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On the cover: photo by Kevin Zini. Thank you Kevin -
if you would like to see more of Kevin's work, visit his

If you would like to submit an image for consideration
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December

Hang on to your hopes, my friend. That’s an easy thing to say, but if your hope should pass away, it’s simply pretend that you can build them again.

--Simon and Garfunkel, Hazy Shade of Winter

December is a time of celebration. A time for family, love, and laughter. It is, for me, the most fun month of the year, but also far and away the most stressful. Because it’s also a time of change. A time of responsibility. Of ending and renewal. Time is of the essence. It’s time for all these things. But sometimes it seems I don’t have time for this time of year.

The pace and stress can be overwhelming, so it’s important to remember to take time to focus on what’s important. We just finished the lessons of Thanksgiving, and proceeded directly into the crass consumerism of the holidays. Some stores didn't even wait until the end of Thanksgiving to start Black Friday. We talk about the spirit of giving, but often have a hard time keeping that in focus.

One thing that can help is to maintain the Thanksgiving. Gratitude is an important part of the holiday season. There are scientific studies showing that actively practicing gratitude can increase happiness by 25%. There are even internet guides on how to teach gratitude to your children. The point is that just being aware of the many great blessings in your life can improve your mood, and even your health. Making a list of things you’re thankful for on a regular basis is a good way to start.

My children. Because they couldn’t care less about politics, organized medicine, workplace issues or other interests. They keep me grounded in what’s really important.

My parents’ good health and close proximity. I’m incredibly lucky that they’re in wonderful shape and close by for my family.

The Late, Late Show with Craig Ferguson. I’m utterly incapable of explaining this. I rarely get to watch it. It’s very silly (which I usually like), and often vulgar (which I usually don’t). It’s about the entertainment industry, so I don’t get most of the references. But I laugh for a solid hour whenever I catch it.

Living in the United States of America. Yes, this country has a lot of flaws, but the degree of individual freedom and civil liberty we have is unparalleled in the human experience.

The 20th Century. Indoor plumbing. The Internet. Need I say more?

Kurt Vonnegut and Robert Heinlein. I read a lot of science fiction in high school and college, especially these authors. After not reading them for 20 years, I recently picked them up again, and was astonished how much their philosophies had informed the development of my own.

Iced Tea.

My partners and office staff.

Notes from the John.

The ’80s music scene. The ’70s and ’90s weren't bad, but the ’80s were the pinnacle of the bell curve.

Star Trek.

TCMS and organized medicine in general. Both personally and professionally, TCMS, TMA, and AMA have been very helpful to me.

Calvin and Hobbes.

Sports. I like most sports in and of themselves, but they’re most important to me as a means to connect with my family and friends. Many weekends each fall, I spend ten hours on a Saturday driving to Austin and back with my Dad. And I’ve spent innumerable hours watching, and sometimes coaching, basketball, baseball, soccer, softball, and cheer, with my kids. Sports provide direct object lessons in teamwork, organization, dedication, preparation, discipline, and disappointment.

Lists. They’re a great way to fill space on a deadline.

Among the things I’m thankful for is that the AMA Interim meeting is over. One of my tasks is to tell you what they did in New Orleans last month, so the rest of this is the AMA report. If you’d rather keep the mood light, now would be a good time to skip ahead to Notes from the John.


3) Just kidding. I didn’t get this in anywhere close to deadline. Apologies to the Publications Committee.
At Baylor, brain tumor surgery begins where you’d least expect it.

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December 2011 • Tarrant County Physician • 9

START YOUR ENGINES
by Sandra Parker M.D.

I recently had the opportunity to visit and tour Texas Motor Speedway. Just like the cars on the track, my head is still going in circles about it - it is a racing and medical marvel. While it is hoped that October continues to be about the Texas Rangers post-season play, during the month of November (and April and June) it is all about racing at Texas Motor Speedway (TMS). Texas Motor Speedway has been hosting races since it opened in 1997. Known as “The Great American Speedway,” the 1.5-mile superspeedway plays host annually to two races in the NASCAR Sprint Cup Series, Nationwide Series and Camping World Truck Series and one race in the IndyCar Series.

