

## Tampa General Undergoes Joint Commission Triennial Survey



Chuck Bombard  
Director, Quality Improvement

Surveyors from the Joint Commission arrived unannounced on August 22<sup>nd</sup> to conduct Tampa General's triennial survey. The initial survey team consisted of five surveyors: two nurses, two physicians and an ambulatory surveyor. They were joined the next day by a life-safety engineer. The week-long survey concluded on Friday with a briefing to the TGH leadership group.

During the course of the survey, the surveyors found many things that impressed them about our hospital. Surveyors frequently mentioned the excellent care being provided and the compassion shown for the patients. Many patients were interviewed and each gave the hospital very positive evaluations. The surveyors were exceptionally detailed, meticulously going through selected patient's charts, page by page, line by line.

While the surveyors were very impressed with what they saw, there were some things that they identified that we could be doing better. Those opportunities pertaining to the physician staff cited as improvement issues are as follows, many being repeats of the 2008 survey: (1) Numerous verbal and telephone orders were not authenticated within 48 hours. (2) Several instances were cited where a pre-admission history and physical had not been updated upon the patient's admission to the hospital. Several H&Ps were found undated and untimed. (3) Surveyors identified a number of physician orders and progress notes that had illegible signatures and were not dated and/or timed. (4) Many unauthorized abbreviations were identified in the medical records, to include "U" instead of units, "QD" instead of daily or every day, and several fractionated doses written without a leading zero, e.g., .04. (5) Immediate post-procedure progress notes were identified as not completed in a timely manner. (6) The Ongoing Professional Practice Evaluation program had one department that was beyond the 6 month review period. (7) There was one citation for lack of a documented post-anesthesia evaluation. (8) Orders for patient restraint were found for a patient who no longer needed restraints. (9) Many entries in the medical record were noted as not being timed or dated.

The Joint Commission requires that we develop a plan of action for each of the standards that were identified as non-compliant and submit this plan within 45 days (or 60 days depending on the classification of the citation) of the hospital's official notification of survey results. We ask your help and leadership in correcting those items cited by the Joint Commission surveyors.

Overall, our survey was very successful. Our gratitude is extended to all those physicians who helped us achieve full Joint Commission accreditation status for another three years.

## Transitioning Youth from Pediatric to Adult Health Care ...Tools for Success

Lynn Ringenberg, MD, USF Emeritus Professor of Pediatrics

What happens to young adults with disabilities or a chronic health problem when they age-out of health care? The large number of youth with special health care needs moving from pediatric to adult health care is a relatively new phenomenon. Due to advances in medical care, we've seen dramatic increases in survival rates among these children, yet we do not have a system that adequately supports this population as they become adults. Some of the problems they face are finding adult physicians who are qualified and willing to provide care, difficulty accessing affordable health insurance, and inadequate preparation for health care self-management. Young people who don't receive age-appropriate and preventive care are more likely to experience disease complications, increased emergency room visits and hospitalizations, as well as development of secondary disabling conditions.

Established in 2009, FloridaHATS (**H**ealth **A**nd **T**ransition **S**ervices) brings together consumers and service providers to address the complex issues associated with transition for *all* youth and young adults with chronic health conditions or disabilities. While the program is positioned within Florida's Title V program, Children's Medical Services, it is a collaborative initiative involving multiple partners throughout the state, including the Florida Developmental Disabilities Council, Inc. Our Medical Advisory Committee is comprised of both pediatric and adult medical providers, and is working with the Florida Pediatric Society, Florida Association of Children's Hospitals, and Florida Medical Association on several advocacy and training activities. In addition to its work in financing, education, and training, FloridaHATS provides technical assistance in building local service networks that span pediatric and adult systems. Public-private coalitions have been organized in three pilot regions: Tampa-Hillsborough County, the Panhandle area, and Jacksonville-Duval County.

The FloridaHATS web site, [www.FloridaHATS.org](http://www.FloridaHATS.org), provides a rich repository of resources for youth, families, and providers. Here are a few items you will find on our site:

- *Florida Health Services Directory for Young Adults*, a web-based directory that is searchable by community, county, key word, and/or service category. If you provide health-related services for adults with disabilities or chronic health conditions anywhere in Florida, please make sure you are listed in the directory. Just complete the online submission form to add or update a listing. Hillsborough County residents also have the option of talking to a community representative about local services and resources. YSHCN, families, and providers are welcome to contact Joane White, Family Support Worker at (813) 396-9772 or [Joane\\_White@doh.state.fl.us](mailto:Joane_White@doh.state.fl.us).
- *Just the Facts: The 411 on Health Insurance for Young Adults Ages 18-30 in Florida* helps young adults with and without disabilities decide which health care coverage options might work best for their particular needs. The guide is updated regularly to reflect state and federal guidelines, and is available online in Spanish and Creole.
- *Health Care Transition Training Program for Professionals*, an online training curriculum that provides up to 4 free CME/CE credits to physicians, nurses, psychologists, dentists, social workers, nutritionists, and mental health counselors. The training module is offered through the Gulfcoast North Area Health Education Center (AHEC) at [www.aheceducation.com](http://www.aheceducation.com).

