

**2012-2013 Low Income Pool (LIP) Tier One Milestone (STC-61) Application for  
Enhancement Projects**

**Submitted by:**

**Florida Health Sciences Center, Inc. d/b/a Tampa General Hospital**

**July 31, 2012**

1. **Applicant:** Florida Health Sciences Center, Inc. d/b/a Tampa General Hospital
2. **Medicaid Provider Number:** 010099400
3. **Provider Type:** Not-for-profit acute care hospital
4. **Amount Applying For:** \$1,868,456
5. **Identify as a New or Enhanced Program:** This request is to provide funding for a number of enhancements at TGH's three operational primary care sites. These enhancements include the addition of two primary care physicians, addition of staff to allow implementation of a patient centered medical home model and addition of two pharmacists to increase patient access to Coumadin clinics and pharmacy counseling.
6. **Description of the Delivery System and Affiliations with Other Health Care Service Providers:**

**Overview:**

Tampa General Hospital (Tampa General, TGH) is a private not-for-profit academic medical center located in Tampa, Florida. Tampa General is a statutory teaching hospital and has a formal affiliation with the USF Health Morsani College of Medicine (USFHMCOM). The relationship between the USFHMCOM and TGH is governed by a Master Affiliation Agreement which sets forth the operational and financial relationship between the two organizations. TGH serves as the primary teaching hospital for the USFHMCOM and approximately 300 residents are assigned to Tampa General. Tampa General serves a 12-county region and provides many medical services found nowhere else in the Tampa Bay area. Tampa General is the region's only Level 1 Trauma Center, the regional burn center, the fourth busiest solid organ transplant center in the United States, and one of the area's largest inpatient rehabilitation centers. In addition to its role as a teaching hospital, Tampa General serves as a safety net hospital for the region's under and un-insured population. In FY 10 and FY 11, Tampa General provided over \$80,000,000 in community benefit to the region (see Attachment 1 for summary of community benefit).

**Delivery System**

The Tampa General delivery system is composed not only of a major inpatient facility of 1018 licensed beds but also an increasingly large footprint of ambulatory sites focused on both primary and specialty physician care. TGH is applying for LIP Tier I enhancement dollars to:

- Provide alternatives to the use of the TGH emergency room for primary care
- Increase geographic access to primary care for the under and un-insured population residing in TGH's primary service area
- Increase access to disease management and other services that will result in fewer admissions and readmissions to more costly inpatient settings.
- Implement a patient centered medical home primary care model

TGH is committed to increasing access to primary care physicians as we believe that only by providing coordinated primary care can the CMS triple aim of better care for individuals, better health for populations and reduced cost be achieved.

Currently, TGH has two well established primary care sites and has recently opened a third and is in the planning stages for two more. This request is to support the development of a National Committee for Quality Assurance (NCQA) certified patient centered medical home (PCMH, medical home) in the three operational sites, increase access via additional primary care physicians at the newly opened Brandon site and add the services of a pharmacist at two sites to allow additional patient counseling as well as the implementation of Coumadin clinics at two locations.

Tampa General's Family Care Center—Kennedy opened in April 1995 and is located at 2501 West Kennedy Boulevard in Tampa, Florida. The Family Care Center—Kennedy is staffed with six primary care physicians and one advanced registered nurse practitioner. In addition, a master's prepared social worker provides mental health counseling and provides patients with information on other community resources. The Kennedy site provides care for all ages including newborns. The Family Care Center—Kennedy is strategically located approximately two miles west of the main hospital campus where additional ancillary and tertiary services are available. The center is open until 10 PM Monday through Friday and on Saturdays from 9AM to 4PM. As part of providing residents of the area an alternative to using the emergency room for primary care, the center has an open access policy and accepts walk-ins during all hours of operation. The Family Care Center—Kennedy serves a significant number of underinsured patients. Seventy percent of the patients seen at this site are either Medicaid, uninsured or Hillsborough County Health Plan enrollees. In addition, as set forth in Attachment 2, patients without insurance are eligible for charity or reduced charges based on their income levels. Over 19,000 visits are provided annually at the Kennedy site.

The Family Care Center—Healthpark opened in 1985 and is located at 5802 North 30<sup>th</sup> Street in Tampa, Florida, approximately seven miles north of the main hospital campus. The center serves an area of the community with a significant population with incomes below the federal poverty level (22%). Healthpark is staffed with four primary care

physicians as well as two social workers who provide mental health counseling and information about community health resources. In addition, a nurse educator provides classes and education on self-management for patients with chronic conditions like diabetes and hypertension. The Family Care Center—Healthpark serves patients of all ages including newborns and like TGH's other primary care sites accepts walk-ins as well as appointments. Approximately 85% of the patients served at this location are either Medicaid, uninsured or Hillsborough County Health Plan and like the Kennedy site individuals seen at the center may qualify for free or reduced charge care per the policy included in Attachment 2.

On May 1, 2012, TGH opened its third Family Care site at 214 Morrison Road, Brandon, Florida. The Center is approximately 12 miles and a 20 minute drive from Tampa General Hospital and is accessible via both highway and surface roads. As with TGH's other two locations, this site was chosen, in part, to improve access to these services by under and un-insured populations.

The Family Care Center—Brandon is located in approximately 9,000 square feet of leased space and has 15 exam rooms, a waiting area, and physician offices and staff areas. Currently staffed by two family practice physicians, the Center has enough space to accommodate five physicians. All ages including newborns are accepted and the current hours of operation are 7:30 AM to 5PM Monday through Friday. Patients in need of lab and radiology are referred to TGH. Evening and weekend hours will be added as soon as the center achieves projected volumes and additional physician staff is recruited. The Family Care Center—Brandon accepts walk-ins as well as appointments and charity and discounted care will be available according to TGH's policy included as Attachment 2.

A fully functionally electronic medical record is in place in all of the Family Care Centers and allows a virtually paperless operation. Patient safety and quality are enhanced by the availability of an electronic medical record. In addition, patients are able to access their medical record information via a secure patient portal (My Chart) as well as request appointment times and pharmacy refills. Data from their outpatient encounters as well as any services they receive at Tampa General Hospital are included in their electronic record.

## **7. Service Area**

Tampa General Hospital's primary service area is Hillsborough County. Approximately 70% of the admissions to Tampa General are residents of Hillsborough County. All five of the primary care sites either in operation or planned by Tampa General Hospital are located in Hillsborough County (see Attachment 3). For planning purposes, we have assumed that the majority of the patients at the three sites for which funding is being

requested includes the population residing within a five mile radius of each individual site.

**8. Service Area Characteristics (Including Demographics or Population Served and Distribution of Current Population by Funding Source, e.g., Medicaid, Medicare, Uninsured, Commercial Insurance etc.).**

As indicated in the response to question 7, TGH's primary service area is Hillsborough County. As indicated in Table 1, the population of Hillsborough County is diverse and compared to the state of Florida as a whole is younger but very similar in terms of racial and ethnic diversity and income. Single women with children make up a higher percentage of the population of Hillsborough County than in Florida as a whole.

**Table 1****Demographic Characteristics of Hillsborough County v. Florida**

	Hillsborough County	State of Florida
Total Population (2012 Est.)	1,262,623	19,156,005
Pop. < 17	310,588	4,227,188
Percent	24.6%	22.1%
Pop.> 65	148,410	3,290,109
Percent	11.8%	17.2%
Avg. Household Income	\$64,443	\$62,684
Median Household Income	\$47,460	\$45,672
Per Capita Income	\$25,159	\$24,990
% Families < Poverty Level {Less than \$15,000}	12.7%	13.4%
% of Population by Race		
White	70.5%	74.4%
Other	29.5%	25.6%
% of Population by Ethnicity		
Hispanic or Latino	26.1%	23.4%
Not Hispanic or Latino	73.9%	76.6%
% of Population by Female Head of Household w/Children	13.9%	10.7%

Source: The Nielson Company, 2012 Population Data

Tampa General's payer mix reflects not only the demographics of its primary service area, but also its role as a safety net hospital. In FY11, based on gross charges, TGH's payer mix was as follows:

- 37.1% Medicare & Medicare HMO
- 24.4% Managed Care
- 22.1% Medicaid, Medicaid HMO & Hillsborough County Health Plan
- 16.4% Other (self pay, worker's compensation, auto insurance etc.)

Almost 10% of TGH's inpatient discharges in FY11 qualified as charity.

Provided on Table 2 are data on the demographic characteristics of the population within a five mile radius of each of the three operational Family Care Center sites.

**Table 2****Demographic Characteristics of Population within a Five Mile Radius of TGH's Family Care Centers**

5-Mile radius	Brandon-Morrison St.	Healthpark—30 <sup>th</sup> St.	Kennedy—Kennedy Blvd.
Total Population (2012 Est.)	202,530	276,914	209,978
Pop. < 17	51,828	68,852	47,273
Percent	25.6%	24.9%	22.5%
Pop.> 65	19,085	30,545	28,975
Percent	9.4%	11.0%	13.8%
Avg. Household Income	\$63,282	\$43,968	\$63,130
Median Household Income	\$52,321	\$32,326	\$41,007
Per Capita Income	\$23,954	\$17,457	\$27,822
% Families < Poverty Level {Less than \$15,000}	9.0%	23.0%	17.7%
% of Population by Race			
White	69.2%	53.0%	70.0%
Other	30.8%	47.0%	30.0%
% of Population by Ethnicity			
Hispanic or Latino	22.9%	29.4%	28.9%
Not Hispanic or Latino	77.1%	70.6%	71.1%
% of Population by Female Head of Household w/Children			
	14.3%	22.7%	16.9%

Source: The Nielson Company, 2012 Population Data

The three sites are racially, ethnically and economically diverse. All three sites have a significant percentage of their population below the federal poverty level and all three



sites have a higher percentage of their households with children headed by a female than either the county or the state. Payer mix data are unavailable for the Brandon site since it has only been open since May. We believe that its payer mix will be similar to that of the Kennedy site. As indicated above, 70% of the patients at the Kennedy location are either uninsured or have Medicaid or Hillsborough County Health Plan as their primary funding source. The Hillsborough County Health Plan serves county residents at or below 100% of the federal poverty level that do not qualify for any other form of private or public assistance. The Healthpark site also serves a disproportionate number of un or underinsured patients as 85% of its patients are either uninsured or have Medicaid or Hillsborough County Health Plan as their funding source.

