ed. W.B. Saunders, 1990.

Buyse. **Birth Defects Encyclopedia.** Blackwell, 1990.

Recent book acquisitions at the LVHC site include:

Ernst. **Current Therapy in Vascular Surgery.** 2nd ed. B.C. Decker, 1991.

Bonica. **The Management of Pain.** Lea & Febiger, 1990.

Marino. **The ICU Book.** Lea & Febiger, 1991.

Bardin. **Current Therapy in Endocrinology and Metabolism.** 4th ed. B.C. Decker, 1991.

Physician Payment for the Interpretation of EKGs

The Hospital Association of Pennsylvania recently received clarifying information from the Health Care Financing Administration, specifying the HCPCS codes covered under Section 4109 of The Omnibus Budget Reconciliation Act of 1990.

The HCPCS codes for which a professional component for the interpretation of an EKG may no longer be billed after January 1, 1991 are as follows:

- | | |
|--------|---|
| 93000 | Electrocardiogram, routine EKG with at least 12 leads; with interpretation and report |
| 93010 | Interpretation and report only |
| 93040* | Rhythm EKG, one to three leads; with interpretation and report |
| 93042 | Interpretation and report only |

This provision of OBRA '90 is effective January 1, 1992. If you have any questions, please call George Gugoff, Director, Government Payment Programs, Hospital Association of Pennsylvania, at (717) 561-5318.

QUOTE OF THE MONTH

"In the race to be better or best, do not miss the joy of being."

CONGRATULATIONS!

Lisa S. Bunin, M.D., ophthalmologist, was recently informed that she successfully passed the certifying examination and is now a Diplomate of the American Board of Ophthalmology.

Paul L. Orr, M.D., psychiatrist, was recently elected as a fellow of the American Psychiatric Association.

Dorothy I. Hartman, M.D., anesthesiologist, was recently awarded certification as a diplomate of the American Board of Anesthesiology.



Sarah J. Fernsler, M.D., pediatrician, and her husband, William LeBoeuf, recently welcomed a baby daughter on May 17. Katie weighed 7 lbs. 12 oz. and was 21 1/2 in. long. She was welcomed home by her brother, Michael.

Publications, Papers and Presentations

Joseph A. Candio, M.D., general internist, **Marian Hoffman, R.N.**, clinical specialist, **Nutrition Support**, and **Joseph Lucke, Ph.D.**, methodologist, **Research Department**, have published results of a research project at the LVHC site. The article, "Estimation of Nitrogen Excretion Based on Abbreviated Urinary Collections in Patients on Continuous Parenteral Nutrition,"

was published in the March-April 1991 issue of the **Journal of Enteral and Parenteral Nutrition**.

Herbert L. Hyman, M.D., gastroenterologist and Senior Consultant in Gastroenterology, spoke at a recent Carbon County Medical Society meeting on "Functional Gastrointestinal Disorders."

Peter A. Keblish, M.D., chief of Orthopedic Surgery, presented two posters at the Combined Congress of the International Arthroscopy Association and the International Society of the Knee in Toronto, Ontario, Canada. His presentations were titled "The Lateral Approach in Valgus TKA: A Prospective Study of 41 Cases with 2-7 Year Follow-up," and "Comparison of Patella Retention and Patella Replacement in LCS Mobile Bearing TKA: A Prospective Comparison of 52 Knees in 26 Patients."

UPCOMING CONFERENCES, SEMINARS AND MEETINGS

Pediatric Conference Schedule

Otitis Media - Resistance Patterns will be presented by **Charles Bluestone, M.D.**, Professor of Otorhinolaryngology, Children's Hospital of Pittsburgh, on Friday, June 28, at noon in TAH Auditorium.

For more information, contact **Beverly Humphrey** in the Department of Pediatrics at 778-2540.

PHYSICIAN PRACTICE OPPORTUNITIES

* Monday and Wednesday morning slots are currently available for the Brown Bag suite at Kutztown Professional Center.

* Kutztown Professional Center is planning a 5,500 square feet addition for Fall, 1991. Office suites available will include medical, dental, legal, and professional.

For more information on these practice opportunities, contact **John W. Hart, Vice President**, at 776-8968.

* For Sale - Medical-Professional Office Building on Cedar Crest Boulevard, just minutes from both The Allentown Hospital and Lehigh Valley Hospital Center sites. Plenty of parking. Ideal for physician.

* Office space available to share. Private entrance. Ideal for psychiatrist, psychologist, surgeon, etc. New addition, available Fall, 1991, at 825 N. Cedar Crest Boulevard, Allentown.

* Specialty practice time-share space available in a comprehensive health care facility. **Riverside Professional Center**, 4019 Wynnewood Drive, Laurys Station. Half- or full-day slots immediately available.