The speedway sits on 1500 acres of land at the intersection of Interstate 35 and Texas Highway 114 between Fort Worth and Denton, Texas. Texas Motor Speedway is among the largest sports stadiums in America and features an array of amenities that make it a premier venue. In addition to the main track, there is a ¼-mile paved track and a dirt track for other racing events. Counting the permanent seats, the luxury suites, the club seats, the condominiums and the infield, the crowd capacity of the speedway is more than 212,000. There is also in excess of 6,000 camping spots on the outskirts of the speedway grounds. Additionally, there is even an on-site grocery and supply store for the RVers and campers. Crowd capacity at TMS is complemented by nearly 660 acres of parking with 80,000 parking spaces.

According to speedway-guide.com, the track is a 1.5 mile quad-oval shape similar in design and speed to the Atlanta Motor Speedway. The front stretch is 2,250 feet long and the backstretch is 1,330 feet long, and both are banked at five degrees. The reconfigured turns have a constant 24 degree banking.

The Texas Motor Speedway was once considered the fastest non-restrictor plate track on the NASCAR circuit, with qualifying speeds in excess of 192 mph (309 km/h) and corner entry speeds over 200 mph (320 km/h). However, as the tracks’ respective racing surfaces continue to wear, qualifying speeds at Atlanta have become consistently faster than those at Texas. The qualifying record at TMS is 196.235 mph, held by Brian Vickers; however, this NASCAR record still falls short of the all-time TMS qualifying record held by Kenny Brack with an average speed of 233.447 mph in 2001. [For added information - This record was set during qualifying for the Firestone Firehawk 600, a CART (Championship Auto Racing Teams, which races open wheel cars) race, was to be held on April 29, 2001. With their powerful turbocharged engines and superspeedway downforce packages, the cars were averaging speeds well in excess of 230 mph. During practice and qualifying, 21 of 25 driv-
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Spotlight on New Members

Susan Anderson, MD
Family Medicine
Bowman Gray School of Medicine, 1996
Post Grad Training: UT Southwestern University, Dallas, P, 1997
UT Health Center at Tyler, FM, 1999

Diane Arnaout, MD
Pediatric
University of Texas Health Science Center, San Antonio, 2007
Post Grad Training: UT-Houston Health Science Center, PD, 2007-2010

Rahul Bhongir, MD
Family Medicine
Guntur Medical College, University of Health Science, India, 1999
Post Grad Training: East Carolina University, FM, 2005-2006
Texas Tech University Health Sciences Center, FM, 2006-2009

Damond Blueitt, MD
Family Medicine/Sports Medicine
University of Texas, Southwestern Medical School, Dallas, 2005
Post Grad Training: Southwest Georgia Family Medicine, FM, 2008
Fellowship: Steadman Hawkins Clinic of the Carolinas, FM/SM, 2009

Alison Brooks-Heinzman, MD
Obstetrics and Gynecology
State University of New York at Stony Brook School of Medicine, 2003
Post Grad Training: Parkland Health and Hospital System, OB/GYN, 2007
Fellowship: Presbyterian Hospital of Dallas, Advanced Pelvic Surgery, 2008

Kim Higgins, DO
Family Medicine
University of North Texas Health Science Center, 2007
Post Grad Training: Methodist Charlton Medical Center, FM, 2008-2010

Sarah Khan, MD
Diagnostic Radiology
Rush Medical College, 1994
Post Grad Training: Oakwood Hospital and Medical Center, DR, 1994-1998
Fellowship: University of Arizona, Body Imaging, 1998-1999
Fellowship: University of Texas Southwestern Medical School, Breast Imaging, 1999-2000

William Lowe, MD
Hand Surgery
University of Texas Medical School, Houston, 1986
Post Grad Training: John Peter Smith Hospital Orthopedics, HSS, 1986-1991
Fellowship: University of Alabama, HSS, 1991-1992

Sharhonda Martin, MD
Family Medicine
Ohio State University, College of Medicine, 1995

Grady Murphy Jr, MD
Family Medicine
UT Health Science Center at San Antonio, 1982
Post Grad Training: John Peter Smith Hospital, FM, 1982-1985

Brent L. Shepherd, MD
Family Medicine
State University New York Downstate College of Medicine, 2008
Post Grad Training: John Peter Smith Hospital, FM, 2008-2011