## **9. Organizational Chart and Point of Contact**

A table of organization for Tampa General Hospital is included as Attachment 4. Jana Gardner, VP of Ambulatory Services has operational responsibility for all of Tampa General's primary care sites. She will be the point of contact for any questions about the Family Care Centers operation. Jean Mayer, Sr. VP of Strategic Services will be the point of contact regarding questions associated with this application. Contact information for each is set forth below:

Jana Gardner, VP Ambulatory Services [jjgardner@tgh.org](mailto:jjgardner@tgh.org)

Jean Mayer, Sr. VP Strategic Services [jmayer@tgh.org](mailto:jmayer@tgh.org)

## **10&11. Proposed Project Summary and Budget**

Tampa General Hospital is requesting financial support for two additional primary care physicians at the Family Care Center--Brandon site, staff to implement a NCQA certified -patient centered medical home at all three locations and pharmacists to increase access to counseling and Coumadin Clinics at two of the sites. Each of these enhancements will be discussed below along with the funding request.

### **Enhancement 1: Family Care Center—Brandon Addition of Primary Care Physicians**

In order to increase access to primary care in the Family Care Center Brandon service area, TGH is requesting salaries, benefits and operating support for two additional primary care physicians. Recruitment of these two physicians will allow the Brandon site to serve additional patients as well as offer weekend and evening hours which will

reduce unnecessary emergency room utilization by increasing the availability and convenience of primary care.

## **Enhancement 2: NCQA Patient Center Medical Home Implementation**

Tampa General is committed to implementing the patient centered medical home (PCMH) as a means of working towards the achievement of the CMS triple aim. Initially, the PCMH model will be implemented in the three operational Family Care Centers. The addition of five registered nurses (two each assigned to the Family Care Centers Kennedy and Healthpark and one to Brandon) as well as an analyst/report writer are being requested in this application and will allow TGH to fully implement the patient centered medical home (PCMH) model at these sites. There is significant evidence that PCMH increases the quality of care and assists in reducing cost of care by reducing hospital admissions and emergency room visits.

TGH believes that attainment of the NCQA PCMH standards and certification will help achieve the goals of coordination, cost reduction and high quality of care. The NCQA has developed six must-pass elements that are considered essential to the PCMH and are required for recognition.

- Access During Office Hours
- Use Data for Population Management
- Care Management
- Support Self-Care Process
- Referral Tracking and Follow Up
- Implement Continuous Quality Improvement

In order to fulfill these elements, a team of nurses and physicians are needed to provide the care, outreach and necessary follow-up. The requested nurses will be needed to use data from reports run from the electronic medical record to proactively remind patients of upcoming services and appointments. They will use evidence-based guidelines to:

- collaborate with the patient and family,
- develop individualized care plans,
- assess and address barriers to treatment goals,
- identify patients needing additional care management support,
- conduct pre-visit preparation and,
- follow up when important appointments have not been kept.

These nurses will provide educational resources, self-management tools and counseling of patients to adopt healthy behaviors. In addition, they will track the status

of patient referrals and ensure the specialists reports have been received and addressed. The analyst/report writer, also being requested as part of this application, will support the nurses by providing quality and other types of data and reports.

A robust team of clinicians is needed to perform the outreach, tracking, education, follow up and quality initiatives required to meet the goals of the PCMH. The addition of five registered nurses and a report writer will allow TGH achieve these goals.

### **Enhancement 3: Addition of Two Full Time Pharmacists**

Pharmacy input and patient interaction is an integral part in providing primary care. The pharmacy role in providing a multi-disciplinary approach to primary care is invaluable as the pharmacist can provide an approach to education that is beyond the abilities of the primary care staff. Education of patients with multiple medications (poly-pharmacy) can assist the patient in being compliant with their medications when they understand the use and consistency of maintaining their medications as well as the side effects. The addition of two full time pharmacists will increase TGH's ability to provide in-depth counseling to its patients. In addition, the additional pharmacists will allow TGH to provide Coumadin Clinics at all three locations and to expand counseling for chronic conditions such as diabetes. Coumadin is a medication provided to patients at risk for heart attack and stroke. Managing and monitoring patients on Coumadin can help patients prevent bleeding occurrences and will prevent readmissions to the hospital or emergency rooms. Compliance with this medication and the lab work that is involved is essential to the success of patient safety. The pharmacists will also provide education to diabetic patients who are often on multiple medications. Patients' understanding of the use of their diabetic medications is crucial in keeping blood sugars under control, preventing diabetic complications, and readmissions to the hospital.

Pharmacists add a unique approach to education and provide services that increase patient safety, quality and compliance

### **Budget**

A total of \$1,868,456 is being requested for the three enhancements. Table 3 provides a summary of the dollars associated with each enhancement and the detail and assumptions for each is provided in an excel spreadsheet attached to this request and entitled enhancement budget. The totals include not only the salaries and benefits of the staff being requested but also operating expenses (support staff, supplies etc.) as well as an amount for general & administrative expenses associated with each project.

**Table 3**

**Summary of Enhancement Project Budgets**

	Total Request
Medical Home Registered Nurses, Report Writer	\$550,894
Clinical Pharmacists	\$331,364
Additional primary Care Physicians	\$986,199
Total	\$1,868,456

**12. Describe Plan for Identification of Participants for Inclusion in the Population to be Served by the Project.**

All of Tampa General Hospital’s Family Care Centers are located in areas easily accessible to the population residing within their five mile service areas. All of the sites are located on major thoroughfares and include signage visible from the road. The Hartline bus system routes include stops within walking distance of all five centers and informational materials for consumers include this information. Tampa General, through their work in the community, provides information about the sites to local community organizations including employers, schools and churches. In addition, Tampa General’s employees without a primary care physician are encouraged to utilize the Family Care Centers as their medical homes. Copies of flyers with information on the operational clinic sites are provided in Attachment 5 as an example of how we communicate the availability of services to the local community.

**13. How will Access to Primary Care Access System Services be enhanced by this Project?**

This application will add two primary care physicians to the Family Care Center—Brandon. In addition, development of the three sites into NCQA certified medical homes will augment the services provided by the physicians.

**14. Does the Enhancement Include Hours of Operation after 5:00 PM and/or on Weekends at Existing Sites, or the Establishment of a New Clinic Site?**

Addition of two physicians to the Family Care Center—Brandon will allow that site to be open in the evenings and on weekends.

**15. Describe your Capability to Serve Minority and Culturally Diverse Populations.**

As set forth in the demographic data, included in response to question number eight, TGH's Family Care Centers are located in areas with racially and ethnically diverse populations. TGH makes accommodations for individuals with disabilities as well as language barriers in all of their facilities. Included in Attachment 6 are policies regarding use of CyraCom interpretation phones when speaking with non English-speaking patients and/or their families. These devices are available in all of TGH's Family Care Centers. Telecommunication devices for the deaf (TDD) are also provided in our Family Care Centers and TGH's policy regarding use of these devices is also included in Attachment 6.

To the extent possible TGH recruits bilingual staff, including physicians. Thirty-two percent of the non physician staff at the Family Care Centers are bilingual. One of the physicians practicing in the Brandon office is fluent in Spanish. Given the significant Spanish population future bilingual staff recruitment is a priority.

TGH's pastoral care department provides monthly cultural diversity seminars and this training is available to staff at ambulatory locations, as well as, within the hospital. This training provides staff with insights into how different cultures view health care, as well as, provides them with tools for working with culturally diverse populations. In addition, all staff has access to a training guide for health care professionals entitled A Dictionary of Patient's Spiritual & Cultural Values for Health Care Professionals. The table of contents for this guide is included as Attachment 7.

Finally, patient education materials are available in both English and Spanish as there are many Spanish speaking individuals that utilize the Family Care Centers. Some of these materials are resident in our electronic medical record system and are printed for the patient at the time of their visit and others have been developed by TGH and are provided to the patient and/or their families. See Attachment 8 for examples of Spanish language materials.

**16. Describe how you will Identify and Address Health Care Diversity Issues as Well as Health Care Literacy Barriers**

As indicated in the response to question 15, TGH has many strategies for addressing ethnic and cultural diversity. Materials that we utilize for our patients and their families are written in simple language in recognition of varying population literacy levels. Center staff is responsible for identifying within the population they serve any barriers to care. Recognizing that population groups have higher rates of certain conditions for

example, hypertension in the African American community, our staff is trained to provide information and education specific to their needs.

**17. Describe Measures and Data Sources that you will Use to Evaluate the Effectiveness of Each Initiative Comprising your Project**

Data will be resident in TGH's electronic medical record that allows various process and quality measures to be monitored on a routine basis. The reporting template included in Attachment 9 sets forth the indicators that will be monitored for each of the enhancement initiatives. These indicators have been selected provide information on patient access as well as clinical outcomes associated with medical homes and the addition of pharmacists to the multi-disciplinary team.

**18. Describe Data Collection and Reporting Capabilities Including Systems and Staffing Resources, Provide a Reporting Template**

The TGH electronic medical record provides many reports that are ran monthly by the Family Care Center office managers. Results are documented on a monthly dashboard and shared with staff and providers at staff meetings. See Attachment 9.

**19. Provide a Letter of Commitment from the Local Match Fund Source on that Entities Letterhead.**

See Attachment 10 for a letter from Hillsborough County indicating the availability of matching funds.

