

SAVE THE DAY!
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A newsletter for the physicians of Tampa General Hospital

TGH Conversion to Electronic Medical Records (EPIC)



In an effort to keep the TGH medical staff members updated relative to the October 1, 2011 conversion to an electronic medical record (Epic), Dr. Richard Paula, TGH Chief Medical Informatics Officer and Dr. Tom Bernasek, TGH Chief of Staff wrote the following letter which was sent to each member of the medical staff. It is reprinted here to reinforce this important information.



*Dr. Thomas Bernasek,
TGH Chief of Staff*



*Dr. Richard Paula
TGH Chief
Medical Informatics Officer*

July, 2011

Colleagues,

Tampa General is scheduled to begin using Epic, our electronic medical record system, on October 1. The purpose of this letter is to share important information you will need to help with this transition and to minimize the impact this change will have on your practices.

Epic will be the only way to document patient care and place orders except in certain emergency situations. All credentialed providers with more than 12 clinical encounters in the past year or Active Medical Staff status are required to complete the following training PRIOR TO OCTOBER 1, 2011 to gain access to the Epic system:

- Four (4) hours of eLearnings (self-directed, computer-based training.)
- Eight (8) hours of instructor-led training, usually in four-hour increments.

The training schedule is posted and classes are open for enrollment on MindLab. For your convenience, classes are scheduled for early morning, afternoon, and weekends throughout late August and September. When you have completed the initial training, you will be given access to the training environment (“Sandbox”) where you can practice on the Epic system.

We also want to share some important details for your consideration during the go-live transition:

- If possible, please schedule more than normal coverage for that first week – if your group normally has one provider covering the weekend, consider scheduling two or three. Experience has shown you will be less productive during the initial transition.
- October will have the most support people on site to quickly answer your questions and to help settle any frustration you may experience as you learn to navigate the system.
- We are looking for volunteers to schedule elective surgical cases and invasive procedures on the first weekend to process patients through a reduced schedule.

The EMR team will contact you in the next several weeks to validate order set content and evaluate clinical documentation tools.

By the time you start using Epic, we will have months of clinical data already in the system. We started entering lab data in April. The TGH Family Care Center at Kennedy and the Cardiac Rehabilitation Center on Armenia successfully transitioned to Epic May 2. Healthpark began using the system July 5th.

We value and appreciate your input. Please do not hesitate to contact us at any time.

Richard Paula, MD
Chief Medical Informatics Officer

rpaula@tgh.org
813.844.3829

Tom Bernasek, MD
Chief of Staff

tbernasek@tgh.org
813.844.7229

Questions concerning Medical Staff status:

LaQusia Jackson – Med Staff Office 813.844.7229 or lmjackson@tgh.org

Questions concerning training:

Nanette Hoover – Epic Training Manager 813.844.8563 or nhoover@tgh.org

Questions concerning order sets or physician documentation:

Sherry Morris – Manager, Medical Informatics Team 813.844.3832 or smorris@tgh.org

Questions concerning clinical activity:

Marcia Sullivan – Director, HIM 813.844.7526 or mbsullivan@tgh.org



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

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

****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!

• **Tranexamic acid Oral (Lysteda®) & injectable (Cyklokapron®)**

- Tranexamic acid is a synthetic lysine amino acid derivative antifibrinolytic. The oral formulation, Lysteda, is currently FDA approved for the treatment of cyclic heavy menstrual bleeding. The injectable formulation, Cyklokapron, is currently FDA approved for treatment of patients with hemophilia for short-term use (2 to 8 days) to reduce or prevent hemorrhage and reduce the need for replacement therapy during and following tooth extraction. Non-FDA includes use in prevention of blood loss in trauma and surgical settings.
- Lysteda is used for excessive blood loss occurring over several consecutive cycles in women of child-bearing age. Cyklokapron has been studied off-label in the trauma setting. The CRASH-2 study showed a decrease in all-cause mortality and death from bleeding in acute traumatic patients receiving tranexamic acid versus placebo. However, this benefit has not been evident in other surgical populations when tranexamic acid is compared with aminocaproic acid.
- Please note that Lysteda is contraindicated in women with active thromboembolic disease or history/risk of thrombosis. Caution is strongly advised if using this agent with oral contraceptives as it may raise the risk of blood clots. The most common adverse effects are headache, sinus symptoms, back and abdominal pain.
- Oral tranexamic acid (Lysteda) was added to formulary for use in reducing menstrual blood loss in patients with menorrhagia.
- Injectable tranexamic acid (Cyklokapron) was not added to formulary due to lack of efficacy or safety advantage over formulary alternative aminocaproic acid with increased cost.

