

FALL 2016

Advancing the Science of Surgical Care

# THE STITCH

THE UNIVERSITY OF FLORIDA DEPARTMENT OF SURGERY

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# Department of Surgery Resident Helps Drive Quality Improvement Initiative



A UF Health systemwide quality improvement initiative aims to simplify discharge instructions that patients receive before they leave the hospital.

The after-visit summary, or AVS, is designed to provide patients with information about their stay or surgical procedure, how to care for themselves after discharge, and who to call if there are questions or problems. The AVS also includes information mandated by the U.S. Centers for Medicare and Medicaid Services, like smoking cessation, heart attack and stroke awareness and suicide prevention.

“Essentially, patients need to know how to care for themselves at home and who to call with questions and concerns,” said Juan Mira, MD, a surgical research resident. “If patients don’t understand the discharge process, there is a higher chance of readmission to the hospital.”

Mira was part of a multidisciplinary committee that revised the AVS for surgical and medical patients.

While the previous AVS provided most of the necessary information, follow-up appointments and important phone numbers — like the clinic and hospital contact information — were hard to find. Instructions for self-care were buried in the middle of the document, or at the end of several pages. The medication list was duplicated, and the reason for hospital admission was absent. Additionally, a significant amount of information was either redundant or unnecessary.

Through efforts of the committee, a condensed inpatient AVS template was implemented. In the new template, information and instructions deemed most important by the care team (e.g., reason for admission, specific instructions, phone numbers and medications) are now on the first pages of the AVS. “By removing redundant information like medication history, we were able to prevent medication errors in some of the cases where the information was not accurate,” Mira said. The new AVS is available for all discharges. He is currently working with residents from other disciplines to improve instructions for medical patients.

The committee also saw room for improvement in the Department of Surgery’s internal discharge process. Championed by Mira, the department has made several changes. First, a new discharge order set for the department has been created, providing a unified and easy-to-follow process that generates the optimal AVS. Second, more than 30 discharge instruction templates have been created and reviewed for the 11 UF Department of Surgery service lines. These instructions contain up-to-date material that has been approved by the attending surgeons from each division for optimal post-hospitalization care.

Third, resident and extender education regarding the patient discharge process has been provided during a weekly conference and with individual sessions. Additionally, a resident website detailing the discharge process templates has been proposed; it is expected to be built later this year. Lastly, questions regarding discharge instructions have been added to the existing postop patient survey, which is administered in UF Health Surgical Specialists clinics at UF Health Shands Hospital and at the UF Health Springhill locations.

These questions are intended to provide feedback on the patient discharge process experience, focusing particularly on discharge instructions. Ultimately, the department intends to provide these discharge instructions online via the departmental website for patient reference.

*“Essentially, patients need to know how to care for themselves at home and who to call with questions and concerns.”*

— JUAN MIRA, MD



# ECMO Helps Football Coach Beat the Odds

In March, Ronald “Ronny” Pruitt, the head football coach for Union County High School in Lake Butler, and his wife, Robin, packed their bags for a spring break trip to the Bahamas.

Before leaving, Pruitt had the beginning of what seemed like a cold. His family physician prescribed a Z-Pak, and Pruitt hopped on a plane to Nassau with his wife to enjoy a vacation with their children and grandchildren.

Soon after they arrived, Pruitt’s condition quickly deteriorated. “I said to my wife, ‘If I don’t feel better, I’m going to need to see a doctor,’” said Pruitt, 49.

Three days later, Pruitt was overcome with fatigue and had a persistent cough. A local resident the Pruitt family knew from previous trips took him to a private hospital, where doctors found his oxygen-saturation level was below 70; normal oxygen levels stay around 90. He was put on a ventilator.

“The last thing I remember was sitting on a gurney in a room with curtains,” Pruitt said.

Doctors at the hospital told Robin Pruitt they thought her husband had pneumonia. She called her brothers John and Phillip, who live in Gainesville and know doctors at UF Health Shands Hospital. After consulting with doctors in Nassau, the UF Health physicians said Pruitt might have H1N1, a potentially lethal virus also known as swine flu.