**Attachment 1**

**FY10 & FY11 Community Benefit**

	FY10	FY11
<b>COMMUNITY BENEFIT AT COST</b>		
<i>Charity Care &amp; Other Means Tested Programs</i>		
Charity Care at Cost	\$32,450,626.00	\$41,869,706.00
Unreimbursed Medicaid	\$17,292,116.00	\$9,051,325.00
Unreimbursed Costs - Other Means-Tested Gov't Programs	<u>\$16,983,808.00</u>	<u>\$10,631,522.00</u>
<b>Total Charity Care</b>	\$66,726,550.00	\$61,552,553.00
Community Health Improvement & Community Benefit Operations	\$753,514.00	\$1,114,356.00
Health Professions Education	\$6,648,315.00	\$12,820,713.00
Research	\$440,308.00	\$477,143.00
Subsidized Health Services	\$5,170,309.00	\$7,146,530.00
Cash & In-kind Contributions to Community Groups	<u>\$1,218,340.00</u>	<u>\$1,317,607.00</u>
Total Other Benefits	\$14,230,786.00	22876349
<b>Total Community Benefit at Cost</b>	<u><u>\$80,957,336.00</u></u>	<u><u>\$84,428,902.00</u></u>



**Attachment 2**

**Charity & Discounted Care Policy**



LAST REVIEWED – 1/12

### Tampa General Hospital POLICIES & PROCEDURES

Administrative  Interdepartmental  Departmental

**Departments Affected:** Patient Financial Services, Reimbursement, Revenue Management, Corporate Accounting, Hospital Based Clinics

**Subject:** Charity and Discounted Care  
**Effective Date:** 12/13/93

New Policy/Procedure  
 Revised 1/12

**Index Code:** LD-65  
**Page:** 1 of 2

**Originating Department:** Patient Financial Services  
**Approved by:** Ron Hytoff

**Title:** President/CEO

**POLICY:** Tampa General Hospital provides necessary medical care regardless of the patient’s ability to pay for services. Charity care is available to patients who qualify under this policy. Underinsured and uninsured patients, who do not meet charity guidelines, may qualify for discounted care.

Qualification is based on the current Federal Poverty Income Guidelines (FPG). Charity or discount consideration is available only after all third party reimbursement and government sources have been exhausted.

Excessive assets or medical expenses may be considered as part of the charity or discount evaluation.

Charity eligibility will be considered retrospectively and prospectively for six months from the date of eligibility.

Financial counseling communication will be clear, concise, and considerate of the patient and family members.

Regulatory changes that may have the potential to alter charity classifications will be monitored and incorporated into policy, as necessary.

The Hospital’s EMTALA obligations shall take precedent over any efforts to determine a patient’s ability or willingness to pay.

**Definitions:**

- Gross Income – Average household income for the preceding 12 months from the determination.
- Family Size – Number of dependents claimed on Federal tax return.
- Period of qualification – Retrospectively applied to all open accounts, with the exception of legal accounts and future services for a period of six months.
- Credit Code E – Income is at or below 100% of FPG.
- Credit Code F – Income is between 101% - 150% of FPG.
- Credit Code H – Income is between 151% - 200% of FPG.
- Credit Code G – Patient balance exceeds 25% of household income and household income is at or below 400% FPG.
- Credit Code Z – Patient refuses to provide financial information.
- Credit Code O – Income is greater than 200% FPG (check discounting guidelines).
- Credit Code J – Discount level 1: 300% - 400% FPG 60% discount from charges.
- Credit Code K – Discount level 2: 200% - 300% FPG 70% discount from charges.
- Credit Code M – Discount level 3: Recently uninsured / limited benefits--Discount equivalent to that of current / most recent insurance carrier (greater than 200% FPG)
  - Limited Benefits -- If the patient’s insurance does not cover the service or if the patient elects not to use their insurance coverage.
  - Recently Uninsured -- If the patient has lost their insurance coverage within 180 days.
  - Medicaid Benefits Exhausted – Patient is currently Medicaid eligible, but has no remaining benefits for the service.

**Exclusions:**

- Non-emergent care requested by patients residing outside of Hillsborough County
- Emergent and non-emergent care requested by patients residing outside of the United States
- Insertable medical devices

**Procedure for Charity (Credit Codes E, F, G, H):**

- Unfunded or under-funded patients will be asked to complete a financial statement at the time of registration.

**TAMPA GENERAL HOSPITAL  
POLICIES & PROCEDURES**

X  Administrative      Interdepartmental      Departmental

**Subject:** Charity and Discounted Care

**Page:** 2 of 2

- Based on defined financial criteria, the proper credit code is assigned to the account.
- All third party benefits are collected for the account.
- In the event that eligibility cannot be determined due to lack of information and there is no history of charity, the account will be referred to a collection agency or attorney.
- For balances \$50,000.00 or greater, additional sources of verification should be used to determine eligibility for charity. Those sources may include, but are not limited to, credit score, available credit, and verification of income and assets.
- Additional information, obtained subsequent to charity determination, may impact the patient's charity eligibility.
- If a charity-qualified patient is able to pay a small portion of their bill, the remaining balance will be considered as charity.
- Patients who qualify for charity may be requested, but will not be required, to make a minimal payment of not more than 15% of their estimated charges to cover a portion of their treatment cost.
- If a charity-qualified patient pays any portion of their charges, the remainder of the patient's charges will be written off as charity care in accordance with applicable financial policy.

**Procedure for Discounted Care (Credit Codes J, K, M)**

- For patients whose household income exceeds 400% FPL, refer to TGH Administrative policy "Deposit Requirements for Elective Services for Patients Exceeding 400% Federal Poverty Guidelines Prompt Payment" - Index Code LD-97 – available on the TGH Portal..
- Obligation amounts greater than \$10,000 may require a signed promissory note, further detailing the payment obligation.
- Payment in full must be made in accordance with the promissory note or the patient may forfeit the discount.
- Discounts granted on amounts less than \$200.00 must be paid at the time of service.
- Additional information, obtained subsequent to discount determination, may impact the patient's discount eligibility.
- TGH reserves the right to refuse a discount for any legally permissible reason.

Based on the credit code assignment, Patient Accounts will adjust the balance as follows

Credit Code E	Adjust 100% of patient balance	Use adjustment code 5017
Credit Code F	Adjust 100% of patient balance	Use adjustment code 5017
Credit Code H	Adjust 100% of patient balance	Use adjustment code 5017
Credit Code G	Adjust 100% of patient balance	Use adjustment code 5017
Credit Code Z	Evaluate as uncooperative indigent	If undocumented, change to "Self Pay"
Credit Code O	Patient does not qualify	Establish payment plan
Credit Code J	Adjust 60% of patient balance	Use adjustment code 5024
Credit Code K	Adjust 70% of patient balance	Use adjustment code 5024
Credit Code M	Contracted insurance rate adjustment	Use adjustment code 5024
Medicaid Exhausted	Adjust 100% of patient balance	Use adjustment code 5040

APPROVED BY:

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Sally Houston, M.D., Senior Vice President/CMO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Elizabeth Lindsay-Wood, Senior Vice President/CIO, Information Systems

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Date

\_\_\_\_\_  
Chris Roederer, Senior Vice President, Human Resources

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Date

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Jean Mayer, Senior Vice President, Strategic Services

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Date

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Judith M. Ploszek, Senior Vice President, Finance

\_\_\_\_\_  
Date

\_\_\_\_\_  
Steve Short, Executive Vice President, Chief Financial Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deana Nelson, Executive Vice President, Chief Operating Officer

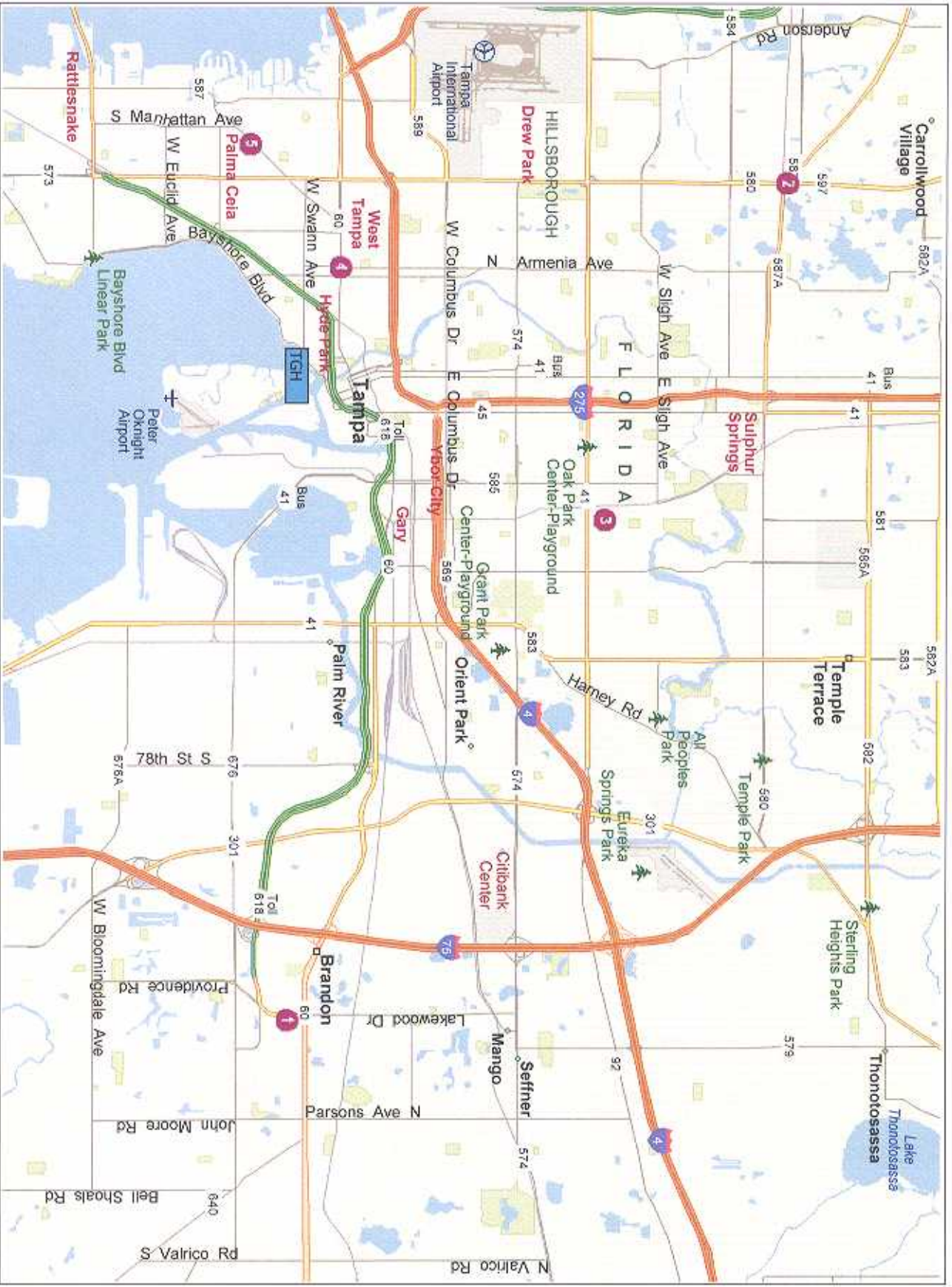
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**Attachment 3**