• **FDA Risk Evaluation Mitigation Strategies (REMS) Compliance**

- Lindsey Childs, PharmD, PGY1 Pharmacy Resident, presented results of a research project evaluating compliance with FDA Evaluation Mitigation Strategies (REMS) requirements. As of October of 2010, 145 drugs required an FDA REMS evaluation; 22 of these drugs were applicable for the inpatient setting. Ten of the 22 drugs were ordered at Tampa General Hospital (TGH) in the 18 month study time frame.
- Overall REMS compliance at TGH was 30% (compliant in 3 out of the 10 drugs). Recommendations to improve REMS compliance include education of medical and pharmacy staff. The education was provided in the form of an article for Outcomes in Perspective and Pharmacy Grand Rounds. A REMS resource is available on Formulary Advisor in Micromedex as well. This includes alerts and a defined process for pharmacists when entering orders for REMS drugs.

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- There were seven medications identified to be added to the pharmacy information system based potential for use at TGH. These agents added to the Formulary as Restricted based on REMS requirements were: Letairis, Lotronex, Lumizyme, Nplate, Promacta, Sabril, Zyprexa Relprevv. The addition of these agents into the pharmacy information system will increase compliance with FDA REMS requirements by ensuring that pharmacist and physicians will be flagged appropriately. This includes program registration if applicable. The Committee recommended prospective review for REMS requirements as they are added to agents moving forward.

Critical Shortages are highlighted on the initial screen in PreCise!

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



SAVE THE DAY!



**The 2011 Annual Medical Staff Meeting is scheduled for:
Wednesday, September 21, 2011
at the Hyatt Regency Hotel (Downtown) at 6 PM.**

Guest Speaker: Wayne Sotile, MD



“From Risk to Physician Resilience: Practice Strategies that Work”

Dr. Sotile will also be offering a workshop entitled:

“Physicians and Their Loved Ones: Keeping the Flame Alive”.

**The workshop will be held in MacInnes Auditorium at 12 noon on
September 21st and again at the Hyatt Regency at 4 PM.
Spouses/significant others are highly encouraged to attend**



WE'RE ON THE WEB
WWW.TGH.ORG

TGH Welcomes our new Physicians

The physicians below were added to TGH staff: 6/30/2011

Sameul M. Adu-Lartey, MD	Orthopaedic Surgery
Jason L. Brannen, MD	Orthopaedic Surgery
William S. Burgin, MD	Neurology
Peter T. Chang, MD	Hospital Medicine
Edward Chong, MD	General Surgery
Jamie A. Decker, MD	Pediatrics
John C. Feldman, MD	Radiological Services
Jeffery P. Garrett, MD	Orthopaedic Surgery
Christopher W. Hodgkins, MD	Orthopaedic Surgery
Rachel F. Irby, MD	Infectious Diseases
Saundra A. Jackson, MD	Emergency Medicine
Charles J. Jordan, MD	Orthopaedic Surgery
Robert J. Ledford, MD	Hospital Medicine
Etta L. Lowery, DO	Anesthesiology
Julia M. Neibauer, MD	Anesthesiology
Philip P. Nigro, MD	Orthopaedic Surgery
Randall J. Otto, MD	Orthopaedic Surgery
Alejandro P. Rodriguez, MD	Urology



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

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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. Cedric Sheffield, Dr. Thomas Freeman**

