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Breaking Down Barriers to Lifesaving Care

Medical research is one of the most important investments society makes. It's at the forefront of all patient care. It's the driving force behind the advancements in medical and surgical treatments that often lead to fewer illnesses and disabilities, and longer, healthier lives.

UF Health Jacksonville and the University of Florida colleges of Medicine, Nursing and Pharmacy play a major role in this process. Our physicians, providers and students move medicine forward by promoting treatment and prevention. They contribute to the region by driving economic growth and productivity. And they improve patient care through the ongoing research and discoveries occurring within the health system.

This fall is no exception. Last month, the UF Health Center for HIV/AIDS Research, Education and Service and the UF College of Medicine – Jacksonville's department of community health and family medicine launched a telemedicine program to treat patients with HIV. The three-year program is being funded by a \$2.2 million grant from the Centers for Disease Control and Prevention and provides patients with HIV access to physicians and providers instantly through UF Health Virtual Visit.

Virtual Visit allows providers to evaluate, diagnose and treat patients remotely via computers, tablets and smartphones. This service gives patients access to UF Health physicians and providers from any location with internet connectivity. This program greatly benefits patients with HIV who may have to arrange for child care, depend on public transportation or have jobs that limit the



time they have to visit a doctor — breaking down barriers to lifesaving care.

The telemedicine model proved to work in rural settings where access to specialists is limited. This project aims to achieve the same results in an urban setting and is the only one of its kind nationally to receive CDC funding. As the program progresses, UF Health providers will collect data that may one day revolutionize how we tackle HIV and improve the way we care for patients, ensuring they receive the compassion, respect and high-quality health care everyone deserves.

Sincerely,

A handwritten signature in black ink, appearing to read 'L. Haley Jr.', written in a cursive, flowing style.

Leon L. Haley Jr., MD, MHSA, CPE, FACEP

A UF Health pediatrician participates in a national study working to reduce misdiagnoses in children and teens.

A UF pediatrician is working to stop a common problem that harms thousands of children across the country every year. Not enough is known about diagnostic errors in pediatric primary care, including how they occur or how to prevent them. In an effort to improve this, UF Health Pediatrics – San Jose participated in a first-of-its-kind quality improvement project aimed at reducing misdiagnoses related to elevated blood pressure, delayed follow-up to labs and missed opportunities to diagnose adolescent depression.

“Being involved in the quality improvement initiatives project was a great motivator,” said Pamela Lindor, MD, medical director at UF Health Pediatrics – San Jose. “It provided structure, tools and support to help our practice set goals and make sustainable changes to improve care.”

The two-and-a-half year study was sponsored by the American Academy of Pediatrics. Practice Improvement Network Reducing Diagnostic Errors in Primary Care Pediatrics, or Project RedDE!, included a select group of clinical teams that have 30 well-visit encounters with children 11 years old and older, as well as 30 well-child visits with patients 3 years old and older per month. While participating in the national project, Lindor saw a dramatic increase in the identification of adolescent patients with depression.

“Before participating in the study, we weren’t doing regular screening for depression in young adolescents,” Lindor said. “Now there is a consistent procedure to screen for depression starting at age 11 at every annual well check.”

Patients screened for depression are given a questionnaire that is evaluated using a scoring guideline. Their answers also provided initial information the providers used to talk with the patient and family to get a full assessment. If there is violence in the home, high amounts of stress or financial difficulties, the provider can discuss the connection between these factors and depression.

“It’s important to reassure parents on the routine nature of the screening and open the discussion about potential issues that may be developing,” Lindor said.

Screening at a younger age also gives children and teens practice with thinking and talking about these issues. Some of the screening questions may seem predictable in diagnosing

depression, such as whether they have recently felt hopeless or had thoughts about self-harm. Some questions are less expected and ask the child if they have been moving or speaking slowly, enough to be noticed by others. The opposite is also asked — if they have noticed extra energy or are moving more than usual. These indicators may signal cause for concern.