Carlos Wade, MD
Internal Medicine
Universidad De Montemorelos, 2001
Post Grad Training: University of Texas Health Science Center/RAHC, IM, 2003-2006

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The Texas Delegation to the AMA was very excited to see TMA and TCMS past president Sue Bailey take her first turn at the podium as Vice-Speaker of the House. She was rewarded with the most contentiously nitpicky reference committee I've seen, and dealt with it with aplomb. Texas also held a dinner honoring Bill Bailey and Tarrant County's Bohn Allen as they retire from the Delegation. Dr. Allen has served with distinction at the AMA since 1995. For many in the room, including myself, he has been a friend and mentor, so I'll take this opportunity to thank him again, on behalf of myself and TCMS, for all he's done.

The business of the House of Delegates is limited to advocacy at the Interim meeting. The most important topic tackled was ICD-10. As you should know, all medical practices will be required to implement ICD-10 by October 2013. A 2008 study found that a small three-physician practice would need to spend $83,290 to implement ICD-10, and a 10-physician practice would need to spend $285,195 to make the coding change. TMA sponsored a resolution (in concert with others) which was voted into AMA policy opposing this requirement.

Also adopted as AMA policy were Guidelines on Health Insurance Exchanges. These exchanges, mandated by the recent health care legislation, may significantly alter the way health care is delivered to the uninsured on a state-by-state basis. The AMA will insist that the state medical associations be involved in the rulemaking for, and that practicing physicians sit on the boards of, these Exchanges, in the hope of ensuring that they serve the patients they're intended to serve, and not just the insurance bureaucracies.

The HoD dealt with multiple other issues as well. Shortages of availability of prescription drugs, which have increased dramatically in recent years, and the AMA now has policy trying to address this problem. They also support virtual medical IDs, which will allow patients to have their medical history available electronically in an emergency situation, to improve continuity of care and reduce risks at a critical time.

As mentioned previously, Tarrant County is well represented at the AMA. In addition to Vice Speaker Sue Bailey, Dr. Steve Brotherton serves on the Council on Ethical and Judicial Affairs. The Texas Delegation includes Larry Reaves, Bohn Allen, Gary Floyd, and Bret Beavers. Specialty Delegates from Tarrant County include Melissa Garretson, David Lichtman, and myself. Several medical students from TCOM were also active at the meeting: Maryam Shambayati, Janine Crantz, Sam Yi, Rikki Baldwin, Jeremy Jennings, Jacqueline Brandenburg, Khalisa Syeda, Cima Nowbakht, Atefa Nayeb, Nehal Patel and Lida Shaygan.

Although the Alliance did not meet in conjunction with this gathering, AMMA immediate past president (and TMA and TCMS past president) Susan Todd announced her candidacy for State Representative in District 97 here in Fort Worth. She held a fundraiser in the Texas Hospitality Suite with great support from across the landscape of organized medicine. The AMMA president-elect is also Tarrant County’s own, Pat Hyer, who was a one-woman campaign to drum up membership.

Thanks for your attention and support. I’m grateful to you, as well.

“I urge you to please notice when you are happy, and exclaim or murmur or think at some point, ‘If this isn’t nice, I don’t know what is.”

—Kurt Vonnegut

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Grassroots network provides free healthcare to the uninsured in Tarrant County
Fort Worth Star-Telegram

Jonathan Taussig was lifting a sleeper sofa when he felt the sharp pain of a hernia bulge in his abdomen.

But the 35-year-old Arlington man didn’t have health insurance. So he kept delivering furniture and groceries for a local charity until another hernia developed on the other side of his stomach.

“It’s a problem because I shouldn’t lift anything heavy anymore, and that’s how I make deliveries,” says Taussig, a married father of five.

Taussig is now preparing for surgery as one of the first patients accepted into Project Access Tarrant County, a grassroots network of volunteer healthcare providers working to help the uninsured.

The Tarrant County Medical Society and Catholic Charities Fort Worth spearheaded the project, which relies on donated services from primary-care physicians, specialists, hospitals and other providers.