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## Tips on Improving HCAHPS Survey Scores

Below is a list of techniques that have been proven to improve physician scores on the HCAHPS surveys. These are taken from [The HCAHPS Handbook Hardwire Your Hospital for Pay-for-Performance Success](#) by Quint Studer, Brian Robinson, and Karen Cook, RN.

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**Manage up** – Tell patients positive things about the nursing staff, other hospital personnel, and your physician colleagues. If you have a disagreement, never air it in front of patients or visitors.

**Communicate** with nurses and other physicians on the treatment team – patients feel anxious when we don't all sing from the same song sheet.

Provide patients/families with **realistic timeframes** for follow-up visits, test results, procedures – nothing is more frustrating than being told your table will be ready in 10 minutes and then waiting an hour.

**Knock** before entering the room

Make **eye contact**

**Address the patient by name**, offer to shake hands

**Introduce yourself** and your role in the patient's care

Share some information about your **training or experience** – I have been practicing for 15 years, I've seen many cases similar to yours ...

Ask **permission** to begin the exam

**Sit** whenever possible

Use a **calm** tone of voice

Ask **open ended** questions

Allow the patient **2 minutes** before interrupting – allow the patient to speak **60%** of the time, while you speak **40%** of the time

**Paraphrase** the patient's narrative with key words such as – "Let me see if I understand?" or "Does that sound reasonable to you?"

Offer **help or a suggestion**

**Recognize the family's concerns** and include them in the care – assuming the patient grants permission to discuss their personal health information with them.

**The HCAHPS scores account for 30% of our score in CMS Value Based Purchasing Program. It is vitally important that we improve these scores. I appreciate your help with this important endeavor.**



Sally H. Houston, MD  
Sr. VP/ CMO

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- Downloadable tools, including developmental check lists and care plans, medical summary forms, information on guardianship, guidance on integrating health care transition activities into school Individualized Education Plans (IEPs), and many other educational materials.

Learn more about FloridaHATS by visiting [www.FloridaHATS.org](http://www.FloridaHATS.org) or by contacting Janet Hess, MPH, Project Director, at (813) 259-8604, [jhess@health.usf.edu](mailto:jhess@health.usf.edu),

## Dr. Jussimara NurMBERGER Awarded by Professional Organization

Ray Widen, PhD, Manager, Esoteric Testing

Dr. Jussimara NurMBERGER, a post-doctoral fellow in training here at Tampa General, has been recognized by the Interscience Conference on Antimicrobial Agents and Chemotherapy for her poster related to improved detection of resistant organisms. Dr. NurMBERGER's post-doctoral training is funded by an award from the Brazilian government.

This is quite an honor to receive this type of award from ICAAC – it is hard for scientists to get abstracts accepted let alone an award for outstanding research. Dr. NurMBERGER's work has helped us move forward quickly with research into improved detection of resistant organisms. She is a gifted scientist and a pleasure to work with.

Dr. NurMBERGER's abstract below describes her work involving PCR based detection of gram negative resistance genes which certainly is an important topic these days. Being able to detect these genes directly from clinical samples or positive blood cultures would improve our ability to provide potentially life saving care to the patient.



From left: Dr. Jussimara NurMBERGER, Dr. Suzane SilBERT, Dr. Ray Widen and Carly Kubasek

## Rapid Detection of Six Different Carbapenemases Genes in a Single Multiplex Real Time PCR Reaction

J.M. NURMBERGER<sup>1,2</sup>, R. WIDEN<sup>1</sup>, A. C.C. PIGNATARI<sup>2</sup>, C. KUBASEK<sup>1</sup>, S. SILBERT<sup>1</sup>

