With the wheels of health reform in motion, health care institutions across the country will face numerous challenges as they balance recent and upcoming cuts to both Medicare and Medicaid payments with the demands of new federal programs designed to promote quality of care across the health care continuum, manage overall population health, and manage populations with chronic diseases.

For health care providers that serve large populations of Medicare/Medicaid patients, like the University of Texas Medical Branch in Galveston, many questions linger around how reform will impact both health care delivery models and affect health care providers’ bottom lines.

UTMB Health is proud of its long tradition of improving health in the communities it serves—locally, statewide, nationally and internationally. It remains committed to helping Texas and the nation determine the best way to ensure equitable access to quality care for all. We are unique from other institutions in many ways, but the challenges we face overall are not unlike hundreds of other health care providers.

To provide a current snapshot of UTMB’s patient mix, the most recent numbers show that approximately 16 percent of UTMB patients are covered by Medicare and 51 percent by Medicaid. Another 7 percent are unsponsored or self-pay and just 9 percent are insured. The remaining portion is covered through Correctional Managed Care.

There are no hard and fast answers to many questions of reform, but one thing is clear: while health reform is designed to provide more affordable health care to Americans, improve population health, enhance the patient experience of care (including quality, access and reliability), and reduce or control the cost of care, most hospitals that serve large Medicare/Medicaid and unsponsored populations will continue to struggle financially and will have to find even more innovative ways to keep their businesses running long into the future in order to serve their communities.

Across the board, the goal will be to manage a population’s health across the care continuum, keeping patients healthy through preventive and primary care services, and out of acute care facilities whenever possible.

PPACA’s Impact

Since the advent of the Protection and Affordable Care Act (PPACA) in March 2010, there have been some reductions of certain Medicare payments and new reimbursement programs have been implemented, which include stipulations for reimbursement based on readmission rates and quality-related outcomes (value-based purchasing).

The keystone of the PPACA is an unprecedented individual mandate requiring virtually all U.S. citizens and legal residents to either have health insurance or pay a tax for not doing so, beginning in 2015. Plans may be purchased privately, via Health Insurance Marketplaces (also known as Health Insurance Exchanges), accessed through employer plans, or under Medicare/Medicaid.

Tax credits will become available for people with income between 100 percent and 400 percent of the federal poverty line who are not eligible for other affordable coverage.

An expansion of Medicaid was expected to shift nearly 20 million Americans into Medicaid by expanding the eligibility to 133 percent of the federal poverty level — or about $15,500 a year for a single, childless person. However, the Supreme Court recently ruled this mandate unconstitutional, and as a result, several states (including Texas) have already declared that they will not expand Medicaid.

1 Health information exchange (HIE) is the mobilization of healthcare information electronically across organizations within a region, community or hospital system. HIE or Health Information Exchange is for sharing patient and utilization information in a particular geographic area whereas Health Insurance Exchange (HIX) is an online insurance coverage purchase marketplace in a particular geographic area.

continued on page 2
their Medicaid programs, although they will be given another opportunity to opt in at a later date.

According to the Center for Public Policy Priorities (CCCP)2, if Texas had opted to participate in the expansion and saw moderate enrollment success, combined private and public insurance coverage gains under the act would have cut Texas’ uninsured (approximately 23 percent of the population) in half. Without the expansion, however, experts say our uninsured rate will only go down half as much, a difference of approximately 6 percent. Currently, Texas is exploring potential alternative strategies to expand health coverage to low-income adults using subsidized private insurance and health savings accounts.

Therefore, as it stands currently, the need for uncompensated care may remain relatively stable in Texas. Additionally, a sequestr on health care affects other aspects of Medicare payments, reimbursements and medical research funding. This means that hospitals like UTMB will need to find ways to meet their bottom line while serving these large populations for less reimbursement.

Improving Quality

Newly implemented programs, like readmissions reductions and value-based purchasing, are already in action and are tied to payments as well. These programs must stay on providers’ radars, because they not only improve quality and efficiency of care, but because they also ultimately require health care systems to rethink the organization and structure of their delivery networks to avoid supporting unnecessary capacity and to drive patients into the lowest-possible cost setting in which quality care can be delivered.

