

THE AMERICAN COLLEGE OF SURGEONS' NATIONAL SURGICAL QUALITY IMPROVEMENT PROGRAM COMES TO TAMPA GENERAL HOSPITAL

AMERICAN COLLEGE OF SURGEONS
National Surgical Quality Improvement Program

Vic Velanovich, MD, USF Division Chief,
General Surgery; Professor of Surgery



Tampa General Hospital is participating in the [American College of Surgeons' National Surgical Quality Improvement Program \(ACS-NSQIP\)](#) and the [Florida Surgical Care Initiative \(FSCI\)](#). These programs are designed to provide hospitals with risk-adjusted, high-quality, 30-day outcomes for their surgical patients. The ACS-NSQIP has been the leading program in providing risk-adjusted data and helping hospital improve the quality of surgical care.

Tampa General Hospital participates in the procedure-targeted program of NSQIP. In addition to collecting data on patients who undergo "core" operations, TGH collects data on targeted operations. This is done by a clinical nurse reviewer who is specially trained to collect preoperative, intraoperative and postoperative data. This data is then transmitted to a central data bank administered by the American College of Surgeons. Every 6 months, the ACS then analyzes the data to determine the relationships of postoperative complications to preoperative and intraoperative risk factors. With this model, each hospital receives not only the absolute rate of the occurrence of deaths and complications, but also a risk-adjusted observed-to-expected (O/E) ratio. An O/E ratio of 1 means that the rate of complications is as expected, <1 means that it is less than expected, and >1 means more than expected. If the O/E is statistically significantly <1, then the hospital is a "low-outlier," implying that the hospital is practicing in a way that they have fewer complications than what would be expected for its patient population. If it is statistically significantly >1, then it is a "high-outlier," implying that it is having more complications than what would be expected. In between these reports, we can review our data "real-time" and compared ourselves to other hospitals in NSQIP. Our comparable hospitals would be >500 bed academic hospitals. Although not risk adjusted, it does give an idea how we are doing compared to others.

We recently had the opportunity to review our data. Although we compare quite well in general, we do have areas in which we can improve. Although the sample size is still small (we have only 215 patients in the data base as of 11/16/2011), there are two areas that we would like to focus on.

(Continued on page 2)

ACS-NSQIP / FSCI (cont.)

(Continued from page 1)

Firstly, our overall wound occurrence rate is higher than our comparator hospitals (7.2% vs.

5.1%), and this is especially true for deep organ space infections (3.6% vs. 1.6%). Therefore, you will see plans to standardize the use of prophylactic antibiotics, which will also help our SCIP measures. Secondly, our postoperative pneumonia rate is higher than our comparators (2.6% vs. 1.5%). You will see plans developed to improve preoperative and postoperative respiratory care. This will be done through assessing the best practices literature as well as engagement of all members of the patient care team to develop the best way to reduce the number of these complications. You will hear from us about setting up meetings for this purpose.

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Lastly, we will be participating in the ACS-NSQIP's Pancreatectomy Demonstration Project. This project is designed to collect additional information on all pancreatectomy patients in order to assess factors that may be associated with postoperative complications. We are one of several hospitals and institutions to participate. Ultimately, the ACS-NSQIP hopes to develop a set of best practices to improve the care of pancreatectomy patients.

On behalf of the members of the TGH NSQIP team, we look forward to engaging all members of the TGH family in quality improvement.



TGH Dialysis Department to Provide Therapeutic Exchange Services

Nicole Cole, RN-BC, BSN, CCRN, Nurse Manager, Adult Dialysis

On January 1, 2012 the current Adult Hemodialysis Unit will become the Hemodialysis and Therapeutic Exchange Department (HTE). Therapeutic exchanges have been handled successfully by Florida Blood Services for the past several years. However, the more recent trend is for acute hemodialysis units from large university based centers to provide the therapeutic exchange services.

Tampa General's dialysis unit has grown by leaps and bounds over the last three years. There has been a steady increase of over 1000 or more treatments per year and the amount of "travel dialysis", dialysis occurring outside the unit, has doubled since 2005.

The dialysis staff has both the training and experience to handle the most complex patients. Over 50 percent of our RN staff is certified, nine in nephrology and/or hemodialysis nursing and one in critical care nursing. Our dialysis department has the experience, knowledge and enthusiasm to take on this extensive project.

The goal of this project is to provide expert professional nursing care to all patients requiring therapeutic exchange at Tampa General Hospital. We also hope to reduce cost and provide quality control over all adult dialysis and therapeutic exchange procedures.

The plasmapheresis project will increase the treatments scheduled through the dialysis department by more than 100 procedures per month. Tampa General prides itself on providing excellent high quality care to the residents of West Central Florida; dialysis intends to continue that tradition by not only being successful but a benchmark for quality.