Through referrals from doctors and charity care clinics, Catholic Charities screens potential patients, and the medical society matches them with volunteer physicians. Taussig’s hernia surgeries will be performed in January by Dr. David Dyslin, an Arlington general surgeon.

More than 200 physicians and 14 hospitals, along with charitable clinics and radiology, laboratory and anesthesia service providers, have joined the effort.

“We have a healthcare crisis,” said Brian Swift, executive vice president of the medical society. “We truly believe the best solutions are going to come locally from the people who know best about healthcare -- physicians, hospitals, and all the providers who see patients every day.”

If successful, project officials said, the effort should lead to better care and save taxpayers money by directing indigent people away from expensive emergency room services. In 2009, nearly a quarter of Tarrant County adults lacked health insurance.

The plan involves no government money, just philanthropic funds and donated time, organizers say.

Another helping
Many physicians in Tarrant County already provide charity care by treating patients who lost jobs in the bad economy, according to the medical society.

Specialists also often volunteer at charity care clinics, but their time isn’t always spent efficiently, Swift said. Project Access allows those physicians to volunteer their services in a more coordinated fashion.

“Say I happen to be a neurologist, and I volunteer one day a week at a local clinic,” Swift said. “What are the chances that a neurology patient is probably going to show up the day I am there? Not very good.”

Reaction from physicians has largely been positive, program officials said. The medical society has more than 3,000 physician members, though that figure includes retirees and student doctors. Physicians chose how many Project Access patients they will treat in a year.

So far, doctors have offered to treat one to five patients. The average is 10 to 15.

For the first year, organizers have set a goal of helping 100 patients. That figure might sound “a little piddly” unless you consider all the work that goes into coordinating care for each patient, said Dr. Jim Cox, the project’s medical director and former president of the medical society.

“Say you are doing a hernia operation,” he said. “You are not just talking about fixing the hernia, you talking about getting space in a hospital or surgical center, anesthesiology, nursing, the doctor, recovery, the needed medications -- it is actually a tremendous amount of resources.”

Dyslin said he joined the program because it has a worthwhile mission.

“Patients fall through the cracks,” he said. “You see it happen.”

Catholic Charities
The Project Access concept is new to Tarrant County, but other communities have similar projects. Dallas County has had one for 11 years.

The Dallas project has linked as many as 3,600 patients to services from a pool of 4,000 volunteer physicians in a year, officials said.

The idea of starting a similar program in Tarrant County has floated around for years, officials said. But the initiative didn’t begin until Catholic Charities and the medical society started building the network last year.

The Sid W. Richardson Foundation, Amon G. Carter Foundation and Martha Sue Parr Trust liked the concept and pledged a total of $650,000 over three years to pay for staff salaries, computers and transportation costs for patients.

Catholic Charities was a natural partner for the project because it already pays for charity care through its St. Joseph Health Care Trust, officials said. The trust pays for one-time services, such as X-rays or 30-day supplies of medications.

Funds are limited. Paying for surgery, for example, is far too costly, said Lori Kennedy, program manager of the trust.

“With Project Access, we are able to take them to the next level of care,” Kennedy said.

Since the project was launched in early September, 68 patients have been referred to the program and 20 have already qualified, officials said. To be eligible, patients must meet income requirements and not receive benefits through Medicare, Medicaid or JPS Connection, the county indigent healthcare program.

Instilling a ‘sense of responsibility’
Project officials hope the effort will expand as more physicians and agencies join. Taussig said he wound up in Dyslin’s office after mentioning his hernias to some people at Mission Arlington. They referred him to Catholic Charities.

“Kind of blew me away,” Taussig said. “I wouldn’t be able take care of this otherwise, so I would just be stuck living with these [hernias].”

Swift said a primary goal of the program is to help people resolve medical problems so they can get back to work and get on an employer-paid insurance plan. Each patient must pay a $25 fee every six months and cannot miss appointments without good reason.

“We have to instill a sense of responsibility,” he said. “The goal is to not let health issues become reoccurring problems. That’s how we get people back into the workforce and keep these health problems from getting worse and becoming a drain on the healthcare system.”

This story was reprinted from: http://www.star-telegram.com/2011/11/16/3532070/grassroots-net-work-provides-free.html
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Notes, quoting children, from Henry Birdwell:

- Steven, age 3, hugged and kissed his mom goodnight. “I love you so much,” he said, “when you die, I’m going to bury you outside my bedroom window!”