**Current & Proposed Family Care Center Sites**

# TGH Clinic Locations

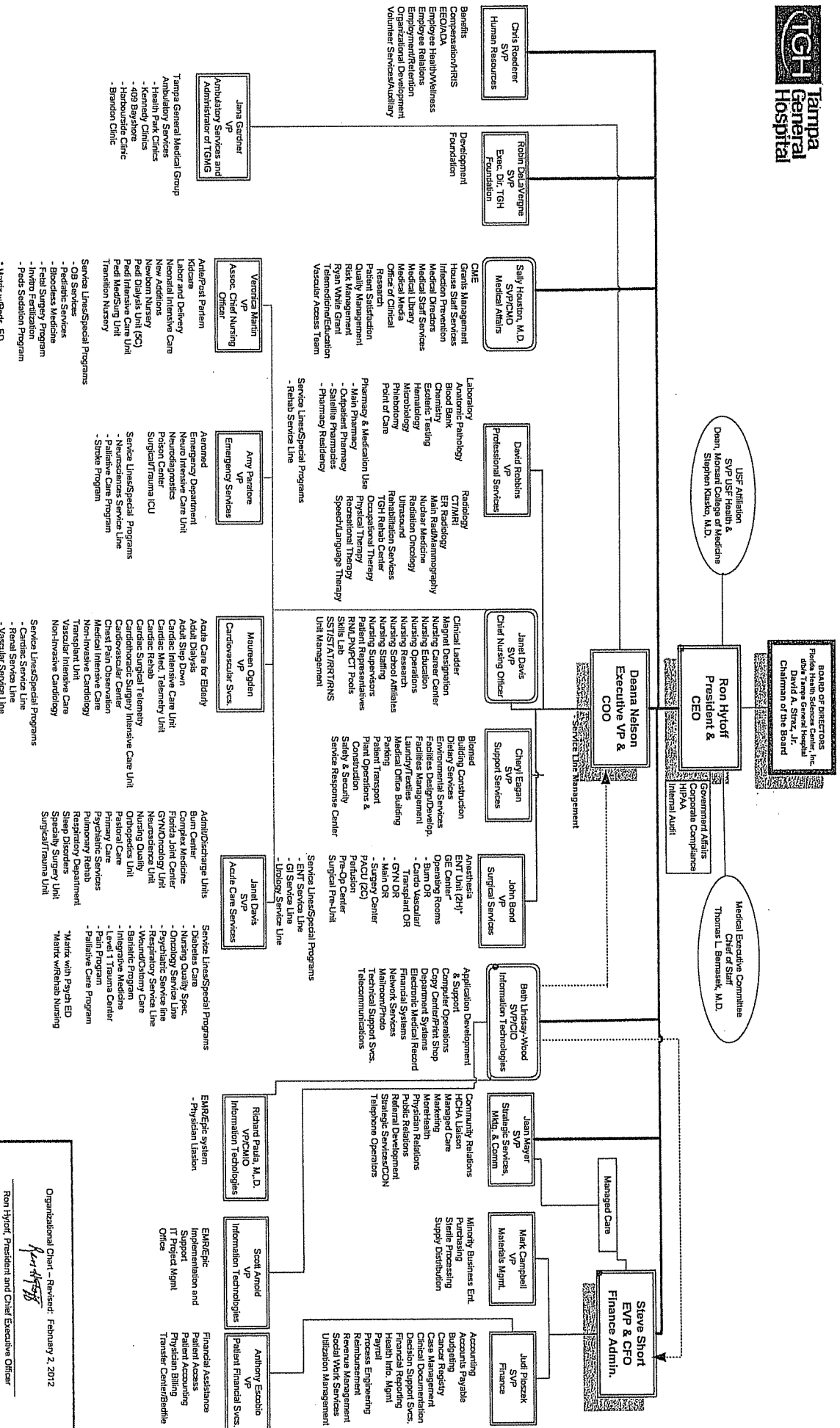
- TGH Clinic Locations**
- 1** Brandon
  - 2** Carrollwood
  - 3** Heathpark
  - 4** Kennedy
  - 5** Lois



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Attachment 4

TGH Table of Organization



Attachment 5

Example Family Care Center Flyers



We have **evening hours** to help make getting to the doctor more convenient.  
And we're even **open on Saturday.**

We're open Monday – Friday 7:30 a.m. – 10:00 p.m.  
& Saturday 9:00 a.m. – 4:00 p.m.



Tampa General Hospital's Family Care Center Kennedy  
2501 W. Kennedy Boulevard / Tampa, FL 33609



FAMILY CARE CENTER  
KENNEDY



FAMILY CARE CENTER  
30<sup>TH</sup> STREET

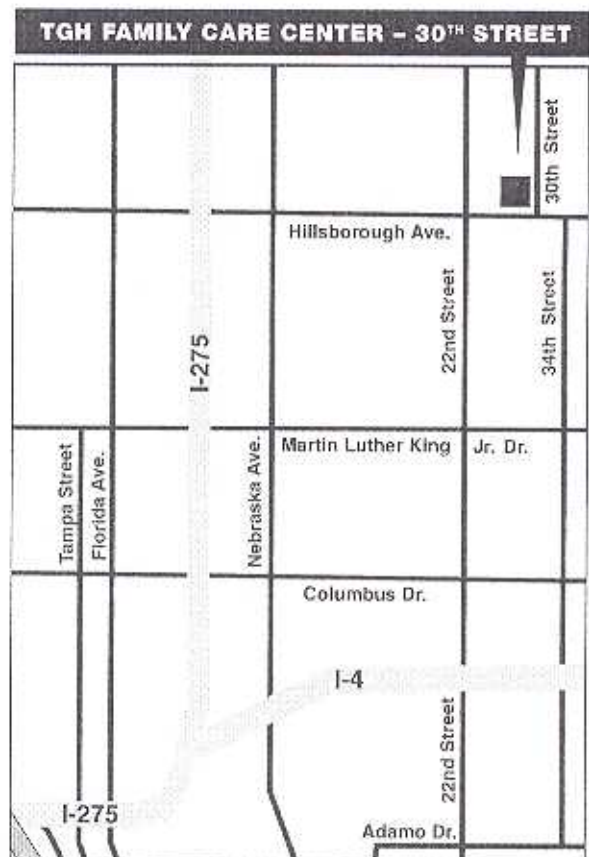
## LOOKING FOR A FAMILY CARE PROVIDER?

Tampa General Hospital's Family Care Center – 30<sup>TH</sup> Street  
has what you're looking for:

- Board certified physicians
- Laboratory services
- Accepts most health plans
- Free parking and located on HARTline bus route #18

### THE FOLLOWING SERVICES ARE AVAILABLE:

Personal illness visits ■ Wellness exams  
 Chronic disease management ■ Immunizations  
 Specialized diabetes care ■ Educational services  
 Diet and nutritional counseling ■ Social support counseling



### HOURS OF OPERATION:

Monday - Friday: 7:30 a.m. 4:00 p.m.

**5802 NORTH 30<sup>TH</sup> STREET • TAMPA, FLORIDA 33610**

**(813) 236-5350**

**CONVENIENT APPOINTMENT HOURS**

**SAME DAY APPOINTMENTS AVAILABLE ■ APPOINTMENTS ARE PREFERRED**





**FAMILY CARE CENTER  
KENNEDY**

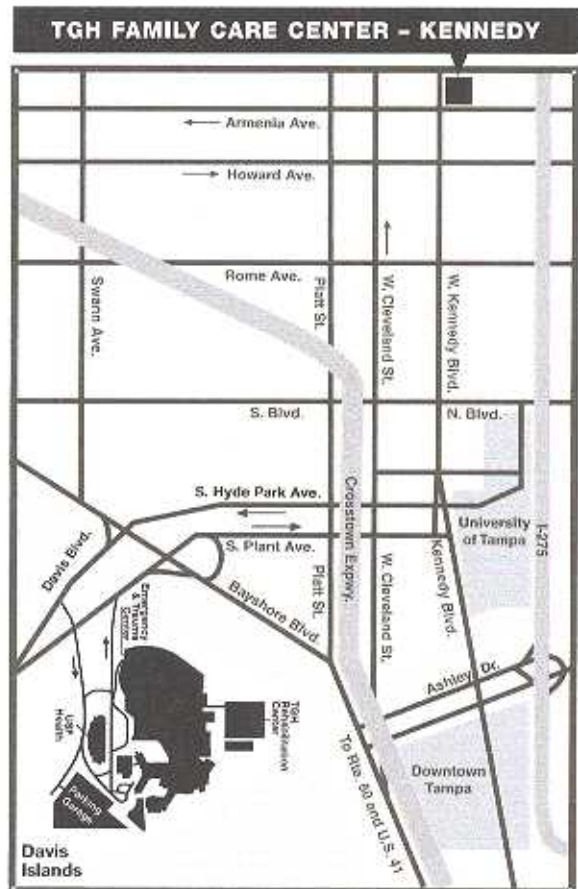
## LOOKING FOR A FAMILY CARE PROVIDER?

