AED Instrumental In Cardiology Life-saving Effort

Last December, Thomas Lynch, director of administrative and fiscal affairs for UAB’s Division of Cardiovascular Disease, suddenly fell back in his office chair, suffering from cardiac arrest caused by a potentially lethal arrhythmia. It was a week before his 41st birthday.

Office manager Debra Reid witnessed the arrest and summoned Division Director Robert Bourge, MD, whose office is a few feet from Lynch’s. Dr. Bourge arrived in seconds, yelled, “call 911,” began CPR, and called for the automatic external defibrillator (AED) located just down the hall.

With the help of division administrative office staff, all of whom are trained in cardiac life support and AED use, Dr. Bourge shocked Lynch’s heart, restoring normal rhythm in less than 2 minutes. Almost immediately after the shock, Lynch developed a strong pulse, and by the time paramedics arrived, he was moving and responding appropriately to questions. Lynch underwent radiofrequency ablation, performed by Neal Kay, MD, and a cardiac defibrillator was implanted. After a week of recovery, he returned to work.

“Mr. Lynch had a rare, life-threatening condition — ventricular fibrillation caused by Purkinje cell automaticity — that, in his case, was completely curable. But, without the timely shock from the AED, he would probably not be with us today,” Dr. Bourge says.

“I’ve always been a strong proponent of AEDs, and UAB has been involved in defibrillation research for many years. In fact, the UAB’s cardiac rhythm lab, headed by Dr. Raymond Ideker, was instrumental in developing the type of shock — a biphasic algorithm — used to convert Mr. Lynch’s heart to its normal rhythm,” he continues.

“Because we are within minutes of the ED, I’d never really considered placing an AED in our offices,” Dr. Bourge says. “But in 2000, one of my nurses collapsed on the 5th floor of the Zeigler building, and it took almost 9 minutes for the paramedics and our ED staff to arrive, which brought into focus the need for such devices, even in a major medical center.”

After that incident, Dr. Bourge contacted Floyd Larkin, president of Stop Heart Attack, a company specializing in cardiac resuscitation technology, and Larkin supplied the Division of Cardiovascular Disease with an AED. At the time of Lynch’s cardiac arrest, Dr. Bourge’s division was the only UAB academic office with an AED.

“Since then, we’ve dispersed six more AEDs to Department of Medicine academic offices,” Larkin says. “The devices are foolproof — although training improves outcomes, it’s not possible to deliver an unneeded shock, and even untrained individuals can save lives.

“We are entering an era of true public access to defibrillation; at the Atlanta
airport, for example, nine lives have been saved in the last 18 months. Although several responders were untrained bystanders, they were able to successfully use the AEDs because of the devices’ simplicity.”

Lynch, who remembers little of his event, says he naturally is more conscious of AEDs than in the past. “I was aware of them before, but now, whenever my wife and I go out, we actively look for them and note their location so we can help someone else, if needed.”

Dr. Bourge strongly encourages placement of AEDs in public locations in the community. “Publicly placed AEDs have a great probability of saving a life. I’d like to see them installed in every bank branch in Birmingham. Because there are banks on practically every corner, the public would know that wherever there’s a bank, there’s an AED.”

The Kirklin Clinic® Clinical Practice Committee

At its February meeting, The Kirklin Clinic® (TKC) Clinical Practice Committee:
◆ Reviewed information from Interim CIO Joan Hicks regarding University Hospital transcription services and proposed next steps to improve service delivery;
◆ Learned from Corporate Compliance Director Steve Brannan that providers must sign each medical record to denote proof of service, and from Risk Management Director Linda Mittleman that a physician’s signature, either handwritten or electronic, on the medical record means he/she has reviewed the document for accuracy and authenticates its contents. If questioned at a deposition or trial, there is little or no latitude given for failure to authenticate treatment provided.
◆ Received a report from TKC Chief of Staff Nancy Dunlap, MD, PhD, that included:
   Physician Directory 2005 — UAB Physician Relations has published a new UAB physician directory for distribution to referring physicians. For corrections or changes, contact Physician Relations at 934-6890 or by e-mail at physicianrelations@uabmc.edu;
   Phonebook yellow and white pages: UAB Health System Marketing Communications coordinates phonebook entries — each department has a contact who receives, reviews, edits, and updates information. Business listings are published each October in the Yellow Pages and in May, in the White Pages;
   TKC Code 10 Policy
    ◦ Once the anesthesiologist arrives, he/she is in charge of the code. The goal is to stabilize and transport the patient as soon as possible;
   Prisoner Patients in TKC
    ◦ TKC Security must be informed of a prisoner patient’s appointment in advance of a visit. If TKC Security does not receive advance notification, the prisoner patient’s appointment will be canceled;
   Documentation of Diabetic Eye Exams in CareFlowNET
    ◦ The form is completed by the ophthalmologist and faxed to Tammy Taylor, TKC CQI Coordinator, who enters the information into CareFlowNET;
   Vendor Negotiations of Pricing
    ◦ Physicians were informed of a Health System initiative to negotiate better prices with vendors and encouraged not to engage in individual negotiations with vendors. Also noted: TKC Medical Director of the Gastroenterology/Endoscopy Clinic Christopher Truss, MD, served aboard the hospital ship USNS Mercy near Banda Aceh, Sumatra, Indonesia. Dr. Truss assisted humanitarian relief efforts by helping care for tsunami victims.

