



STEERED *to* SAFETY

*An Air Force veteran suffers a stroke
behind the wheel and survives
thanks to UF Health TraumaOne.*



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Honoring Our Heroes for Saving Lives

Trauma centers are vital community assets. Research shows they lower trauma-related morbidity and mortality by bringing together advanced medical resources and the personnel dedicated to the care of critically injured patients. UF Health TraumaOne is the region's only Level I trauma center, capable of serving adult and pediatric patients, and has been for more than 30 years. We serve 30 counties in Northeast Florida and Southeast Georgia and provide care for more than 4,000 patients every year. In addition, TraumaOne serves as a key educational and research component of the University of Florida College of Medicine – Jacksonville.

This month, we hosted the 11th annual "A Night for Heroes Gala" to honor the contributions of all the people who work tirelessly to save lives in our trauma center. The event benefits UF Health TraumaOne by providing the funding to pay for lifesaving equipment and resources to comfort relatives of the trauma patients we serve. In the past decade, the gala has raised more than \$1 million, greatly enhancing our trauma program.

Through UF Health TraumaOne, complex and advanced medical care is coordinated in a fiscally responsible manner. The services provided by our trauma center facilitate and improve patient care, and stimulate innovation. Currently, our emergency medicine and trauma physicians and nurses are participating in several national research studies, including one working to improve post-traumatic stress syndrome and another examining the effects of blood-thinning medication on trauma patients.

It is through consistent processes and procedures — and drive to improve — that our trauma providers are able to save the lives of patients who may not survive at other medical centers. The work accomplished at UF Health Jacksonville is indispensable and plays a major role in keeping the community healthy. It is through your commitment and medical expertise that many of our patients are able to return to their loved ones. Never doubt the importance of the impact you make on the families we serve.

Sincerely,



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



HR Corner — Here to Help

GuidanceResources is your new Employee Assistance Program.

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Clinical quality nurse leaders are transforming patient care.

They are typically the first person you see after being admitted into a hospital and the last person to assist you at discharge. Nurses participate in every stage of a patient's care, and their role in maintaining patient safety and quality at UF Health Jacksonville is vital.

Patrice Jones, DNP, RN, vice president and chief nursing officer, works closely with Kelly Gray-Eurom, MD, chief quality officer, to ensure quality initiatives are implemented by nursing staff. Making procedural changes can be challenging when there are approximately 1,500 registered nurses to train. Jones began investigating the role of clinical quality nurse leaders, or CQNLs, which she had heard of in other health systems.

"At that time, we had assistant nurse manager positions to help nurse managers on larger units," Jones said. "I felt like we needed to change those positions and fill them with nurses who had master's degrees and three to five years of clinical experience to help the staff with quality initiatives at the bedside."

She created a proposal to transform the assistant nurse manager roles into CQNL positions, with the goal of improving quality scores from the ground up. As a result, UF Health Jacksonville has 12 CQNLs on staff today and has seen their direct impact on quality.

"CQNLs partner with the Performance Improvement division, physicians and nursing leadership on their units," Jones said. "They do not have management or administrative functions — they are clinical experts."

CQNLs have had a major impact on the reduction of central line-associated bloodstream infections, or CLABSIs. Previously, hospitalwide infections numbered between six and 13 each month, with about half originating in the surgical intensive care unit. The CQNL of the surgical intensive care unit began examining every line on every patient daily, tracking dressing care, documentation and necessity. A CLABSI quality team investigated the best practices of hospitals with the lowest rates of these infections, and along with the nurse leaders developed a "bundle" to teach all SICU, medical intensive care unit and inpatient dialysis nurses.

"CQNLs are part of these quality teams and make sure the teams' findings come to life at the bedside," Jones said. "They developed a bundle, which is a step-by-step process of how a catheter is maintained, and determined the correct supplies for dressing. It's a strict practice to adhere to."

Today, the hospitalwide CLABSI rate is down to two or three per month, on par with national benchmarks.

