Patient Engagement: An Integral Part of the Patient Experience

On May 16, Martha Hayward, Lead for Public and Patient Engagement at the Institute for Healthcare Improvement (IHI), visited UTMB to share her expertise on patient and family engagement and how as an organization, UTMB can strive toward becoming even more patient-centered. By focusing on the patient first, everything else falls into line, she says.

Hayward joined the IHI in March 2011, with the focus of her work on improving the engagement of patients and their families at all levels of care, design and decision making. A cancer survivor herself, she is a founding board member of the nonprofit Women’s Health Exchange and served on the Patient and Family Advisory Council of Dana-Farber Cancer Institute in Boston. Her career experience includes over 20 years in communications, marketing and fundraising in the areas of health, politics and education. Most recently, as Executive Director at The Partnership for Healthcare Excellence, she brought a particular focus on the area of patient advocacy.

During her sessions with UTMB staff from across all areas the institution, Hayward clarified the difference between patient experience and patient engagement by emphasizing that patient engagement is centered on making the patient and family an integral part of the health care team. Patient engagement, in addition to the delivery of outstanding care, is an important and pivotal aspect of the overall patient experience. Because engaged patients are more likely to understand their condition, they are also better at following aftercare instructions and a long-term care strategy. Patient engagement also improves satisfaction and outcomes, and reduces readmission rates and costs.

She clarified that engaging patient and families doesn’t necessarily mean that they are placed in total control of their care; rather, it means they are better informed of their options and more involved in decisions about their care. It also means their level of understanding of health care terminology is identified and they are communicated with in clear, understandable terms.

From the physician’s office to labs, radiology, infusion or MRI, each caregiver along the way is doing their best by the patient, but there are many stops along the way for the patient. This means there can also be periods of waiting and confusion, are oftentimes fraught with fear and uncertainty. During this process, patients are also sometimes asked the same questions over and over – something caregivers will recognize as a safety measure, but a patient or family member may perceive as a lack of communication across the system. However, by informing patients of what to expect along the way, from the beginning and throughout their experience, patients and families will be put more at ease and will be reassured that their safety is a top priority.

She also recommends that caregivers always communicate in a

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Friday Focus Team: Mary Feldhusen and Erin Swearingen
Hayward identifies the family as a top resource in patient safety. Engaging them is important, she says, because patients are often so ill or under the influence of medications to the point that it can be difficult for them to fully understand conversations that took place, medication instructions or other discharge information. She also suggests that it is helpful to teach patients and families about aftercare through hands-on demonstrations when possible, so that they are more familiar with the process and less likely to make mistakes once at home, which could result in infections or other complications.

Hayward acknowledges that there are obstacles within health care systems that can prevent the full engagement of patients and families. She recognizes that it is not usually the actions of individuals, but rather the systems in place that can work against providers and staff; for example, existing protocols are adhered to so closely that the emotional needs of the patient are often forgotten. “Every system is perfectly designed to get the results it gets,” she explains.

Having consistent systems and protocols in place across all areas can help by removing staff from difficult and possibly risky situations. Care processes should always center on what’s best for the patient and families, not necessarily what is most convenient for the provider. A culture of safety and trust helps to safeguard against impediments to good systems.

Finally, Hayward affirms that each and every one of us is responsible in some way for improving the patient and family experience. Regardless of our departments or roles, when we say we work for UTMB Health, we are perceived as caregivers. We all have an obligation to make our patients’ experiences the best that they can be. What we do and how we respond matters!

**Nurses Week 2013: My “Walk a Mile in Their Shoes” Experience**

by Donna Sollenberger, EVP & CEO, UTMB Health System

During my “Walk a Mile in Their Shoes” session of Nurses Week 2013, I shadowed Tim Coker, NCIV, in the Emergency Department, and after shadowing him for more than two hours on a very busy afternoon, I can say that our nurses are truly extraordinary!

