

Redesign of TGH Case Management Program Increases Efficiency of Patient Plan of Care and Discharge

Steven McGaffigan, Director, Case Management

The redesign of the case management program at TGH includes two vital components: a newly defined Care Coordinator role and a more robust discharge planning process. The goals of the redesign are to: (1) improve communications with patients and families, (2) reduce length of stay, and (3) improve patient flow.

The Care Coordinator has a primary focus on efficiently moving the patient through the hospital stay to safe discharge. If there is an issue or barrier that impedes patient flow, the Care Coordinator escalates to successful resolution. The aim is for the Care Coordinator to be the “Go To” person for physicians and the interdisciplinary team. In addition, the Care Coordinator collects variance data which will be utilized to understand the root causes of avoidable delays and identify opportunities to change hospital processes or practice patterns.

The University HealthSystem Consortium has identified that best practice for discharge planning involves systematizing the plan for discharge by creating a multidisciplinary process for establishing the plan of care and developing a plan for discharge with milestones for evaluating progress. At TGH, this multidisciplinary process begins with a daily huddle. A key role of the Care Coordinator is to assure daily huddles are held and that plans are communicated to all care providers and reviewed with the patient. Social Workers in the case management program will continue to provide an array of services such as guardianship and arrangement of all discharge plans.

Another case management program change involves the creation of a centralized Resource Center. Resource Center Associates, will assist Care Coordinators and Social Workers by performing non-clinical tasks associated with utilization management and the discharge planning processes.

TGH is considering a plan to recruit a full-time Physician Advisor to provide education and recommendations to assure patient admissions to the hospital and/or continued stays are medically necessary and provided at the appropriate level of care. Furthermore, the Physician Advisor could function as a resource to medical staff with respect to payer interactions, patient flow barriers, and challenging discharges.

The new model is currently operational on 5A & 7C, with 6A & 8C next in line. The goal is house wide implementation by the year end.

**Questions about these changes are welcome and can be directed to:
Steven McGaffigan, Director, Case Management, 844-8772; Stacie Eubanks, Manager, Case Review, 844-4155; or Bill Gross, Manager, Social Work, 844-4316.**

Tampa General Hospital Wins

“Best Practice” Award!

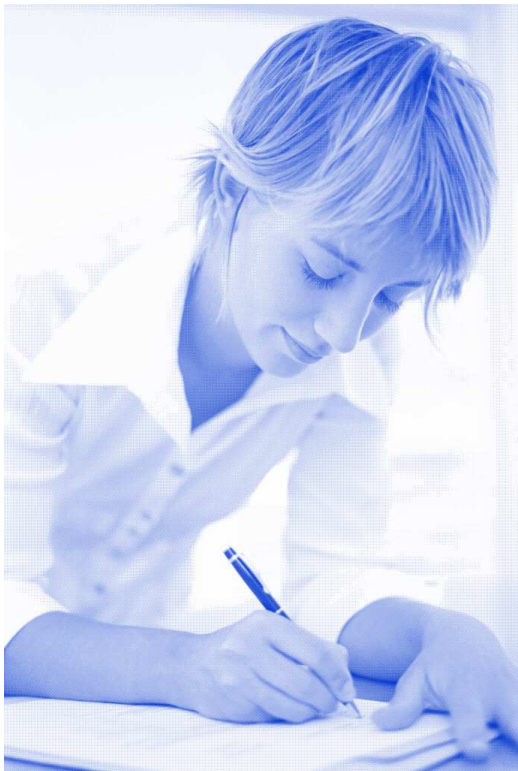


Manon Short, R. P. T., Injury Prevention Coordinator

On April 2nd 2009, TGH received the **"Best Practice" award for their Injury Prevention and Lift Team program** at the National Safe Patient Handling conference. This conference is sponsored by the VA Patient Safety Center of Inquiry, ANA, APTA, NIOSH, National Association of Bariatric Nurses and the National Back exchange in the UK. This award recognizes hospitals who have been able to sustain a successful safe patient handling program and show great outcomes related to reducing healthcare worker injuries.

Manon Short, TGH's Injury Prevention Coordinator, accepted the award on behalf of TGH. She gave a 45 minute presentation on TGH's Injury Prevention and Lift Team program at a general session following the award ceremony.