The physicians determined that Pruitt should be taken immediately to Gainesville. A UF Health ShandsCair emergency flight took off for the Bahamas in a Hawker jet, a fixed-wing aircraft that can transport patients from all over the world. Crew members picked up Pruitt, who was on an ECMO machine, which provides cardiac and respiratory support for patients in acute respiratory failure. Pruitt, in a twilight sleep, recalls seeing crew members in blue jumpsuits.

En route to Gainesville, with Eddie Manning, MD, a surgeon in the division of thoracic and cardiovascular surgery at UF Health, and the specialized ShandsCair clinical team taking care of Pruitt, the ShandsCair aircraft stopped at the Orlando International Airport for customs and then proceeded to the University Air Center in Gainesville. Once in Gainesville, Pruitt was taken by ShandsCair ambulance to UF Health Shands Hospital.

“It was touch and go for the first week,” Pruitt said.

A medical team continued to stabilize, assess and treat Pruitt’s symptoms for H1N1. In addition, Pruitt had developed blood clots that traveled from his thigh to his groin.

“There was a 50-50 chance that they would have to take my leg,” he said.

Pruitt also developed acute respiratory distress syndrome, a condition in which organs are deprived of oxygen, and his kidneys had stopped working. At the suggestion of Martin Rosenthal, MD, a surgery resident at UF Health Shands Hospital, Pruitt was placed in a RotoProne bed, which rotates and shifts organs around and moves bodily fluids. For a week, doctors rotated Pruitt in the special bed, but oxygen still was not traveling to his brain. Doctors considered that Pruitt might have been brain dead.

On April 25, Pruitt awoke after 33 days in a medically induced coma without brain damage and with both legs. Coincidentally, it was also the first day of spring football training for the Union County High Fightin’ Tigers.

“My wife and our families were with me at all times. I was never left alone,” Pruitt said.

For three months, Pruitt continued to recover with the assistance of nurses, physicians and physical therapists at UF Health Shands Hospital. Pruitt was taken off kidney dialysis, a medical treatment that can become a lifelong necessity, after three months. He left UF Health Shands Rehab Hospital after just 15 days — even though doctors had expected his recovery to last a month.

Pruitt’s care team still keeps in touch with the Pruitt family, and they have even attended Union County High football games this season.

“There were a lot of prayers, and I had some great nurses and doctors,” Pruitt said.

On Oct. 24, I assumed the duties of interim chair of the University of Florida Department of Surgery. In late August, Dr. Kevin Behrns announced that he would be leaving for St. Louis to begin the next chapter of his career.