The Affordable Care Act will make substantial investments to improve the quality and delivery of care and support research to inform consumers about patient outcomes resulting from different approaches to treatment and care delivery. While the complete details of the Affordable Care Act are extensive, here are some of the top initiatives in play:

- **The Readmissions Reduction Program** requires the Centers for Medicare and Medicaid (CMS) to reduce payments to hospitals with excess readmissions, effective for discharges as of October 1, 2012. Hospitals are asked to reduce readmissions rates for Medicare patients, and are penalized when the rate at which they readmit those patients occurs within 30 days of discharge. For hospitals that provide care for large populations of low-income patients, this can be complex, because many of those patients often have limited access to affordable health care, typically have had only sporadic contact with the health care system throughout their lives, and therefore tend to have numerous medical problems beyond those that resulted in their admission that sometimes require readmission to treat.

This year, UTMB’s base diagnosis-related group (DRG) payment amounts will be reduced by a factor associated with our observed/expected rate of all-cause 30-day readmits (funded by 1 percent withhold). For 30-day all cause readmission rate, we ranked at 8.5 (observed) compared to University Hospital Consortium (UHC) median of 11.7 (12/120 UHC database).

- **The Bundled Payment for Care Improvement Initiative** builds on episode-based payment models pioneered in the private sector by redesigning payment to incentivize care coordination and is geared toward acute inpatient hospital services, physicians services, outpatient hospital services, and post-acute care services for an episode of care that beings three days prior to a hospitalization and spans 30 days following discharge. It offers providers four patient-centered episode-of-care models to choose from, allowing the providers flexibility to choose the conditions they believe make sense to bundle, decide how best to work together to deliver high-quality, coordinated episodes-of-care, and determine participating provider’s share of payment (in certain cases).

UTMB’s Bundled Pricing Payment Pilot began November 30, 2012. Shared savings payments to the School of Medicine are contingent upon achieving quality targets for DRG 247: Coronary Angioplasty with drug eluting stent (without complications) and DRG 473: Cervical Spinal Fusion (without complications).

- **The Value Based Purchasing (VBP)** program reimburses hospitals for care based on their performance according to specific quality measures related to common, high-cost conditions such as cardiac, surgical and pneumonia care. For FY2013, CMS has proposed to hold back one percent of hospital payments (representing approximately $850 million). Hospitals can then “earn back” their payment at an incentive rate determined by the percentile ranking of their total VBP score. It also factors in scores for the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey, a survey instrument and data collection methodology for measuring patients’ perceptions of their hospital experience. UTMB has performed well in Year One (2013), both retaining (and slightly exceeding) its “at-risk” dollars under VBP, and will need to maintain that success in the years to come.

The Challenge in Texas

Health care reform aside, the state of health care in Texas has been of concern for some time, due to its growing population size, the ratio of health care workers to population, and uninsured rates. What has happened so far and what will or won’t happen with reform in the future in Texas will greatly impact UTMB and all Texas providers.

The Texas population is projected to increase to nearly 36 million by 2040, an increase of 150 percent from 19803; the number of physicians is expected to double in that time, but the number of physician visits will triple4. The state is also woefully short on nurses, ranking 43rd in the nation5, and nearly all other categories of health care professionals also run low.

Texas currently has the highest percentage of uninsured in the nation, with a little over 23 percent uninsured – this is a 60 percent higher prevalence of uninsured than the rest of the country. Non-citizens, both legal and undocumented immigrants,

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2 [http://library.cppp.org/files/3/MedEx%20county%20level%20data%20combined.pdf](http://library.cppp.org/files/3/MedEx%20county%20level%20data%20combined.pdf)
3 [http://www.window.state.tx.us/specialrpt/tif/03_Demographics.pdf](http://www.window.state.tx.us/specialrpt/tif/03_Demographics.pdf)
Continued from page 2

account for about one-fourth of Texas’ uninsured population. There are approximately 57,000 uninsured in Galveston County.