- Brittany, age 4, had an earache and wanted a painkiller. She tried in vain to take the lid off the bottle. Seeing her frustration, her mom explained it was a child-proof cap and she’d have to open it up for her. Eyes wide with wonder, the little girl asked, “How does it know it’s me?”

- Susan, age 4, was drinking juice when she got the hiccups. “Please don’t give me this juice again,” she said, “it makes my teeth cough.”

- D.J., age 4, stepped onto the bathroom scale and asked, “how much do I cost?”

- Clinton, age 5, was in his bedroom looking worried. His mom asked what was troubling him, and he replied, “I don’t know what will happen with this bed when I get married. How will my wife fit in it?”

- Tammy, age 4, was with her mother when they met an elderly, rather wrinkled woman acquaintance. Tammy looked at her for a while, then asked, “Why doesn’t your skin fit your face?”

Sam Jagoda remembers a story about Jascha Heifetz’s first concert at Carnegie Hall at age sixteen. After a brilliant performance, Fritz Kreisler said to his fellow violinists, “we might as well break up our violins, boys – we’re out of business.”

A Saturday Evening Post cartoon shows a job applicant speaking to the interviewer: “Thank you, sir. I am proud of my resume. And I think you’ll find that most of it is true.”

David Grant sent commentary on “God’s Sense of Humor:”

“While creating wives, God promised men that good and obedient wives would be found in all corners of the world. And then he made the earth round.”

David also sent advice on how to maintain a healthy level of insanity:

- At lunchtime, sit in your parked car with sunglasses on, and point your hairdryer at passing cars. See if they slow down.

- Every time someone asks you to do something for them, ask if they want fries with that.

- Put decaf in the coffee maker for three weeks. Once everyone has gotten over their caffeine addictions, switch to espresso.

- In the memo field of all your checks, write “for marijuana.”

- Specify that your order at the drive-through is “To-Go”

- Five days in advance, tell your friends you can’t attend their party, because you have a headache.

- Sing along at the opera. Note if anyone joins in.
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Mycobacterium Tuberculosis (referred to as TB in this article) is an airborne infectious disease. It has been found in ancient human remains and in almost every geographical location in the world. TB continues to be ranked among the top ten causes of death worldwide and one of the leading causes of death for persons with HIV. There are 9.3 million new cases of TB estimated annually worldwide with approximately 5.6 million of those reported to global public health authorities or the World Health Organization (WHO).

In 2010, Tarrant County boasted a population of approximately 1.8 million residents. In its 41 cities and municipalities, 19 independent school districts, 9 private or charter schools, and countless corporations and businesses, there were only 114 reported cases of active TB in 2010. According to Tarrant County Public Health’s Division of Epidemiology and Health Information 2010 Annual Communicable Disease Report, TB was the 2nd leading communicable disease in non-white, non-black, non-Hispanic persons (“Other”) and the 9th leading communicable disease in Hispanics. Among persons aged 55-64 years, TB was the 4th leading communicable disease and in other age groups it ranged from 5th (45-59 and 65+) to 8th (25-34).

This demonstrates a low overall prevalence of TB in the Tarrant County community, but it also demonstrates that TB still lives and “breathes” in this community. Of the 114 diagnosed and reported cases, 77 were culture positive cases, 22 were clinical cases and 15 were provider-diagnosed cases. Of the 77 culture positive cases, 73 had contact investigations ordered which are either completed or in the last stages of completion.

One of the 73 contact investigations necessitated screening evaluations at a local middle school and in that school investigation, 186 students were screened. Between early 2009 and the middle of 2010, Tarrant County Public Health (TCPH) completed two additional high school screenings and several limited contact investigations at local universities. Secondary sites, which are often included as part of contact investigations, include area businesses and medical facilities.

Locally, TB has been covered in the media through news reports and commentaries regarding the response of area and state health authorities to a TB outbreak in a school. Tarrant County Public Health assisted these health officials with contact investigation screening and follow-up to identify, educate, and provide treatment for those affected in the school and community.