* Office space available at 1111 N. 19th Street, Allentown. 1,080 square feet.

* Temporary office space available on first floor of Fairgrounds Medical Center, 400 N. 17th Street, Allentown. 380 square feet for one- or two-year lease. Private entrance.

For more information, contact **Joe Pilla, POPS Representative**, at 778-2780.

WHO'S NEW

The Who's New section of **Medical Staff Progress Notes** contains an update of new appointments, address changes, newly approved privileges, etc.

Please remember that each department or unit is responsible for updating its directory, rolodexes, and approved privilege rosters.

Medical Staff

Appointments

F. Michael Adams, MD
(Joining Northampton Medical Associates)
2014 Siegfried Avenue
Northampton, PA 18067
(215) 262-1519
Department of Medicine
Division of Family Practice
Provisional Courtesy

Neil W. Culligan, MD
(Joining Neurological Services, Inc.)
3420 Walbert Avenue
Allentown, PA 18104
(215) 366-9160
Department of Medicine
Division of Neurology
Provisional Active

David A. Edmonds, DPM
(Joining John M. McFadden, DPM)
1356 Main Street
Northampton, PA 18067
(215) 262-3417
Department of Surgery
Division of Orthopedic Surgery
Section of Podiatry
Provisional Courtesy

Neil H. Feldman, DO
(Joining Harold Kreithen, MD)
Allentown Medical Center
401 N. 17th Street
Suite 211
Allentown, PA 18104
(215) 437-0711
Department of Medicine
Division of Internal Medicine
Section of Allergy
Provisional Active

Scott A. Gradwell, DMD
1050 S. Cedar Crest Blvd.
Suite 201
Allentown, PA 18103
(215) 770-1050
Department of Dentistry
Division of Periodontics
Provisional Active

Robert J. Weiss, DO
(Joining Nephrology/Hypertension Associates of Lehigh Valley)
Allentown Medical Center
401 N. 17th Street
Suite 212
Allentown, PA 18104
(215) 432-8488
Department of Medicine
Division of Internal Medicine
Section of Nephrology
Provisional Active

Christopher J. Wohlberg, MD, PhD
(Joining Levitt, Barbour & Castaldo, PC)
1210 S. Cedar Crest Blvd.
Suite 1800
Allentown, PA 18103
(215) 776-8420
Department of Medicine
Division of Neurology
Provisional Active

Leave of Absence - Extension

Samuel W. Criswell, Jr., DPM
Department of Surgery
Division of Orthopedic Surgery
Section of Podiatry

Change of Status

Stanley E. Zeeman, MD
Department of Medicine
Division of Internal Medicine
Section of Cardiology
From Emeritus Active to
Honorary

Address Correction

Dieter W. Leipert, DDS
7540 Windsor Drive
Suite 110
Allentown, PA 18195

New Practice Name

Mishkin Rappaport Shore Internal
Medicine
Mark H. Mishkin, MD
Stephen R. Shore, MD
1251 S. Cedar Crest Blvd.
Suite 209C
Allentown, PA 18103
(215) 433-1616
(215) 439-4997
and
Daniel M. Rappaport, MD
1728 Jonathan Street
Suite 204
Allentown, PA 18104
(215) 776-4120

Practice Change

Eugene E. Ordway, MD
has joined
Syed A. Subzposh, MD
451 Chew Street
Suite 302
Allentown, PA 18102
(215) 821-2810

Allied Health Professionals

Appointments

Lesley A. Bickhard, PhD
Associate Scientific
Psychologist
(Neurosciences Regional Resource
Center)

Mary-Lou T. Mayernick, RN
Physician Extender
Professional - RN
(John J. Cassel, MD)

Resignation

Maria T. Braskie, PA-C
Physician Extender
Physician Assistant - PA-C
(J C Rex Thoracic Surgical Group
- Mark N. Martz, MD)

Bette L. Foulke, RN
Physician Extender
Professional - RN
(Peripheral Vascular Surgeons, PC
- James J. Goodreau, MD)

Joanne Rodgers, RN
Physician Extender
Professional - RN
(Peripheral Vascular Surgeons, PC
- James J. Goodreau, MD)

Cynthia L. Zehner
Associate Scientific
Audiologist
(Harwick & Papola - Clinic)

Our Quality Policy
Our commitment is to quality in everything we do. This can only be achieved if we provide services that conform to clearly understood requirements. We are dedicated to continuous improvements in our work processes. Our approach is based on "Prevention" and the concept of "Do it right the first time."
Equal Opportunity Employer
M/F/H/V



School's Out!

**Be extra cautious
and have a
wonderful summer!**

Medical Staff Progress Notes is published monthly to inform TAH-LVHC Medical Staff and employees of important issues concerning the Medical Staff. Articles should be submitted to Janet M. Laudenslager, Coordinator, Physician Office Practice Services, TAH site, by the first of each month. Articles may also be faxed to her at 778-2867. If you have any questions regarding the newsletter, please call Ms. Laudenslager at 778-2780.



