

# Provider NEWSLETTER



## Important Pharmacy News

The United States is experiencing a nationwide shortage of IV fluids ranging from 50 mL volumes to 1,000 mL volumes of various solutions (D5, NS, etc). Multiple factors are causing the shortages, including a production plant interruption, natural disasters (a high producing IV solutions plant is in Puerto Rico), and consolidation in the market. The shortage is anticipated to last until February or April 2018. Mercy has been monitoring the shortage issue for the past several weeks and has developed contingency plans regarding the management of fluids used to deliver small volume IVs and IV infusions. The Pharmacy and Materials Management Department are working together on best strategies to mitigate the effects of this supply chain interruption. The Pharmacy is doing its best to inform stakeholders as changes are made. Questions may be directed to the Pharmacy at (319) 398-6060.

## 2018 Medical Staff Officers

Medical Staff Officers for 2018 have been selected. The officers are as follows: Dr. Nicholas Hodgman, President; Dr. Christopher Walsh, President Elect; and Dr. Robert Schmall, Secretary/Treasurer. Congratulations officers and we look forward to your leadership!

## Wellness Tip from Dr. Dike Drummond

Physician's New ADLs - Your *Activities of Daily Leadership*

When you are a master of your basic ADLs - life is easier.

When you master the *Activities of Daily Leadership* - your practice gets easier too.

### Activities of Daily Leadership

1. A well run team huddle at least once in every practice day.
2. Look for opportunities to say thank you – early and often.
3. Look for opportunities to ask a question rather than give an order.
4. Delegate with some elegance and grace.
5. Batch processing.
6. Round on your people in addition to your patients.
7. Hold well-run, monthly staff meetings.
8. Get to know your people as people, too.
9. Be on the lookout for your programming.

To learn more, go to [thehappyemd.com](http://thehappyemd.com) and search Physician's New ADLs.



## THIS IS LEADERSHIP

Physician Relations introduced this segment in January 2016 as a way to further recognize physician leaders in our community. Leadership starts with the physician, and our aim is to highlight those who exhibit leadership and work to lead Mercy's positive growth...



Mark Pedersen, MD, is an interventional radiologist with Radiology Consultants of Iowa (RCI) and has been in practice there since 1990. He is currently Mercy Medical Center's Radiology Department Chair. He also served as an assistant department chair in 2014 and 2015.

Dr. Pedersen has a great knowledge of medicine. He explains procedures to patients and families in a manner that alleviates concerns and fears.

He is very dedicated to his family and church. Dr. Pedersen is retiring this month. He looks forward to retirement in Texas and spending time on motorcycle trails.

Thank you, Dr. Pedersen, for your dedication to radiology and for the many years of service in the Cedar Rapids community! We wish you well in your retirement!

**If you know a physician leader and have a story to share in this segment, please send it to Jessica Coppess at [jjcoppess@mercy.org](mailto:jjcoppess@mercy.org).**

## Molly Flynn assumes New Role



Molly Flynn will assume the role of Director for the Outpatient Cardiovascular Service Line in addition to her current duties as Director of Clinic Operations. This new service line includes the units of Cath Lab, EP Lab, Noninvasive Cardiology and Cardiac and Pulmonary Rehabilitation. Molly has been at Mercy since 2012,

successfully running our specialty clinics and growing our business in these areas. Please help us thank Molly for her support and wish her success in leading these important areas.

## MRI Construction

Beginning in January, Mercy will undergo construction to update its MRI units. This includes a new magnet for the 1.5T unit in January and a more comprehensive upgrade of our entire 3T magnet in March. The result of these changes will allow Mercy to have the most up-to-date technology available for these systems and new equipment providing exceptional images.

As a result, please note the following MRI availability in the following months:

Both the 1.5T and 3T MRIs will be unavailable on these dates:

- The afternoon of Thursday, Jan. 4 and the morning of Friday, Jan. 5
- All day on Tuesday, Feb. 6

Although it is not anticipated, we have developed a process to transport any emergency or inpatient cases requiring MRI to St. Luke's in the event it is necessary while both MRIs are unavailable.

**Expanded hours:** To accommodate MRI patients in the interim, we have expanded MRI hours to 6 a.m. to 8 p.m. Monday-Friday and added Saturday hours of 7 a.m. to 3:30 p.m. These expanded hours will be in place until completion of both MRI projects, which is expected to be May 2018.

**1.5T timeline:** This unit will be unavailable starting Jan. 2 through March 6.

**3T timeline:** The 3T MRI will be unavailable the week of March 13 for approximately six to eight weeks.

**Enhancements:** In addition, we are excited to add several enhancements to the units that will be only available at Mercy focused on improving patient comfort and communication during the procedures. These enhancements include noise-canceling headphones and choice of audio/video, a selection of color schemes for the room, and a digital display showing progress of the test.