TB is difficult to contract and difficult to control and eradicate in many ways because of the necessary lengthy duration of treatment. There are three ways to control TB: prevent infection, stop progression of the infection to active disease, and treat active disease early and with emphasis on compliance and proper medication regimens. In this regard, Tarrant County Public Health provides area health care personnel with education and diagnosis and treatment support. It also administers directly-observed therapy (DOT), which is described as delivery and witnessed consumption of all doses of prescribed doses, to patients residing within Tarrant County who are being treated for active TB disease.

TCPH through research collaboration with UNTHSC and the CDC has assisted in the development of effective medication treatment regimens and alternative delivery options, such as DOT, and in the establishment of the emphasis on latent TB infection (LTBI) diagnosis and treatment. All of these measures have assisted in the control of TB in Tarrant County, the state, and the developed parts of the world.

Although incidence is low in Tarrant County, all health care personnel can contribute to the detection, control and eradication of TB. With the cold weather approaching and the increase in respiratory illnesses identified this time of year, it is an ideal time to be cognizant of TB as a possible illness, especially if a patient presents with an unresolved and unresponsive “pneumonia” or “chronic cough.” Awareness and diligence of that kind makes health care personnel public health advocates and helps to further the mission to keep our community healthy.
Tarrant County Antibiogram

On the opposite page you will find the first Tarrant County Antibiogram - it represents the aggregate data from the majority of hospitals in Tarrant County and summarizes the antibiotic resistance patterns among the most common microorganisms detected by hospitals in adult patients in 2010. The purpose of this report is to provide useful information to local healthcare providers for the selection of an empiric antibiotic treatment, when a presumptive diagnosis of infection with a specific microorganism is made.

The TCPH Division of Epidemiology and Health Information would like to give special thanks to Dr. Jim Dunn for serving as the Technical Consultant on this project.

All report authors serve as Epidemiology and Health Information Division staff at Tarrant County Public Health: Diana Cervantes, MS, MPH, MB(ASCP)CM as Epidemiologist, and Anita Kurian, DrPH, MBBS as Division Manager and Chief Epidemiologist.

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In 2010, the following significant trends and patterns were noted:

**Summary of Findings**

**Country-Wide AntibioticGRAM, 2010**

Division of Epidemiology and Health Information

Tarrant County Public Health

Please contact:

If you have any questions regarding the generation of this AntibioGram or your facility would like to contribute to the report in the future.

**Public Health Notes**

December 2011 • Tarrant County Physician • 25
### COUNTY-WIDE ANTIBIOTIC SENSITIVITY DATA, 2010

**Gram Negative Bacteria**

<table>
<thead>
<tr>
<th>Isolates Tested</th>
<th>Aminoglycosides</th>
<th>Carba-penems</th>
<th>Cephalosporins</th>
<th>Fluoroquinolones</th>
<th>Penicillins</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acinetobacter baumanii</td>
<td>102</td>
<td>89</td>
<td>47</td>
<td>51</td>
<td>38</td>
<td>40</td>
</tr>
<tr>
<td>Citrobacter freundii</td>
<td>113</td>
<td>100</td>
<td>89</td>
<td>93</td>
<td>99</td>
<td>100</td>
</tr>
<tr>
<td>Enterobacter cloacae</td>
<td>650</td>
<td>100</td>
<td>94</td>
<td>95</td>
<td>99</td>
<td>97</td>
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<tr>
<td>Enterobacter aerogenes</td>
<td>238</td>
<td>99</td>
<td>98</td>
<td>97</td>
<td>100</td>
<td>100</td>
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<tr>
<td>Escherichia coli</td>
<td>10,508</td>
<td>99</td>
<td>88</td>
<td>86</td>
<td>100</td>
<td>100</td>
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<tr>
<td>Klebsiella pneumoniae</td>
<td>2,655</td>
<td>100</td>
<td>97</td>
<td>97</td>
<td>99</td>
<td>100</td>
</tr>
<tr>
<td>Morganella morganii</td>
<td>97</td>
<td>100</td>
<td>77</td>
<td>85</td>
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<td>100</td>
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<tr>
<td>Proteus mirabilis</td>
<td>1,704</td>
<td>98</td>
<td>88</td>
<td>88</td>
<td>86</td>
<td>100</td>
</tr>
<tr>
<td>Pseudomonas aeruginosa</td>
<td>2,307</td>
<td>93</td>
<td>77</td>
<td>89</td>
<td>83</td>
<td>77</td>
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<tr>
<td>Serratia marcescens</td>
<td>160</td>
<td>100</td>
<td>99</td>
<td>87</td>
<td>100</td>
<td>100</td>
</tr>
</tbody>
</table>

