

A newsletter for the physicians of Tampa General Hospital

Hallway Beds Help Ease Emergency Department Bottleneck

Sandra Buckley



When census is high in the hospital, it can be a long, miserable wait for patients needing care in the Emergency Department. The problem isn't so much the ED's capacity, but rather the availability of beds in the hospital -- as emergency patients wait in the ED for beds upstairs, other patients remain in the waiting room without treatment.

Tampa General now has a solution to that problem: when necessary, emergency patients with admitting orders are being moved upstairs to in-patient hallway beds, thus freeing up emergency beds for patients in the waiting room.

This procedure is triggered when the number of patients waiting for ED care begins to climb unacceptably high, and Executive Vice President & Chief Operating Officer Deana Nelson emphasizes that only patients with appropriate conditions are moved to hallway beds. ICU, isolation, psychiatric, and high risk patients are not placed in the hallway, she says.

Staying in a hallway bed is temporary; the patient is moved into a room as soon as a bed becomes available, usually within a few hours. In the meanwhile, Nelson says, patients receive the same excellent care no matter where they're located.

"The care should be no different, whether they are in the hallway or in a room," she says.

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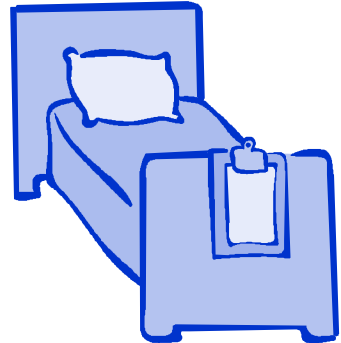
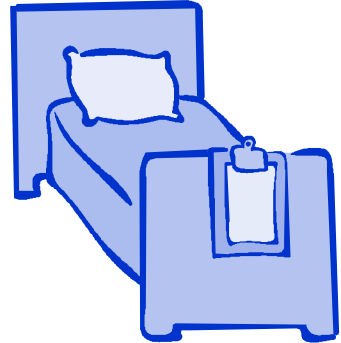
Actually Improves Care

In fact, says ED attending Richard Paula, MD, placing patients from the ED into hallway beds actually improves care.

Paula points to national studies, including one presented last October at an assembly of the American College of Emergency Physicians. The four-year study took place at Stony Brook University Medical Center, in Stony Brook, NY, and concluded that admitting patients to in-patient hallway beds did not increase patient risk or patient complications.

“This has been implemented in a number of hospitals, and it works very well if it’s done in an appropriate fashion,” Paula says. “It makes much more sense to take many patients waiting for a room downstairs in the ED and distribute them throughout the gigantic hospital instead of having them all wait in the cramped ED. Then they’re in a nice quiet environment where they can get the care they need.”

The reason is obvious, Paula says. “When patients come to the ED and are forced to wait for hours to be seen, their illnesses can worsen. Plus they’re in a chaotic environment with other sick people, which can also affect them. Placing them in the hallway with the anticipation that they will get a bed actually makes care better,” he says.



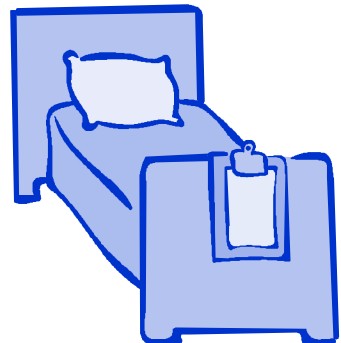
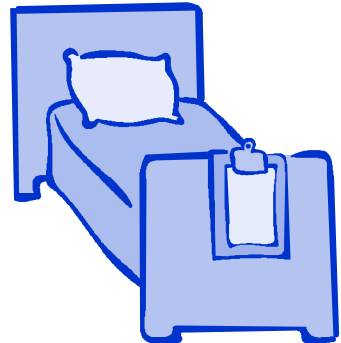
Care In The Waiting Room

In addition to hallway beds, Tampa General has instituted several other initiatives to relieve the ED bottleneck.