According to the Texas Hospital Association, many adults cannot qualify for Medicaid in Texas, since the state provides coverage at the minimum levels required by federal law for most eligible populations. Even extremely poor Texans do not qualify for Medicaid if they do not meet all of the necessary criteria (financial means, citizenship and state residency are taken into consideration). Non-disabled, non-pregnant adults are generally not eligible for coverage under the Texas Medicaid program.

As both Medicaid and uninsured find it difficult or impossible to gain access to primary care, they will go to the higher cost emergency rooms for primary care or wait until they are very sick before seeking a doctor, potentially ending up hospitalized. A study conducted by the School of Public Health, University of Texas Health Science Center at Houston on Houston hospitals emergency department use (January 1, 2011 through December 31, 2011) showed that in Harris County, 40 percent of ED visits were for non-urgent, primary care treatable and primary care preventable visits and of those visits; 71 percent of visits were discharged home, indicating a lower cost place for treatment would have been feasible.

After applying a national estimate-of-cost per ED unit of service to the Harris County ED, it showed that costs had increased by $28M in a three year period of 2009-2011 ($214M to $242M). The greatest potential cost savings would be among uninsured adults from ages 18-44. The uninsured in this group represent one-third of the ED primary care visits but account for 54 percent of the estimated costs of primary care ED visits.

As far as the ability of individuals to purchase insurance, The Commonwealth Fund conducted a recent study and concluded that the vast majority of America’s poorer families probably will be able to afford health insurance premiums and typical out-of-pocket health care costs under the Affordable Care Act. However, affordability remains a concern for those with high out-of-pocket spending—in particular, those with household incomes ranging from two to three times the poverty level (which is nearly 40 percent of the Texas population, according to data presented by the Kaiser Foundation). Meanwhile, according to Code Red Texas, small businesses (2 to 50 workers), who will be exempt from the January 2015 employer mandate, constitute 73 percent of all business in Texas; of these, only 37 percent currently offer health insurance; only 35 percent of employees who were offered insurance actually enrolled, compared to 63 percent in large businesses.

Large employers (with 50 or more full-time and full-time-equivalent employees) will be affected by the mandate and may be required to pay tax assessments if their employees receive subsidized coverage through the marketplace because the employer doesn’t offer minimum coverage or because the coverage offered is unaffordable. It is suggested that this presents a distinct financial incentive for employers to terminate health care coverage under the health care law, because paying the fine will often be cheaper than providing health care benefits.

Changing the Care Delivery Model

Ultimately, the Affordable Care Act in Texas will still leave that state with a considerable number of uninsured, but it will also greatly increase the number of insured, who will need access to a health care system already limited in its capacity to provide care. This will require health systems like UTMB to become even more innovative and collaborative and to develop new models of care delivery.

Hospitals, health systems and commercial and governmental payers will focus their efforts in the inpatient arena on “preventable” hospitalizations for acute and chronic conditions, preventable readmissions, emergency department use, and unnecessary physician visits. The focus will be on ensuring that patients receive home-based disease management programs and outpatient care, instead of accessing hospital care.

Therefore, expanding and coordinating ambulatory (outpatient) services that include community settings and home services will provide an essential, more cost-effective means of health care delivery. UTMB is well positioned for health reform in the future and is already working to develop partnerships with referring physicians, long-term care hospitals, skilled nursing facilities and nursing homes; find ways to improve access and expand primary care, including the establishment of multiple Patient-Centered Medical Homes; and utilize telemedicine and secure webcam visits to extend care and provide educational session for chronic disease education and group visits.

Programs such as the Texas 1115 Medicaid Transformation Waiver, designed to make up for reimbursement shortfalls, have resulted in the creation Regional Healthcare Partnerships (RHP) and will strive to improve population health, enhance the patient experience of care (including quality, access and reliability), and reduce or control the cost of care. UTMB is the anchor for the 16-county Region 2 partnership.

Both now and long into the future, UTMB Health will be a patient-centered, highly reliable, value-driven organization; the first choice in the region for patients, physicians and employees; and exceptional value to payers and businesses; and a state and national leader in health care delivery.