### Gram Positive Bacteria

<table>
<thead>
<tr>
<th>Isolates Tested</th>
<th>Cephalosporins</th>
<th>Penicillins</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cefazolin (1st)</td>
<td>Cefotaxim (3rd)</td>
<td>Ampicillin</td>
</tr>
<tr>
<td>Enterococcus faecalis</td>
<td>2,991</td>
<td>98</td>
<td>93</td>
</tr>
<tr>
<td>Enterococcus faecium</td>
<td>717</td>
<td>14</td>
<td>4</td>
</tr>
<tr>
<td>Staphylococcus aureus (ALL)</td>
<td>6,589</td>
<td>71</td>
<td>39</td>
</tr>
<tr>
<td>Methicillin Susceptible (MSSA)</td>
<td>2,031</td>
<td>99</td>
<td>97</td>
</tr>
<tr>
<td>Methicillin Resistant (MRSA)</td>
<td>2,597</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Staph. coagulase negative (ALL)</td>
<td>2,678</td>
<td>40</td>
<td>29</td>
</tr>
<tr>
<td>Staphylococcus epidermidis</td>
<td>1,598</td>
<td>28</td>
<td>25</td>
</tr>
<tr>
<td>Streptococcus pneumoniae</td>
<td>372</td>
<td>94</td>
<td>5</td>
</tr>
</tbody>
</table>

*Note: Numbers indicate percentage susceptibility. Blank cells indicate no data collected/drug not indicated. Susceptibility profiles for adults aged 18 years and older only. Data provided by 14 Tarrant County hospitals; 12 provided data from 01/01/10-12/31/10; 1 provided data from 10/01/09-09/30/10; 1 provided data from 07/01/10-12/31/10.*
Project Access Tarrant County

TCMS Physicians Gift: Providing Health Care Access

by Katie Dyslin

Project Access began in September, a mere three months ago, and has been working at full-speed. We knew there was a need in Tarrant County for health care access, but never dreamed our program would be as busy as it has in this short time. Only a year ago, TCMS Board of Directors voted unanimously to begin this community collaboration and we are excited to report our progress thus far.

As to date, we have two hundred physician volunteers who are willing to provide health care access to the uninsured and working poor residents of Tarrant County. PATC has received sixty-one patient referrals from TCMS physician volunteers, Catholic Charities, St. Joseph Health Care Trust, and participating charitable community clinics. Twenty-two patients have qualified for PATC, and the remaining are in the process of being qualified. We have also established ten new medical homes for these patients.

Radiology Associates of North Texas has provided four radiology services, and we have provided specialist health care access for seven patients. These specialists, our volunteer surgeons, have provided care so our patients can get back to work as soon as possible. Jim Norman, MD, performed our first surgery. He states, “the process was easy - especially since PATC had already arranged for the hospital and anesthesia services to be donated to the patient. Scheduling the hernia case was like scheduling a patient with insurance. I didn’t have to coordinate with the hospital and anesthesia to donate their services as PATC had already made those arrangements.”

Baylor All Saints, Texas Health Arlington Memorial Hospital, Texas Health Harris Methodist Hospital Fort Worth, and Texas Health Harris Methodist Hospital Southwest Fort Worth provided surgical time for patients who needed hysterectomy, tonsillectomy, and orthopedic/hernia surgeries. We also have two orthopedic surgeries and a hernia surgery pending at Baylor Orthopedic and Spine Hospital at Arlington and Methodist Mansfield Medical Center. PATC has also arranged with The Arlington Division of Pinnacle Anesthesia, NorthStar, Sundance Anesthesia, P.A. and Pinnacle Anesthesia Consultants, P.A., Fort Worth Division to provide anesthesia services for these surgeries.

