

## Memorial Hospital of Tampa

# Progress Notes

Winter, 2006

*A Newsletter for and about our Physicians*



*John Mainieri*

Chief Executive Officer

The Administrative Team would like to express its gratitude to the Medical Staff for supporting the efforts of Memorial Hospital in fulfilling our mission of providing quality health care to the community we serve.

In the past two years, we have completed an expansion/renovation of our surgical area, which included the addition of two state-of-the-art Storz OR 1 rooms. We have added PET/CT capabilities and a 16-slice CT scanner. We continue to make ongoing investments in surgical instrumentation and other equipment throughout the hospital. Today we are embarking on the expansion of our emergency department, which will provide us with better capability to serve our community.

Recently the medical staff and administration formed a "Strategic Planning Committee" to further our collaborative efforts in meeting the needs of our patients, physicians, staff, and community. These meetings have given administration a better understanding of what we need to do to improve our service.

With the assistance of the medical staff we are striving to improve the quality profile of Memorial Hospital. We recognize that by working together we can accomplish extraordinary results. You have our commitment that we will continue to be sensitive to your concerns and make every effort to satisfy your requests.

*John Mainieri*

## Memorial Hospital Names New Chief Nursing Officer

Linda Lyublanovits has been named the new Chief Nursing Officer (CNO) for Memorial Hospital of Tampa.

Linda's previous experience was with Memorial's sister hospital, Palms of Pasadena in St. Petersburg, where she worked for 30+ years, the last 10 years as their CNO.

With a BSN from Keuka College in NY State, Linda is a Licensed Health Care Risk Manager and a Certified Professional in Healthcare Administration—Advanced. Linda's philosophy is "treat the patient as you would want your family member treated."

Linda currently resides in Seminole with her husband and their two children, a son and a daughter.

Weekdays, Linda can be reached at (813) 342-1426. Please feel free to stop her when you see her on the units with any questions you may have.



## Doctors Day Celebration

March 30th Luncheon 11:30—1:30 PM  
in the Auditorium

March 31st Breakfast 7:00—9:00 AM  
in the Physician's  
Lounge.

### Medical Staff Calendar

3/16	Dept. of Psychiatry	7:30 AM
3/16	Tumor Conference	12:00 PM
3/21	Dept. of Medicine	7:30 AM
3/22	Credentials Committee	12:15 PM
3/27	Medical Executive Committee	12:15 PM
4/18	Utilization Mgmt/Med. Records	12:15 PM
4/19	Credentials Committee	12:15 PM
4/24	Medical Executive Committee	12:15 PM
4/27	Special Care Committee	12:00 PM

## Memorial Hospital to Hold Groundbreaking Ceremony

Memorial Hospital of Tampa will be hosting a groundbreaking ceremony for its new Emergency Department on Thursday, March 9, 2006 at 8:30 AM.

The ceremony will take place at 2901 Swann Ave. near the front of the main hospital. Mayor Pam Iorio and former Florida Governor Bob Martinez will be in attendance along with several IASIS executives and hospital board members. A reception will be held in the lobby of the Support Services Building after the groundbreaking. We hope you can join us.

## Diabetes Expo

The Wound Healing and Hyperbaric Medicine Center at Memorial Hospital of Tampa will be a major sponsor for the Diabetes Expo being conducted at the Tampa Convention Center March 11. The Expo has been developed by the American Diabetes Association for people with diabetes or at risk for diabetes. The program is being presented in seventeen major cities across the United States.

Dr. Robert Bartlett, Senior Vice President for Clinical Services for National Healing Corporation will be a featured speaker at the Expo. In addition the Wound Healing and Hyperbaric Medicine Center will be providing educational material, wound screening, and neuropathy screening. Other services available at the expo include cooking demonstrations, fitness demonstrations and diabetes bookstore. Admission is free.

The Diabetes Expo will be open from 10 a.m. to 4 p.m. The Tampa Convention Center is located at 333 South Franklin Street in Downtown Tampa. More information is available by calling Fenn Dickinson Program Director of the Wound Healing and Hyperbaric Medicine Center at 813-873-6455.