P & T HIGHLIGHTS

The Allentown Hospital - Lehigh Valley Hospital Center
PHARMACY DEPARTMENT

James Giardina, R.Ph., M.S. - Editor

The following actions were taken at the May 13, 1991 Pharmacy and Therapeutics Committee meeting.

INFO, INFO, INFO

The Committee reviewed and approved patient education medication information sheets on Metoclopramide, Sucralfate, Warfarin, Calcium Channel Blockers, Clozapine and Furosemide. These sheets are intended to be given to patients prior to discharge to assist them in learning the purpose, proper use and potential side effects of the particular medications. Supplies for office use may be obtained from Sandy Schwartz, R.N., Director of Patient Education (#8775).

FORMULARY ADDITIONS/DELETIONS

Ciprofloxacin Injection (Cipro IV, Miles) was approved for addition to the formulary. It is indicated for mild to severe UTI's, mild to moderate lower respiratory tract, skin, bone and joint infections caused by susceptible gram negative aerobic organisms. In contrast, oral ciprofloxacin has approved indications for the treatment of severe lower respiratory tract, skin, bone and joint infections. The recommended dose for mild to moderate UTI is 200mg Q12H. Otherwise all other infections are treated using 400mg Q12H. It is given as an IV infusion in D5W over 30 minutes.

The most common adverse effects are related to the site of infusion; others include liver enzyme elevations (4%), GI complaints (3%) and skin, hematologic, and CNS effects (2%). Ciprofloxacin is not indicated for use in children or pregnant women. It is eliminated primarily by renal excretion. Intravenous Ciprofloxacin does not have the same absorption related interactions associated with the oral dosage form. It decreases Theophylline clearance and toxicity may result when these agents are co-administered.

Given the effectiveness of the oral dosage form and the limited approval for the intravenous formulation, the use of intravenous ciprofloxacin should best be reserved for treatment of infections in patients unable to receive oral medication and which are refractory to other therapies.

IV Cipro 200mg \$24.20/day
400mg \$48.40/day

PO Cipro 500mg \$ 4.08/day
250mg \$ 3.60/day

Dipyridamole Injection (Persantine IV, B-I), like Adenosine, was approved to the formulary for use in conjunction with Thallium scanning to diagnose CAD in patients unable to undergo treadmill stress testing. Unlike Adenosine, Dipyridamole has FDA approval for this indication. Dipyridamole is given intravenously diluted in a 1:2 ratio. The recommended dosage is 0.57mg/Kg given

over 4 minutes. Common side effects include angina, ST segment depression, headache, flushing, and hypotension. Excessive hypotension, angina and ST segment depression can be reversed with Aminophylline injection. Patients should not receive xanthine medications for 36 hours prior to the test and should avoid caffeine for two to four hours prior to testing.

Lymphocyte Immune Globulin, Acti-Thymocyte Globulin (Atgam, Upjohn) was approved to the formulary. It is an immunosuppressant agent indicated for the management of renal transplant allograft rejection and in aplastic anemia patients not suited for bone marrow transplantation. It is obtained from hyperimmune horse serum and consequently is given following a test dose of 5mcg to rule out an allergic response. The usual adult dose for management of allograft rejection is 10-30mg/Kg/day given through a 0.2 micron filter over 4 hours.

PRE MIX STREAMLINING: THEOPHYLLINE INFUSION CHANGES

The Department of Pediatrics recommended that Aminophylline infusions be standardized to 1mg/cc (Theophylline 0.8mg/cc). To accomplish this, Pharmacy will stock premixed Theophylline 400mg/500cc fluid. This product will replace Theophylline 800mg/1000cc fluid on the formulary, since the 1000cc size is infrequently used and two 500cc bags could be used consecutively to fill any 800mg/1000cc orders.

ANSWERING A CRITICAL NEED: STANDARDIZATION OF CRITICAL CARE INFUSIONS

The Committee approved standards for the majority of critical care infusions. The intended outcome of this program is to decrease error potential due to calculation errors through the development and distribution of preprinted rate adjustment tables - Some will be attached directly to the IV's dispensed by the Pharmacy. The standards include a preferred vehicle which will make preparation consistent and allow for the eventual preparation by Pharmacy for many of these solutions.

To order a standard solution, physicians should only write the drug and the infusion rate i.e. Nitroglycerin infusion at 5mcg/min. To deviate from the standards, the physician should specify the concentration and diluent, if desired.

The following table depicts the products, concentrations and vehicles discussed.