During my visit, Tim was assigned four patients and interacted with each individual in such a warm and caring way. He carefully assessed each patient and skillfully delivered care. Each time Tim entered and exited the room, he used the hand gel, which is extremely important to reducing the likelihood of infection. However, I did notice that not everyone who entered the room did *always* gel in and gel out. I would like to remind everyone that if you ever observe someone who has forgotten to do so, please remind them; on the other hand, if someone reminds you, please think of our “Culture of Trust” and remember that they are only trying to keep our patients safe.

When Tim entered each patient’s room for the first time, he always asked the patient his or her name and what they would like to be called. This small gesture alone is a great way to build a relationship of trust with our patients, who are often quite vulnerable. Although this is a simple step, it is a wonderful way to empower the patient and let them know that they are regarded as an individual. Tim also always made sure his patients were comfortable by assessing them regularly for pain and offering them a warm blanket or to raise/lower the bed.

Overall, the entire ED team was always ready to assist as needed. In one instance, a new patient arrived while Tim was with another patient, and another nurse in the ED began the assessment, then transitioned the care from EMS to us, and entered her notes into Epic. What a wonderful example of teamwork!

That afternoon, I realized just how physically demanding a job like nursing can be – Tim never sat down during his shift except to enter documentation. Nursing also requires an amazing amount of skill, coordination, focus and organization. In addition to assessing and interacting with patients and delivering care, nurses are always busy entering documentation and retrieving supplies and medications.

Another important thing I learned during my experience is that one should never say that the ED is “quiet”, because doing so certainly seems to increase the likelihood of the ED becoming suddenly busy!

Between patients, I had the opportunity to talk with Tim. I learned that he began his nursing career in Dallas, but moved to Galveston for the ability to use his skills in our Level 1 Trauma Center. He also loves to fish, and had plans to do so on his next day off. The most important thing I learned about Tim is that he is a person who has a genuine passion for helping people and taking care of them – it is this passion that patients recognize and appreciate!

As the end of my “shift” rolled around, I found I did not really want to leave! Some of “our” patients were still in the process of getting tests or receiving test results. I left my shadowing experience with a renewed appreciation for the nurses and staff at UTMB and the work that they do to assure we deliver excellent care to patients.
1. What do you do in your position as a Customer Service Representative in Radiology, to improve the patient’s experience when they arrive?

   It’s important to always have a smile on your face, patients look for that. I let them know they are welcome. We’re the first people they see when they come in, and it’s important that we make a good first impression, because that is what they remember. I facilitate communication between the patients and the physicians. I work with the staff to ensure we’re seeing the patients in a timely manner. The patients remember us when they come in. Customer service can make the difference between a patient coming back to UTMB and going to a different hospital, and they tell us that all of the time.

2. How long have you worked at UTMB?

   I’ve been at UTMB for 22 years, all in Radiology. I began as a file clerk, worked my way through the orthopaedics clinic, spent 8 years as a tech assistant, then moved over to Rebecca Sealy in the MRI department. When my managers realized how well I worked with people, I was promoted to Customer Service.

3. UTMB’s logo says we are “Working together to Work Wonders.” What does this mean to you?

   My chair, my managers and I are all working together and consistently looking for areas of improvement, identifying problems and finding solutions. My chair and my managers allow me to recommend things for change that I see that will make the patients more comfortable. I recently designed a poster that is now posted in staff areas, *25 Ways to Show Your Co-Workers You Care*. Since the posters have been up, I’ve noticed people encouraging each other with some of the phrases from the poster. Saying positive things to each other in the work place and encouraging each other to work together brings unity to UTMB as a whole.

4. What are you most proud of?

   I’m most proud of being able to work at an institution where physicians and staff work together to improve patient care.

5. What do you do away from work?

   I spend a lot of time with my family and a lot of time at church. I coach my grandkids in Little League, that’s my favorite. I enjoy being able to give back to my community.

6. What don’t people know about you?

   I’m a good cook! My favorite dishes to cook are fried shrimp, shrimp salad, grilled T-bone and fried chicken.

