



Perinatal-Pediatrics

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American Association
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Notes from the Chair: *Perinatal-Pediatric Specialty Section off to a Great Start!*

by Peter Betit, RRT

The annual meeting of the Perinatal-Pediatric Specialty Section was held at the AARC International Respiratory Congress in Atlanta. The meeting was exceptionally well attended, with nearly 70 members representing 19 states present.

I began the meeting by thanking Katie Sabato for her leadership of the section over the past couple of years. Katie has assured me that she will remain fairly active in the section, and I look forward to her continued contributions.

A few announcements followed, including the introduction of the new specialty section listserv. Section members may now subscribe to this electronic communications tool, which is intended to provide us with a more expeditious means of sharing information. The listserv is a benefit offered to section members at no additional cost, so hopefully, everyone will sign up. (See article in this issue to find out how.)

I also announced a proposed change to the AARC Bylaws that will allow future section chairs to have a seat on the AARC Board of Directors. If approved by the Board, this Bylaws change would affect all sections with a membership of 1,000 or more. With a current membership of well over that number, our section would qualify for such a seat.

Katie announced that one of our objectives for this year will include having each member of the Perinatal-Pediatric Resource Panel submit an article to the Bulletin. Katie has consulted Mike Czervinske, our Resource Panel manager, and myself regarding this matter, and we are in agreement that the Resource Panel needs to take

a more active role in sharing information with the section membership.

These articles should begin appearing soon, as we contact Resource Panel participants and request that they select one or two areas in which they feel they are truly expert. Once that has been accomplished, each panel member will submit a brief "expert" article to this *Bulletin*.

We were fortunate to have our medical advisor, Dr. Mark Wilson, present at the meeting. Dr. Wilson is from Creighton University Children's Hospital in Omaha, NE. He has been very supportive of our section for a number of years, and I look forward to his continued support and guidance.

Congratulations were extended to our Specialty Practitioner of the Year, Mike Tracy, BS, RRT, PP/Spec., from Rainbow Babies and Children's Hospital in Cleveland, OH. (For more about Mike, see the November-December issue of the Bulletin.)

The bulk of the meeting was devoted to the program for the 1999 AARC Congress, which will be held in Las Vegas, NV, December 13-16. As a starting point, I reviewed programs from the past five AARC meetings and proposed several topics to the group. This generated a fair amount of discussion, and a number of excellent topics and speakers were suggested.

A couple of areas of concern were echoed during the meeting. One recurring theme was the need for outreach programs to institutions that occasionally care for infants and children. The anecdotes that were shared indicated that there is great need for improving the education of referring hospitals.

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Several topics related to this issue were suggested for the 1999 program.

Another concern was the implementation of stringent ventilator weaning guidelines in some California hospitals. These guidelines have been put in place in institutions that receive reimbursement from the Crippled Children's Society. The guidelines

have made it very difficult for RTs to recommend and manage ventilator settings, including setting adjustments that are clinically obvious. Apparently, when the guidelines were established there was no involvement of RTs in the process. We will try to find out more regarding this concern and assist in any possible way.

By the close of our meeting, I had an abundance of ideas for the 1999

program and felt very supported by my fellow therapists in attendance. I would like to thank everyone who participated for making this year's meeting a great success. To date, over 50 individuals have expressed interest in participating in the section, a fact that I think speaks volumes about our commitment to our specialty. ■

Child Health Corporation of America Meets With RC Directors in Atlanta

by Peter Betit, RRT

Child Health Corporation of America (CHCA) is the nation's only

business alliance focusing on the needs of children's hospitals. CHCA unites the country's leading hospitals and enables them to address the hard issues of cost reduction and competitive strategy at every level of the organization. Members of CHCA are typically free-standing children's hospitals who have no direct competition with other like-institutions in their immediate geographic area. More than 37 free-standing children's hospitals are currently members of CHCA, representing approximately 7,625 total beds (acute and subacute), 19,231 professional staff, and 60,460 total employees.

Members of CHCA are served by two general areas: Shareholder Services and the Child Health Institute. Shareholder Services provides a range of services designed to reduce costs, offering members access to a variety of suppliers and distributors. For instance, CHCA, in conjunction with Premier Purchasing Partners, contracts with a variety of suppliers to provide its members with significant price reductions for medical and surgical supplies. Additionally, CHCA provides assistance with insurance products, pediatric product development, and promotional products.