Recommended Concentrations for "Standardized Infusions"

<u>Drug</u>	<u>Dose</u>	<u>Volume</u>	<u>Preferred Vehicle</u>
Procainamide	2Gm	250	D5W
Bretylium	2Gm	250	D5W
Dobutamine	500mg	250	D5W
Dopamine	400mg	250	D5W
	800mg	250	D5W
Nitroglycerin	100mg	250	D5W
Nitroprusside	100mg	250	D5W
Norepinephrine	8mg	250	D5W
Epinephrine	4mg	250	D5W
Phenylephrine	10mg	250	D5W
Amrinone	100mg	100	0.9%NaCl;0.45% NaCl
Isoproterenol	2mg	250	D5W
TPA	100mg	100	SWI

FORMULARY DELETIONS

Pharmacy recommended the deletion of a large number of infrequently used products and sizes. These changes will be incorporated into the formulary with the next revision.

P & T, DUE, JCAHO: THE ALPHABET SOUP OF INSURING APPROPRIATE DRUG USE

Drug Usage Evaluation is a JCAHO required activity for the Medical Staff to assure that drugs are used appropriately, safely and effectively. Currently, the P & T Committee is responsible for oversight of this activity. Key program requirements include:

- approval of the hospital plan
- identification of which drugs to evaluate
- identification of which aspects (indications, dose, route)
- study small sample size and summarize findings
- refer usage requiring improvement to appropriate section/department
- follow up if necessary

EXPANDING DUE'S: ALBUMIN USAGE CRITERIA

The Committee approved criteria which were developed cooperatively between the major Medical Staff Departments/Sections and the Transfusion Review Committee. Albumin usage will be monitored against the criteria. (Attachment A)

DISTRIBUTION SCHIZOPHRENIA: ANOTHER CHAPTER IN THE CLOZAPINE SAGA

Clozapine (Clozaril, Sandoz) was initially approved for distribution as a "package" including weekly WBC monitoring for agranulocytosis and was administered by a National Home Care Provider. The cost for this program was \$9000/patient/year. Following a huge outcry from the Health Care Community, Sandoz is now allowing alternative distribution systems. The P & T approved the hospital's program which includes a seven day reorder policy. Other mandatory requirements include:

- limitation of dispensing to patients who have received a rechallenge authorization # (to limit rechallenge of patients at risk of agranulocytosis)
- weekly WBC testing and reporting to the National Registry
- Monitoring of compliance to program requirements

AUDIT CRITERIA: ALBUMIN

No	Elements	Standard		No.	Exceptions	No.	Instructions Data Retrieval
		100%	0%				
	<u>Justification of Use</u>						
1	Volume expansion in conjunction with moderate shock and moderate hypoalbuminemia (<3 g/dl). Moderate shock is defined as at least 3 the following 4 criteria: a. Pulse rate >100, but <120 b. Systolic blood pressure <100, but >80 c. Diastolic blood pressure <70, but >60 d. urine output < 50 ml/hr Moderate hypoalbuminemia (<3 g/dL) in combination with one of the following: e. Pulmonary edema or ARDS f. Acute hepatic failure g. Poor wound healing	X		1A	>2L crystalloid administered prior to albumin	1	Lab report, Nursing flow sheet, MAR
		X		1A	None	1	Lab report, Physician's order, Progress notes, Nursing notes,
2	Open Heart surgery as cardiopulmonary pump prime, <37.5Gm per procedure	X		2A	None	2	OR records
3	Renal dialysis with severe hypotension unresponsive to crystalloids	X		3A	None	3	Progress notes, Nursing notes, Nursing flow sheet
4	Burns a. >10% body surface, second to third degree burns and b. >12 hours after burns	X		4A	Pulmonary inhalation injury	4	History & Physical, Nursing flow sheet

AUDIT CRITERIA: ALBUMIN

No	Elements	Standard		No.	Exceptions	No.	Instructions Data Retrieval
		100%	0%				
	<u>Critical Indicators</u>						
5	Serum albumin obtained within 48 hr prior to initial albumin dose and routinely thereafter	X		5A	None	5	Physician's order, Nursing flow sheet, lab reports
6	Vital signs monitored at least q8 hr during albumin therapy	X		6A	None	6	Physician's order, Nursing flow sheet
7	Fluid status monitored for evidence of vascular overload i.e. pulmonary edema, congestive heart failure, hypertension	X		7A	None	7	Nursing flow sheet
8	Serum sodium level monitored routinely in patients with sodium restriction	X		8A	None	8	Lab report, progress note
	<u>Outcome Measures</u>						
9	Normalization of serum albumin or	X		9A	Fluid overload, excessive blood pressure, hypernatremia, patient expired	9	Progress notes, Nursing flow sheet, nursing notes
10	Normalization of blood pressure	X		10A	Fluid overload, excessive blood pressure, hypernatremia, patient expired	10	Progress notes, Nursing flow sheet, nursing notes