For one, a physician and nurse are now seeing patients in the emergency waiting room between 11 a.m. and 11 p.m., the department’s peak hours.

This, too, should make a substantial impact on patient flow, Nelson says. “The physician and nurse can start treating patients right in the waiting room. That treatment can continue after they’re brought to an ED patient room, or the patient can be discharged after treatment,” Nelson says.

“It’s part of our continuing work to address patients’ needs while they’re waiting for beds in the ED,” she says. “Our goal is to have an empty waiting room every day.”



The Latest Emerging Microbial Threat

Carbapenem Resistant Enterobacteriaceae

Peggy Thompson, RN, BSN, CIC

Recently the Infection Prevention department was notified of a patient coming into the hospital with a new resistant organism- carbapenemase producing *Klebsiella pneumoniae*- (KPC) This organism was first identified in 1996 at a hospital in North Carolina and has since been identified in 27 other states as well as China, Colombia, Brazil, France, and Israel, causing significant outbreaks associated with mortality rates ranging from 22% to 59%. Since Enterobacteriaceae are part of intestinal flora, spread can be easily accomplished with fecal-oral and contact transmission. Carbapenemase is an enzyme that attaches to a plasmid on the bacteria and can be easily transferred to other gram negative bacteria. It confers resistance to penicillins, cephalosporins, and carbapenems, making it a true challenge from a treatment perspective. We are being cautioned to take this organism very seriously due to the threat of it becoming well established in the community, making infections in healthy people, such as pyelonephritis and perforated appendicitis, untreatable and life threatening. In 2006 a strain of KPC spread through Israel infecting 700 patients and doubling the proportion of blood isolates due to KPC. They reported a mortality rate of 44% associated with these cases.

To date the spread of this organism hasn't been widely appreciated because it is predominantly affecting the people who are already chronically ill. The time to contain this organism is now, before it spreads to the healthy community. Infection prevention depends on early recognition of this organism as well as stringent control mechanisms to prevent transmission in the hospital. The laboratory has worked very closely with Infection Prevention and the state health department to develop testing to identify these patients quickly to facilitate early isolation of the patients. The isolates identified to date have shown very little sensitivity to antibiotics tested. Only two have shown sensitivity to imipenem and some have been resistant to all drugs tested. The patients are placed into Special Contact Precautions and are not allowed to be placed in a room with other patients. Strict adherence to isolation and hand hygiene practices as well as rigorous environmental cleaning are extremely important to prevent transmission of this organism.

From The Medical Symptoms Database
(http://www.symptoms101.com/med/archives/2005/05/klebsiella_pneu.php)

Klebsiella pneumoniae is a gram-negative rod-shaped bacteria, and clinically the most important member of the *Klebsiella* genus of Enterobacteriaceae. It can cause pneumonia although it is more commonly implicated in hospital-acquired urinary tract and wound infections, particularly in people with weakened immune systems. It is an increasing problem in hospitals because of the evolution of antibiotic resistant strains.

The Danish scientist Hans Christian Gram (1853-1928), developed the technique now known as Gram staining in 1884 to discriminate between *K. pneumoniae* and pneumococci.

Tampa General Hospital
Quality Improvement Department

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TGH Welcomes our new Physicians



The physicians below were added to TGH staff Jan 31 & Feb 28th

Amanda N. Alvelo-Malina, MD
Umesh S. Lingegowda, MD
Jonathon P. Alvoir, MD
Jacinto B. Moya, MD

Obstetrics & Gynecology
Cardiology
Internal Medicine
Anesthesiology

KUDOS TO OUR PHYSICIANS!

Congratulations to the following physicians who were recognized by their patients in the form of personal letters to TGH leadership.

Dr. Selim Benbadis
Dr. Samuel Shube
Dr. Eric Sauvageau
Dr. Yun Tae Chang



This newsletter is produced by Tampa General Hospital's Quality Improvement Department. All comments, responses or suggestions are welcome and should be directed to:

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