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Get to know... **Tommy Fields**

RADIOLOGY CUSTOMER SERVICE REPRESENTATIVE

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**Nurse Leadership Award Recipients**

Nurse Managers **Chelita Thomas** and **Paulette Roberson** were the most recent recipients of the Nurse Leadership Award. Awardees are nominated by staff and selected for the award based on their outstanding demonstration of professionalism, dedication and teamwork.

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**Cancer Survivors Day**
June 5, 2013

If you are combating cancer or are a cancer survivor, love or care for someone affected by cancer, or are a health care professional with an interest in cancer, come learn and celebrate with us. Everyone is invited.


UTMB to Launch “Give to Live” Summer Blood Drive Campaign

UTMB is often called upon to provide care under extraordinary circumstances, such as the recent refinery fire in Beaumont that sent several patients to our Blocker Burn Unit in need of blood transfusions. Every day, an adequate, consistent blood supply is critical to our patient care mission.

Because the need for blood donations is particularly high during summer months, UTMB is launching a “Give to Live” Summer Campaign. All successful blood donors who donate two times between May 6 and Sept. 6 will receive campaign incentives.

For the first donation during that time period, the donor will receive an “Out for Blood” t-shirt. For the second blood donation before Sept. 6, the donor will receive an “Out for Blood” beach towel.

All donations must be made at the UTMB donor room Monday through Friday, or during a departmental blood drive. To schedule a blood drive in your department, please contact Laurie Hartrick, donor recruiter, at 409-772-6551 or at llhartri@utmb.edu.

The UTMB Donor Room in Galveston is in John Sealy Annex, 5.212 and is open Monday through Friday from 8 a.m. to 4:30 p.m. For more information, call 409-772-4861.

The UTMB Donor Room at Victory Lakes Town Center is at 2660 Gulf Freeway South, Suite 4, League City, 77573. It is open Tuesdays and Thursdays, from 8 a.m. to 5 p.m. For more information, call 832-505-2016.

Victory Lakes Community Fair

The Community Health Fair was held at Victory Lakes on Saturday, May 18. Participants visited with medical experts, participated in free health screenings, donated blood, and were entertained with fitness demonstrations and how-to clinics.

Drug Take Back event, April 27

Participants at our Victory Lakes, Clear Lake & Galveston locations brought in a total of 1,560 lbs. Way to go!
On May 3, thirty-five interprofessional staff members from Nursing Services, Internal Medicine, Surgery, Anesthesia, Respiratory Therapy, Rehab Services, Employee Injury Management, the School of Nursing, the School of Medicine, Quality Management, Information Services and Administration joined together to conduct simulated intensive care room (ICU) and operating room (OR) scenarios in the Jennie Sealy Mock-Up Rooms at the Lipton Tea Building in preparation for occupying the new Jennie Sealy Hospital.

Health System Leadership planned the two-phase project that analyzed and optimized the flows of medication throughout the new buildings. In the first phase, flows between departments (interdepartmental flow) were documented, analyzed and improved. The second phase, to analyze and improve flow within departments (intradepartmental flow), began by conducting a simulation of emergent patient care in a medical surgical room, an intensive-care room (ICU), and an operating room (OR) in order to: assess the ergonomics of the proposed rooms, identify latent environmental variables that posed threats to patient or staff safety, and analyze intradepartmental flow. Until now, simulations of emergent situations have always taken place in buildings that were already built, so improving factors such as the location of outlets, types of equipment and workflows were no longer possibilities. As a result of these exercises, we have the opportunity to make improvements before construction begins.

The Scenario

The “Sim Man”, a simulation mannequin provided by the School of Medicine Simulation Center, was used to simulate a Medical-Surgical patient whose condition had begun to deteriorate. The scenario began with the Sim Man in his bed, and a volunteer playing the role of his wife sitting in the chair bedside, just as a real patient and a family member would. The Rapid Response Team was called and cared for the patient until he coded. A Code Blue was called and the code team responded. The patient was intubated, stabilized and then a chest X-ray was taken. The patient was transported out of the room to the ICU via an elevator built to the same specifications of the proposed trauma elevator.