The Child Health Institute assists the member's senior management with executive strategies and feasibility studies. CHCA acts as an information clearinghouse by managing information and providing information technology forums. One current focus is to aide members with strategic planning in this era of managed care. CHCA conducts clinical forums for

the directors and managers of the various disciplines included within its membership. These clinical forums have become invaluable in the sharing of information and experiences. Respiratory care directors have benefited from these forums, as have those from pharmacy, radiology, laboratory, surgical services, home care and materials management. The respiratory care directors generally meet twice a year, once in conjunction with the AARC Congress. This year was no exception.

Twenty-four CHCA respiratory care directors and managers met in Atlanta to discuss a wide variety of topics and clinical issues. Presentations were made by SensorMedics and Mallinckrodt Nellcor Puritan Bennett. Sensormedics discussed pediatric and adult applications of high-frequency oscillatory ventilation, as well as their nasal CPAP device and transcutaneous blood gas monitoring. Mallinckrodt demonstrated the features of their newest ventilator and highlighted its potential benefits in newborns and children.

Allegiance Healthcare facilitated a focus group to discuss the various products used by CHCA members and requested recommendations for future products. Items that were discussed included development of new infant resuscitation bags, hyperinflation bags, and infant oxygen masks.

A Process Improvement Project that was developed and executed in the respiratory care department at

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Cook Children’s Hospital in Fort Worth, TX, was presented. (The goals, objectives, and action plan of this challenging process will be described in a future issue of the *Bulletin*.)

Other topics included clinical pathway development and implementation, staff restructuring and cross-training, and information management. Additionally, issues regarding Medicare/Medicaid reimbursement, Y2K, point-of-care testing, and staff education were discussed.

Prior to the CHCA clinical forums, surveys are often conducted on a variety of topics. The results of these surveys are then shared with the participants at the meeting. One survey that was conducted prior to the Atlanta meeting focused on re-engineering and cost-reduction initiatives, streamlining care, clinical practice guidelines, and outpatient respiratory care. A pediatric transport survey and a pulse oximetry survey were also conducted. These surveys help the CHCA membership with initiatives in their institutions. Typically, survey results

demonstrate that there are as many similarities as there are differences in the manner in which various services and programs are staffed, managed, and evaluated.

As chair of the Perinatal-Pediatric Section, I was given the opportunity to present my goals for our section for the coming year at this forum. I am grateful for the support that the CHCA directors demonstrated and look forward to their contributions to our section. ■

Perinatal-Pediatric Section to Benefit from Electronic Mailing List

The Perinatal-Pediatric Section now has an electronic mailing list that members can use to communicate with their colleagues around the country. For those of you who are unfamiliar with the electronic “listserver,” here’s how it works:

You type and send one message to the mailing list and your message is automatically delivered to the emailboxes of all other section members who have signed up for the listserver. They, in turn, can answer your email by writing and posting a public response to the mailing list.

To access this new membership benefit, you must first “subscribe” to the list. However, do not misunderstand this term - you are not paying for a subscription in the typical sense of ordering a publication. (You have

already paid for the privilege of accessing the listserver via the dues you pay to belong to the section.) All it means is that you are adding yourself to the mailing list of recipients.

Here’s how to subscribe:

1. Sign on to AARC Online (<http://www.aarc.org>) and then click on “Members Area” at the left of the opening screen. Then click on “AARC Specialty Sections.” When prompted to put in your Name and Password, type in your AARC member number beside Name, then type in your member number again beside Password and click “OK.” Note: If your membership number begins with a zero (e.g., 01234567), do not enter in the first zero. Begin entering in your membership number with the first non-zero number.

2. Click on “Perinatal-Pediatric Section” and reenter your membership number as described above.

3. Follow the directions for subscribing to the listserver found on the section’s site.

You must be a member of the section in order to participate in the discussions. If you are an AARC member but not a member of the section, you can join the section at any time using the online membership application found at:

https://www.respiratory.org/membership/active_form.html.

Just fill out the portion relating to Specialty Section membership. Alternatively, you may call the AARC Membership Department at (972) 243-2272 and join with a Visa or MasterCard. ■

Hot List topics: AARC Times Wants Your Input

AARC Times is looking for clinical topics to feature during 1999 and is asking the members of our section to help come up with a “hot list.” What are the key issues that we would like

to see featured in the magazine over the coming year? Please take a minute to jot down the topics you would most like to read about in ‘99 and e-mail them to AARC Times Editor Marsha

Cathcart at cathcart@aarc.org. If you would like to write on one of those topics, please let Marsha know and she’ll get back to you with the details regarding article submission. ■

7th International Conference Noninvasive Ventilation Across the Spectrum from Critical Care to Home Care March 14 - 17, 1999 • Orlando, Florida

Comprehensive program features:

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For registration information call American College of Chest Physicians at 800-343-2227 or visit www.chestnet.org/education/courses/noninvasive. Registration Deadline is March 1.