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Other Resources:
http://kff.org/health-reform/state-indicator/health-insurance-exchanges/
http://www.statehealthfacts.org/compareamptable.jsp?cat=8&ind=439
http://www.dshs.state.tx.us/chs/shcc/reports/SHP2011-2016/
All in a Day’s Work

(CMC Intranet, 7/16/13) - Ask any of the staff at the Segovia unit about the events of Friday, June 14, and they will probably shrug and mutter something about it being all in a day’s work. The security officers on duty that day, the offenders who saw them in action and the Warden and senior ranking officers who watched the security footage later, might have something different to say about the events of that morning.

A patient recently returned to Segovia from Hospital Galveston with a clean bill of health, suddenly coded that Friday morning. PA Marco Gomez, LVN David Garza, and LVN Rosabel Oranday, sprang into action and raced to the patient’s side where Sergeant Mata from Segovia had already initiated basic CPR. The medical staff smoothly took over from Sergeant Mata and after two attempts with the AED, the medical team was able to bring the patient back and restore his pulse and breathing. The team was able to stabilize the patient until the ambulance arrived to take him to the local hospital. Later that afternoon the patient was awake and speaking with hospital staff.

Warden Rodriguez was impressed with the medical team’s efforts and abilities. He viewed the security footage of the event and stated that, “You could tell the guy was gone at one point, and then they brought him back. In all my years doing this I have never actually seen anyone saved using CPR, but these people did it. They were incredible.”

Walking into the unit later that afternoon, you would have never guessed at the events that transpired that morning. The staff was quietly and efficiently taking care of the rest of their patients for that day, handling everything with a calm competence that truly made it look like it was all in a day’s work.

Hospital Galveston Employees Shine!

Otila Breish, RN who works in the Hospital Galveston Specialty Clinic recently received an award at the Ophthalmology graduation for her work with the Ophthalmology residents while they are rotating through TDCJ-Hospital Galveston.

Pricilla Joy Berends, RN, who works in the Hospital Galveston Specialty Clinic, and Hospital Galveston Nurse Managers Oyebameji Adebayo and Philip Osei-Manu were all recent Good Samaritan Bronze Medalist Award Winners. Congratulations to all!

Correctional Managed Care Hosts July Town Hall Meetings

Vice President of Offender Services for Correctional Managed Care, Dr. Owen Murray, hosted a series of statewide Correctional Managed Care (CMC) Town Hall meetings during the month of July. Dr. Murray shared good news from 83rd Texas Legislative Session that CMC employees will receive salary increases for the first time in four years. In addition, some needed capital improvements will be made, and there is an opportunity to address staffing levels.

Following Dr. Murray’s introduction, members of CMC leadership covered topics of note in their individual areas. Associate Chief Nursing Officer, Gary J. Eubank, discussed the conversion of the Marlin and San Saba facilities from male to female populations. He also addressed expansions that will take place at the Woodman State Jail and Dominguez State Jail, all funded by the closure of Dawson State Jail. In addition, the Duncan Unit, Carole Young Infirmary and Estelle RMF Infirmary and Dialysis Unit will expand.

Eubank also announced that since its beginning in June 2012, the Correctional Certified Medication Aide (CMA) Program has held four classes with 29 individuals graduating, all of whom passed the State Certification Exam. A fifth class is currently being held in Huntsville with 13 students scheduled to graduate June 15, 2013.

Associate Vice President for Inpatient Operations, Anthony K. Williams, described program changes in Dialysis and Infirmary Bed Management with topics related to population projections, dialysis treatment cost comparisons, drug cost comparisons and the impact of the transition to a statewide UTMB-CMC End State Renal Disease (ESRD) department.

Director of Support Services, Kelly Coates, covered the details of approximately $4.7 million in new capital items in the upcoming year. Plans for FY14-15 address the radiography units and related equipment; IT equipment, including some computers, servers, etc.; pharmacy equipment; and AED replacements, beds, dental chairs, and more.

