

MEMORANDUM

TO: Steve Cummings, M.D.

DATE: January 12, 1982

FROM: Connie Wofsy, M.D.

RE: SFPRO study

I have reviewed the PRO protocol and made the following observations:

1. Requiring q3 day monitoring for all patients seems unreasonably stringent given the existing guidelines. Medical Letter, October 1980, comparing gentamicin and tobramycin, makes no recommendation regarding frequency of creatinine check. The package insert for tobramycin states "monitor renal function closely," and "dosage should not exceed 5 mg/kg/day unless serum levels are monitored." Smith in the New England Journal 302:1106, 1980 and Kumin in JAMA 244:1808, 1980 measured creatinine every 3 days for these investigational studies. Neither of them made a recommendation in the abstract or discussion sections regarding the frequency of creatinine determination.

Therefore, for those with abnormal initial creatinine I would require q3 day monitoring. For those with a normal initial creatinine, I would accept one creatinine measurement on therapy (e.g. a 20 year old gyn patient with a creatinine of .6 on tobramycin for 6 days should not be disqualified for lack of 3 day creatinines).

2. It would seem a shame not to take advantage of this audit to evaluate the correctness of therapy in addition to monitoring. I would suggest a second objective be added "when preexisting renal insufficiency exists are appropriate adjustments being made." It would then be necessary to devise criteria for monitoring correct dosage adjustment for altered renal function.

The brevity of the criteria and the fact that the design, data tabulation and display are being done by PRO seems very attractive to me. I think it a worthwhile investigation.

CW:gs

Enc.

STEVE:

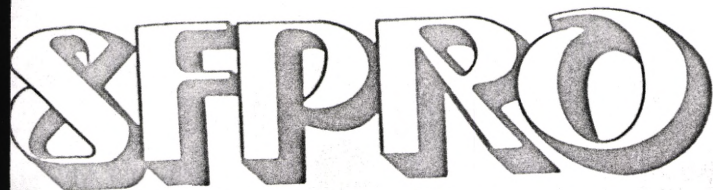
Talked with Grace Lusby regarding this multi-institutional audit. She recommended that Connie Wofsey (she is replacing John Mills during his Sabbatical) ^{with} Infectious Disease committee be given a chance to look at the criteria.

I was advised Tuesday, Wednesday that SFPRO is going to take another look at the two criteria on January 13, 1981 the next QA meeting (this you are going to attend-aren't you)

As a result I wasn't certain ~~whether~~ whether or not to~~x~~ tell Connie ~~about~~ about this Audit. I know Jack Arimoto keeps a record on patients receiving anti-biotics so it will be no problem to obtain a list of patients for charts.

Paris

December 31, 1981



December 10, 1981

SAN FRANCISCO PEER REVIEW ORGANIZATION, INC.

1375 Sutter Street Suite 402 San Francisco, CA 94109

(415) 775-3262

Steven Cummings, M.D., Chairman
Health Care Evaluation Committee
San Francisco General Hospital
1001 Potrero Avenue
San Francisco, CA 94110

Dear Dr. Cummings:

The Quality Assurance Committee of the SFPRO invites your participation in a San Francisco areawide study on parenteral aminoglycoside therapy. The objective of this study is to determine if the monitoring of the patient is appropriate for detecting nephrotoxicity. This will be a relatively simplistic study in that only two criteria are to be used. These DRAFT criteria are submitted for your review and comment.

Aminoglycosides are oto- and nephrotoxic antibiotics and their use has had close scrutiny in the professional literature (see JAMA 1978, Consultant May 1979). Studies similar to this have quite successfully been completed in other parts of the country and in the Bay Area. We look forward to providing you the opportunity to analyze multi-hospital data.

There are several advantages to participating in this study:

- This is an accepted modality of quality assurance monitoring for JCAH review
- You can compare your facility practice to others
- You maintain, as a delegated facility, the responsibility for analysis and corrective action if indicated
- Criteria and design and data tabulation and display are done by the PRO
- Study involves intergration of hospital depts. and health care practitioners: (i.e. Lab, Pharmacy, Nursing Service, Nephrology, Epidemiology, Medicine and Surgery)

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If you have any questions please do not hesitate to contact me.
Please have your comments to us prior to our next QA meeting
January 13, 1982.

Sincerely,

J. Jerrold Applegarth, M.D./RLA

J. Jerrold Applegarth, M.D.
Chairman Quality Review Committee

JJA/dpi

Attachment

cc: Thomas Griffin, Assistant Administrator
Paris Baxter, Quality Assurance Coordinator
Susan Leary, Quality Assurance Coordinator

SFPRO MULTI-INSTITUTIONAL QUALITY ASSURANCE STUDY

TOPIC: Aminoglycosides

Defined as: (parenteral administration of Gentamicin, Amikacin or Tobramycin)

OBJECTIVE: To determine if the monitoring of the patient on parenteral Aminoglycoside therapy is appropriate for detecting nephrotoxicity.

CRITERIA:

- 2 100mg parenteral Aminoglycoside 12.5 are approved
adjustment being made*
1. Initial serum creatinine within 48 hours prior to the administration of first dose of Aminoglycoside.
 2. Follow-up serum creatinine at least every three days after initiation of therapy.

SAMPLING:

35 consecutive cases within 1981 discharges. Case identification should be provided by the Pharmacy Department of the Hospital.