If you have questions or need additional information, please contact Jennifer McDowell at (319) 398-6053.

## Annual Provider Awards



It's that time of year again – time to nominate outstanding providers for Mercy's Annual Provider Awards. Keep your eyes peeled for more information regarding the award categories, how to submit a nomination and the award celebration in the coming weeks.

## Breast Density

Beginning Jan. 1, 2018, Iowa law will require information regarding breast density be included in mammogram reports and result letters to patients.

Important things to know:

1. Every woman getting a mammogram will be informed of her density category:
  - a. Fatty
  - b. Scattered Fibroglandular Density
  - c. Heterogeneously Dense
  - d. Extremely Dense
2. Every woman categorized as Heterogeneously Dense or Extremely Dense will receive additional information noting the following:
  - o Having dense breast tissue puts one at an increased risk for breast cancer.
  - o Having dense breast tissue masks cancer on a mammogram making it difficult to detect.

Imaging options for women with dense breasts:

- Screening mammography
  - o Continue at routine intervals
  - o Digital mammography is preferred over film due to improved breast cancer detection
- Additional modalities
  - o Digital Breast Tomosynthesis (3-D mammography)
  - o Whole Breast Ultrasound (U/S)
  - o MBI (Molecular Breast Imaging)
  - o Breast MRI

Helpful sites to reference about breast density include:

[www.densebreast-info.org](http://www.densebreast-info.org)

[www.iowabreastdensity.com](http://www.iowabreastdensity.com)

RCI will provide a webinar video (presented by Dr. Arnold Honick) for all referring physicians to view and learn about breast density, the new legislation and supplemental screening exams available. They will also send out a packet of information. If you have questions or would like further education, please contact Dr. Honick directly at [ahonick@rciowa.com](mailto:ahonick@rciowa.com) or Janette Kewley at [jkewley@rciowa.com](mailto:jkewley@rciowa.com).

## Linn County Medical Society Medical Provider Directories

Medical Provider  
DIRECTORY  
2017-2018



The Linn County Medical Society Medical Provider Directories are in. If you'd like a copy, please feel free to contact Jessica Coppess at [jjcoppess@mercyknox.org](mailto:jjcoppess@mercyknox.org) and she will get you a copy while supplies last.

## 2018 Medical Staff Department Chairs

Please congratulate the new department chairs and assistant chairs for 2018. We appreciate their service in these roles.

Department	Department Chair	Assistant Chair
Anesthesia	Ezra Hallam, MD	Brian Cheney, MD
Cardiovascular Medicine	David Glassman, MD	Amandeep Dhaliwal, MD
Dental	Jarom Maurer, DMD	James Morgan, DDS
Emergency	Matthew Aucutt, DO	Peter Peraud, MD
Family Medicine	Jason Ellis, DO	Sujan Vadarevu, MD
Internal Medicine	Jasmine Nabi, MD	Fadi Yacoub, MD
OB/Gyn	Beth Bussewitz, MD	Kristin Orr, MD
Ophthalmology	Alex Kartvelishvili, MD	Charles Barnes, MD
Orthopedics	Cassandra Lange, MD	Sandeep Munjal, MD
Pathology	Edward Callaghan, MD	Michael Woltman, MD
Pediatrics	Mark Zittergruen, MD	Wieslaw Machnowski, MD
Podiatry	Peter Caldwell, DPM	Michael Orosz, DPM
Psychiatry	TBD	TBD
Radiology	Michael Macke, MD	Brian Randall, MD
Surgery	Vincent Reid, MD	Bulent Cetindag, MD
Urology	Jonathan Rippentrop, MD	Steven Mindrup, MD

## Similar Physician Names

When referring patients, please double check you are referring them to the correct provider.

To help, here are some similar names to watch for:

**John Lancaster, MD** – MercyCare Center Point

**Rob Lancaster, ARNP** – MercyCare Vernon Village

**Anwar Ahmed, MD** – MercyCare Internist Associates of Iowa and Nephrology

**Amar Ahmed, MD** – Hospitalist Medicine Physicians of Linn County

**Waseemuddin Ahmed, MD** – Linn County Anesthesiologists

**C. C. Lee, MD** – Mercy Cardiothoracic and Vascular Clinic

**Wook Lee, MD** – Hall Radiation Center

## Thankful Patient Notes

**Brian Edeker, MD** - I can't ever thank you enough for taking care of (name omitted) and I credit you for saving his life. He had seen dozens of doctors the month prior, and after you cared for him he made a remarkable improvement. I honestly thought his condition was going to be a lifelong disability. Thank you for ordering the tests that led to the discovery of (disease omitted). He felt awful for a year and we watched his health decline without any answers from our family doctor. Today we are celebrating his 20th birthday and we credit you for that. Can't say thank you enough for the impact you made on our family.