“It’s important for adolescents to develop coping skills, and social or family stress can interfere with this development,” Lindor said. “Good sleep habits, as well as a healthy diet and regular exercise can improve coping skills and decrease levels of depression.”

The treatment a patient receives varies based on their answers. Mild depression can typically be treated in the office. Counseling with a professional at school or religious organization may be recommended for moderate depression. Patients with severe depression may be referred to a psychologist or psychiatrist. If the questions on suicide or functionality raise enough concern, emergency mental health services are initiated. All recommendations are made as soon as possible to better serve the patient and family.

“There is value in this type of early screening because we are able to identify patients that may have been missed without this process,” Lindor said. “Data collection through research projects like Project RedDE! pinpoint where changes need to be made to ensure errors are the exception and not the rule.”

PREVENTING ERRORS IN PEDIATRIC PRIMARY CARE





An Academic Focus on Quality Care

Two-week clinical rotation connects internal medicine residents to quality improvement and patient safety.

Fewer infections, improved mortality rates and patient satisfaction remain core cogs of UF Health Jacksonville's aim to provide quality care. While hospital leaders focus on these systemwide initiatives, the next generation of practicing physicians are learning about the approaches and technologies needed to foster greater outcomes and ensure patient safety.

Physicians training in the internal medicine residency program are required to complete a special clinical rotation in quality improvement and patient safety. The two-week rotation occurs during the second year of residency.

Jeff House, DO, a professor of medicine and director of the internal medicine residency program at the University of Florida College of Medicine – Jacksonville, created the rotation in 2016 in response to what he saw as a significant educational lapse on campus. He said he was frustrated with how residents were being taught quality improvement, or QI, and patient safety.

"It always seemed to be 'squeezed in' to places," House said. "Maybe they would learn something at a conference or while rounding, but there was very little dedication to this in terms of curriculum."

The QI and patient safety rotation consists of classroom-style teaching sessions, self-study through the Institute for Healthcare Improvement's special online module, mentorship and patient safety rounds with hospital leaders.

The residents also engage in simulation training, attend several

quality-related committee meetings and complete a project that involves writing a plan to correct patient safety errors based on hypothetical scenarios. In addition, faculty and staff with the UF Center for Health Equity and Quality Research teach the residents how to combine research and QI. A patient safety fellow works with them, as well.

Ashley Thomas, MD, a third-year internal medicine resident, said she was pleasantly surprised by the number of hands-on activities that are part of the rotation.

"I was able to sit in on multiple interdisciplinary team meetings that analyzed reported patient safety events, perform root-cause analyses and make recommendations to prevent similar incidents," Thomas said. "The experience has definitely inspired me to get more involved in patient safety and QI projects in the future."

Nearly 30 residents have completed the rotation, which began at the start of the 2016-17 academic year. House said the hospital and college are among the forerunners in creating such a rotation. He said the two-week experience is well-rounded, with residents walking away as stronger, better-attuned doctors.

"Physicians are accountable for the quality of health care they deliver, which is tied to patient satisfaction, efficiency, adherence to the latest practice standards and limiting patient-care errors," House said. "In terms of education in these areas, this rotation puts our residents ahead of most trainees."



A YEAR OF NEW BEGINNINGS, BABIES AND BIRTHS

UF Health North's Labor and Delivery Unit celebrates its first anniversary and first birth.

Cameron Theophilus Mayhew has already taken his first steps, loves to laugh and bounces to the beat of any song he hears. He knows how to wave hello and goodbye, and isn't afraid to shake his head no to let you know when he doesn't approve.

"He can say 'dada' and 'stop,'" said his mother, Marquita Troutman. "We are still working on mama. Right now, he can only say 'ma.'"

Cameron, who celebrated his first birthday Aug. 16, 2018, was the first baby born at the UF Health North Labor and Delivery Unit — a day after it opened to the public. Troutman was originally scheduled to have a caesarean section at UF Health Jacksonville on Aug. 28, but Cameron had other plans.

"I still remember the back pains I felt that day," Troutman said. "They lasted all day. The pain eventually became so bad that I went to the nearest emergency room, which was UF Health North."