MEMORANDUM

DATE: December 4, 1984

TO: Recipients of STD book

FROM: Georgette

Cost of the STD book was \$37.50 plus tax and shipping of \$5.10 for a total of \$42.60. Please make checks payable to The General Foundation for Medicine and give to me.

Thanks.

CS

pd 12/10

MEMORANDUM

TO: Joseph Marzouk, M.D.
Larry Dall, M.D.
Fred Gordin, M.D.
Joel Ernst, M.D.

DATE: March 11, 1982

FROM: C. Wofsy, M.D.

RE: Enclosed

I received this memo this morning. It has indeed been tradition for fellows to cover the areas mentioned and is nonnegotiable.

It is evidently anticipated that Infectious Disease fellows will be needed for ward and/or ER coverage. I have spoken to Lynn Morris and it is unclear how many fellows are needed. It might be okay to split a night.

Please let me know what your circumstances are for that night. I should add that the University provides financial support for fellows in Infectious Diseases and this is an expected obligation to the department.

Thank you.

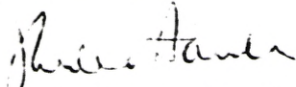
CW/gz

TO: Division Chiefs

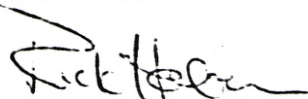
Memo Regarding Fellow Coverage During Housestaff Banquet

As in past years the Departments of Medicine are planning a housestaff dinner for all medicine housestaff to be held Friday, April 16, 1982. Also, as in past years fellows will be used to cover the wards, 5R, CCU and emergency room from 6:00 p.m. Friday until 8:00 a.m. Saturday. Fellows should expect to be on-call here and should not make any other plans on that date. Please notify the fellows involved in your department and return a list of fellows available to cover to the Chief Residents by March 19, 1982.

Sincerely,



Merle A. Sande, M.D.
Chief Medical Services



Rick Haber, M.D.
Assistant Chief, Medical Services

City and County of San Francisco



Department of
Public Health

San Francisco General Hospital
Medical Center

~~April 18, 1984~~

5/3/84

They will be here on 5/11.
Any I am fairly certain
that they will ask about
Antibiotics
WAMyers

MEMO TO: John Mills, M.D.
Infectious Disease

Connie Wofsy, M.D.
Infectious Disease

FROM: Woodrow A. Myers, M.D. *(WAMyers)*
Chairman, Quality Assurance

SUBJECT: Antibiotic Audits

As you are aware the Joint Commission on Hospital Accreditation will be soon visiting our hospital. Chances are that their visit will take place in the first two weeks of May. Please forward to me your most recent reviews of antibiotic usage and/or review of the antibiotic restriction policy.

As you are aware the JCAH requires:

1. That the medical staff reviews the appropriateness, safety and effectiveness of the prophylactic, enteric and therapeutic use of antibiotics.
2. That all types of antibiotics used in all areas of patient care services are reviewed using clinically valid criteria.
3. That screening mechanisms may be used to identify problems in antibiotic use for more intensive evaluation.
4. The results of antibiotic usage review are maintained and reported at least quarterly.

I do plan to discuss (if asked) the antibiotic surveillance program that we hope to institute in July. Your ongoing reviews though, are essential for us to be in compliance with JCAH requirements.

Thank you for forwarding them to me at your earliest convenience.

WAM:wpc/1
cc: E. Rapaport, M.D.

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Dear Colleague:

For more than a year now you have been receiving IM—INTERNAL MEDICINE FOR THE SPECIALIST. This journal of continuing education is carefully planned to provide you with up-to-date reviews of the most important recent developments in clinical research of interest and value to clinicians. IM—INTERNAL MEDICINE FOR THE SPECIALIST has been well received by you and your peers.

In the past year, we published 101 continuing education reviews by a host of international authorities in such areas as cardiovascular disease, pulmonary disease, connective tissue diseases, cancer and infectious diseases. And more is on the way. Forthcoming issues will see the publication of such important contributions as:

The clinical significance and management of asymptomatic hyperuricemia.

Clinical and prognostic significance of recent revisions in the classification of acute lymphocytic leukemia.

How to make the differential diagnosis of arthritis of the temporomandibular joint.

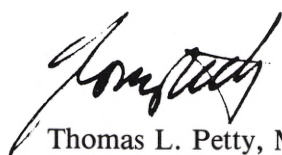
Recent advances in the differential diagnosis and management of urinary incontinence in the geriatric female.

Role of *H. influenzae* in the pathogenesis and/or exacerbations of COPD.

These and many more articles are scheduled for our upcoming issues, and I am sure you will find them of great interest and benefit. All of us associated with IM—INTERNAL MEDICINE FOR THE SPECIALIST are dedicated to providing a journal of continuing education of the highest quality and value to the clinician. We would like your assistance in this endeavor.

You are one of a number of clinicians to whom I am writing to ask if you would help us make a periodic review of IM—INTERNAL MEDICINE FOR THE SPECIALIST. We would like to send you several times a year a questionnaire soliciting your opinions as to the contents and inviting your views as to future topics for discussion. If you agree to serve on our advisory panel, please check and return the postage-paid enclosed card. Be sure to check both boxes if you wish to continue receiving IM—INTERNAL MEDICINE FOR THE SPECIALIST and serve on our advisory panel.

Sincerely,



Thomas L. Petty, M.D.
Professor of Medicine
Head, Division of Pulmonary Sciences
University of Colorado Medical Center

Yes sent
3/23/84