

UNIVERSAL PROTOCOL

John Bond, RN, MSN, NE-BC
VP Surgical Services

The Universal Protocol was developed from a need identified by The Joint Commission (TJC) over a decade ago. It defines a specific process that should be followed each time an invasive procedure is performed on a patient. An invasive procedure is a procedure in which a patient has an incision into or puncture of their skin or has instrumentation inserted via a natural body orifice. With very few exceptions (venipuncture, peripheral IV insertion, insertion of an indwelling urinary catheter and the placement of an NG tube) this protocol must be followed for each procedure to ensure that the correct procedure is performed on the correct patient and on the correct anatomical part of the body.

The Universal Protocol has been a standard in TJC's accreditation manual for many years. In spite of the emphasis that TJC has placed on this protocol, the reported incidences of wrong patient, wrong procedure and wrong site procedures continues to rise each year. The continued increases in reports of these incidences have led TJC to revise the Universal Protocol to include new or modified standards related to pre-procedure verification, site marking, and the final time-out.



The Universal Protocol itself is simply the final verification by all parties involved in performing a procedure of the correct patient, the correct procedure and the correct procedural site. The Universal Protocol is composed of four (4) steps:

- 1. Identification of the correct patient**
- 2. Verification of the correct procedure(s)**
- 3. Marking of the correct anatomical site(s) where the procedure will be performed (if applicable)**
- 4. Conducting the final "Safety Time Out" by all parties just prior to beginning the procedure confirming all of the above information. This must be acknowledged verbally by all parties involved and documented in the patient's record using the various forms and or automated records available.**

Recent revisions to the Universal Protocol make it much more prescriptive in nature and define who is required to perform certain aspects of the verification process. The existing TGH policy was reviewed and revised to be in compliance with TJC's expectations. A diverse group of staff members from different divisions met and participated in the development of a unique multi-formatted educational program that was provided to all involved members of Patient Care Services. All appropriate staff members completed the training by the end of January. Additionally, presentations have been made to many medical staff groups including both residents and attending physicians. An online educational program with CME credit will be offered in the coming weeks. Participants will be eligible for a raffle drawing. The TGH Medical Staff is taking a firm approach towards physicians who are not compliant with the Universal Protocol.

The successful application of the Universal Protocol process goes beyond mere compliance with the standards of an important regulatory entity. It is truly aimed at helping to establish and maintain a culture of safety for all of our patients and to prevent any variation from the charge to always protect our patients from harm.

Revised TGH Vendor Policy

February 1, 2010



Our Vendor Policy has recently been revised to reflect common industry standards and TGH specific requirements. A few areas of the policy may be of interest to members of our Medical Staff:

Each company will be required, annually, to disclose any financial relationship with members of the medical staff or TGH staff (due August 1st of each year). The intent of this provision is to understand what relationships exist so TGH may partner with key stakeholders for the benefit of everyone.

Pharmaceutical company representatives must have their on-site appointments approved by the Pharmacy Office. It is important that pharmacy staff know of current prescribing trends that are being shared by pharmaceutical representatives so they can address current and future medical staff requests.

Each vendor will be required to register with our vendor credentialing partner, Status Blue, and submit required documentation (eg TB test, proof of immunization) which will assist in meeting Joint Commission requirements. All appointments will be managed through the Status Blue system (effective April 1, 2010). Vendor badges will then be visit specific with picture identification.

Observership:

Requests must be submitted to the corresponding procedure area two (2) weeks prior to desired date to facilitate procedure scheduling.

For vendor sponsored observership, a fee of \$150 per observer per day will be assessed and due prior to date of visit. The nominal fee is far below the industry average and helps cover administrative costs associated with hosting visitors. There is no charge for physician-to-physician visits.

Any supplies used above the routine/customary amount will be provided at no charge. This insures that hosting visitors does not have a negative impact on the cost of the procedure.

Vendors may not provide food or promotional materials (e.g. pens, mugs) at educational programs or at any other group meeting during visits to TGH thus avoiding any real or perceived conflict of interest. Should any physician meetings require food it will be provided by TGH.



TGH Pharmacy & Therapeutics (P & T) Committee UPDATE: January 2010

John Allen, PharmD, PGY1 Pharmacy Resident

**Please visit Micromedex – FORMULARY ADVISOR for more details of the latest formulary decisions and access to the TGH Formulary. Micromedex – FORMULARY ADVISOR is available on any computer in the hospital with an internet browser!*



Asenapine (Saphris®)

The P & T Committee approved the addition of asenapine (Saphris®) to formulary without any restrictions. Asenapine is an atypical antipsychotic indicated for the acute treatment of schizophrenia in adults and as acute monotherapy treatment of manic and mixed episodes associated with bipolar 1 disorder in adults. Asenapine is administered as a sublingual tablet twice daily. Asenapine is comparable to other atypical antipsychotics with regards to both efficacy and adverse events.

Therapeutic Interchange-(Ambien CR®, Lunesta®, Sonata®)

Information on a therapeutic class review of non-benzodiazepine sedative hypnotics were presented. Currently, the non-benzodiazepine sedative hypnotics on formulary include ramelteon (Rozerem®) and zolpidem immediate release (Ambien®).

Zolpidem extended release (Ambien CR®), eszopiclone (Lunesta®) and zaleplon (Sonata®) are currently non-formulary. Current usage and drug spend for this class indicates that a high percentage of patients are managed with zolpidem. Currently, phone calls are placed to prescribers when non-formulary agents are ordered resulting in changes to zolpidem. The P&T committee approved the therapeutic interchange of zolpidem extended release, eszopiclone and zaleplon to zolpidem. Refer to therapeutic interchange list on Micromedex – Formulary Advisor.

Quality Improvement/Medication Safety

An MUE was done to assess the usage of Daptomycin at the hospital. A random sampling of Daptomycin patients (n=46) was assessed in the MUE. Eighty three percent of patients were found not to have a prior history of MRSA or VRE, with 50 percent of all daptomycin therapy on Day 0 ordered as surgical prophylaxis. Comparative hospital usage data was presented from the University Healthsystem Consortium (UHC) database of academic medical centers. The data revealed that Daptomycin use and drug spend at TGH are consistently higher than comparable academic medical centers. Prophylactic use of Daptomycin was discussed at the February 2010 P&T Meeting where it was decided that Daptomycin should no longer be utilized for perioperative surgical prophylaxis.

Policies

No new policies were discussed.

Pharmaceutical Shortage Update:

Additional shortage information is listed on Micromedex Formulary Advisor and updated as necessary.

Tampa General Hospital
Quality Improvement Department

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WE'RE ON THE WEB
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TGH Welcomes our new Physicians

The physicians below were added to TGH staff February 28th

Adam J. Cohen, MD	Cardiology
Steven D. Gitomer, MD	Gynecology
Lawrence J. Kantrowitz, MD	Hospital Medicine
Mohamad I. Saleh, MD	Neurology
David M. Whitaker, MD	Cardiology



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. Jacob Eastman, Dr. German Ramirez, Dr. Cynthia Mayer,
Dr. Philip Stromquist, Dr. Philip Rogal, Dr. Mark Rumbak,
Dr. Jose Esteves and Dr. Stephanie Pezzo**



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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