



Joint Commission

Maternal Level IV

Opening Conference | March 26, 2024



Shared Purpose

We heal. We teach.

We innovate.

Care for everyone. Every day.

Vision

TGH will be the safest
and most innovative
academic health system
in America.

Who We Are

PART OF THE FABRIC OF OUR STATE FOR NEARLY 100 YEARS



1,588

LICENSED BEDS

\$2.6 BILLION

TOTAL REVENUE



14,000+

TOTAL TEAM MEMBERS
AND PROVIDERS

SERVING

**6.7 MILLION
PATIENTS**

ACROSS 15 COUNTIES

Who We Are

PART OF THE FABRIC OF OUR STATE FOR NEARLY 100 YEARS

740+
TRANSPLANTS
(ADULT AND PEDIATRIC)

653,000+
OUTPATIENT VISITS



57,000+
INPATIENT DISCHARGES
(INCLUDING NEWBORNS)

EMERGENCY & TRAUMA CENTER VISITS



47,000+
SURGERIES



7,200+
DELIVERIES

130,000+ TOTAL VISITS

Our Recognitions



TOP 50 HOSPITALS IN THE NATION
IN SIX SPECIALTIES AND
#1 HOSPITAL IN TAMPA BAY, AGAIN.



ONLY MAJOR TEACHING HOSPITAL
RECOGNIZED IN FLORIDA



NAMED ONE OF THE WORLD'S
BEST HOSPITALS



MAGNET RECOGNIZED
FOR EXCELLENCE



High Reliability & Just Culture

“High reliability is an ongoing journey. It’s a commitment to patient safety and the way we deliver quality health care.
Patient safety is at the core of everything we do.”

High Reliability Journey

Recognizing and responding to risks is part of **Caring for everyone. Every day.**



■ ACCOLADES AND RECOGNITION

Tampa General Hospital Achieves First Collaborative Just Culture® and Reliability Management Team™ Qualifications >

MAR 2, 2023

Tampa General is the first academic medical center in the United States to receive these prestigious safety qualifications which validate that an organization has established programs and teams focused on identifying, understanding and managing risk.



TGH Women's Institute

Accolades & Accomplishments

TGH Women's Institute

Accolades & Accomplishments

TOP 10 IN THE NATION

IN OBSTETRICS & GYNECOLOGY

#1 IN FLORIDA

2024 High-Performing Hospital

Maternity Care (Uncomplicated Pregnancy)



Accolades & Accomplishments

- Recognized as a **Blue Cross Blue Shield Blue Distinction Center+** for Maternity Care
- Ranked among the nation's **Best Maternity Hospitals** by The Leapfrog Group
- The **Jennifer Leigh Muma Neonatal Intensive Care Unit** offers a high level of specialized care for premature and critically ill newborns

Overview

TGH Women's Institute

Who We Are



142

LICENSED BEDS

500+

TOTAL TEAM MEMBERS



4

Operating Rooms



100+

Providers



63

Specialty Certified RNs



5

PACU Bays

TGH Women's Institute

Programmatic Structure



Orientation To Program

TGH Women's Institute

Orientation To Program

A multidisciplinary team collaboration to ensure fast recognition and response of obstetric emergencies

- **Labor & Delivery:** Multidisciplinary mock code drills on PPH, HTN, Shoulder Dystocia, Emergency C/S, OB Alert Case Studies, Malignant Hyperthermia, and Neonatal Resuscitation
- **Mother / Baby:** Multidisciplinary mock code drills on PPH, HTN, and being a first responder to neonatal resuscitation
- **Antepartum:** Mock code drills on PPH, HTN, Cord Prolapse, and being a first responder to Neonatal Resuscitation
- **I.C.U.:** Presentations on care of the High-Risk OB Patients, PPH, & HTN
- **E.D.:** Education on PPH and HTN in the Obstetric Patient, OB Alert mock code drills

Backup Systems: Keeping Patient Safe

Where High-Risk Meets High Quality Care!