## Physician Spotlight

### Larry Fishman, M.D.—Neurosurgery

**Address:** 427 South Parsons Ave. Suite 110  
Brandon, FL 33611  
(813) 653-2770

**A.B. Degree:** University of California, Berkley

**M.D. Degree:** Universidad Autonoma de Guadalajara

**Fifth Pathway:** University of California, Irvine

**Post Graduate:** General Surgery, Mayo Graduate School of Medicine

Residency, Mayo Clinic Neurosurgery

Neurosurgery, Medical College of Pennsylvania

**Private Practice:** Orlando Neurosurgical Associates

Director of Neurological Surgery, Columbia, Brandon Hospital

Former Assistant Clinical Professor, Division of Neurosurgery, University of South Florida College of Medicine

**Societies and Organizations:** Member of the Congress of Neurological Surgeons, The Florida Neurological Society, The American Academy of Neurological Surgeons, Hillsborough County Medical Association, Florida Medical Association, Southern Medical Association, International Association of Minimally Invasive Surgery, Joint Section on Neurotrauma and Critical Care, Joint Section Cerebrovascular Surgery, and Cleveland Clinic associate Affiliation.

## Case Study by

Marc A. Katz, DPM

Tampa, Florida

Private Practice, Active Staff,  
Memorial Hospital and the  
Memorial Wound Healing Center

Limb Salvage and Advanced Wound Healing Using Apligraf and Wound Vac, A Multi-Disciplinary Approach: Healing a patient with traumatic injury leading to necrotizing fasciitis of the foot and leg and a resultant large complicated wound.

### Summary:

The patient was at risk for limb loss secondary to a crush injury and necrotizing fasciitis, however, with a combination of several surgeries and advanced wound care using Apligraf (used off label) and the Wound Vac this patient healed without disability or loss of function.

### Details:

A 71 year-old obese male presented with an injury to the right foot when a car backed onto his foot. He had no treatment except for 4 days and then went to his PCP. I saw the patient the same day by request from his PCP. He had been placed on Keflex. Patient was using crutches as he was unable to bear weight on the foot. Patient denied fever, chills, SOB, chest or calf pain. He noted that his right foot had gotten progressively more swollen and red and developed large blisters and torn skin.

Past medical history was significant for MI (one year ago), atrial fibrillation, hypertension, appendectomy and gallstones. Patient denied allergies to medications. Family history of diabetes and prior tobacco use was noted. Medications included Lisinopril, Carvedilol, Furosemide, Potassium Chloride, Docu-sate, Aspirin, Coumadin and Famotidine.

Upon exam, the patient was afebrile and in no apparent distress. Vascular status was intact with no evidence of ischemia or cyanosis of digits. The right foot was warm and erythematous. A large area of full thickness skin loss was evident at the lateral foot and ankle with devitalized tissue. A large bulla was noted on the dorsum of the foot. Ecchymosis was noted throughout the foot and ankle. Neurologic exam was unremarkable. There was no evidence of fracture or dislocation on x-ray or upon exam.

Debridement of devitalized tissue was performed and tissue was sent for culture and sensitivity. Patient remained on the Keflex awaiting culture results. Patient was placed non-weight bearing and sent for an MRI. There was no fracture, dislocation or joint effusion. Subcutaneous hemorrhage was present in several areas with peroneus longus and brevis tendon strain.

The patient returned to the office 2 days later with

worsening wounds, tissue loss and foul odor. He appeared somewhat pale but denied fevers. Neurovascular status was unchanged however; damaged tissues had become more ischemic. Ascending cellulitis was noted with rapid progression. The patient was admitted for IV antibiotics, debridement, I&D and consults with Infectious Disease and Vascular Surgery. In addition a cardiac consult was obtained for surgical clearance. Patient was admitted and initial labs revealed an elevated white count of 13,000 and no left shift. Platelets were elevated to 553 and elevated Sed rate at 43. He remained afebrile with stable vitals. Patient was cleared by Vascular Surgery and obtained cardiac clearance. Patient was put on Vancomycin, Zosyn and Clindamycin by Infectious Disease. Blood cultures remained negative. Venous dopplers revealed no evidence of DVT.

The patient was taken to surgery and Incision and drainage with debridement was performed removing tissue and opening tunneling areas of necrosis. The wounds were packed opened and the wounds were flushed twice daily with antibiotic saline and packed. In spite of the surgery and wound care, the area continued to worsen and the patient became febrile and the white count remained elevated. Erythema and edema continued to progress over several days and the skin became progressively devitalized and darkened. Pain was also worsening and the patient required stronger pain medications. X-ray revealed the presence of gas in the tissues on the lateral side of the foot extending up the tissue planes of the leg. The patient was advised of the nature of necrotizing fasciitis and was informed that he was at risk for limb loss even with treatment.