<sup>1</sup>Esoteric Testing Lab, Tampa General Hospital

<sup>2</sup>Laboratório Especial de Microbiologia Clínica, UNIFESP

The occurrence of multidrug-resistant in Gram-negative isolates has been associated with the emergence of carbapenemase-producing strains. This emphasizes the importance of fast and specific diagnostics methods. The aim of this study was to develop a single multiplex real time PCR assay to detect 6 different genetic types of carbapenemases (KPC, GES, NDM, IMP, VIM and OXA-48). **Methods:** A total of 58 bacterial species were tested. Thirty of them encode the following genes: *bla*<sub>KPC</sub> type, *bla*<sub>GES</sub> type, *bla*<sub>IMP</sub> type, *bla*<sub>VIM-1</sub> type, *bla*<sub>OXA-48</sub>, *bla*<sub>NDM-1</sub>. The remaining 28 samples were negative for carbapenemases. All positive strains were previously characterized by PCR and sequencing analysis. Bacterial DNA was extracted using the EasyMag Extractor (bioMerieux, France). Real Time PCR was performed using the Rotor-Gene 6000 instrument (Corbett Life Science, Australia), in a 25µL mixture containing 12.5 µL of 2x HRM PCR Master Mix (Qiagen, USA), 6 pairs of primers at their respective concentrations, 1 µL DNA template and sterile water. Cycling conditions were as follow: 94°C for 5min, 35 cycles of (94°C for 20s, 54 °C for 45s, and 72°C for 30s) and a melt curve step (from 65°C gradually increasing 0.1°C/s to 95°C, with fluorescence data acquisition every 1s). Specific primers for each carbapenemase target were design using the DNASTar (Madison, WI) to obtain amplicons showing different sizes and melting peak temperatures (T<sub>m</sub>). **Results:** The new real-time PCR assay was able to detect all carbapenemase harboring samples. No amplification was detected among the negative samples. The T<sub>m</sub> analysis of the amplicons identified 6 different melting curves: *bla*<sub>IMP</sub> type-genes (T<sub>m</sub> 78.4°C), *bla*<sub>OXA-48</sub> (T<sub>m</sub> 81.6°C), *bla*<sub>NDM-1</sub> (T<sub>m</sub> 84°C), *bla*<sub>GES</sub> type-genes (T<sub>m</sub> 88.4°C), *bla*<sub>VIM</sub> type-genes (T<sub>m</sub> 90°C) and *bla*<sub>KPC</sub> type-genes (T<sub>m</sub> 91.6°C). Results showed 100% of concordance with the genotypes previously identified. **Conclusion:** The new assay was able to detect in a single PCR reaction the presence of six different carbapenemases genes types, in a short period of time (3h).

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

*\*Please visit "tgh pharmacy" link for more details of the latest formulary decisions and access to the TGH Formulary.*



*"tgh pharmacy" link gives you access to Micromedex and FORMULARY ADVISOR - available on the desktop of any computer in the hospital with an internet browser!*

- **Trimethoprim Tablets**

- The P & T Committee accepted the review/recommendation of the Antibiotic Subcommittee that oral trimethoprim tabs be added to formulary as an option in the management and prevention of urinary tract infections in sulfa allergic patients.

- **Injectable Phosphate Dose Rounding**

- In light of injectable phosphate shortages involving both sodium phosphate and potassium phosphate to varying degrees, a phosphate dose rounding protocol was reviewed and approved by the P & T Committee. This serves to standardize doses received and to minimize wastage. The following table outlines the rounding strategy:

Prescribed dose of phosphate	Dose prepared
Below 7.5 mMol	Same dose
7.5 mMol-12.5 mMol	10 mMol
12.6 mMol – 17.5 mMol	15 mMol
17.6 mMol -24.9 mMol	20 mMol
25 mMol-35 mMol	30 mMol
Greater than 35 mMol	Same dose

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

Dr. Michael Sloan, Professor of Vascular Neurology at USF and Medical Director of the Comprehensive Stroke Center at TGH died September 9, 2011. Dr. Sloan was a fixture on the Neuroscience Unit and Neuroscience Intensive Care Unit. His caring presence will be sorely missed.



WE'RE ON THE WEB  
WWW.TGH.ORG

## TGH Welcomes our new Physicians

The physicians below were added to TGH staff: 8/31/2011

David J. Archibald, MD	Head & Neck Surgery
Alan Babakhari, MD	General Surgery
Silvana B. Carr, MD	Pediatrics
Jamie A. Cesaretti, MD	Radiation Oncology
Edgar M. Espana, MD	General Surgery
Bhavik L. Gedia, MD	Neurology
Kimberly E. Hartney, MD	Psychiatry
Jason M. Hechtman, MD	General Surgery
Michael Michel, MD	General Surgery
Michael A. Miranda, DO	Orthopaedic Surgery
Sameer H. Nagamia, MD	Cardiology
Phong Q. Ong, MD	Cardiology
Maja J. Ramirez, Ph D	Psychology
Nina Tsakadze, MD	Neurology
Ajay Varanasi, MD	Internal Medicine
Mark A. Zakaria, MD	Gynecology



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. Michael Albrink and Dr. Patrick Brady**