While in the emergency room, Troutman was seen by Brent Seibel, MD, medical director of obstetrics and gynecology. Seibel did an ultrasound and determined the delivery was happening soon. Troutman was wheeled into one of the spacious Labor and Delivery Unit suites. As Carey Mayhew, Cameron's father, picked Troutman up to place her on the bed, her water broke.

"I was so scared I never let Carey go," Troutman said. "I put him into a headlock and didn't let go until Cameron was born."

Troutman's providers told her to push, but the 24-year-old was hesitant. She already has a son, but he was delivered during a scheduled C-section. This was the first time she felt labor pains and was definitely not feeling prepared to have a vaginal delivery.

"I was so nervous," Troutman said. "I really didn't want to start pushing without receiving medication."

Five long and deep pushes later, Cameron was born at 6:55 p.m., weighing 6 pounds, 15 ounces and measuring 19 ½ inches long. Since Cameron, more than 500 babies have been delivered at the UF Health North Labor and Delivery Unit. The unit has 12 private suites that serve as the location for labor, delivery, recovery and postpartum care. This gives mothers and families one place where they can experience this life-changing event without interruption.

UF Health North is the only medical facility in the area that works with certified nurse midwives who assist with a variety of birthing plans and styles. Three of the rooms have hydrotherapy tubs to help laboring moms relax. In addition to midwives, teams of physicians, nurses and anesthesiologists are available around the clock.

"I really enjoyed being at UF Health North," Troutman said. "The suites were really nice. It really made Cameron's unplanned, early arrival a very pleasant experience. I only wish I had my oldest son, Camaury, there too."

The unit's top priority is always the health and safety of mothers and their babies. There are two dedicated obstetric operating rooms for planned or emergency C-sections. A neonatal transport team is also on staff to take any infant in need of critical care to UF Health Jacksonville's Level III Neonatal Intensive Care Unit.

"The care I received at UF Health North was amazing," she said. "I really appreciate all the attention from my doctor and nurses. I highly recommend any mother-to-be come here for their big day."

Visit North.UFHealthJax.org/babies for more information, or to schedule a tour of the UF Health North Labor and Delivery Unit.

UF HEALTH NORTH LABOR AND DELIVERY UNIT

Aug. 15, 2017 – Aug. 15, 2018

BIRTHS
541

BOYS
272

GIRLS
269

C-SECTIONS
151



HALTING HALLOWEEN HORRORS

UF Health TraumaOne's Walk Safe Day works to keep children safe on the streets.

A day meant for candy, costumes and trick-or-treating can quickly become a nightmare for parents. Halloween is consistently one of the top three days for pedestrian injuries and fatalities, according to the National Highway Traffic Safety Administration. The Centers for Disease Control and Prevention estimates that children are four times more likely to be struck by a motor vehicle on Halloween than any other day of the year.

"We are not trying to take the fun out of the holiday, but it's important for families to be proactive," said Rebecca Melvin, UF Health TraumaOne education coordinator. "Adults and children should not depend on motorists to see them."

Every year in October, UF Health TraumaOne visits at least one elementary school to raise awareness about pedestrian safety through their Walk Safe Day Trauma Prevention Program. Staff walk from classroom to classroom and provide a 10-minute presentation on ways students can be safe on the streets.

"We tell children to walk during daylight hours with friends, not to go down unfamiliar streets, watch out for potholes and raised cracks on sidewalks and to wear light-colored clothing," Melvin said. "If they are walking to school at dawn in a neighborhood without sidewalks, they should

have something reflective on their clothing or backpack, and be accompanied by an adult if possible."

Every student who hears the presentation receives a drawstring backpack filled with information about pedestrian safety, reflective accessories and a blinking light for them to use to ensure they are visible. UF Health TraumaOne typically gives away around 760 bags every year.

"We use this opportunity to also focus on Halloween safety and remind students not to wear masks, which can make it harder for them to see a car, or dark face paint and colors that can make it hard for a driver to see them," Melvin said. "If a child lives in a high-crime neighborhood, we encourage them to join a group of friends and have an adult take them to a safer neighborhood to trick-or-treat."