**Tampa General Hospital's Family Care Center Kennedy  
has what you're looking for:**

- ✓ Close to TGH
- ✓ Board certified physicians
- ✓ Laboratory services
- ✓ Accepts many health plans
- ✓ Free parking and located on HARTline bus route

**THE FOLLOWING SERVICES ARE AVAILABLE:**

- Personal illness visits
- Wellness exams
- Chronic disease management
- Coumadin monitoring
- Social support counseling



**HOURS OF OPERATION:**

Monday – Friday: 7:30 a.m. – 10:00 p.m.

Saturday: 9:00 a.m. – 4:00 p.m.

**2501 W. KENNEDY BLVD. • TAMPA, FLORIDA 33609**

**(813) 844-1385**

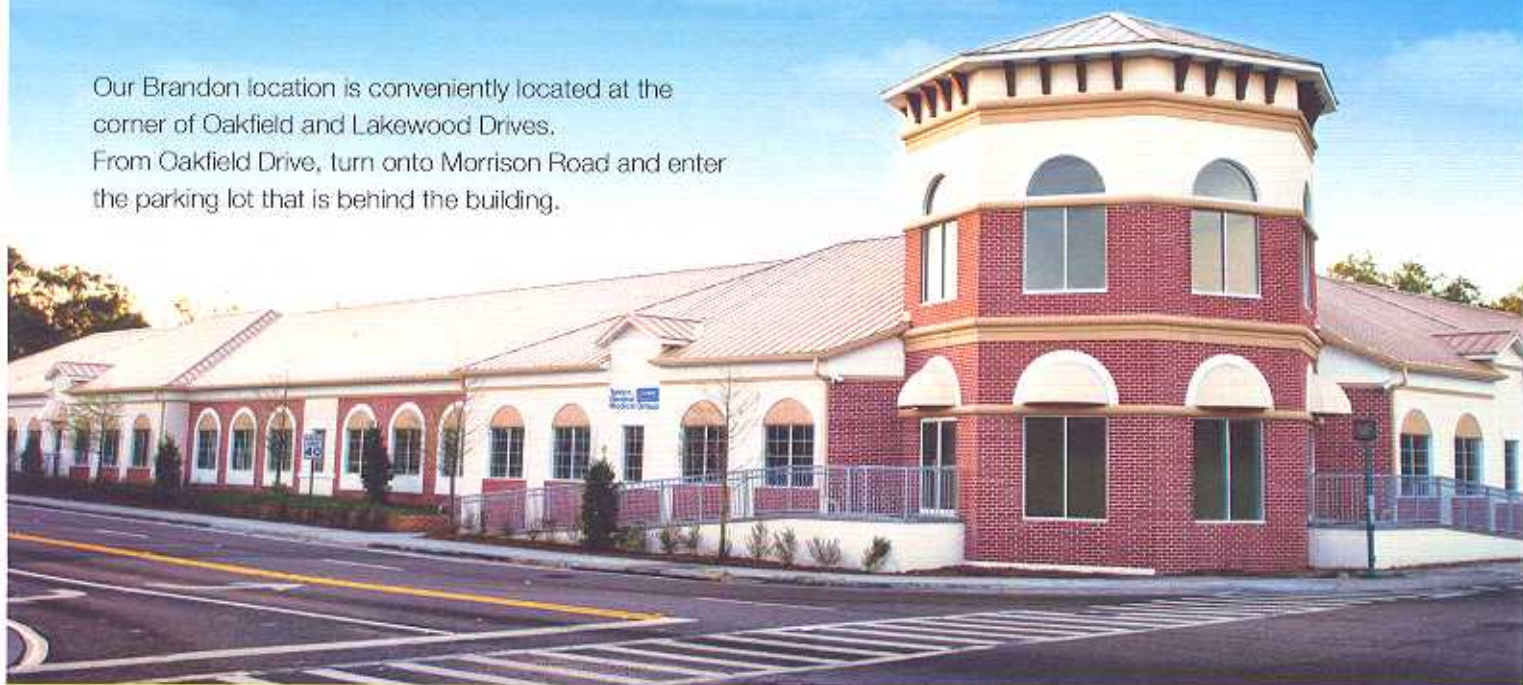
**CONVENIENT APPOINTMENT HOURS**



# We now have family practice physicians in Brandon!

Board-certified family practice physicians are ready to meet the healthcare needs of your entire family – from babies to grandparents. Our physicians provide a range of healthcare services, from immunizations and treatment of childhood illnesses to management of chronic health conditions such as diabetes and high blood pressure.

Our Brandon location is conveniently located at the corner of Oakfield and Lakewood Drives. From Oakfield Drive, turn onto Morrison Road and enter the parking lot that is behind the building.



**Karen L. Jacobs, D.O.**  
Board-certified  
Family Practice



**Jaime Montes, D.O.**  
Board-certified  
Family Practice  
**Se habla español.**

**We're open Monday – Friday, 7:30 a.m. – 5:00 p.m.**  
**For appointments, call (813) 844-4300.**



214 Morrison Road, Brandon, FL 33511  
(at the corner of Oakfield Dr. and Lakewood Dr.)



**Attachment 6**

**Policies on Language Line Services, Telecommunication Devices for the Deaf & Patient  
Education**



LAST REVIEWED – 4/12

### Tampa General Hospital POLICIES & PROCEDURES

X Administrative    Interdepartmental    Departmental

Departments Affected: All

Subject: Language Line Services  
Effective Date: 6/97

   New Policy/Procedure  
X Revised 6/08

Index Code: RI-28  
Page: 1 of 2

Originating Department: Patient Care Services  
Approved by: Ron Hytoff

Title: President/CEO

**PURPOSE:** To provide support for cultural diversity with accurate and competent over-the-phone interpreter services for non-English speaking patients and families, using the CyraCom interpretation phones when other options are not available.

**POLICY:** Employees/physicians should utilize the CyraCom interpretation phones when communicating with a patient/family member who speaks a different language.

RESPONSIBILITY      ACTIONS

- |                    |   |
|--------------------|---|
| Employee/Physician | <ol style="list-style-type: none"> <li>1. Utilize the CyraCom interpretation phone when the need for interpreter services is identified.</li> <li>2. Pick up receivers. <ol style="list-style-type: none"> <li>a. Hand the right handset to the patient or family member and keep the left for yourself.</li> <li>b. Press the blue button to dial into CyraCom.</li> <li>c. Follow prompts by pressing the white (Acct/Pin) button when asked for account information.</li> <li>d. The next prompt will be to inform the operator of the language required. If unsure of the language, present the person with the "Language Identification Card" attached to the phone. The person can point to the language they speak and in their language, it states that an interpreter will be called.</li> <li>e. If unable to identify the language, press the red (Customer Service) button on the CyraCom phone. A Client Service Representative will assist them in finding their language.</li> </ol> </li> <li>3. If a CyraCom phone is not available in the location needed, call Patient Relations for a portable CyraCom interpretation phone.</li> <li>4. Maintain eye contact with the patient/family member while you speak to the interpreter.</li> <li>5. End the call with, "May I assist or answer any other questions for you at this time?"</li> <li>6. At the end of the call, the CyraCom Interpreter will state his/her identification number. You may document this number in the medical record, if available.</li> </ol> |
|--------------------|---|

IMPORTANT TIPS

1. Blue CyraCom phones may be used as a speaker phone by following the directions on the phone.
2. CyraCom phones can be used as a regular phone by picking up the left hand set.
3. Connection to a trained medical interpreter will occur within an average of 15 seconds or less.
4. The interpreters identify themselves by number only.

**TAMPA GENERAL HOSPITAL  
POLICIES & PROCEDURES**  
 X  Administrative     Interdepartmental     Departmental

**Subject:** Language Line Services

**Page:** 2 of 2

5. If you experience problems with the sound quality, please press the red button on the CyraCom phone and a Client Service Representative will assist you.
6. The interpreter will not direct the conversation. They will interpret, meaning-for-meaning, exactly what you say to them and the patient/family.
7. Expect interpreted statements to speak longer than English phrases, as word-for-word interpretation is not always the correct way to relay what is being said.
8. For broken phone replacement, call 65100 Monday-Friday, during office hours, and the operators at all other times.

**APPROVED BY:**

_____ Janet Davis, Vice President, Acute Care/Rehab	_____ Date
_____ Sally Houston, M.D., Senior Vice President/CMO	_____ Date
_____ Devanand Mangar, M.D., Chief of Staff	_____ Date
_____ Ginger Oliver, Senior Vice President, Information Systems	_____ Date
_____ Maureen Ogden, Vice President, Cardiovascular/Transplant Services	_____ Date
_____ Chris Roederer, Senior Vice President, Human Resources	_____ Date
_____ Cheryl Eagan, Vice President, Support Services	_____ Date
_____ Steve Short, Executive Vice President/CFO	_____ Date
_____ Deana Nelson, Executive Vice President/COO	_____ Date



LAST REVIEWED – 10/09

Tampa General Hospital
POLICIES & PROCEDURES

X Administrative \_ Interdepartmental \_\_ Departmental

Departments Affected: ALL

Subject: Telecommunications Devices for the Deaf (TDD)
Portable Loaners
Effective Date: 8/1/93

New Policy/Procedure
X Revised 5/05

Index Code: RI-27
Page: 1 of 2

Originating Department: Rehabilitation Services / SPD / MME
Approved by: Ronald A. Hytoff

Title: President/CEO

PURPOSE: Individuals with limited abilities, as defined by the Americans with Disabilities Act, will have the same access to telephone communication services as non-disabled patients. Telecommunication Devices for the deaf (TDD), and amplified telephone receivers, will be maintained in the Mobile Medical Equipment (SPD/MME) department and will be available to be signed out for use by patients receiving services or care while on the Tampa General Hospital campus.