Concluding the Town Hall presentations, Associate Vice President, Outpatient Operations, Dr. Stephen Smock, described some of the new programs that will soon be implemented, including Performance Improvement initiatives, a focus on the CID program, an update of the Hepatitis C Treatment Program, and details regarding chronic disease management for diabetic care.

CMC news and information can always be found at http://cmc.utmb.edu/cmchome/.
Welcome Aboard!

Ann O’Connell, Vice President, Ambulatory Operations


Ann was formerly the Vice President for Ambulatory Care at Oregon Health Sciences University (OHSU), a position she held since 2009. She joined the OHSU team in 1989. In this position, she managed more than 60 ambulatory practices with more than 1000 physicians and 2000 staff who see more than 750,000 patient visits annually. Ann supervised the directors and ambulatory practice managers and was responsible for a $120 million operation.

During her tenure, Ann focused a great deal of time and attention on developing and implementing a comprehensive quality plan for ambulatory care that addressed patient satisfaction, clinical quality, access and cost. Ann and her team successfully standardized and streamlined the referral management process across the network which resulted in patient access improvements. She has experience in developing and implementing new models of ambulatory care that are needed in a health reformed environment. Ann led OHSU’s three medical home demonstration projects resulting in very innovative changes in the models of care. These projects were acknowledged at the state and local level and have been replicated in many other practices.

A nurse by training, Ann’s early career was spent as a Surgical Nurse and as a Clinical Nurse Specialist. Early in her career at OHSU, Ann moved from nursing to administration. She spent time in recruitment at OHSU’s School of Nursing and then served as program director for OHSU’s Nursing Personnel and Support Services. Her experience in human resources prepared Ann well for the challenges of managing staff in the ambulatory world.

Mai Hoang, 2014 Health System Administrative Fellow

Please welcome aboard Mai Hoang, who currently serves as the 2013-2014 Administrative Fellow at UTMB. She earned her Bachelor of Business Administration degree in Finance from Texas A&M University and her Master of Health Administration degree from Texas A&M Health Science Center.

Mai is interested in disparity in healthcare access for patients and in developing strategies to address this gap. Over the course of this fellowship experience, she wishes to further her knowledge and skills in all areas of healthcare management so that she can become a more effective leader in order to be a successful healthcare administrator. Her current interests include multi-specialty practice operations, ambulatory clinic operations and healthcare finance.

New Blood Transfusion Guidelines

To coincide with the Blood Management Program and the goal to promote safe, optimal and efficient blood practices, the multi-disciplinary members of the Transfusion Committee have revised the Guidelines for Transfusion of Blood and Blood Components to accurately reflect current scientific evidence.

Evidence-based transfusion guidelines help to ensure that blood components are ordered for the right indications and in the right dose in order to help reduce the risk of adverse effects associated with transfusions. The goal of the Blood Management Program is to ensure our patients receive every drop of blood they need and not a drop they don’t.

The newly revised transfusion guidelines endorsed by the members of the Transfusion Committee were approved by the Medical Staff Executive Committee on June 13th, 2013. Since the utilization of red blood cells is most frequent, it is important to communicate that the Transfusion Committee generally supports a transfusion of red blood cells with hemoglobin of 7g/dL in the asymptomatic normovolemic patient without significant medical compromise; although others may warrant transfusion at a higher hemoglobin value.

To reflect the changes to the transfusion guidelines, the Blood Management team is restructuring the order of the blood components in the electronic medical record. The red cells will be the first blood order to be revised and the other components will follow. These changes will occur within the upcoming months.

To read the new Guidelines for Transfusion of Blood and Blood Components in full detail, visit http://www.utmb.edu/lsg/bbank/Transfusion%20Criteria.htm. If you have any questions relating to the new transfusion guidelines, please contact the following resources: Alexander Indrikovs, M.D Transfusion Committee Chair, Lisa Farmer, M.D. Transfusion Committee Co-Chair - Blood Management Medical Director, Vincent Conti, M.D. Blood Management Medical Director or Angel Male, RN Transfusion Safety Officer.