AAMC CALLS FOR MODEST MEDICAL SCHOOL ENROLLMENT INCREASE

Concerned that the nation may experience a physician shortage in the next few decades, the Association of American Medical Colleges (AAMC) recommended on February 23 that enrollment in U.S. medical schools be increased 15% by 2015; this would result in an additional 2,500 MD graduates per year.

The association also recommended removal of the current restriction on the number of residency and fellowship positions funded by Medicare to ensure that new U.S. medical school graduates can complete graduate medical education.

A survey of medical school expansion plans by AAMC’s Center for Workforce Studies in late 2004 shows many medical schools have already begun to increase class size. Of the 118 allopathic schools that responded to the survey, 31% indicated they were “definitely” or “probably” going to boost first-year enrollment over the next several years. The Center for Workforce Studies will continue to monitor and analyze changes in physician supply and will sponsor the first annual Physician Workforce Research Conference, May 5-6, in Washington, D.C.

For more information, visit www.aamc.org/newsroom/pressrel/2005/050222.htm.
Prescribing Perils: Reduce Your Risk

Take time to ensure your prescription orders are clear, complete, and understood by the patient, says Jackson Como, PharmD, University Hospital’s Drug Information Service director, who offers these additional suggestions:

◆ Include the diagnosis and patient’s weight along with dosage and directions for each medication. Diagnosis is important, especially when prescribing drugs for uncommon reasons. For example, if you’re prescribing Bae clofen for hiccups, including the indication on the prescription will minimize calls from other health-care professionals to clarify why this medication is being used in a person without muscle spasms.

◆ Never abbreviate. This practice proves so dangerous that University Hospital’s Medical/Dental Staff Policy states that no abbreviations will be accepted for drug names. For instance, the use of AZT for zidovudine has been confused with azathioprine and aztreonam.

◆ Write legibly. Better yet, print or use a computer to print outpatient prescriptions. Poor legibility is a major cause of liability.

◆ Minimize verbal orders. When a verbal order is unavoidable, request that the person taking the order repeat it back to you.

◆ Beware of sound-alike, look-alike drugs. For example, Imferon can be confused with Interferon; Torecan with Toradol; Quinine with Quinidine; and Diphenatol with Diphenidol.

Physician-Artist Garners International Recognition

The fall 2004 issue of the UAB Medical Alumni Bulletin won the the Grand Award for Cover Illustration in the 2005 CASE (Council for Advancement and Support of Education) District III competition. The award-winning cover bears a composite rendering of Lifesavers, The New University Hospital by local artist and UAB medical graduate Donald Stewart, MD. This is the first CASE award for the Bulletin, and it is the top award in this judging category.

According to Pam Powell, manager of publications and periodicals and executive editor of the Bulletin, “Don’s extraordinary art is an intriguing way to introduce our readers to UAB’s new University Hospital.” Matt Windsor is Bulletin managing editor.

Dr. Stewart’s cover artwork is a whimsical, complex rendering of the new University Hospital, composed of more than 180 surgical instruments, medical items, and tongue-in-cheek visual puns. “The images are drawn primarily from surgical and related medical disciplines that are now being practiced throughout the new facility,” says Dr.

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Stewart, who left medicine in 1986 to pursue artistic interests.

**WHIMSICAL, SCIENTIFIC**

Dr. Stewart uses a **ballpoint pen** to create a series of highly detailed images that merge into a larger subject. The use of **puns and hidden images** are key characteristics of his work. In addition to the *Bulletin* cover, Dr. Stewart’s *Lifesavers* drawing has also been reproduced as a fundraising vehicle for the University of Alabama Medical Alumni Association.