POLICY: To provide guidelines for accessing, using, and maintaining portable Telecommunications Devices for the Deaf (TDD) and amplified telephone headsets for hearing impaired patients.

PROCEDURE:

RESPONSIBILITY

ACTIONS

Staff Initiating Order through PreCISe

- 1. Selects the patient requiring the hearing impaired device
2. Selects "Enters Orders" from the Navigator
3. Selects "SPD Equipment"
4. Selects "TDD Device"
5. Confirm order on Preconfirmation Screen
6. Selects "Process Orders"

MEDICAL EQUIPMENT TRACKING:

SPD/MME

- 7. Delivers needed equipment directly to patient requesting unit.

Nursing

- 8. Delivers equipment to patient and provides setup.

SPD/MME

- 9. Enters equipment assignment through current system for medical device tracking purposes.

- 10. Checks equipment usage on daily equipment verification rounds.

Nursing

- 11. Retrieves equipment from patient upon patient discharge and places in soiled utility room.

- 12. Notifies SPD/MME by pager.



**Tampa General Hospital**  
**POLICIES & PROCEDURES**  
X Administrative \_\_\_ Interdepartmental \_\_\_ Departmental

**Subject:** Telecommunications Devices for the Deaf (TDD) Portable Loaners

**Page:** 2 of 2

**RESPONSIBILITY**

**ACTIONS**

**EQUIPMENT DISINFECTION:**

SPD/MME

13. Retrieves equipment from unit soiled utility room.
14. Discharges equipment manually and returns device to inventory.
15. Cleans, with disinfectant, all external components of equipment that patient utilizes.

**APPROVALS:**

\_\_\_\_\_  
Winnie Keller, Director, Rehabilitation Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deana Nelson, Senior Vice President, Patient Care Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Fred Plumb, Acting Vice President, Human Resources

\_\_\_\_\_  
Date

\_\_\_\_\_  
J. Thomas Danzi, M.D., Senior Vice President/CMO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Dick Barcia, Senior Vice President, Operations

\_\_\_\_\_  
Date

\_\_\_\_\_  
Steve Short, Senior Vice President/CFO

\_\_\_\_\_  
Date



LAST REVIEWED – 10/11

Tampa General Hospital
POLICIES & PROCEDURES

\_ Administrative \_X\_ Interdepartmental \_ Departmental

Departments Affected: Nursing and other departments involved in patient education

Subject: Patient Education
Effective Date: 2/93

\_ New Policy/Procedure
\_X\_ Revised 10/11

Index Code: PF-15
Page: 1 of 5

Originating Department: Patient Care Services
Approved by: Deana Nelson

Title: Executive Vice President/COO

ALL FORMS REFERENCED IN THIS POLICY ARE AVAILABLE ON THE TGH EMPLOYEE PORTAL

PURPOSE: To outline the process of providing patient education to patients, families, and/or significant others, including:
• Assessment
• Resources
• Documentation
• Patient Education Council
• Patient Education Material Development & Approval Process
• Patient Education Resource Center (PERC)

LEVEL: Independent. Initiated by nursing and specialty departments.

SUPPORTIVE DATA: Patient education is an integral part of patient care.

All health-care providers who deliver patient care are responsible for providing patient education.

Patient education is an interdisciplinary process, occurring prior to admission, throughout the hospital stay, and continuing after discharge from the hospital.

The patient receives education specific to their assessed needs, appropriate for the patient's age, developmental stage, abilities, and willingness/readiness to learn.

Education topics include:

- 1. Plan for care, treatment, and service (specific diagnoses, diagnostic tests, or procedures)
2. Safety and health practices (activity, self-care activities, coping, healthy lifestyle choices, fall prevention and management, infection prevention, body hygiene)
3. Safe and effective use of medications
4. Nutrition intervention, and modified diets
5. Safe and effective use of medical equipment/supplies
6. Pain assessment and management
7. Habilitation/rehabilitation to teach maximum independence and function (follow-up care and community resources)
8. Oral Health/Mouth Care
9. Hand Hygiene
10. Pulmonary Hygiene
11. Isolation Precautions
12. Other

Assessment: 1. The patient/family member will be assessed on admission (and on initial visit for reoccurring outpatients), for possible educational needs, willingness/readiness to learn, any barriers to learning, and their preferences for learning modalities (see Form #C972, "Patient/Family Education Tracking"). When education is provided, the patient will be assessed on their willingness/readiness to learn and barriers to learning will be identified.
2. The patient/family response to teaching will be assessed after each intervention:
a. Verbalizes understanding

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**Subject:** Patient Education

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- b. Applies knowledge (observed behaviors related to health care)
  - c. Return demonstration
  - d. Needs reinforcement
  - e. No evidence of learning
3. Levels of Willingness/Readiness to learn include:
- a. Willing, ready, and motivated to learn
  - b. Semi-readiness/can learn
  - c. Unable to learn (see barriers)
  - d. Refuses/Declines education
4. Barriers to Learning include:
- a. Cultural Lifestyle
  - b. Language/Literacy
  - c. Mental/Developmental
  - d. Physical Limitation
  - e. Religious Beliefs
  - f. Emotional
  - g. Communication
  - h. Other

**Resources:**

Resources available throughout TGH system include:

1. Electronic patient education
2. *Up-To-Date*
3. A.D.A.M. Health Information
4. IMICROMEDEX
5. Internet materials
6. Professionally-produced handouts
7. Closed circuit TV "Videos On demand"
8. TGH-developed and approved handouts
9. Medical Library
10. Specialty Education Services including, but not limited to:
  - Integrative Healthcare
  - Vascular Access
  - Diabetes
  - Wound-Ostomy-Care
  - Clinical Nurse Specialists/ARNP
  - Heart Care & Heart Failure
  - Bloodless Medicine and Surgery
  - Lactation and Childbirth
  - Stroke
  - Pain Management
  - Epilepsy
  - Solid Organ Transplant and Ventricular Assist Devices
  - Rehab
  - Pediatrics
  - A.C.E. (Acute Care for the Elderly)
11. Patient Education Resource Center

**Documentation:**

A summary of teaching provided to the patient and family will be documented in the EMR.

1. Document the following:
  - a. Learning Assessment (Learning Barriers)
  - b. Unresolved Education (education topics, learner willingness/readiness to learn, teaching methods, response to teaching, person taught)

**TAMPA GENERAL HOSPITAL  
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- c. Education Review
- d. Manage Education
2. Teaching provided during consultation from programs such as diabetes, wound ostomy care or heart failure, shall be documented electronically.
3. Patients, who are discharged, receive a Discharge Instruction Sheet.

**Patient Education Council**

1. Purpose of Council:
  - Promote patient education at TGH
  - Oversee the operation of the Patient Education Resource Centers (PERCs)
  - Serve as the approving team for all patient education videos to be placed on the Video On-Demand System and all other patient education material
  - Assist staff members in developing patient education materials
  - Promote and assist staff in patient education research
  - Review patient satisfaction of health education provided
  - Manage the TGH patient education material database
2. The Patient Education Council meets monthly
3. Reports to the VP of Cardiovascular Services
4. Consists of patient educators and interdisciplinary team members
5. Approves or disapproves patient education materials, using an organized process as defined in Form #P191A, "Patient Education Material Development, Review & Approval Process."
  - a. Reviews department or unit needs assessment
  - b. Serves as resource and advisory board for TGH-developed or vendor-produced patient education material, reviewed by a clinical expert, department/unit manager, director, VP, PSE and/or MSE committees, as defined in Form #P191, "Patient Education Material Review Form."
  - c. Grants admission to TGH patient education database

**Organizational Development  
and Medical Staff Office**

1. Maintains electronic patient education products with IT
2. Maintains the Video On-Demand System

**Patient Education Resource  
Center (PERC)**

**PURPOSE:** To establish TGH Patient Education Resource Centers (PERCs) as centralized distribution points for patient education information.

**BACKGROUND:** Patient education is an integral part of patient care and healthcare providers are expected to furnish information, as needed. The TGH Patient Education Council has identified the need for a centralized distribution point for materials and information so that patients and visitors can readily access reliable sources regarding their own health concerns, as well as services offered by the hospital

**RESPONSIBILITIES:**

Patient Education Council: responsible for the overall function of the PERCs. Identifies and approves appropriate resources, materials, and websites; reviews operations and evaluates patient satisfaction, annually.

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Medical Library staff: orders, organizes, and stores printed materials and replenishes daily, ensures availability of printing supplies (paper and toner), supplements PERC services with additional information resources and professional library services, as needed.

Volunteers at the main information desk: will assist with operations by directing patients and visitors to the available materials; and by reporting patient concerns or problems to appropriate resources (clinical staff, the library, IT Technology Support Center, Environmental Service, etc.)

Information Technology: installs and programs computers for easy and limited access to sites designated by Patient Education Council, assists with equipment, and supports the computer system.

Environmental Services: keeps area clean and free of debris.