**Joy Olson, MD** - Dr. Joy Olson is the best doctor! I completely trust her knowledge and advice. She is a wonderful person and I am so lucky to have her as my physician.

**David Glassman, MD** - Good experience - my recent visit occurred before a scheduled surgery and Dr. Glassman was very good at talking with me about what to expect in light of my condition and how to handle it should something go other than expected. I appreciate Dr. Glassman's directness and knowledge and how he tells me information to help me to better understand my situation.

**Deb Wilbur, MD** - Dr. Wilbur provided detailed explanations of my diagnosis, test results, prognosis, and treatment options in a language I could understand. She was well prepared for my visit and is very personable. She took the time to carefully go over my previous medical records.

## New Members of the Medical Staff



**Amal S. El-Bakush, MD**  
Mercy Pulmonology Clinic  
Department: Internal Medicine / Pulmonology



**Josiah Zubairu, MD**  
Hospitalist Medicine Physicians of Linn County, PLC  
Department: Hospitalist / Internal Medicine



**Jeffrey L. Ralston, MD**  
PCI Orthopaedics/Podiatry  
Department: Orthopaedics



**Chelsie M. Snyder, DPM**  
Foot and Ankle Specialists of Iowa  
Department: Podiatry



**Donald E. Stowell, MD**  
Mercy Cardiothoracic & Vascular Surgery Clinic  
Department: Thoracic Surgery

## Revised Heparin Nomograms (aPTT changing to anti-XA)

TO BE LIVE, TENTATIVELY, FEB. 19, 2018

Situation:

- New heparin nomograms will go live, tentatively, Feb. 19, 2018.
- Anti-Xa testing is now available at Mercy Medical Center for monitoring of heparin therapy. There will be a transition from monitoring with activated partial thromboplastin time (aPTT) to the use of anti-Xa monitoring.

Background:

- The Medication Management Committee approved an update to the nomogram used for heparin monitoring. The new nomogram will be based on anti-Xa levels instead of aPTT levels. The anti-Xa level is a more accurate and safer measure of heparin activity, and it is affected by fewer variables compared to aPTT measurements.

Assessment:

- The American College of Chest Physicians recommends a target of 0.3-0.7 IU/mL.

Recommendations:

Heparin Nomogram – Cardiac with Bolus: Target 0.3-0.7 IU/mL

\*\*EPIC will calculate the dose in “units” for the bolus and in “units/hr” for the infusion\*\*

Initial Bolus: 50 units/kg (Max of 7,500 units)	
Initial Rate: 12 units/kg/hr (Max of 3,000 units/hr)	
Anti-Xa level (IU/mL)	Rate change
<0.1	50 units/kg bolus and increase rate by 4 units/kg/hr
0.1-0.19	25 units/kg bolus and increase rate by 2 units/kg/hr
0.2-0.29	Increase rate by 1 unit/kg per hour
0.3-0.7	No change
0.71-0.8	Decrease rate by 1 unit/kg/hr
0.81-0.9	Hold x 60 min and decrease rate by 2 units/kg/hr
>0.91	Hold x 120 min and decrease rate by 4 units/kg/hr
>1	Hold heparin infusion and notify physician

Heparin Nomogram – DVT/PE Treatment: Target 0.3-0.7IU/mL

\*\*EPIC will calculate the dose in “units” for the bolus and in “units/hr” for the infusion\*\*

Initial Bolus: 80 units/kg (Max of 10,000 units)	
Initial Rate: 18 units/kg/hr (Max of 3,000 units/hr)	
Anti-Xa level (IU/mL)	Rate change
<0.2	80 units/kg bolus and increase rate by 4 units/kg/hr
0.2-0.29	40 units/kg bolus and increase rate by 2 units/kg/hr
0.3-0.7	No change
0.71-0.8	Decrease rate by 1 unit/kg/hr
0.81-0.9	Hold x 30 min and decrease rate by 2 units/kg/hr
>0.91	Hold x 60 min and decrease rate by 3 units/kg/hr
>1	Hold heparin infusion and notify physician

- Timing of monitoring will remain the same. Anti-Xa levels peak three to five hours after dosing; levels will continue to be measured six hours after initial bolus and each rate change.
- The “Heparin Nomogram – No Bolus” order set will be inactivated.