As allowed by federal law, in the mid-2000s, Texas created an Upper Payment Limit (UPL) program that provided supplemental Medicaid payments to hospitals to cover the difference between Medicaid reimbursement levels and what Medicare would pay for the same services. The UPL program allowed public hospitals and county governments to transfer dollars to the state to obtain federal matching funds.

However, the legislatively-mandated expansion of managed care in March 2012 effectively resulted in its discontinuation, because UPL dollars cannot be used to cover shortfalls on Medicaid patients enrolled in managed care. The end of the UPL program could have resulted in a loss of about $2.7 billion a year in additional payments to hospitals.

**Purpose of the Waiver**

To save these supplemental payments, as well as incentivize changes in how services are delivered to improve the population’s health, enhance the patient experience of care (including quality, access and reliability), and reduce or control the cost of care – three tactics otherwise referred to as the “Triple Aim”, Texas Health and Human Services Commission (THHSC) obtained federal approval by the Centers for Medicare and Medicaid Services (CMS) in December 2011 of a Medicaid Transformation Waiver under Section 1115 of the Social Security Act.

This five-year demonstration waiver is designed to build on existing reforms to health care and improve upon the delivery of health care throughout the state. THHSC estimates that up to $29 billion (more than twice the amount of funds that were available under the UPL program) will be available to hospitals over the five-year waiver period through two pools, an Uncompensated Care (UC) sub-pool and a Delivery System Reform Incentive Payment (DSRIP) sub-pool.

How does the waiver process work?

To receive payments from either sub-pool, a hospital must join with other hospitals and public entities in a geographic region to form a Regional Healthcare Partnership. Each RHP covers a multi-county region with one participating entity named as anchor. The anchor serves as the primary point of contact for the THHSC and coordinates the activities of the regional stakeholders. In our 16 county Region 2, UTMB Health is the anchor.

All hospitals are eligible to participate in the waiver, but each must be a member of a Regional Healthcare Partnership which must include public entities to provide the intergovernmental transfer of funds to finance the state match, and anchored by a single state or local governmental entity, such as a County Hospital District, Hospital Authority or University-owned hospital, like UTMB. Anchors cannot be private hospitals, for-profit or nonprofit corporations, or consist of multiple hospitals or multiple governmental entities.

How do we obtain payments?

Each RHP will create a plan under which its members will implement projects that will achieve waiver goals.

To receive payments from the UC sub-pool, a hospital will fill out an application listing its uncompensated costs for services provided to Medicaid and uninsured individuals. A hospital may claim uncompensated costs for inpatient and outpatient services, as well as related costs for physician, clinic and pharmacy services.

To receive payments from the DSRIP sub-pool, a hospital must meet specific metrics for each project selected by the RHP members and detailed in the plan. The projects will fall into four categories:

- **Uncompensated Care (UC) Pool Payments**: These payments are designed to help offset the costs of uncompensated care provided by the hospital or other providers and reimburse hospitals for the cost of care for Medicaid and uninsured patients for which the hospital does not receive payment.

- **DSRIP Pool Payments**: These incentive payments to hospitals and other providers that develop programs or strategies to enhance access to health care, increase the quality of care, the cost-effectiveness of care provided and the health of the patients and families served. Payments are received upon achieving these goals, and must be used in innovative programs that expand access for Medicaid patients.

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Friday Focus Team: Mary Feldhusen and Erin Swearingen
and chronic disease management and to promote more organized care delivery. In our primary care clinic, which is co-located with the urgent care, this will help increase preventive care.

This project will also help identify frequent users of the urgent care facility and guide them to establish a medical home.