**PROCEDURES:**

1. The PERCs are accessible 24 hours / 7 days a week.
2. Signage in the PERC will state, "Patient Education Resource Center." Directional place-cards will indicate a courtesy time frame for computer use of twenty minutes and limit use to "Adult Learners Only."
3. Equipment will include kiosks, computer stations and display area to hold educational brochures.
4. Computer websites will be easily accessible by user-friendly icons and will be limited to reputable professional organizations, including:
  - A.D.A.M. Health Information
  - [www.tgh.org](http://www.tgh.org)
  - Up-to-Date
  - [www.MedLinePlus.gov](http://www.MedLinePlus.gov)
  - [www.deafmd.org](http://www.deafmd.org)
5. Brochures and printed materials will include TGH publications and selections from recognized and reputable organizations, such as the American Heart Association, etc.
6. Information sources will be selected by members of the Patient Education Council. Departments or individuals desiring to include material, will send them to the Council or the Medical Library for consideration.
7. Evaluation will be two-fold. Quantitatively, statistics will be kept by the library staff as to number and nature of materials needing to be replaced as rough estimates of usage. Qualitatively, a user survey designed by the Patient Education Council, will be available to patrons. In addition, the library will keep track of requests coming from the center. Both of these data sources will be analyzed by Council members or delegated for clinical ladder opportunities. Survey results will be presented for review to the Patient Education Council and forwarded, with comments, to the VP, Cardiovascular Services.

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APPROVED BY:

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Date

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Veronica Martin, VP, Women's & Children's Services

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John Bond, Vice President, Surgical Services

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Date

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Amy Paratore, Vice President, ED and Trauma Services

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Date

\_\_\_\_\_  
Kathi Katz, Senior Vice President, Chief Nursing Officer

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Date

Attachment 7

A Dictionary of Patients' Spiritual & Cultural Values for Health Care Professionals

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# **A Dictionary of Patients’ Spiritual & Cultural Values for Health Care Professionals**

Updated September 2009



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## Attachment 8

### Examples of Spanish Language Materials



- Después de firmar un consentimiento para fotos, usted puede traer una cámara adentro de la sala de operación para tomar fotos de su bebé. Usted no puede tomar fotos de la cirugía ni de ningún procedimiento.

- Su ayudante debe salir del cuarto cuando su bebé salga o en cualquier momento que alguien en la sala de operación le pida que salga.

### Sala de Recuperación

- Usted deberá permanecer en la sala de recuperación alrededor de 2 horas.
- Solamente dos personas podrán visitarla, una a la vez, por alrededor de cinco minutos cada una. Los demás familiares y amigos deberán esperar para visitarla en su cuarto.
- La enfermera le dirá a su familia cual es el mejor momento para visitarla. Esto será generalmente cuando ya usted se haya acomodado en su cama y haya sido evaluada por un corto tiempo.
- Sus necesidades tienen prioridad. Es muy importante que usted se recupere de la anestesia y descanse para que pueda disfrutar de su bebé cuando usted esté en su cuarto.
- A usted le darán medicinas para el dolor según las necesite, en forma intravenosa. Antes de salir de la sala de recuperación, una bomba con medicina para el dolor será conectada a su línea de aplicación intravenosa. Esta tiene un botón que usted puede oprimir cada vez que necesite más medicina para el dolor. Solamente usted, la paciente, puede oprimir ese botón.

- El catéter (tubo delgado) que se le ha colocado en la vejiga deberá permanecer ahí por aproximadamente 12 horas.

- Su bebé recibirá cuidados en la Unidad de Transición mientras usted esté en la sala de recuperación. Una vez que se haya acomodado en la sala de recuperación y la unidad de enfermería haya terminado de revisar a su bebé, éste le podrá ser traído a su cama, siempre y cuando tanto usted como el bebé se encuentren bien.

- Usted podrá esperar una estadía de 3 a 5 días en el hospital después de la cirugía.

# Preparación para una Operación Cesárea u otra Cirugía Obstétrica

Fecha de la cirugía: \_\_\_\_\_

Hora de la cirugía: \_\_\_\_\_

Preséntese en la Sala de Partos en el 4° piso  
A MÁS TARDAR A LAS: \_\_\_\_\_

## Itinerario de preparación para su operación cesárea

- Su proveedor de cuidados de salud le dirá la fecha y hora de la cirugía.
- Entre 4 y 8 semanas antes de la cirugía llame al 1-800-822-3627 para programar un tour de la sección de partos del hospital. Durante el tour, asegúrese de preregistrarse en el Hospital General de Tampa. Por favor traiga los formularios de su seguro de salud, identificación personal, licencia de manejar, tarjeta del seguro y un testamento de vida, si lo tiene.

## Prevención de Infecciones en el Sitio de Cirugía

### ¿Qué es una infección en el sitio de cirugía?

- Una infección en el sitio de cirugía es una infección que ocurre después de una cirugía en la parte del cuerpo donde se realizó la cirugía.
- Aproximadamente de 1 a 3 pacientes por cada 100 cirugías desarrollan infecciones en la herida de la cirugía.

### Para ayudar a prevenir infecciones

- No se afeite cerca del área donde le van a practicar una cirugía. Afeitarse causa irritación de la piel y la hace más propensa a desarrollar infecciones. Sus proveedores de cuidados de salud no lo deben afeitar con cuchilla.
- Limpiar la piel antes de la cirugía puede reducir el riesgo de infección. Se le recomienda bañarse antes de la cirugía.
- Para algunas cirugías, un jabón especial llamado "Chlorhexidine", que mata microbios, se usa para limpiar la piel en el sitio de la cirugía.
- La gente que fuma tiene más infecciones. Hable con su doctor acerca de cómo dejar de fumar antes de la cirugía.

### ¡No tema hablar!

- Los proveedores de cuidados de salud deben lavarse las manos con agua y jabón, o usar un desinfectante de manos a base de alcohol antes de prestarle cuidados. Si usted no ve a su proveedor de cuidados limpiarse las manos, por favor pídale que lo haga.
- Los miembros de la familia y amigos también deben lavarse las manos con agua y jabón o usar un desinfectante de manos a base de alcohol antes de visitarlo. Si no los ve lavarse las manos, pídales que lo hagan.
- Los miembros de la familia y amigos no deben tocarle la herida de la cirugía ni las vendas.
- Usted puede recibir antibióticos dentro de los 60 minutos antes de la cirugía para empezar a prevenir infecciones del sitio de la cirugía. En la mayoría de los casos, el antibiótico es suspendido dentro de las 24 horas después de la cirugía. Pregunte si usted va a recibir antibióticos antes de la cirugía.

### El regreso a casa

- Lávese siempre las manos antes y después de tocarse la herida.
- Antes de salir del hospital, asegúrese de saber cómo cuidarse la herida. Su doctor o enfermera le debe explicar todo lo que necesita saber acerca de cuidarse la herida.
- Si tiene síntomas de infección, tales como enrojecimiento y dolor en la herida, supuración o fiebre, llame a su doctor inmediatamente.
- Antes de salir del hospital, cerciórese de saber a quién debe contactar si tiene preguntas o problemas después de llegar a casa.

## Dieta para diabetes gestacional

### INFORMACIÓN GENERAL:

**¿Qué es la dieta para diabetes gestacional?** La dieta para diabetes gestacional es un plan alimenticio para ayudar a controlar los niveles de azúcar durante el embarazo. La diabetes gestacional es un tipo de diabetes que se desarrolla durante el embarazo. Si usted desarrolla diabetes gestacional tendrá que controlar sus niveles de azúcar en la sangre por medio del control de la cantidad de carbohidratos que come. Consumir demasiados carbohidratos a la vez puede causar que los niveles de azúcar en la sangre se eleven a un nivel muy alto. Una dieta para diabetes gestacional puede ayudarle a balancear los carbohidratos con otros nutrientes necesarios para un embarazo y un bebé saludable. Los niveles de azúcar en la sangre regresan a sus niveles normales para la mayoría de las mujeres después de dar a luz.

**¿Por qué son importantes los cambios de dieta con la diabetes gestacional?** Una dieta saludable es importante para la salud de su bebé y para que usted suba la cantidad correcta de peso durante su embarazo. Los niveles altos de azúcar durante el embarazo pueden causar que usted tenga un bebé grande y pueden conllevar a otros problemas médicos.

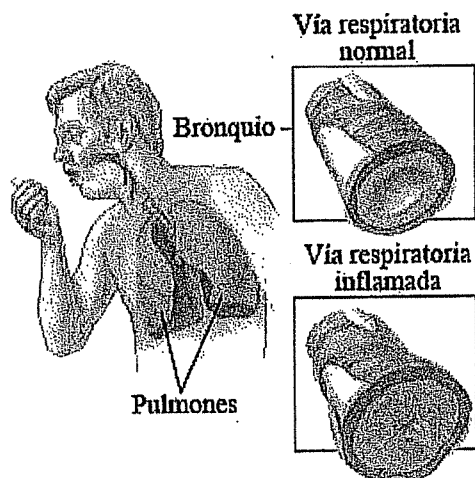
**¿Cuál plan de comidas es conveniente para mí?** La cantidad de calorías, carbohidratos y otros nutrientes que usted necesita, depende de varios factores. Algunos de estos factores son: su peso antes de quedar embarazada, su aumento de peso actual, su nivel de actividad física actual y el nivel de glucosa en su sangre. Un dietista le dirá la cantidad de calorías, carbohidratos y otros nutrientes que usted necesita diariamente. Para consumir la cantidad correcta de carbohidratos, usted puede usar uno de los tantos métodos que existen para planificar comidas. Algunos de estos métodos son con recuento de carbohidratos y con intercambios diabéticos. Su dietista le ayudará a encontrar un plan de comidas apropiado para usted.