Many CQNLs are looking for ways to optimize the patient experience and improve Hospital Consumer Assessment of Healthcare Providers and Systems, or HCAHPS, scores. They are specifically concentrating on staff responsiveness. The CQNL in the neonatal intensive care unit has dramatically reduced infection rates by emphasizing hand hygiene. Others have added functional pain language to nursing assessments, motivating staff to learn more specific terminology for evaluating pain when treating patients.

"They always have measurable goals they are working toward, which are based on national benchmarks and quality metrics," Jones said.

In the future, Jones hopes to hire the first CQNLs for UF Health North as well as additional CQNLs at UF Health Jacksonville.

"All of nursing leadership is extremely involved with quality," she said. "For patient care to improve, I have to be engaged and have a very collaborative relationship with the quality department and our physicians. We have that here. Then I can best understand how to utilize our nursing staff who are at the bedside 24/7 because they're who will impact quality scores."

IMPROVING QUALITY AT THE FRONTLINE OF CARE

An Air Force veteran suffers a stroke behind the wheel and survives thanks to UF Health TraumaOne.

What was supposed to be a short drive to work June 24, 2016, became a medical emergency for Robert Ayer. The 53-year-old Air Force veteran was driving on Interstate 295 when he had a stroke. Robert crashed his car into the median, coming to rest on an embankment. Fortunately, he didn't hit anyone else in the collision, but his injuries were life-threatening. Jacksonville Fire and Rescue rushed him to UF Health Jacksonville — the only Level I trauma center in the region — where the TraumaOne team saved his life and placed him on the road to recovery.

Beyond the Bruises

When Claudia Ayer rushed into the trauma center, her heart pounding, mind spinning and expecting the worst, she was surprised to find her husband sitting upright. Minutes earlier, she received an urgent voicemail from the police informing her of her husband's single-car accident. A call from UF Health Jacksonville followed.

"A doctor called and said I needed to come fast," Claudia said. She rushed to be by his side. Externally, he looked fine. Internally, his body was under attack, compromised in key areas needed for survival. Fortunately for Robert, the TraumaOne team is trained to see beyond the surface.

"He was still in shock, contributing to the mindset that he was feeling fine," said Dunbar Alcindor, MD, a UF Health neurosurgeon.

"My back was hurting really badly and I was aware that I had a stroke," Robert said.

It was what he wasn't feeling that could have taken his life. The trauma and emergency medicine team acted quickly to look for any internal complications. Marie Crandall, MD, a UF Health trauma surgeon, was on duty the morning the ambulance arrived with Robert.

"Happily, the initial assessment showed his blood pressure and heart rate were good," Crandall said.

Crandall wisely sent him for more testing. The results required immediate attention. He had a tear in the colon, a break in the lumbar spine and a blood clot in one of the large vessels in his brain.

Tackling Trauma Together

UF Health Jacksonville's multidisciplinary teams are trained to save lives. Specialists are on site around the clock to perform procedures at a moment's notice. In Robert's case, it was never a matter of how, only a matter of what to address first as everyone jumped into action.

Crandall repaired the bowel perforation while other specialists tackled the blood clot. Although successful, this created the potential for another challenge — brain swelling. By the end of the day, Robert was admitted to the trauma intensive care unit.

"One of the problems with a stroke is you can rapidly develop brain swelling," said Carlos Arce, MD, a UF Health neurosurgeon.

Robert's team kept a steadfast watch over him throughout the weekend, noting his decline on Saturday. A decompressive craniotomy is not always necessary, but by Sunday, Arce determined there was a need for more surgery to prevent brain damage.

"As the brain swells, the pressure increases inside the head. If the brain sustains damage, you can die from that," Arce explained. "We removed a portion of the skull to relieve the pressure, providing much-needed extra space."

The procedure was a success, but there was still one more medical mountain to climb. Robert's spinal cord injury, the one problem thought to be a priority upon initial examination, had taken a backseat to the critical issues revealed by the CT scan. Alcindor, who participated in helping with some of the treatment for the stroke, was now ready to address the fractured lumbar spine.

"We felt it was safe enough. We stabilized his spine and replaced the bone flap in his head," Alcindor said.

The next step was letting Robert recover from his stroke and all the other injuries. The team monitored him for five weeks to ensure he was

STEER



recovering. The staff kept Claudia informed every step of the way.