The UTMB Employee Advisory Council works to promote a positive and collaborative work environment that is committed to assessing, prioritizing and communicating employee needs. It also serves as a focus group/advisory panel by providing a feedback loop on broad issues and potential new programs that can impact Classified staff, A&P positions, and Non-Teaching staff.

If you have a question for your EAC representative or would like to host an Engage and Chat session in your area, visit the EAC blog, http://blogs.utmb.edu/eac/?page_id=1696.
Environmental Services Stepping into the Future with Robots

UTMB’s Environmental Services Department, contracted through Sodexo, is taking a leap into the future with the acquisition of two Xenex germ-zapping robots. The robots will join forces with department staff to reduce the bio load by up to 99.9% for most organisms throughout the areas of John Sealy towers where the risk of infection is most common: the SICU, MICU, CCU and isolation rooms. Each germ-zapping session will take mere minutes and the robots are easily portable, allowing them to be used virtually in any location throughout the hospital. By leveraging their expertise and the Xenex technology, Sodexo is helping UTMB improve the well-being of patients and hospital performance.

The Xenex robots use pulsed xenon ultraviolet (UV-C) light that is 25,000 times more powerful than the sun to destroy harmful bacteria, viruses, fungi and even bacterial spores. The system is effective even against the most dangerous pathogens including Clostridium difficile (C. diff), norovirus, influenza and staph bacteria, including methicillin-resistant Staphylococcus aureus, better known as MRSA.

Sodexo Director of Environmental Services, Jason Botkin, explained that the robots are a supplement to our housekeeping staff, not a replacement. First, the bathroom will be thoroughly cleaned by Environmental Services personnel, then the designated Xenex “Super User” will place the Xenex robot in the clean bathroom, close the door and proceed to clean the bedroom. Each Xenex treatment takes about 5 minutes. When the manual bedroom cleaning is completed, the robot will be moved out of the bathroom, into the bedroom, activated by the Super User and the Environmental Services personnel will shut the bedroom door and move on to the next room. To ensure that no one is in the room when the device is run, the device is equipped with motion detectors to sense movement in the room and prevent accidental exposure. The UV light cannot penetrate doors, glass or plastic.

A recent MD Anderson Cancer Center study showed that a room disinfected with a pulsed xenon disinfection device, such as the Xenex robot, was 20 times cleaner than when traditional cleaning protocols were used and Cone Health in Greensboro, NC reported $2.3 million saved in HAI related costs after adding the Xenex robot to their disinfecting standard.

The Xenex robots and training representatives are scheduled to arrive the week of August 12. All personnel who will come in contact with the robots will be trained, but only four “Super Users” will be the designated operators of the machines. Each Super User will have to sign-in and out during each use and will be responsible for moving the robots in and out, to and from the rooms on each unit.

Sodexo is picking up the cost for each of the $125,000 machines, and Botkin hopes that in the next two to three years they can increase the number of the robots in the hospital to cover more ground. “It’s the next wave of preventing infection.”

Plans for Designated Employee Break Areas in New Jennie Sealy Hospital

It’s no secret – many departments across UTMB are short on break areas. However, as renovations and new construction of state-of-the-art facilities complete with cutting edge technology continue, UTMB employees can look forward to having a place to sit back and enjoy their break time. As new clinics are constructed, including break areas is a requirement. In addition, plans for the new Jennie Sealy Hospital include designated employee break rooms, which are sometimes hard to come by in the older buildings. Below is the breakdown by level and area where the break rooms are designed to go in the new Jennie Sealy Hospital:

<table>
<thead>
<tr>
<th>Level 2</th>
<th>Level 4</th>
<th>Level 5</th>
<th>Level 8</th>
<th>Levels 9-11</th>
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<tr>
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<td>Pre-Op PACU</td>
<td>Surgery Staff</td>
<td>ICU Area A</td>
<td>Med Surg Area A</td>
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<tr>
<td>Vending Area</td>
<td></td>
<td>Anesthesia Office</td>
<td>ICU Area B</td>
<td>Med Surg Area B</td>
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<td>Patient Services</td>
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<td>Resident’s Lounge</td>
<td>ICU Area C</td>
<td>Med Surg Area C</td>
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<td>CRNA Lounge</td>
<td>ICU Area D</td>
<td>Med Surg Area D</td>
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<tr>
<td>Future Public Coffee</td>
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UTMB Gynecology Department Earns AAGL Center Of Excellence Distinction