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FYI . . .

Inhaled corticosteroids safer than oral corticosteroids for controlling acute asthma attacks in children

A recent study by researchers in Israel found that in children with moderately severe asthma attacks who visited the emergency room, treatment with inhaled corticosteroids was as equally effective and safer than treatment with oral corticosteroids.

Researchers evaluated 22 children with previously diagnosed asthma who were between the ages of six and sixteen and were treated in an emergency room for a moderately severe acute asthma attack. Half of the patients were treated with inhaled budesonide and the other half with oral prednisolone. Their pulmonary index score and peak expiratory flow rate were measured hourly for the first four hours.

After discharge, the children received decreasing doses of the treatment and their parents recorded their asthma symptoms for 24 days. Their serum cortisol concentration was measured at one week and again at two weeks after the emergency room visit.

Upon completion of the study, researchers concluded that "in children with moderately severe asthma attacks who were treated in the emergency room, a short-term dose schedule of inhaled budesonide given by means of turbobhaler, starting with a high dose and followed by a rapid decrease in dose over eight days, is at least as effective as oral prednisolone treatment without the suppression of serum cortisol levels." (J Allergy Clin Immunol 1998;102:605-609)

Another new asthma inhale in the works

The Food and Drug Administration (FDA) recently accepted for filing a new drug application for QVAR® beclomethasone dipropionate (BDP), which uses new technology to deliver extra fine droplets to the airways more efficiently than CFC-containing inhalers. Because smaller molecules are delivered, dosing of the hydrofluoroalkane (HFA)-BDP can be reduced

by half when compared to a CFC-BDP inhaler while still achieving the same efficacy.

The adverse event profile of HFA-BDP also compares favorably with that of CFC-/BDP, and study results show that patients treated with the new inhaler report significantly fewer adverse events than those treated with the CFC version. Further, 96% of patients who switched from a CFC-BDP to the HFA-BDP inhaler found the transition to be very or somewhat easy. (American College of Allergy, Asthma & Immunology news release, 11/6/98)

Drug reverses osteoporosis from lung transplants

A University of North Carolina at Chapel Hill study indicates that treatment with the drug Pamidronate can lead to about a 10% reversal of bone loss caused by immuno-suppressant drugs in cystic fibrosis patients who have undergone lung transplants.

Twenty-two of 35 lung transplant patients completed the two-year Pamidronate treatment study at the university, noting an overall increase in their femur mineral densities of 9% and an overall increase in spine mineral densities of 11% when compared with control subjects who received no Pamidronate. (Science Daily, 10/20/98)

New CF drug appears promising

Results from a Phase I double-blind, placebo-controlled study of 75 male volunteers, including 35 smokers, indicates that single inhaled doses of a new cystic fibrosis drug can facilitate the mobilization and clearance of lung secretions. Inspire Pharmaceuticals' INS365 was also shown to be safe and well-tolerated. The company predicts that chronic use of the medication in the early stages of cystic fibrosis lung disease may improve symptoms and patient quality of life and slow the progressive decline in lung function.

INS365 acts on airway cells within the respiratory system, where it acti-

vates P2Y2 receptors that regulate the process of mucociliary clearance, the body's natural mechanism for clearing particulate matter and infectious agents from the airways. The effect of INS365 to mobilize respiratory secretions was generally observed within five to 30 minutes following dosing, and the secretions occurred in a dose-related manner. Cough was the most frequent side effect, which is consistent with the product's mechanism of action - rapidly mobilizing respiratory secretions. (PRNewswire, 10/17/98)

Pharmaceutical company addresses financial burdens of CF

Scandipharm, Inc., has introduced a new program to help ease the financial burden on families with infants diagnosed with cystic fibrosis. Beginning in January, the CareFirst For CF(TM) program will provide certain medications for CF patients under two years of age at no cost. Patients will be eligible to receive the company's ULTRASE(R) pancrelipase microspheres and ADEKs(R) Pediatric Drops free-of charge, and will also receive a free copy of a booklet by Dr. David Orenstein called "Cystic Fibrosis: A Guide for Patient and Family."

The company, which has previously addressed the medical needs of CF patients who were unable to afford some nutritional therapies, plans to work closely with the Cystic Fibrosis Foundation to ensure that the medications are made available to as many CF patients as possible. (PRNewswire, 10/16/98) ■

AARC Online brings you the latest in respiratory care news and information

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