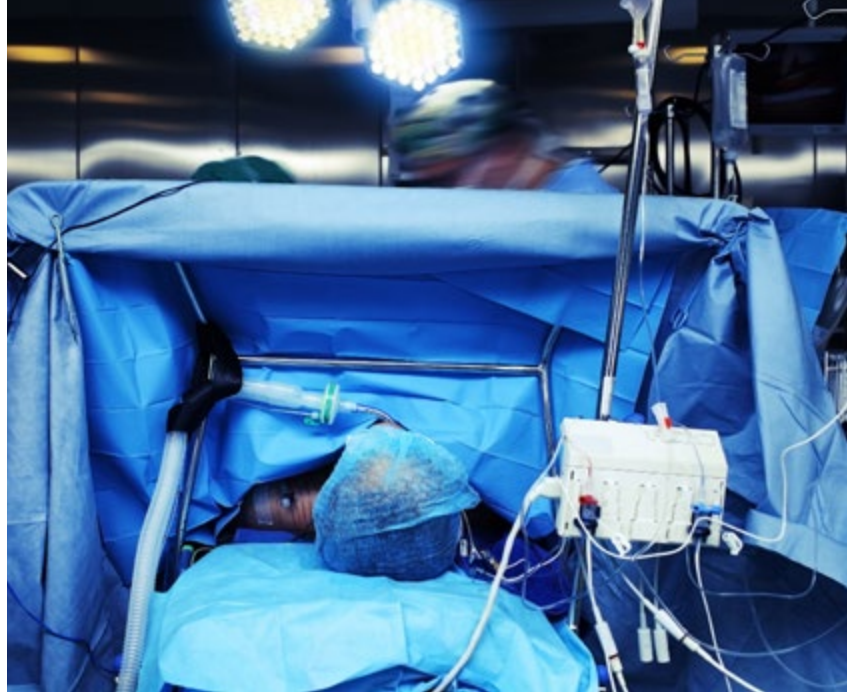


On Jan. 1, 2017, Dr. Behrns will become the vice president for medical affairs and the dean of the School of Medicine at Saint Louis University. Dr. Behrns came to UF in 2005 as chair of the division of general surgery and then became chair of the department in 2009. Under Dr. Behrns’ leadership, the department has seen tremendous growth in quality-centered patient care, learner-focused education and unprecedented productivity and funding in research. SLU has the good fortune of getting a proven leader with excellent insight into all missions of an academic health center.

Obviously, the vacancy of the chair position leaves a potential void and is a point of transition and uncertainty. As interim chair, my primary role is to provide stability, while maintaining the department’s continued growth and its continued contribution to the success of UF Health and the UF College of Medicine. I look forward to working with the large number of talented and dedicated faculty to ensure we remain vital to our patients, our referring providers and our medical center. I will work with the leadership within the department and the UF College of Medicine to maintain our high standards in patient care, medical student and resident education, and translational, basic science and clinical research. My ultimate goal is to facilitate the transition to the new chair with a department that is even stronger than it is now.

Bruce Mast, MD  
Interim Chair

# Cardiothoracic Respiratory Bundle Reduces Patient Ventilator Time and ICU Length of Stay



Statistics show that the less time a patient spends on a ventilator, the better the outcomes. The risks associated with prolonged time on a ventilator range from swollen vocal chords, tracheal damage and difficulty swallowing to ventilator-associated pneumonia and sepsis.

By revising a cardiothoracic perioperative respiratory bundle, UF Health Shands Hospital decreased ventilator time by one day. The same protocol also led to a one-day reduction in ICU length of stay.

*"Just because a patient had a major operation does not mean they should be intubated."*

— SEAN KILEY, MD

"We are committed to reducing respiratory complications associated with cardiac surgery and had the biggest improvement of any University Hospital Consortium facility in the country, compared to last year," said Sean Kiley, MD, an assistant professor of anesthesiology in the UF College of Medicine.

A multidisciplinary group of cardiothoracic surgeons, intensive care specialists, anesthesiologists,

nurses, pharmacists and respiratory therapists identified several aspects of the cardiothoracic patient treatment pathway that could be enhanced in order to optimize respiratory function postoperatively. After careful literature review, a revised pathway was implemented to improve cardiothoracic patient outcomes.

The treatment pathway is divided into three sections. In the preoperative phase, the care team sought to identify patients — based on medical history, lung capacity and physical examination — who were most at risk for post-ventilator respiratory failure. All patients are seen two to four weeks

before surgery for pulmonary testing. If necessary, the patient is referred for pulmonary rehabilitation.

"We are in the process of designing a testing system that may more accurately identify these patients who would benefit the most from this kind of rehab," Kiley said.

During the intraoperative phase, the anesthesiologist is charged with following an enhanced protocol to maintain safe oxygen concentration levels, low tidal volume ventilation, and positive end expiratory pressure appropriate for the patient's current condition.

The postoperative phase focuses on transfer of patient care from the anesthesiologist to the intensivist. The intensivist then briefs the surgeon, nurse practitioner or physician assistant, nurse and respiratory therapist before moving forward with a plan of care.

"That discussion includes extubation goals and any risks the patient faces," Kiley said. "As the day progresses, a huddle may occur to discuss progress and adjust the care plan accordingly."

Part of the postoperative care also includes evaluating a patient for fast-track extubation.

"Just because a patient had a major operation does not mean they should be intubated. It's better for them if we can get the breathing tube out," Kiley said.

Patients who meet certain criteria are extubated within four hours of transfer to the unit from the OR.