Nearly one-fourth of fatal child pedestrian accidents on Halloween occurred between 6 p.m. and 7 p.m., and more than 60 percent of the accidents occurred in the four-hour period from 5 p.m. to 9 p.m., according to a study conducted by Sperling's BestPlaces and State Farm Insurance.

"Children involved in pedestrian accidents can suffer a wide range of injuries, including minor scratches and bruises, broken bones, internal bleeding or a life-threatening traumatic brain injury," said David Ebler, MD, medical director of UF Health TraumaOne. "These types of accidents often happen quickly even with adult supervision. That's why it's important to do everything you can to make yourself as visible as possible."

TraumaOne encourages drivers to avoid all distractions, turn off the radio, put down the smartphone and be alert for the unexpected on and around the Halloween holiday. To learn more about the Walk Safe Day program, contact Trauma Prevention at Trauma1@jax.ufl.edu or 244.3400.



PREVENTING THE **FLU** BEGINS WITH **YOU.**

Employee Health will be administering flu shots Oct. 1 – 31.

The 2017-2018 flu season was record-breaking, with 176 flu-related deaths among children, the most in a single flu season, according to the Centers for Disease Control and Prevention. There were high levels of outpatient clinic and emergency room visits for influenza-like illness, high influenza-related hospitalization rates, and elevated and widespread flu activity across the U.S.

Influenza is a respiratory infection that can cause serious complications, particularly to young children, older adults and people with certain medical conditions. Flu shots are the most effective way to prevent influenza and its complications.

At UF Health, flu vaccination is mandatory and includes everyone — clinical and non-clinical staff, volunteers, UFJP employees, University of Florida College of Medicine – Jacksonville employees, UF TEAMS employees and UF Health Proton Therapy Institute employees.

Flu shots will be administered on the downtown and north campuses Oct. 1 – 31. Vaccines will be available from 7 a.m. to 5 p.m. weekdays on the downtown campus at Employee Health, located in Tower I on the fifth floor, and during open enrollment in the LRC Atrium.

Flu shots will be given at UF Health North via a roving cart and during open enrollment in the bed tower first floor conference rooms. UF Health North employees can also visit the Employee Health north campus location from 7 a.m. to 4 p.m. weekdays, except during open enrollment Oct. 22 – 26. The UF Health North Employee Health office is located in Human Resources on the first floor of the bed tower.

Nursing units and practices who choose to administer their own flu vaccines may contact Ledia Moore at Ledia.Moore@jax.ufl.edu for further instructions. Employees who choose to have their flu shots administered at an outside facility can email the administration form to Employee.Health@jax.ufl.edu or fax it to 244.9577 or 427.6719.

Past exclusions still apply, including:

- ▶ Those who have a history of Guillain-Barré syndrome after receiving the vaccine
- ▶ Those who have previously suffered a significant allergic reaction to the vaccine
- ▶ Those with legitimate religious reasons
- ▶ Those with significant allergies to eggs

In each case, the appropriate paperwork must be provided to Employee Health to opt out. Documentation from a religious leader on letterhead stationery is acceptable.

Employees who decline the flu shot must fill out a form indicating their refusal and view a mandatory flu presentation in HealthStream.

Visit the Bridge for a complete list of flu vaccination dates, locations and times.



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OPENLINES

NEWSLETTER DEADLINES

December – Oct. 8

January – Nov. 2

Submit your copy and photos via
email to **openlines@jax.ufl.edu**.

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PHOTO SUBMISSION REQUIREMENTS

We welcome photos that are taken or submitted by employees. Photos should be at least 3 megabytes (3MB) in image size to be published. Please try to take or submit photos that are clear (camera is held very still); not backlit (flash is used and/or light source is not behind the subject); and framed correctly (feet are not cut off and/or subject is not shown too far away). Employees are encouraged to arrange photography with the Media Center before an event to ensure quality. **Direct questions to openlines@jax.ufl.edu or call 244.9750.**

Visit OpenLines.UFHealthJax.org to find current and past issues of Open Lines.