UTMB Health Medicaid Transformation Waiver DSRIP 2 Project: Expanding Primary Care Capacity – Pediatric Urgent Care Clinic Expansion

While there are other projects in revision, UTMB has recently been approved for five (5) projects for the Category 2 stage of the DSRIP process. Each project will be treated like a grant, in that funds will be allocated on approved project budgets and metrics must be achieved in order to maintain the predicted funding stream:

1. Expand primary care capacity – Pediatric Urgent Care Clinic Expansion
2. Transplantation chronic disease management registry
3. Engage in population-based campaigns or programs to promote healthy lifestyles using evidence-based methodologies including social media and text messaging in an identified population
4. Update primary care training programs to include training on the medical home and chronic care models, diseases registry use for population health management, patient panels management, oral health and other identified training needs and/or quality/performance improvement
5. Expanding integrated primary care and behavioral/mental health care access using advanced practice clinicians

In upcoming issues of Friday Focus, we will highlight each of these projects in detail. This month, we will explore the first project listed, Expand Primary Care Capacity – Pediatric Urgent Care Clinic Expansion. Read a description of the project below.

UTMB Health Medicaid Transformation Waiver DSRIP 2 Project: Expanding Primary Care Capacity – Pediatric Urgent Care Clinic Expansion

Goal: To provide the right level of care to our pediatric patients, at the right time in the right acuity setting by offering greater access to urgent care on Galveston Island and thus reducing the inappropriate use of our emergency department.

Galveston County has a population of nearly 300,000 individuals, nearly one third of whom fall under the age of 19. Because children comprise a significant portion of our population, the ability to meet their health care needs is essential to the growth and sustainability of a healthy community.

However, Galveston County faces a primary care physician shortage. The Community Health Needs Assessment for Region 2, reports that Galveston County’s ratio of physicians to population is at a rate of 55.6 physicians for every 100,000 people, compared to 69.5 in the State of Texas and 91.0 in the United States. This means Galveston County has 25 percent less primary care physicians that the rest of the state of Texas, and 63% less than the United States average.

By offering expanded access to pediatric urgent care in a closely linked primary care/urgent care model and maximizing the use of a shared electronic medical record and emphasizing preventative care, this DSRIP project can assist in reducing this gap, and thus reduce inappropriate emergency department admissions for non-emergent conditions while promoting care in the appropriate and economical setting.

Currently, implementing this expansion requires that we obtain additional space to add providers and support staff, as well as to accommodate additional patients, due to the fact that current location has reached capacity during the urgent care hours and lacks the necessary radiology capabilities. We are currently looking at leasing options and/or building expansion options in the same neighborhood to increase this capacity and meet the urgent care needs of our community.

This project will also help us to identify those patients who are frequent users of the urgent care facility and guide them to establish a medical home in our primary care clinic, which is co-located with the urgent care. This will ultimately help us to increase our preventive care and chronic disease management and to promote more organized care delivery.
Patient Evacuation Exercise a Success

For most people, June marks the beginning of summer. For UTMB and those of us who live on the coast, June 1 also means the beginning of hurricane season. While we always hope for a quiet season, Mike Mastrangelo, Program Director of Institutional Preparedness with Facilities Risk Management has been working with administration, physicians, nurses and staff to ensure that UTMB Health is prepared for the worst.

Prior to Hurricane Ike, UTMB relied on the Saffir-Simpson Hurricane Wind Scale to determine which precautions to take and eventually whether or not an evacuation would be necessary. This scale is most commonly used when measurements and predictions are made about a storm, but it only gauges wind speed. One of the characteristics of Hurricane Ike, however, a Category 2 storm whose wind speed reached 110 mph, was also 70 percent larger than an average hurricane, resulting in storm surge akin to a Category 4 storm. UTMB now uses a different measuring system, The Hurricane Severity Index, which not only measures wind speed, but takes into account the size and speed of the storm. These factors make it easier to predict circumstances such as storm surge and allow Administration to make informed decisions about evacuations as early as possible.