### ¿Cuáles son las directrices de dieta generales que debo seguir?

- Distribuya los carbohidratos a lo largo del día, consumiendo 3 comidas entre pequeñas y medianas y 2 a 4 refrigerios (meriendas). Puede ser necesario que usted consuma un refrigerio en la noche para evitar un bajo nivel de azúcar durante la noche. Coma la misma cantidad de carbohidratos durante las comidas y refrigerios todos los días, puede ayudarle a controlar los niveles de azúcar en su sangre.
- Consumir carbohidratos al desayuno puede provocar que sus niveles de azúcar suban muy rápidamente. Puede ser de ayuda comer menos porciones de carbohidratos al desayuno que en las demás comidas. Usted puede agregar proteínas, como huevos, carne de res, pavo o pollo, a su desayuno para satisfacer su apetito.
- Su dietista puede sugerirle que limite los dulces con el propósito de limitar la cantidad de carbohidratos en su dieta. Dulces como las bebidas suaves corrientes, las bebidas endulzadas, los postres y los caramelos, son ricos en carbohidratos y bajos en nutrientes. Evitar los dulces, puede hacer que sea más fácil para usted seguir sus planes de comidas.
- Los carbohidratos son una parte importante de una dieta saludable. No evite los carbohidratos ni omita comidas para tratar de controlar el nivel de azúcar en su sangre. Omitir comidas y evitar los carbohidratos, puede hacer que el azúcar en su sangre caiga a niveles muy bajos.

## Asma en adultos: Después de la consulta - [Asthma in Adults: After Your Visit]

### Instrucciones de cuidado



*This is  
printed out of  
EPIC*

Durante un ataque de asma, las vías respiratorias se hinchan y se estrechan como reacción a ciertos factores (desencadenantes). Esto dificulta la respiración.

Es posible que pueda prevenir los ataques de asma si evita las cosas que desencadenan los síntomas del asma. Mantener el asma bajo control y tratar los síntomas antes de que empeoren puede ayudarle a evitar los ataques graves.

Si puede controlar el asma, es posible que pueda hacer todas sus actividades diarias normales. También podría evitar ataques de asma y visitas al hospital.

**La atención de seguimiento es una parte clave de su tratamiento y seguridad.** Asegúrese de hacer y acudir a todas las citas, y llame a su médico si está teniendo problemas. También es una buena idea saber los resultados de los exámenes y mantener una lista de los medicamentos que toma.

### ¿Cómo puede cuidarse en el hogar?

- Siga su plan de acción para el asma para manejar los síntomas en el hogar. Un plan de acción para el asma le ayudará a prevenir y controlar las reacciones de las vías respiratorias, y le dirá qué hacer durante un ataque de asma. Si no tiene un plan de acción para el asma, colabore con su médico para elaborar uno.
- Tome sus medicamentos para el asma exactamente como le fueron recetados. Los medicamentos desempeñan un papel importante en el control del asma. Hable con su médico de inmediato si tiene preguntas acerca de qué tomar y cómo tomarlo.
  - Use su medicamento de alivio rápido cuando tenga síntomas de un ataque. Con frecuencia, el medicamento de alivio rápido es un inhalador de albuterol. Algunas personas necesitan usar un medicamento de alivio rápido antes de hacer ejercicio.
  - Tome su medicamento de control todos los días, no sólo cuando tenga síntomas. Por lo general, el medicamento de control es un corticosteroide inhalado. El objetivo es prevenir los problemas antes de que ocurran. No use el medicamento de control para intentar parar un ataque que ya ha comenzado. No actúa con la suficiente rapidez para ayudarle.
  - Lleve su medicamento de alivio rápido siempre con usted.



**Attachment 9**

**Family Care Center Reporting Dashboard**



LIP TIER 1 APPLICATION

ENHANCED EXISTING PRIMARY CARE INITIATIVES

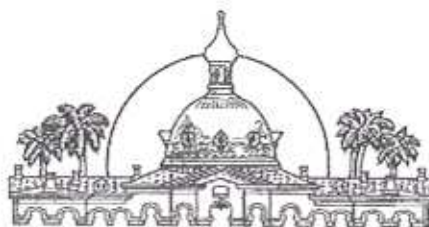
#	INDICATOR DESCRIPTION	MEASURE	TRACKING MECHANISM	NOTES
1	Medical Home Model	Visits / Educational Classes		
2	Medical Home Model	Practice clinicians counsel patients on health behaviors.		NCQA PCMH 2011 Standards
3	Medical Home Model	The practice assesses and arranges for mental health/substance abuse treatment		NCQA PCMH 2011 Standards
4	Medical Home Model	The practice tracks, follows up on, and coordinates tests, referrals, and care at the hospital		NCQA PCMH 2011 Standards
5	Additional Physicians at existing clinics	# of Physicians/ Visits by payor class	Employment Contracts?	
6	Additional Physicians at existing clinics	Patient satisfaction		Confirmed that pt sat is tracked through Press Ganey.
7	Pharmacy Services (including Coumadin Clinic)	Number of patients seen per month		EPIC / EMR
8	Pharmacy Services (including Coumadin Clinic)	% INRs in range		
9	Pharmacy Services (including Coumadin Clinic)	Bleed rates (major & minor)		
10	Pharmacy Services (including Coumadin Clinic)	Reduction in A1C		

Attachment 10

Letter of Commitment for Local Match from Hillsborough County

BOARD OF COUNTY COMMISSIONERS

Kevin Becluer  
Victor D. Crist  
Ken Hagan  
Al Higginbotham  
Lesley "Les" Miller, Jr.  
Sandra L. Murman  
Mark Sharpe



Hillsborough County  
Florida

Office of the County Administrator  
Michael S. Merrill

CHIEF ADMINISTRATIVE OFFICER  
Helene Marks

CHIEF FINANCIAL ADMINISTRATOR  
Bonnie M. Wise

DEPUTY COUNTY ADMINISTRATORS  
Lucia E. Gansys  
Sharon D. Subadan

July 27, 2012

Ms. Jean Mayer  
Vice President of Strategic Services  
Florida Health Sciences Center, Inc.  
P. O. Box 1289  
Tampa, Florida 33601

Dear Ms. Mayer:

This letter confirms our support of the application submitted by Tampa General Hospital (TGH) for the expansion of the primary health care services under the 2012-13 Low Income Pool (LIP) Tier-One Milestone (STC 61) Application (Grant).

TGH operates one of the four networks of the Hillsborough County Healthcare Plan (HCHCP). The TGH network serves HCHCP members who are indigent and primarily live in the City of Tampa and Hillsborough County. TGH provides, through its primary care clinics and contracted medical specialist and hospital, a wide array of essential and critical medical services to indigent, uninsured members of its HCHCP network.

TGH has a long distinguished history of providing health care to thousands of residents of Tampa and Hillsborough County who fall below the Federal Poverty Levels and who have little or no insurance coverage. The Grant includes establishment of a Medical Home Model at two existing primary care clinic sites in the Tampa metropolitan area, establishment of enhanced pharmacy services, including a Coumadin Clinic, at existing primary care clinics in the Tampa metropolitan area, and establishment of two additional primary care physicians at the existing Brandon Clinic in Brandon, Florida. You have advised us that TGH's efforts will be greatly enhanced by the Grant support it is requesting.

The award of this Grant to TGH will allow it to expand access and delivery of high quality, cost effective primary care services to an indigent population consisting of uninsured, underinsured and homeless individuals and families in Hillsborough County.

TGH enjoys the support of the Hillsborough County Health Care Services Division, Department of Family and Aging Services, which is pleased to work along with TGH in providing such needed services to our underserved residents.

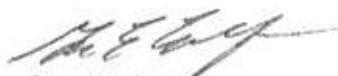
Post Office Box 1110 • Tampa, Florida 33601

[www.hillsboroughcounty.org](http://www.hillsboroughcounty.org)

*An Affirmative Action/Equal Opportunity Employer*

If this Grant is awarded to TGH, Hillsborough County will commit an amount not to exceed \$789,796 as local cash match for the Grant, upon execution of a Letter of Agreement between the County and the Agency for Health Care Administration (AHCA) with respect to this matter. We strongly support the award of this Grant to Tampa General Hospital, which has a demonstrated a long-standing commitment to serving the medically underserved in the City of Tampa and Hillsborough County.

Sincerely,



Gene Earley  
Division Director, Health Care Services Division  
Department of Family and Aging Services

**LIP TIER 1 APPLICATION  
ENHANCED INITIATIVES**

MEDICAL HOME MODEL	
5 RNs:	
Mid range (FY 2011) for a clinical nurse	28.29
Annual salary	58,853
Benefits (27%)	15,890
Total salary + benefits	74,744
<b>Total RN Expense</b>	<b>373,718</b>
1 Epic Systems Report Writer II:	
Mid range (FY 2011)	33.83
Annual salary	70,373
Benefits (27%)	19,001
Total salary + benefits	89,374
<b>Total Epic Systems Report Writer II Expense</b>	<b>89,374</b>
<b>TOTAL OPERATING EXPENSE</b>	<b>463,092</b>
<i>Unit Cost Multiplier for Administrative and General Overhead</i>	18.96%
Administrative and General Overhead = \$87,792	87,802
<b>TOTAL EXPENSE</b>	<b>550,894</b>

PHARMACY SERVICES (INCLUDING COUMADIN CLINIC)	
2 Clinical Pharmacists:	
Mid range (FY 2011) for a Clinical Pharmacist	52.72
Annual salary	109,666
Benefits (27%)	29,610
Total salary + benefits	139,275
<b>Total Clinical Pharmacist Expense</b>	<b>278,550</b>
<i>Unit Cost Multiplier for Administrative and General Overhead</i>	18.96%
Administrative and General Overhead	52,813
<b>TOTAL EXPENSE</b>	<b>331,364</b>

BRANDON ENHANCEMENTS (2 ADDITIONAL PHYSICIANS)	
Salaries and Benefits	785,751
Medical Supplies	8,379
Other Supplies	14,459
Dues, Fees, and Education	7,730
Purchased Services	7,700
Other Expenses	5,000
<b>Total Operating Expenses:</b>	<b>829,018</b>
<i>Unit Cost Multiplier for Administrative and General Overhead</i>	18.96%
Administrative and General Overhead	157,180
<b>TOTAL EXPENSE</b>	<b>986,199</b>

<b>GRAND TOTAL</b>	<b>\$ 1,868,456</b>
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