- **24/7 Anesthesia Coverage:** A board-certified anesthesiologist with OB anesthesia experience is always physically present on campus. CRNAs assist in covering the unit under the guidance of the anesthesia attending.
- **Maternal-Fetal Medicine Collaboration:** On-Call 24/7 for consultation with requirement to be on unit within 30 minutes. OB patients in ICU are co-managed by an MFM team - this involves co-management includes at least daily rounds by an MFM specialist with our ICU partners.
- **OB Alert Team:** Special team of responders to get OB Specialist to the bedside, wherever a patient may be.

Focus On Quality

Enhancing Maternal Care

Elevating Healthcare Standards

Scorecard Data redacted*

PC-01

PC-02

PC-06

Quality Improvement Projects and Partnerships

- Reducing SSI after cesarean
- Reducing primary cesareans in first-time births
- OB Alert Rapid Response team

Advancing Practice

Emerging Models of Care

- **Cardiac OB Program:** Provides multidisciplinary cardiovascular and high-risk obstetrical care to help women maintain their highest level of heart health before, during, and after pregnancy.
 - This offers focused care in: Arrhythmias, Valvular Disease, Congenital Heart Disease, Cardiomyopathy including peripartum cardiomyopathy, Aortic Disease , and hypertensive Disorders of Pregnancy
- **Fetal Care Center of Excellence:** Focused on diagnosing and managing fetal abnormalities and complications. Offers a multidisciplinary approach, involving Maternal-Fetal-Medicine physicians, pediatric surgeons, neonatologist, genetic counselors, and nurse navigators to assist patients in their journey.
- **AWHONN National Recognition of Perinatal Safety Nurse Role:** Dedicated tenured nurse leader that closely monitors high-risk patients and acts as a resource to new RN staff, monitoring FHR, maternal VS, lab results, protocol adherence, and to respond quickly to escalating patient acuity. This leading innovative role has had multiple hospitals come to shadow for emerging best practice to incorporate into outside facilities.



TGH Tampa General Hospital

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Tampa General Hospital

BEST HOSPITALS
USNEWS
OBSTETRICS & GYNECOLOGY
2023-2024

TOP 10 HOSPITAL FOR OBSTETRICS & GYNECOLOGY

AUGUST 1, 2023

TGH Tampa General Hospital

USF Health
Morsani College of Medicine



BEST HOSPITALS
US NEWS & WORLD REPORT
TOP 10 HOSPITAL FOR OBSTETRICS & GYNECOLOGY
AUGUST 1, 2023

TGH Tampa General Hospital | USF Health
Morsani College of Medicine

TGH Tampa General Hospital.

TGH Tampa General Hospital.

TGH Tampa General Hospital.

TGH Tampa General Hospital.

Director

RN

Perinatal Nurse

TGH Tampa General Hospital

USF Health

WOMEN'S INSTITUTE



Tampa General Hospital

EMERGENCY

USF HEALTH

Catherine Lynch, MD
Obstetrics & Gynecology



Tampa
General
Hospital®



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Tampa General Hospital

MORSANI COLLEGE OF MEDICINE
Class of 2011

TGH Tampa General Hospital
LILIA MARQUEZ MD
Resident Physician

TGH Tampa General Hospital
Resident Physician

Dove

Haley
Pitts, M
and Gentry

An aerial photograph of Tampa General Hospital, a large multi-story building with a curved facade, situated on the edge of a city. The hospital's name is visible on the building. In the background, a city skyline with various skyscrapers is visible under a clear blue sky. A river or canal flows in the foreground, bordered by palm trees and greenery. The text 'THANK YOU' is overlaid in large white letters across the center of the image, with a thick yellow horizontal bar underneath it.