Each year approximately 800-1000 people attend this conference, as the safe patient handling topic is gaining national attention. Eight States have already passed safe patient handling legislation. Florida has not passed legislation yet, but is working on it.



Announcing the Comfort Measures Only/ Allow Natural Death pre-printed order set.

The Comfort Measures Only/Allow Natural Death Order Set, which appears on the next four pages, should negate the need for clarification call-backs as the orders are very specific. An explanation and rationale for implementation of this order set can be found on page 3 following the order set inserts.

Each of the four pages must be signed and page 4 relating to extubation must be signed by a licensed physician.

These orders are now available on the TGH portal under FORMS, "Allow Natural Death."

A 12 minute discussion of the order set is available on demand:

Allow Natural Death Order Set Introduction #440 Call 7790

Have Questions? Please contact Palliative Care at 844-7917.

ALLOWING A NATURAL DEATH PRINCIPLES FOR WITHHOLDING AND WITHDRAWING LIFE-SUSTAINING TREATMENT

- 1) Death occurs as a consequence of the underlying disease. The goals of care outlined on the preceeding order set are to relieve suffering and not to hasten death.
 - 2) Withdrawing life-sustaining treatment is a medical procedure that requires the same degree of physician participation and quality assurance as any other medical procedure.
 - 3) Withholding life-sustaining treatment is morally and legally equivalent to withdrawing treatment. When any life-sustaining treatment is withheld, the goals of care should be reassessed and strong consideration should be given to withdrawing other life-sustaining treatments.
 - 4) Any treatment can be withdrawn or withheld, including nutrition, fluids, antibiotics, or blood products.
 - 5) Actions solely intended to hasten death are morally unacceptable (for example, administering a high dose of potassium or a paralytic drug).
 - 6) Any dose of analgesic or anxiolytic medication may be reasonably used in order to relieve suffering. It is important to remember that patients can develop tolerance to medications so that unusually high doses may be necessary to adequately relieve suffering.
 - 7) Clinicians should be extremely sensitive to the difficulties in assessing suffering in critically ill patients and should be wary of under-treating discomfort when life-sustaining treatment is withheld or withdrawn. When determining the need for medication, **the following signs should be assessed and documented in the medical record: tachypnea, tachycardia, diaphoresis, grimacing, accessory muscle use, nasal flaring, and restlessness.** Pain can be assumed in the event of malignant disease, trauma, or any condition which generally causes pain.
 - 8) If brain death has been formally documented, there is no need for medications to relieve suffering.
 - 9) Life-sustaining treatment should not be withdrawn while a patient is receiving paralytic drugs. After paralytic drugs have been discontinued, life-sustaining treatment may be withdrawn, as long as the patient demonstrates sufficient motor activity to allow thorough clinical assessment.
 - 10) Cultural and religious views influence the perspectives of patients and family members regarding life sustaining treatment. These issues should be discussed with patients and family members, and efforts should be taken to accommodate various perspectives. Social workers, spiritual care providers, and palliative care team consultants are available to help address these issues.
 - 11) Caregivers who are uncomfortable with allowing a natural death can be reassigned.
 - 12) Visitation for the patient should be liberalized.
 - 13) Active Nursing care (including repositioning and mouth care) should be continued.
-

Tampa General Hospital
Quality Improvement Department

PRSRST STD
US Postage
PAID
Tampa, FL
Permit No. 228

P. O. Box 1289
Tampa, FL 33601



WE'RE ON THE WEB
WWW.TGH.ORG

TGH Welcomes our new Physicians

The physicians below were added to TGH staff March 31st

Jack A. Davidson, DDS, MD
Scott M. Gebhardt, DO
Kelvin W. Gorrell, MD
Mark L. Kayton, MD

Plastic Surgery
Internal Medicine
Anesthesiology
General Surgery



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

Sally H. Houston, M.D.
Sr. V.P. &
Chief Medical Officer
Tampa General Hospital,
P.O. Box 1289,
Tampa, Florida 33601

Editorial Review Board

EXECUTIVE EDITOR

Sally H Houston, M.D.

EDITOR-IN-CHIEF

Charles F. Bombard, RN, MHA

LAYOUT & DESIGN

Paul DeLand

BOARD MEMBERS

Deana Nelson, RN, MHA

Devanand Mangar, M.D.

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. Alfredo Mendoza
Dr. Juan Angel
Dr. John Cha

