

New Chief Medical Information Officer Ensures Physician Input Into Electronic Medical Records



Dr. Rich Paula, Tampa General's new Chief Medical Informatics Officer, is aiming for an EMR that's "physician- and nurse-friendly."

Emergency medicine physician Dr. Rich Paula has seen dramatic changes in TGH's Emergency Department in the 10 years he's been here – among them development of an emergency medicine residency, the move to the Bayshore Pavilion, and installation of new technology that has helped emergency staff treat patients more efficiently and effectively.

Now Dr. Paula is involved in bringing an equally dramatic change to the entire hospital.

As TGH's new chief medical informatics officer (CMIO) and member of senior management, Dr. Paula will be integrally involved in developing our Epic electronic medical records (EMR), a project that will substantially affect our approach to patient care.

Dr. Paula will provide the physician's perspective and participate in decision-making as the project develops. He is currently organizing a physician advisory group of close to 20 physicians from a range of specialties to assist him in this endeavor.

Also under his bailiwick will fall everything from keeping physicians informed on the EMR's progress, to training doctors on the new system, to bringing in new technologies that could enhance the practice of medicine at TGH.

His ultimate goal is to see a system that's "physician- and nurse-friendly," he says.

"We need something that's easy to use and that people want to use, something that makes my job and my life easier and makes it easier to take care of the patient," he says.

Dr. Paula joined TGH 10 years ago as an attending physician in the Emergency Department. He eventually was named director of research for the emergency medical residency program. Most recently, he served as the ED's assistant medical director.

He applied for the CMIO position out of an interest in improving hospital processes.

"I'm keenly interested in this place being a fantastic place to work and be a patient," he says. "Physicians at Tampa General are some of the best I have ever worked with; everyone is interested in the benefit of the patient. But we need to realize some more efficiency.

"We have so many different computer systems and non-computer systems – written records and orders. It's a waste of thousands of hours of people's time when a physician has to look for lab results on one computer, x-rays on another, and other records on paper," he says.

(Continued on page 2)

Disruptive Patient/Visitor Policy

Julia Vidal, Nurse Manager 6C1



Tampa General has developed a policy (TX-22) to assist in the management of disruptive, violent or non-compliant patients. It also includes the management of problem visitors. The policy allows for the administrative discharge of patients that are unable to participate in their care without the threat or use of violence or are non-compliant with their ordered medical treatment.

Administrative discharge implies that although the optimal course of treatment would be for the patient to remain in the facility; their behavior has resulted in a situation making their treatment and maintenance of a safe, therapeutic environment impossible. As disruptive issues arise, physicians, risk management staff and senior management will collaborate on how best to deal with the situation.

The policy is not directed at patients with head injuries, dementia or confusion as a result of their medical condition. It is for those patients that make conscious choices to disrupt the ordered medical regimen and threaten the safety of the health care team (and possibly other patients and visitors).

Early notification of and participation by the medical staff is imperative to the effective management of these patients. Physician involvement focuses on working with the nursing staff to set and maintain institutional expectations and discuss any inappropriate behavior with the patient.

The policy also addresses patients that place themselves or others at risk by activities such as manipulation of IVs, leaving the floor while on telemetry, or refusing ordered tests, procedures or monitoring. The policy will allow the physician staff to terminate the patient-physician relationship by following the administrative discharge process. The policy and the associated forms are available on the TGH Employee Portal on each nursing unit's computers.

(Continued from page 1)

It was Dr. Paula's enthusiasm for process improvement that prompted his selection as CMIO, says Beth Lindsay-Wood, senior vice president and chief information officer.

"It was clear to us that he has demonstrated leadership, has been involved in communication within Tampa General, and has a passion for the facility and the technology," Beth says.

"It's clear that he is very, very excited about this opportunity. You need passion and enthusiasm to get through something of this magnitude. He has the right stuff for what we need," she says.

TGH Pharmacy & Therapeutics (P & T) Committee UPDATE: February 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!*



Daptomycin (Cubicin®)

Follow-up daptomycin (Cubicin®) data was presented to the committee including timeline of daptomycin usage at TGH, history of daptomycin formulary approval process, comparative data of similar agents and data from the University Healthcare Consortium (UHC) database comparing TGH daptomycin usage to similarly sized academic medical centers. The P&T Committee recommended the elimination of the use of daptomycin as surgical prophylaxis in non-infected patients in all settings.

Telavancin (Vibativ®)

The P & T Committee did not approve the addition of telavancin (Vibativ®) to formulary. The product will remain non-formulary. Telavancin is a lipoglycopeptide antibiotic with in vitro activity against gram-positive organisms including MRSA and VRE. Similar agents include vancomycin, daptomycin and linezolid. Telavancin is FDA approved for the treatment of cSSSI due to gram-positive organisms including MRSA. Telavancin has a Black Box Warning requiring a serum pregnancy test prior to use in women of childbearing age due to fetal risks.

Telavancin (Vibativ®) was not added to TGH formulary at this time due to safety implications and its lack of clear advantage compared to current formulary agents.

Liquid protein supplement (Proteinex®)

The P&T Committee approved the addition of Proteinex® (liquid protein supplement) as a formulary protein supplement. Proteinex is a liquid protein supplement that provides 18 grams protein/30 mL solution. Currently, Beneprotein (powder protein supplement) is the protein supplement of choice at TGH. The committee requested the development of guidelines outlining situations when Proteinex or Beneprotein would be used.

Quality Improvement/Medication Safety

Alvimopan (Entereg®) is currently restricted to the colorectal surgery service and to bowel resection with primary anastomosis. The committee has expanded approved usage of alvimopan to other surgical services performing these procedures. Standard pre-printed ordersets must be used for all patients receiving alvimopan.

The conivaptan (Vaprisol®) screening orders were reviewed and revised. Conivaptan formulary status is now formulary-restricted requiring attending level physician approval prior to use.

Policies

Newly developed pediatric and adult IV administration guidelines for Crotalidae Polyvalent Immune Fab (Crofab®) were reviewed and approved.

Pharmaceutical Shortage Update:

Propofol (Diprivan®) Injection: A nationwide shortage of propofol is occurring. Propofol use is not restricted at this time at TGH. A plan has been devised to address any potential issues.

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

Tampa General Hospital
Quality Improvement Department

PRSRT 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:



2/28/2010

Adam J. Cohen, MD
Steven D. Gitomer, MD
Lawrence J. Kantrowitz, MD
Mohamad I. Saleh, MD
David M. Whitaker, MD

Cardiology
Gynecology
Hospital Medicine
Neurology
Cardiology

3/31/2010

Larry Fishman, MD
Lukasz Janeczek, MD
Daniel R. Marin, MD
Abu S. Mohammad, MD

Neurological Surgery
Family Practice
Physical Med & Rehabilitation
Hospital Medicine

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. Narendra Sastry (2), Dr. Mark Rofle, Dr. Cedric Sheffield,
Dr. Tarik Haddad, Dr. Christiano Caldeira, Dr. David Solomon,
Dr. Robert Geck, Dr. Grace Dongan and Dr. Nicole Mead**

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.