When the patient arrived in the ICU, the endotracheal tube was accidentally dislodged, requiring the physician to re-intubate the patient. The patient was a difficult patient so the bronchoscope was used. After the patient was stabilized, he was put on a ventilator and a chest X-ray and EKG were performed. The patient was put on ECMO. Large amounts of blood appeared in the patient’s chest tube and the re-entry cart was brought to the room. Blood was rapidly infused and the physician decided not to open the patient, but rather go straight to the OR. The patient received his operation and then was transported back to the SICU.

The respiratory therapy, nursing, and medical students attempted to run a code on the Sim Man. Afterwards, they moved the patients to the bedside chair, to the restroom, and then back to the bed.

Data Gathering

The School of Nursing Simulation Center took video and pictures of the simulation. After each scenario, a staff member from Quality Management held a 10-15 minute debriefing and observers who were provided an evaluation form to write down questions or observations during the re-enactment were able to bring up potential issues or concerns they observed. Each participant was asked what worked and what didn’t work well in the room.

Findings

During the exercises, some workflow and potential safety issues were identified. Leadership, facilities and design teams are eager to explore the findings and proposed recommendations of the simulation team to determine how to best implement the findings into the design for the new Jennie Sealy Hospital. For more information about the new Jennie Sealy Hospital and to keep updated on its progress, visit the Health System website, http://intranet.utmb.edu/healthsystem/features/JSRH.asp.
Spotlight On…

Donald Dillon, Catering Associate

By Emily Blomberg, AVP, Health System & Service Line Operations

Donald Dillon is a Catering Associate with Morrison’s and has worked at UTMB for five years. Donald delivers between 75-90 meals a day to our patients on 7C and in the Emergency Department. Donald sometimes has the opportunity to see patients on a return visit, and his patients always compliment him because not only does he remember them, but he remembers their favorite food preferences! If you read his comment cards, you will find patients often describe him with words such as caring, polite, friendly, compassionate and helpful. The daughter of one patient wrote, “Mr. Donald Dillon was very kind and went out of his way to meet any needs my father had. I just wanted you to know how much my family and I appreciated the care this exceptional young man gave to our father.” Patients also say Donald even goes out of his way to find them something they’d like to eat when they are on a special diet.

Stephanie deJongh, Nurse Clinician III

Stephanie deJongh has been selected as an outstanding nominee by the Houston Chronicle’s Salute to Nurses. She was recognized in the Houston Chronicle on Sunday, May 12.

We could not be more proud of Stephanie and what she represents, a caring and compassionate nurse with top notch clinical skills. Congratulations Stephanie!

For the full feature covering Stephanie’s nomination, visit the Nursing News link at https://ispace.utmb.edu/xythoswfs/webview/_xy-4784557_1.

Hien Nguyen, Diagnostic Cardiac Sonographer

Hien Nguyen, Diagnostic Cardiac Sonographer, is assisting with development of new technology in the Echocardiography Laboratory. Hien has adapted 3D myocardial Strain imaging to our Lab and will be presenting a poster at the American Society of Echocardiography (ASE) national meeting June 28-July 2.

Medicare Outpatient Observation

What is outpatient observation?
It is the use of a bed and periodic monitoring by hospital staff to evaluate an outpatient’s condition to determine the need for possible inpatient admission.