"The fast-track protocol is entirely respiratory therapist- and nurse-driven," Kiley said. "We get a text saying that the patient has been extubated. We are working on that data now."

The fast-track protocol has led to other improved patient care measures.

"We're able to remove Foley catheters sooner to reduce the risk of urinary tract infections. We also can ambulate patients sooner, which is associated with earlier transfer from the ICU and quicker discharge to home," Kiley said.

# Course Prepares UF Medical Students for First Year as Surgical Residents

Surgical residents face myriad challenges in the first weeks of their intern year as they transition from students to clinicians.

“The hardest part about being an intern is that you don’t feel ready to be a doctor,” said George Sarosi, MD, the Robert H. Hux Professor in the University of Florida College of Medicine and program director for the department of surgery’s general surgery residency program. A course offered by the UF College of Medicine and other universities nationwide helps graduating medical students feel more confident when they enter surgical residencies, Sarosi said.

UF is among 53 medical schools offering the Resident Prep Curriculum, which fourth-year medical students complete prior to graduating. It was designed by the American College of Surgeons, or ACS, the Association of Program Directors in

Surgery and the Association for Surgical Education. UF was one of the first universities to pilot the four-week course, and Sarosi was involved with the steering committee that developed the program through the ACS.

“The course is very pragmatic and directed. It gives students a lot of confidence as they transition from being an observer to an active clinician,” Sarosi said. “From a program director’s point of view, knowing that students

have been through the course builds faith that they will be able to do their jobs as interns.”

The course focuses on skills that new interns will need during their first weeks of residency, including being a first responder for critically ill or unstable patients; emergency procedures such as ventilation or chest tube placement; managing common and urgent perioperative conditions; responding to pages from nurses; and patient handoffs. At the end of the course, students receive a certificate and UF sends a letter to the head of each student’s surgery residency program.

The majority of the course focuses on communication among providers and functioning as part of a care team.

Sanda Tan, MD, PhD, said that the students learn more than technical skills.



One course offered in UF’s Resident Prep Curriculum program is a vein suturing lab.

*“The course is very pragmatic and directed. It gives students a lot of confidence as they transition from being an observer to an active clinician.”*

— GEORGE SAROSI, MD

“They learn how to transfer cases to another doctor, effectively deliver bad news to patients and family, and communicate well with nurses and other clinicians,” said Tan, an associate professor of surgery and director of the Resident Prep Curriculum at the UF College of Medicine.

A mock paging system, for example, exposes students to the kinds of calls and pages they will get as residents. The students receive 17 pages during the course, Tan said. The medical students receive a text-like page and have three minutes to return the call.

“The pages are not just from the nurses,” Tan said. “It could be from an upset mother whose child has a fever after a surgical procedure.”

Eric Pruitt, MD, a UF College of Medicine medical graduate who began his surgical residency at UF on July 1, called the pages “eerily similar” to the ones they expect to receive as interns. He said the course was extremely helpful in preparing him for intern year.

“At the end of the day, intern year will not be filled with days in the operating room, but will mostly be devoted to taking care of patients on the floor. The course really does a great job preparing us for that,” Pruitt said.

## Jessica Allen Ching, MD, Joins Division of Plastic and Reconstructive Surgery

Jessica Allen Ching, MD, has joined the UF Department of Surgery's division of plastic and reconstructive surgery. She is an assistant professor for the division.



Ching earned her medical degree from the University of Texas Medical Branch at Galveston. She completed her plastic surgery residency at the University of South Florida and a craniofacial fellowship at The Hospital for Sick Children, University of Toronto.

Ching is trained in all aspects of plastic surgery — reconstructive and aesthetic. Her clinical focus will be general pediatric plastic surgery, cranial vault surgery, orthognathic surgery, cleft surgery and facial reconstruction. Her research interests are in craniosynostosis and psychosocial disabilities, as well as facial trauma.

Ching has authored several book chapters and articles in peer-reviewed medical journals, and she has presented her work at various professional conferences. She is also an invited expert for an international consensus panel on facial trauma in war and austere conditions.