"I was always in the loop," Claudia said. "It's overwhelming if you're not in the medical field, but they talked to me in ways I could understand. I always had a voice. I felt like I was part of their team."

More Than Words

The only one who couldn't speak was Robert. In the first several weeks, he had an endotracheal tube connecting his nose and mouth to his lungs and later a tracheostomy tube. Since he wasn't able to talk, he came up with another way to communicate, reminiscent of when they first met.

In the early '90s, Robert and Claudia's love story began with the written word. Robert was in the U.S. Air Force and Claudia was in the German Air Force, when he spotted her at a Washington, D.C., nightclub. His first thought was, "Wow, this girl is beautiful."

For the next several years, they met when their schedules overlapped, and in between, he penned her love letters. Eighteen years after they vowed to stay together "until death do us part" and "in sickness and in health," he signaled to her to bring him a pen. A white board and a marker became his temporary vocal cords throughout his five weeks at UF Health and after his move to Brooks Rehabilitation.

What felt like a lifetime of silence ended when Claudia answered the phone, expecting to hear Robert's physical therapist on the other end. He had been at Brooks working on regaining his strength and learning how to walk again.

"Hey babe, it's me," the familiar voice said. Hearing his voice for the first time was overwhelming for Claudia. "It was a very emotional moment for both of us," Robert said.

Robert was talking, working on walking and well on his way to recovering with the same determination he used to tackle every challenge in his life.

"I tried to maintain my positivity throughout the whole thing," he said. "I was always moving forward. There was never any doubt in my mind that I was going to get better."

He still has some short-term memory loss, but he is walking, driving

and doing daily chores that most people consider mundane.

"Every moment we've got on this Earth is precious," he said. "Don't take it for granted."

Steps Toward Success

Robert continues setting goals for the future. He works out three times a week in hopes of passing the physical exam to rejoin his Air Force reserve unit. He also wants to raise awareness and be an advocate for men's health. The stroke he suffered — the catalyst for everything that followed the June 24, 2016, accident — could have been prevented.

"I went to a cardiologist. I was diagnosed with atrial fibrillation," he said. "I was given medication, but I didn't take it seriously."

On the outside, he looked fine. On the inside, however, he was a tragedy waiting to happen. Robert hopes he can use his experience to help others and encourage at least one person avoid a similar fate.

"Listen to your doctor. Take it seriously," Robert said. It's a message he eagerly delivers full of gratitude for the men and women at UF Health Jacksonville who saved his life.

The highly skilled physicians and their medical teams successfully conducted three lifesaving procedures on Robert in a matter of hours. As part of a Level I trauma center, they do this every day. UF Health TraumaOne serves 30 counties in the Northeast Florida and Southeast Georgia region. They care for more than 4,000 patients, like Robert, every year with one goal in mind: saving their lives so that they can reunite with the family and friends who love them.

ROAD to SAFETY



DELIVERING DIGITAL DIAGNOSES

The UF Health Virtual Visit program will include specialty services in 2018.

The UF Health Virtual Visit program gives patients a convenient, cost-saving alternative to office visits. Patients with acute illnesses, chronic conditions, mobility issues and those requiring postsurgical follow-ups can be seen remotely by their health care providers on mobile devices or personal computers with a webcam.

“For conventional office visits that would typically only take 15 minutes to complete, a patient may be looking at taking a half day off of work, finding babysitting, transportation and parking, and spending time sitting in a waiting room,” said Nipa Shah, MD, a professor and chair of community health and family medicine at the University of Florida College of Medicine – Jacksonville.

Virtual visits have been most frequently used for pediatric and primary care patients with chronic conditions, such as diabetes and high blood pressure, and for acute illnesses such as pinkeye and strep throat. Through the camera on the device used, the physician can sometimes look at the eye or throat up close and assess the problem, prescribing medication as needed. According to Shah, the physical exam through virtual visits isn't necessarily limiting in many cases.

“With mobile devices, you can get creative with the camera to allow the provider to see the problem and, through a series of questions, properly evaluate

and diagnose the condition,” Shah said.