The patient was taken back to surgery and extensive I & D was performed starting just proximal to the digits and extending proximally along the dorsal and lateral foot and lateral compartment of the lower leg. The resultant wound was approximately 20cm x 10cm x 1.5cm. There were exposed superficial

nerves as well as tendon exposure. A Wound Vac was used to decrease the wound size, increase granulation tissue, remove interstitial fluid allowing tissue decompression, remove infectious materials and to maintain a moist wound healing environment in preparation for a graft. A Plastic Surgery consult was obtained; however, the patient refused an autogenous skin graft. He responded well and was eventually released from the hospital with a PICC line and IV antibiotics and was followed at the Wound Center.

The patient's cellulitis continued to resolve with 2 weeks of outpatient IV antibiotics and wound care. Once the wound bed was clean and granular the Wound Vac was discontinued. There wound appeared free of infection. Advanced wound care was continued and on 7/26/05, the patient received the first of 2 applications of Apligraf, a living, bi-layered skin substitute. The Apligraf contains both dermal and epidermal skin layers with all of their associated growth factors which are essential to healing.

The patient continued to heal well without reinfection. His dressings included a silver impregnated contact layer and Profore compression dressings. The patient developed some dermatitis around the wound site which was treated. A second application of Apligraf was performed on 8/30/05.

The patient continued to be seen in the wound center weekly. Ultimately, with patience and perseverance the patient went on to complete healing without any disability. He did not require an autogenous skin graft and he did not suffer limb loss or significant loss of function. This was all accomplished with a multi-disciplinary team approach, fast identification of necrotizing fasciitis and advanced wound care using Apligraf and the Wound Vac.

**Full closure using Apligraf skin substitute in a non-diabetic traumatic wound with necrotizing fasciitis**

7/6/05 size 18.5 x 7.5 x 1.2



7/26/05 size 18 x 7.4 x .6



8/2/05 S/P Apligraf Skin Substitute -1 week



Healed 11/30/05





2901 Swann Avenue  
Tampa, FL 33609  
Phone: 813-342-1420  
Fax: 813-342-1430

### Welcome New Doctors

#### July

Keri J. McFarlane, M.D.—Emergency Med.  
Vijay Narasimha, M.D.—Vascular Surgery  
Shahul H. Riazudeen, M.D.—Internal Med.

#### August

Brian L. Badman, M.D.—Orthopaedics  
Jana L. Sulzer, M.D.—Radiology

#### September

Leslie L. Dongell, M.D.—Internal Med.  
David M. Epstein, M.D.—Radiology  
Robert Guirguis, D.O.—Physical Med./Rehab  
Novlet C. Jarrett, M.D.—Internal Med.  
Rose A. Laurence, M.D.—Internal Med.  
Ajibola Loye, M.D.—Internal Med.  
Jason P. McCubbin, M.D.—Internal Med.  
John D. Okun, M.D.—Orthopaedics  
Charles R. Readdy, D.O.—Radiology

#### October

Steven M. Page, M.D.—Orthopaedics

#### November

Yeshitila Agzew, M.D.—Internal Med.  
Liana Bernot, M.D.—Pathology  
Carlos A. Salazar, M.D.—Internal Med.

#### January

Pablo Dubon, M.D.—Internal Med.  
Satya Gullapalli, M.D.—Internal Med.  
Chris M. Nussbaum, M.D.—Internal Med.  
Robert J. Theobald, D.O.—Proctology  
Giachino Tomasino, M.D.—Internal Med.

### Physician Portal Training

- Please contact Pinkey Smith at (813) 342-1316 if you or your staff need access and training. The Physician Portal will enable in-office access to hospital records, radiology, lab and pathology reports, face sheets and other clinical information. Films such as MRIs, CTs, X-ray, Nuclear Med., and Ultrasound can be viewed online from your office computer.

### Admitting Status Reminder

Florida's Medicare PRO has begun a new focus to closely monitor admission status orders. Please clarify your patient's admission status by writing either "Inpatient Admission" or "Observation Status" when writing initial patient orders.

You may also check the appropriate box at the top of the Memorial Hospital of Tampa's physician order forms. The correctly worded admission order is necessary to ensure appropriate reimbursement from Medicare.

Effective, February 1, 2006, you will receive a call for an admission status if there is none on the initial physician order sheet. If you would like additional order sheets, please contact Alyce Echard at (813) 873-6400 ext. 5604 or Monica Clark at (813) 342-1420 and they will arrange to have someone bring them to your offices.

## Office Manager Lunch and Learn

Please join us on March 9<sup>th</sup>, 2006

From 11:45 to 1:15pm

in the hospital Auditorium

\*Lunch

\*Door prizes

\*Information

\*Meet the Staff

\*Questions and Answers

Contact Monica Clark at 342-1420 for more information

WE'RE ON THE WEB!

WWW.MEMORIALHOSPITALTAMPA.COM