Drs. Sami Kilic, Ana Rodriguez and Mostafa Borahay from UTMB Health’s Gynecology department recently earned UTMB the Center of Excellence in Minimally Invasive Gynecology designation, signifying the highest level of laparoscopic gynecological expertise. The AAGL, the world’s premier professional society dedicated to minimally invasive surgery in gynecology, has designated 4 Centers of Excellence in Texas and only 44 Centers of Excellence in the United States. Congratulations!
“I am writing to tell you about my most exceptional experience at the UTMB Multispecialty Center. Words like “very good” and “excellent” do not even come close to describing your staff’s abilities, knowledge or sincerity in how they perform their jobs. I had the privilege to be seen by doctors and staff who truly cared, from the time I entered the front door until the end of the appointment. Each area within the facility demonstrated professionalism and handled their responsibilities and they were:

- The Front Door Monitor always greeted people and was available for any questions and directions without hesitation.
- The Admissions Desk handled patients with extreme courtesy, patience and always helped resolved any issues with appointments.
- The Nurses and Nurses Assistants were phenomenal all of the time. When they called my name to see the physician, they immediately greeted me and proceeded with collecting my information for the attending physician a full description of any changes with my health.
- The Physicians! There are no words to describe this outstanding TEAM!!! Dr. Ana Maria Vidal and Dr. Michaela Ginn were my two “Guardian Angels.” I don’t think there will be any doctors that could ever replace how much they mean to me. They are smart, intelligent women that will have strong, successful careers in the field of Internal Medicine. I’ll never, ever forget how they went out of their way to treat me. Last but not least, the Einstein of Rheumatology, Dr. Brock Harp. He assessed and followed up with the answers needed to help me achieve my successful medical goals for a healthier lifestyle.
- The Discharge and Scheduling Desk staff members are professional and very polite. They really worked hard with trying to schedule all of my appointment visits for the same days and same locations.
- The Lab Technicians were outstanding. They always greeted me with the happiest smiles, and I never had to wait for a long period of time and they made sure the orders were correct before leaving the lab department.
- The Environmental Service Technicians always kept the patient’s waiting areas and restrooms cleaned and when I see them they are professional and greet me with kind words as well.

Your team impressed me with their wonderful people skills and each person is a valuable asset to your organization. Thank you for having such a talented staff of physicians and employees and I hope that this type of professionalism will continue in the future.”

“I would like to express my gratitude and satisfaction with the work of Dr. Taylor Riall and her staff. They were the absolute greatest team during my surgery and stay at John Sealy Hospital. The interns, students, and nurses were all so caring and helpful. I initially found Dr. Riall on the web while doing research on my condition. When I mentioned her name to my Gastroenterologist, he immediately knew of her, and I was scheduled for an appointment within the week. She and her staff, including PA, John Bargerstock, took great care in explaining their solution to my problems. I was scheduled for surgery, released, and am now happy to report that I am pain free and feel better than I have felt in years! Not only did she and her staff care for me in their office and in the hospital, but have called me via cell and email from time to time to check on my well-being. Dr. Riall even took the time to personally call me to inquire about my recovery. How many doctors/surgeons talk to their patients outside of their offices or the hospital? I truly believe that Dr. Riall and her staff saved my life and I cannot express how thankful I am to all of them.”

Kudos to the entire Emergency Department as of late. Everyone’s pitched in and gone above and beyond lately for the team and our patients. Special thanks to: CiCi Landry, Ashley Speck, Laura Day RN, Tyson Thomas-Cooper, Tami McCreight, Stacey Levesque RN, Gary Williams RN, Michael Anthony Stuart, Adrienne Escobedo, Angela Guy and everyone on the team who truly makes a difference at UTMB Health.