This is the third year the evacuation exercise has taken place and the number of patients that require placement has ranged between 150 to 180. Mastrangelo recently coordinated an evacuation exercise with Seton Healthcare Family in Austin, simulating the circumstances of an emergency evacuation. In the event of a real evacuation, patients will be transported to Seton Hospitals in Austin, via ambulance and air transportation with the exception of transplant patients and burn, who will be sent to UT Southwestern in Dallas. During the exercise, nurses at UTMB and the Seton hospitals took a census of patients, assessed which patients were eligible for an early discharge and worked together to determine where patients would be relocated. This year, a total of 153 patients required placement, and all were placed within 11 Seton hospitals in Austin (all patients have always been placed).

Mastrangelo stated this year after the exercise, the partners at Seton said they could have taken more patients in the instance our numbers had been greater. However, in the case that there are not enough beds to accommodate our patients, the Catastrophic Medical Operations Center in Houston will be notified, and they will make calls to surrounding hospitals to find appropriate accommodations.

Later this summer, another exercise is planned in which nurses will travel the evacuation route from their units with beds in tow in order to foresee any potential setbacks in the route.


Pre-Event Hospital Evacuation Sequence

Provided appropriate transportation resources are available, the most resource-intensive patients (e.g. those requiring powered life-support equipment) will be evacuated first, in the following pre-determined order. The attending faculty and nurse manager will prioritize the evacuation sequence for each unit and communicate the plan to the Evacuation Unit Leader.

Neonatal
• Intensive Care: those patients requiring maximum support to sustain life will be moved first.
• Newborn Nursery: patients who cannot be safely discharged.

Pediatric Intensive Care Unit

Adult Intensive Care Units:
• Blocker Burn Unit
• Medical ICU
• Surgical ICU
• TDCJ-HG ICU (coordination with CMC and TDC-HG leadership)
• Special Considerations: Adult ICU patients requiring powered life-support equipment and bariatric patients.

Acute Care Units (Beginning with 10th floor, ending with 5th floor)
• Special considerations: Bariatric patients, suicidal patients, CTSA (e.g. Bedrest Study patients), and LVAD.
**Vendormate: What you need to know**

UTMB Health has partnered with a new vendor credentialing provider, Vendormate. Beginning September 1, 2013, all vendor representatives must be registered with Vendormate. Here is what you need to know:

**What is Vendormate?**

Vendormate is UTMB Health’s new credentialing partner. It is a credentialing program designed to clearly distinguish to administrators, physicians and staff who a vendor representative is, what department they are visiting and the time and length of their appointment.

**Why are we using Vendormate?**

Vendors’ participation in this program, as well as yours, ensures that we meet or exceed Joint Commission, Health & Human Services OIG, AORN, and other guidelines.

**What will Vendormate do?**

All vendor representatives will be asked to register and/or submit the required credentials to Vendormate by September 1, 2013. Those who fail to register with Vendormate will be denied access to all UTMB facilities until they meet this requirement.

September 1, 2013, all vendor representatives with a valid appointment will sign in and will be issued a badge with their photo, their company name, what facilities they have access to, who they are meeting with and when their badge will expire.

Vendor representatives will be able to sign in and print a badge at several locations, including:

- The greeter’s station, main entrance to the John Sealy Hospital
- Materials Management Storeroom, Old John Sealy, Building 91, Room 1.130
- The Materials Management Warehouse, 205 13th Street
- The greeter’s station, Specialty Care Center at Victory Lakes

**What if I see a vendor representative who is not wearing a vendor badge?**

Direct non-registered vendor representatives to sign in at any of the above locations or to contact Supply Chain Management at 2-5315.

By only working with registered vendors, we ensure a safer environment for our patients and staff.

If you have any questions please contact the Director of Logistics in Supply Chain Management at 2-5315 or to learn more, visit [http://www.vendormate.com/support/clients.html](http://www.vendormate.com/support/clients.html).