Does observation require a doctor’s order?
Yes The order must be written prior to the initiation of observation services and may not be backdated. The order must be dated and timed except for cases utilizing Code 44

When is outpatient observation appropriate?
• When the physician needs additional time to evaluate the patient to determine the need for admission
• When the physician feels the patient will respond rapidly to treatment
• When the outpatient surgery patient develops a complication and requires monitoring or intervention

What type of services would qualify for outpatient observation?
There must be a medical necessity of observation services and it must be documented in the medical record

What does not qualify for outpatient observation?
• Routine stays following late surgery
• Diagnostic testing
• Outpatient therapy/procedure may not be billed as observation unless there is documentation that the patient’s condition is unstable
• Normal postoperative recovery time following surgery
• Convenience of patient, family or doctor
• Admitting to observation before the outpatient surgery procedure
• Stays past the 48th hour
• Awaiting placement to a long-term care facility

How many hours of outpatient observation will Medicare cover?
Observation services CANNOT exceed 48 hours. A decision to release or admit the patient should be made within the first 24 hours.

What post-op complications may warrant outpatient observation?
• Persistent nausea/vomiting
• Fluid electrolyte imbalance
• Uncontrolled pain
• Excessive/uncontrolled bleeding
• Psychotic behavior
• Loss of consciousness
• Deficit in mobility/coordination

Can an outpatient surgical patient with no postoperative complications be admitted to observation?
No if the intent is for the patient to spend the night after surgery due to his/her medical condition, the admission should be inpatient. Observation is not to be used as a substitute for recovery room services.

Can a patient be placed in observation status prior to outpatient surgery?
No observation care should be determined after presentation to the hospital – never before.

What are some examples of observation status?
• Abdominal pain not requiring surgery
• Allergic reaction, generalized
• Altered mental status
• Anemia
• Asthma
• Atypical chest pain
• Back pain
• Complications post-outpatient surgery
• Epistaxis, uncontrolled
• Headache, unknown etiology

Questions email: jezirkle@utmb.edu

Know someone who you think should be in the spotlight? The Friday Focus team is always taking submissions! Send your suggestions to friday.focus@utmb.edu.
Shout Outs!

“I would like to recognize Anise Castillo, LaNita Burton, Maureen Skielvig, and Angie Andres for helping with a patient this morning who was in severe pain. The patient, who only spoke Spanish, arrived around 7:30 this morning wanting to see her doctor in Family Medicine. She was crying and shaking and clutching her abdomen. LaNita was called to help as well as Anise to translate, and Maureen helped make the patient comfortable with a blanket among other things. EMS was called due to the severity of her pain. The kindness and compassion I witnessed this morning certainly is what every patient, every time means.”

“Rosalie Villanueva, RN and I were in a department store yesterday when another shopper looked over at her and said, “Do you work at UTMB? You’re Sally, aren’t you?” It turns out that the woman had been admitted last fall for more than a week. She was as sick as she’d ever been in her life, losing a lot of blood and feeling especially frightened and vulnerable and embarrassed by her condition. Rosalie had been her nurse, and the patient had been so appreciative of her care that she had come back to the hospital after her discharge, wanting to thank her, but Rosalie had been off, so they never connected. Apparently they had a long talk the night before her discharge that the patient had found especially comforting. “Oh, she was great,” the patient said. “You can tell when they’re genuine and concerned—and she was. It wasn’t just, ‘This is my job.’ It was her compassion. For me to remember her name since November—she made an impression!”

“My husband had surgery at Victory Lakes for the fourth time on Monday, and I wanted to let you know how wonderful the staff was. We are always treated with the utmost compassion, dignity and respect and we would not consider receiving our health care anywhere but UTMB. Debbie Garcia was the patient’s pre-op nurse. What a pleasure to see her back at UTMB after eight years elsewhere! She was approachable, knowledgeable and incredibly kind. Dr. Marvin Cohen was in Day Surgery and stopped in to say hello and entertain us with a few stories while we waited (he is such a great guy)! Doris Courteau saw me in the lobby attempting to get wireless service during my husband’s surgery and asked if she could help – she also offered me a coffee. She did not have to go out of her way to assist me, yet she did! I saw Lorna Baez while I was sitting in the waiting room and she asked how everything was. She was absolutely amazing to be so kind to me! My husband’s post-op nurse was Jessica Schiltzberger and she was fabulous as well! We have been blessed to have Jessica care for him on other occasions, and she is one of the most patient, pleasant, knowledgeable, compassionate and funny nurses I have ever had the pleasure to have care for my husband. Last but not least, we love Dr. Michael Cook. He is one of the finest examples of professionalism and hope and has been an incredible blessing in my husband’s life of constant pain. He provides an attentiveness that is unmatched and my husband has developed a very strong relationship with him. I honestly don’t know how we would have gotten through the last six years or so without him. Thanks so much for gathering such a wonderful team of people who truly do work together to work wonders. I am so grateful to receive my family’s health care here and am proud to work for our fine institution.”