## Robert Feezor, MD, Joins Halifax Health

Robert J. Feezor, MD, FACS, an associate professor in the division of vascular surgery at the UF College of Medicine, has recently relocated from Gainesville to UF Health's new surgery practice in Daytona Beach.

Feezor began seeing patients at UF Health Heart and Vascular Surgery – Halifax Health on Nov. 1. He joins fellow vascular surgeon and assistant professor, Ryan Messiner, DO, to expand vascular care in the Daytona area.



"My relocation to Halifax will provide another portal of entry for patients to receive vascular care through UF Health," said Feezor. "I am excited about the opportunity to expand the system and offer quality, high-end vascular surgery care in Daytona."

Feezor and Messiner are board-certified in vascular surgery and provide the most advanced options in vascular care, including treatment of aortic aneurysms, peripheral arterial disease, dialysis access and varicose vein disease.

## Atif Iqbal, MD, Appointed to National Colorectal Surgery Committees

Atif Iqbal, MD, an assistant professor of surgery at the UF College of Medicine's Department of Surgery, has been selected as a surgical expert (three-year term,



one term renewable by election) on the National Cancer Institute's Rectal-Anal Task Force of the Gastrointestinal Cancer Steering Committee.

The GISC's role is to implement an efficient and transparent process that will identify and promote the "best science" in GI cancer clinical research.

The GISC is designed to facilitate the sharing of ideas among a broad range of stakeholders and provide comprehensive development of research directions and clinical trial concepts.

The GISC membership is composed of investigators from NCTN Groups; other NCI-funded multisite networks, including relevant Specialized Programs of Research Excellence, P01s and R01s (including basic and translational scientists); and community oncologists, patient advocates and extramural biostatisticians.

Additionally, Iqbal was recently appointed for membership to the NRG Oncology CRC Core Committee. He will serve for a three-year term, which began with the NRG Oncology Semiannual Meeting that was held in January in Atlanta.



# UF Health Recognized for Excellence in Pancreatic Cancer Treatment

The National Pancreas Foundation has named University of Florida Health among its first group of National Pancreas Foundation Centers for excellence in pancreatic cancer treatment. Currently, 28 health care facilities nationwide hold the designation.

"I'm immensely proud of the collaboration among the clinicians and scientists from the departments of surgery, medical oncology, radiology and gastroenterology who have come together to form a center of excellence in the care of people with pancreatitis and pancreatic cancer," said Jonathan D. Licht, MD, director of the UF Health Cancer Center. "Working together, we'll be stronger in finding new solutions to these very serious diseases."

For patients with pancreatic cancer and other pancreatic diseases, there can be inconsistencies in the level of care they receive. The NPF Center designation emphasizes high-quality, multidisciplinary care.

"The NPF designation is an affirmation that UF Health is on the right track in terms of treating pancreatic cancer," said Steven J. Hughes, MD, a professor of surgery and chief of the division of general surgery at the UF College of Medicine. "It's hard to be a consumer of health care. If you have a devastating diagnosis like pancreatic cancer, that can be a particular challenge. Now, patients can visit the NPF website and realize that UF Health is the right place for them."

Designated centers will also seek to advance research and lead the way for heightened awareness and understanding of pancreatic cancer among community physicians, allied health professionals, patients, families and the general public.

Approved NPF Centers must undergo an extensive auditing process and meet criteria that were developed by a task force made up of invited subject matter experts and patient advocates.

NPF Centers must staff several specialists on-site, including medical oncologists; pathologists with expertise in gastrointestinal cancers; radiation oncologists; diagnostic radiologists with expertise in pancreatic disease; pancreatic/hepatobiliary surgeons; and gastroenterologists. Other criteria include access to clinical trials for pancreatic cancer, psychosocial support, palliative care and dietary/nutritional support.

The NPF is a nonprofit organization that provides hope for those with pancreatitis and pancreatic cancer. NPF Centers are recognized for treatment of pancreatic cancer, pancreatitis or both. UF Health's designation includes pancreatic cancer and pancreatitis care.



# THE STITCH

[surgery.med.ufl.edu](http://surgery.med.ufl.edu)

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