The following outlines the services provided by TGH and Florida Blood Services:

**After January 1, 2012 all orders for plasmapheresis will be written by
USF nephrology or TGMG nephrology.**

<i>TGH Provided Therapies</i>	<i>Florida Blood Services will continue to provide</i>
Plasmapheresis on all adult inpatients and outpatients	TPE or other blood component therapy to pediatric patients.
RBC exchange in the future	RBC exchange
	Cell reduction therapy and all other blood component therapies; excluding TPE
	Photopheresis



TGH Pharmacy & Therapeutics (P & T) Committee UPDATE: September 2011

[Earnest Alexander, PharmD, Manager Pharmacy Services](#)

*[*Please visit Micromedex under the "Hyperlink" tab in EPIC for more details of the latest formulary decisions and access to the TGH Formulary.](#)*

• Antimicrobial Subcommittee Report

- Dr. Montero reviewed the progress of the Antimicrobial Stewardship Team (AST) to date. The AST has been in place for approximately 1 year. During that time, an Antimicrobial Subcommittee was developed in April 2011. The AST has focused primarily on duration of therapy with antimicrobial agents and several high impact agents including: daptomycin, linezolid, and piperacillin-tazobactam. Data to support the improved utilization of these agents was shared with committee members. Review of TGH antibiogram and susceptibility data further supports the need for close review of duration and choice of antimicrobial agents. The goal of the AST is to improve antimicrobial utilization and decrease resistance emergence with more impactful initiatives to come.

• Ceftaroline (Teflaro)

- Cefaroline is a novel, parenteral, broad-spectrum oxyiminocephalosporin active against staphylococci, including methicillin-resistant strains, and pneumococci, including penicillin- and cefotaxime-resistant strains. It also has *Hemophilus Influenza* and *Moraxella Catarrhalis* activity, but this is constrained by its lability to beta-lactamases, including AmpC, extended-spectrum, KPC, and metallo types. It is a weak inducer of AmpC enzymes.
- Ceftaroline has similar efficacy to vancomycin plus aztreonam in the treatment of complicated skin and skin structure infections and to ceftriaxone in the treatment of community-acquired pneumonia in phase III clinical trials. The drug has only been studied in adults.
- The P & T Committee accepted the Antimicrobial Subcommittee's recommendation to not add ceftaroline (Teflaro) to the TGH formulary due to concerns of potential resistance emergence.

• Lurasidone (Latuda)

- Lurasidone (Latuda) is a benzoisothiazol-derivative atypical antipsychotic agent indicated for the treatment of patients with schizophrenia. It offers another alternative in the treatment of the condition. It is associated with fewer metabolic side effects compared to second generation antipsychotics, but carries a high incidence of somnolence and extrapyramidal symptoms comparatively. Once daily dosing provides ease of use and potentially improved adherence to therapy.
- The P & T Committee accepted the recommendation to add to TGH formulary.



• Progesterone vaginal insert (Endometrin)

- The progesterone vaginal insert (Endometrin) offers an alternative to progesterone vaginal gel and progesterone vaginal suppositories. The insert is as effective as the gel and suppositories when used in a traditional assisted reproductive technology (ART) protocol and for prevention of preterm delivery in high risk patients.
- The P & T Committee accepted the recommendation to add to TGH formulary.

Please visit "tgh pharmacy" link on any patient care computer or Micromedex through EPIC hyperlink – FORMULARY ADVISOR provides a complete and current list of pharmaceutical shortages



WE'RE ON THE WEB
WWW.TGH.ORG

TGH Welcomes our new Physicians

The physicians below were added to TGH staff: 9/30/2011

Salim A. Afridi, MD	Surgery/Urology
Andrew S. Breitberg, MD	Internal Medicine/Hospital Medicine
Angelica Brozyna, PhD	Psychiatry/Psychology
Grace A. Freire, MD	Pediatrics
Matthew T. Hartlage, MD	Internal Medicine/Hospital Medicine
Francisco H. Itriago, MD	Surgery//General Surgery
Elizabeth H. Jacobs, PhD	Psychiatry/Psychology
Stephanie L. Kokseng, MD	Internal Medicine/Hospital Medicine
Ian K. Musgrave, MD	Internal Medicine/Hospital Medicine
David Z. Rose, MD	Neurology
Vic Velanovich, MD	Surgery/General Surgery
Jennifer M. White, MD	Psychiatry



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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### **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. Junaid Ahmed, Dr. Dennis F. Bandyk, Dr. Peter J. Berman, Dr. Raviendar Bukkapatnam,  
Dr. Christiano C. Caldiera, Dr. Guillermo Cintron, Dr. Bengt Herweg,  
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