My urologist Dr. Joseph Sonstein was on call and I was impressed he took time to come by and personally checking on my condition.

UTMB staff saved my life. I have told multiple people that. They diagnosed my very, very rare condition (one in a million). I do not think I would have survived at another hospital.

Cardiology/Coronary:
• Shanna Bellamy (NCIII) was an excellent nurse that should be recognized for her wonderful bedside manner and her superior knowledge as a nurse.
• Dr. Wissam Khalife and his team are extremely good. They are very concerned, and knowledgeable.

Transplant:
• This was the quickest discharge time I have ever experienced. My ride to take me home didn’t have to linger while discharge papers were being completed. I was very pleased.

Orthopedics:
• Every single person we were in contact with were extremely nice and very professional. I had never thought of going to UTMB - but EMS recommended it. I have told everyone about the quality care my son was given! UTMB is a first-rate hospital with first-rate staff.

Pediatrics:
• Dr. Adri Smith is amazing! I am so happy to have her as my pediatrician. (Texas City Pediatrics)
• I recommend Dr. Syed Kazmi to every friendly and family member. (Alvin Pediatrics)
• Every provider has been exceptional. The nurses are so kind and patient. Dr. Cynthia Judice is so compassionate and really cares about her patients. Carolina Serrano (Patient Services Specialist I) at the front desk is professional and so pleasant to all the patients checking in. (Friendswood Pediatrics/ Adult Specialties)

Family Medicine:
• Dr. Angela Shepherd is great! (Island West Stewart Road)
• Dr. Ana Triana is an amazing practitioner; her care is above the standard. I am very pleased and have all confidence in her. I always recommend her to others! (Island West Stewart Road)
• All the staff are great. Dr. Susannah Perkins is the best. She always takes her time with me and answers all my questions. (Family Medicine-Dickinson)
• Dr. Anika Bell-Gray is the kindest and smartest doctor I know! And being an nurse, I know a lot of doctors! (Texas City Family Health Care Center)
• My provider, Dr. Anika Bell-Gray is very caring and professional. She’s awesome! I know I am in good hands - she’s working wonders! (Texas City Family Health Care Center)
• BeBe Dwiggins (Vocational Nurse) is always awesome. Very professional and personable. (Friendswood Pediatrics/ Adult Specialties)

Anesthesiology/Pain Management:
• Dr. Nitzia Cintron always makes us feel like family, she takes time to make sure we get the best care in every clinic visit. She is the best! (Victory Lakes Town Center Pain and Neurology Clinic)

Dermatology:
• Dr. Erica Kelly and her staff were very nice, explained everything in very simple words to me.

Internal Medicine:
• Dr. John Badalamenti, was very thorough in his attention to me. He shifted my medications and they worked. (Texas City Family Health Care Center)
• I love Dr. Ahmed Almomani (Resident Pgl-2). We need more doctors like him. (PCP Harborside Medical Group)
• Dr. Carlos Clark is an excellent. Everyone there does a great job, they are the most caring and concerned staff I have experienced. (PCP Harborside Medical Group)

Orthopedics:
• Excellent! I’ve already recommended Dr. John Kosty to several people! (South Shore Orthopedics)

Ophthalmology:
• Dr. Ahmed Elkeeb’s compassion and professionalism inspired unshakable trust. He saved my vision. Thank you.
You’ve been Spotted!
This month we were busy covering Nurses Week and Health System Week. Were you spotted?