“I’ve never treated so well by medical personnel! I have medical phobias that are severe. This staff was so kind and considerate that I did not have my usual reactions. Thank you! (Gynecology)”

“Dr. Gwyn Richardson is so nice I totally feel comfortable with her. She’s amazing! Her staff is ALWAYS courteous, professional and knowledgeable. (Gynecological Oncology, Victory Lakes Cancer Center)”

“I came in with an ischemic leg, which I expected to have amputated. The doctors at UTMB performed a miracle. I just cannot say enough good things. (Vascular Surgery)”

“Brandy Pyeatt (Emergency Medical Technican I) was excellent. She was very pleasant and accommodating. I did not like pot pie and she ask what else I would like to eat and brought me a chef salad quickly with a big smile. She even took the time to place the table where it was comfortable for me to eat.”

“UTMB has improved in so many ways since Ike. I honestly can say, ‘I love UTMB hospital!’ I recommend it to all. (Internal Medicine)”

“I really appreciate Lizette Perez (Child Life Specialist) and her concern for the children’s attitudes and self-esteem.”

“Dr. Adam Schindler (Resident Pgl-2) was very attentive. He expedited OR testing and helped us get home.”

“Dr. Mary Ninan was easy to understand and extremely helpful. (League City Pediatric and Family Medicine)”

“Originally, I had an appointment for my son with a doctor from another hospital and the wait was 4 months; then someone referred me to the UTMB pediatric practice. I was VERY thankful and my son was seen within a week! (Pediatric Specialty Center at Bay Colony)”

“I can’t say tell you how much Dr. Wilfrido Dominguez’s (Resident Pgl-4) professionalism, interaction, and the ability to actually have a two-way conversation has been! Uplifting! I am very grateful for his listening to my concerns. (Behavioral Health, Webster)”

“Dr. Harold Pine and Dr. George Browne get us in and out, explain everything in detail, and answer all of our questions and concerns. (Otolaryngology, ENT Consultants)”

“I’ve seen Dr. Roger Soloway for nearly 20 years. He is an excellent doctor and has a wonderful staff. (Gastroenterology, UHC Specialty Clinics)”

“I was a few minutes late for my appointment, but Dr. Elizabeth Carmichael took time to see me before going to lunch. She just had to look at my face and assured me I was using my medications correctly. (Dermatology, League City Dermatology)”

“We love Dr. Matthew Hay! (Texas City Pediatrics)”

“Dr. Ashley Group was wonderful. She explained everything she was going to do and gave me options where appropriate. (League City Dermatology)”

“Jeff East (PA) is a very caring and also very informative. He is very easy to talk with. (Infectious Diseases, ACPAC Clinic)”

“Dr. Crystal Sierra is an outstanding doctor who truly cares about her patients. (Friendswood Pediatrics)”

“We love Drs. Michael Binder and Crystal Sierra! (Friendswood Pediatrics)”

“Dr. Glenn Smith responds to my text messages and we can often deal with my MS by text or phone. It is very convenient. (Neurology, VLTC Pain and Neurology Clinic)”

“Dr. Janice Contreras brings more to your staff/facility than mentioned above. She is always kind, cheerful and professional. In layman’s terms: She’s a keeper. (Ophthalmology, Friendswood Eye Center)”

“Dr. Gina Rizzo is always happy and she genuinely cares about her patients. (Ob-Gyn, Women’s Healthcare at Bay Colony)”

“I saw Kyra Ashmore (Vocational Nurse, Friendswood Pediatrics) wash her hands three times. Very clean clinic and staff.”

“I appreciate Dr. Nitzia Cintron, Eva Cavasos (Social Worker, Sr.) and the PCP Internal Medicine clinic staff. My mother has been a patient of the clinic for years. Her recent decline in health has resulted in increased care and support. Recently, Drs. Cintron and Cavasos responded promptly to requests to help my mother cope with her physical limitations, assist with her discharge and relocation to an assisted living facility. I can never express my gratitude for their kindness, support and professionalism during this stressful time. They are resourceful, problem-solving and just plain wonderful people! Thank you for all UTMB does for our community!”