THANK YOU

Appendix

Focus On Quality

Enhancing Maternal Care

Elevating Healthcare Standards

Domain	Metric Type	Metric with Description	Target
Safety	O	PC-01 Elective Delivery	≤ TJC target upper limit (5%)
		PC-02 NTSV Cesarean Section-overall rate (nulliparous, term, singleton, vertex) Reducing first-birth cesarean birth rate	23.6% (by Healthy People 2030) <30% (by TJC)
		PC-06 Unexpected Complications in Term Newborns PC-06.1: Severe rate	No target established by <u>TJC</u> (balancing measure for PC-01 & PC-02)
		PC-07 (Severe Obstetric Complications)	New metric for 2024

* Scorecard Data Redacted

NTSV Interventions & Action Items

- Active monthly interdisciplinary workgroup
- Continue to promote real time interdisciplinary huddles and audit huddle forms
- Utilizing RedCap to help track and trend
- 4K Connection (online format to promote safe and effective techniques for labor support)
- Launch of Labor Duckies (awareness and recognition)
- Ramp up of nursing and provider engagement (new nurses with experience and CNMs)
- Hosting labor support workshops throughout the year for nursing and providers
- Incorporating labor support technique training into ed-blocks when available
- Nursing Education with additional focus on pitocin management

TGH Women's Institute

Cesarean Section SSI Rate

Scorecard Data Redacted

TGH Goal: 2%
January Rate: 2.5%
FY TD: 2.5%

Focus on Quality

Cesarean SSI

Pre-Op	Intra-Op	Post-Op
Early oral intake	Standard dressing options: Silverlon + 1-2 additional only	Dressing removal between 24-48hrs
Limit fasting interval & Carb loading- 45g up to 2 hours prior to surgery (reduces maternal hypoglycemia & metabolic stress)	**Type of irrigation (solutions with chlorhexidine)- Dr. Galon article	Early mobilization out of bed (within first 24h)
**CHG admin by RN on day of surgery standard regardless of pt admin status. CHG administered by nurse or PCT vs patient to ensure correctly done.	OR Temp tracking- tracking options (pre, mid, post), use of warmed fluids (warmed pit bags?)	Removal of catheter (6-12hrs)
**Azithromycin for ALL pts pre op	Maintain normoglycemia	**CHG shower solution upon discharge
**Vag prep for ALL pts	Warming gown/blankets	
**Supply CHG to all admitted patients for full body wipe down upon arrival. (On multi day IOL & HROB-CHG wipes daily)		

Quality Improvement Projects and Partnerships

- Reducing SSI after cesarean
- Reducing primary cesareans in first-time births
- OB Alert Rapid Response team
- EMPOWER: Breastfeeding equity
- NEW: OB Trauma Support: Debriefing at bedside with patient and family, following unexpected event.
- We participate in Florida Perinatal Quality Collaborative (FPQC) Initiatives:
 - PP Hemorrhage
 - Hypertension in pregnancy
 - PROVIDE — reducing NTSV c-sections
 - PACC — (current) postpartum access to care to see patients sooner after delivery; work done to have patients seen in clinic at two weeks postpartum
 - MORE Initiative
 - Mother-Focused Care
 - LARC Initiative

TGH Women's Institute

Roles & Responsibilities

- See “Roles & Responsibility” workbook for TGH Women's Institute & Muma Children's Hospital



Transfer Center Process

L&D Transfer Process



Intake of Obstetric Patients

- Transfer Center RN receives request from referring facility for OB transfer request
- TC RN will obtain diagnosis and reason for transfer and will determine appropriate service line for request
- Mark L&D transfers (in ER or obstetrics) as EMTALA and Labor and Delivery
 - > or = 20 weeks IUP, present to OB for provider conference
 - These patients will transfer to OB triage
 - Inpatient OB patients will be admitted to appropriate level of care bed
 - If potential for premature delivery, notification to NICU by OB provider or Transfer Center RN to verify capacity
 - <20 weeks IUP, call consulting provider for initial conference based on diagnosis and request, notify OB/Gyn provider on call of transfer status if accepted
 - ER requests will transfer to ER
 - Inpatient OB patients will be admitted to appropriate level of care bed
- If transfer requires ICU level of care, MICU will admit

Obstetric Patient Process

Once patient has been accepted, please complete the following:

- Obtain and attach facesheet to media in Epic
- Obtain and attach medical records pertaining to the transfer (i.e. progress notes, labs)
- Obtain imaging pertaining to the transfer via Powershare or on disc to be sent with patient
- Provide information to referring including destination, report communication and accepting provider
- Complete registration and preadmission for inpatient transfers