We have also connected twelve patients to other organizations that already provide services pertinent to those particular cases. Our partners are extraordinary and want to collaborate to continue to make this a successful community endeavor. Tarrant County physicians are a gift that not every community is lucky to have. We are fortunate to have giving physician volunteers who provide the best medical care to all of us.

Please consider giving a “gift” for health care access to the residents in Tarrant County. For more information, contact Katie Dyslin, Executive Director, PATC at 817-632-7531, kdyslin@tcms.org or visit our website tcms.org/patc.aspx for a physician enrollment form.
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Moncrief’s Survivorship Program is made possible through a grant from the Cancer Prevention and Research Institute of Texas (CPRIT).
Alliance members came out in force in October to volunteer at the 50th annual Senior Citizens Fair held in the Amon Carter Exhibit Hall at the Will Rogers Memorial Complex. The Fair is held annually as a nonprofit community service that helps local senior citizens supplement their income by providing a marketplace for items they have made. The Fair included approximately 25,000 hand-crafted items made exclusively by senior citizens and the uniqueness of the items makes them great for gift-giving and decorating. The merchandise included quilts, woodwork, paintings, baked goods and decorative items, among other things.

In the days leading up to the Fair, Alliance members assisted senior citizens with checking in and setting up their goods. Alliance members were back again after the Fair ended to help with checking out the vendors’ remaining merchandise. This was a great opportunity to catch up with other Alliance members while admiring the creativity of the senior citizens (and previewing the merchandise). The need for volunteers was great for this multi-day undertaking and there was a strong turnout of Alliance volunteers to help our Fair leaders, Pat Key and Barbara Garcia. Thank you to Pat and Barbara and all of the Alliance volunteers for a job well done!
Drivers complained of dizziness and disorientation during practice. Drivers experienced sustained G forces over 5 Gs, more than the typical human tolerance. With the possibility of drivers blacking out on the track, CART cancelled the race two hours before the scheduled start.

Racing isn’t the only thing at TMS that is cutting edge, well-equipped and fast. Under the supervision of the TMS Medical Director, Dr. Robert Genzel, race car drivers, support personnel, vendors, TMS staff and fans have access to timely emergency medical evaluation and treatment when needed. Emergency medical services at TMS are delivered through the Outfield and Infield Care Centers staffed by HCA Hospitals. Speedway EMS provides staffing for the mobile EMT units stationed throughout the grandstands during a race.

The Outfield Care Center is staffed by skilled and experienced emergency medicine physicians and nurses. In addition to basic first aid, medical services include, but are not limited to, post-trauma prophylactic vaccination, intravenous fluid therapy, and ambulatory cardiac monitoring. The Infield Care Center was designed and operated as a free-standing emergency center, before there was even such a designation. The Outfield Care Center is supported by ground emergency transport. The Infield Care Center is equipped with x-ray, overhead surgical lighting, ambulatory cardiac monitoring, supplies and medications necessary for thoracostomy, thoracotomy, intubation, and casting and splinting supplies. Not only is it staffed by skilled and experienced emergency medicine physicians and nurses, it is staffed with a general surgeon and an orthopedic surgeon during races. The Infield Care Center is supported by both air and ground emergency transport. The Infield Care Center also serves as the primary care facility to drivers, their families, and racing support personnel who spend approximately 36 weeks out of the year on the road. Care coordination is supported by a medical liaison associated with the racing team and/or NASCAR. Medical staff is assisted by persons from a trained chaplain service associated with the speedway and racing. The chaplain service also sees to the emotional needs of those affected by an emergency at TMS.

Mobile EMT units are pre-positioned within the grandstands during a race. Data from past events demonstrate that the mobile EMT units average a response time of 3 ½ minutes. Following initial on-scene treatment as indicated, the mobile units transport the patient to the most appropriate facility for further evaluation and management. The mobile units are dispatched to calls via the TMS Emergency Operations Center, which is equipped to receive text messages from persons requesting assistance.

According to speedway-guide.com, “when talking about this speedway there is no way to avoid using the most common Texas cliche ....‘Everything is bigger in Texas’ and that includes this speedway.” And in my opinion, the same can be said for the level of emergency medical services available to all those at TMS who may need it.

Special thanks to Dr. Robert Genzel for introducing me to TMS and for his assistance with this article.
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