If you try a virtual visit and the provider determines he or she needs to see you in person, an appointment is offered at the provider's office within 24 to 72 hours. No additional copay is required, if the patient is being seen for the same medical concern.

“There's no harm in trying a virtual visit,” Shah said. Knowing a patient's medical history benefits providers and can make the visit more effective. Shah recommends all UF Health providers move toward offering virtual visits.

“There's an opportunity for every service line to use telemedicine,” Shah said.

Jessica Peters, telemedicine education coordinator, visits offices to administer training, taking providers through a simulation of a virtual visit. Once they are trained, it is easier to identify which patients are candidates.

“Providers should talk to their patients about this option,” Peters said. “The provider is in the best position to identify patients who would benefit from access to virtual care.”

Peters is also focused on educating customer service representatives in the practices and in the call center. Representatives pre-qualify patients to make sure the medical condition is appropriate for a virtual visit and that they meet eligibility requirements.

Virtual visits are also easy and convenient for pediatric patients who receive weekly weight management counseling by a nutritionist. Tina Smith, telemedicine director for pediatrics, is working with providers to use this technology to serve as many patients as possible.

“Telemedicine has reduced the number of no-shows and opened up time to see more patients, even filling time between patients,” Smith said.

This year, administrators are working to include a virtual visit appointment option within the MyUFHealth application, and make virtual visits available in labor and delivery for babies born at UF Health North who need to be transferred to the NICU at the downtown campus. Mothers will take part in checkups with their baby's provider while they are in postpartum recovery.

Visit UFHealthJax.org/virtual-visit for more information and to view a list of participating providers.

Insurance coverage of virtual visits is expanding. Until greater coverage is available, a significantly discounted self-pay rate is available.

Self-pay
Flat rate of \$49

GatorCare
Starting at \$10

Florida Blue, MyBlue
Cost of copay

TRANSCENDING BARRIERS THROUGH TELEMEDICINE



CDC grant will allow patients with HIV and providers to meet via computers, tablets and smartphones.

UF Health is preparing to expand care for patients with HIV in the Jacksonville area through the use of telemedicine, thanks to a \$2.2 million grant from the Centers for Disease Control and Prevention.

The three-year grant will allow patients who are currently seen in person within the UF Health system to use computers, tablets and even smartphones for face-to-face consultations with physicians and other caregivers. Personnel with the UF Health Center for HIV/AIDS Research, Education and Service, or UF Health CARES, and the University of Florida College of Medicine – Jacksonville's department of community health and family medicine are managing the project.

"Telemedicine is growing throughout health care, and our belief is it can really provide help to patients living with HIV who may have even more barriers to overcome to receive treatment," said Reetu Grewal, MD, an assistant professor of community health and family medicine who is leading the research project. "Jacksonville is one of the largest cities in land mass, so at times it can be challenging for some of our patients

who use public transportation to get to one of our clinics. We're hopeful this can help."

The grant was awarded in September. Since that time, faculty and staff have been creating promotional materials geared toward patients, developing protocols, training staff on how to enroll patients and incorporating essential documents into the Epic electronic medical records system.

"Telemedicine visits will start in September 2018 and conclude in September 2020," Grewal said. "Our target right now is to have completed at least 300 patient visits in that two-year project period."

To gauge the effectiveness of the project, patients will be asked to complete satisfaction surveys in which they can compare the telemedicine experience with conventional in-person visits. Project managers will also assess the difference in patient-associated costs, such as gas money, public transportation fares and work time loss due to traveling to in-person visits.

During the two-year project period, participating patients will still have the option of visiting one of UF Health's primary care practices in Northeast Florida.

The telemedicine model has been proven to work in rural settings where access to specialists is limited. This particular project, the only one of its kind nationally to receive CDC funding, aims to achieve the same results in an urban setting. Nipa Shah, MD, a professor and chair of community health and family medicine, is thrilled about the potential.

"This is a great addition to the UF Health Virtual Visit telemedicine program we offer," Shah said. "It gives all patients in our system the opportunity to talk with physicians anywhere they can use a portable device, like their smartphone."

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OPEN LINES

NEWSLETTER DEADLINES

May – March 16

June – April 13

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

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