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**Bloody Fact: Transfusions are Risky Business**

There are a number of emerging areas of risk exposure and potential medical-legal liability that relate to compliance with state, federal (CMS), The Joint Commission, AABB and CAP regulations for blood component therapy. These include patient safety issues (the Joint Commission National Patient Safety Goal #1 is to eliminate medication and transfusion errors), appropriateness and documentation of physician transfusion orders, nursing compliance and documentation, oversight systems and effectiveness of peer review, and informed consent for transfusion. From a compliance and medical-legal standpoint, the financial liability of inappropriate transfusions and transfusion errors can be substantial.

Because of these many issues, the Joint Commission is currently testing Blood Management Performance measures as an element of hospital accreditation.

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**Employee Advisory Council Corner**

**EAC Hosts “Engage And Chat” at Jester III and IV Facilities in Richmond**

EAC representatives met with staff at the Jester III and IV correctional facilities in Richmond, Texas on May 10, 2013. EAC members discussed the purpose and role of the EAC, establishing communication, and how to get involved. Members toured each facility. Jester IV is a 550-bed inpatient psychiatric treatment facility, which employs approximately 100 medical and psychiatric staff. Jester III is a 24-hour medical facility with a 12-bed infirmary and 52 medical staff. Specialty clinics on site are brace and limb, occupational therapy and physical therapy.


Left to Right: Dr. Penn (CMC Director of Mental Health Services), Tonya Campbell, Samantha McBroom, Jennifer Anderson, Aminieh Baradar, Susanne Johnston, Janet Gonzalez, Julie Cantini, Denee’ Robison, Andrey Vasiljev (Jester IV Business Manager)
Clinical Value Analysis: Annual Savings Progress

The establishment of the Clinical Value Analysis (CVA) Committee in November 2012 was a collaborative effort on the behalf of the clinical, financial and supply chain expertise, and designed to aid in the process of implementing long-term, sustainable strategies to purchasing products and technology in all health care environments across UTMB.

Members of the Clinical Value Analysis Oversight Committee consist of individuals from across the Health System and School of Medicine enterprises, and CVA Teams are co-chaired by a physician and Health System administrator. Decisions of which products to purchase are ultimately based which products are associated with better outcomes, reduce length of stay, eliminate infections and speed recovery time.

Over the course of the past year, the CVA teams have implemented a number of projects which have been estimated to result in just under $1.4 million in annual savings. The following is a list of approved projects to-date:

- **Inpatient**: Isolation Gowns, Non-Sterile Exam Gloves, Electrode Conversion, Crutches
- **Cath Lab / IR / EP / Vascular**: Drug Eluting Stents, Cardiac Rhythm Management
- **Musculoskeletal**: Total Joints (Hips/Knees/Shoulders), Spinal Fusion
- **Surgical**: Placement Pillows, Waterless Scrub, Equipment Drapes

There are more projects to come! For more information on Clinical Value Analysis, the committee and teams, or to submit a request, please visit [http://intranet.utmb.edu/healthsystem/cva/default.asp](http://intranet.utmb.edu/healthsystem/cva/default.asp). Clinical Value Analysis Manager, Johann Ramirez, is also available to answer inquiries about Clinical Value Analysis at joamir@utmb.edu.

LifeWings Hardwire Safety Tools Workshop

The LifeWings Safety program is a training system designed to improve communication and performance, reduce errors and create better teamwork, health care processes and system reliability. Over the past year, this program has taken on new ground at UTMB.

The partnership with LifeWings LLP, otherwise known as Crew Resource Management (CRM), began in 2005, and since that time has been in sustainment mode with the initial roll out areas: the John Sealy OR, Labor & Delivery and the Emergency Department.

In January of 2013, LifeWings consultants visited UTMB to train a group of UTMB employees in a “Train the Trainer” course to learn how to implement CRM in new departments as well as provide CRM skill-based training via a four-hour safety course.

Hardwired Safety ToolsSM (HST) workshops were recently added to the skill set, and the Victory Lakes Ambulatory Service Center was the first of three new areas to not only implement CRM, but also participate in a three-day HST workshop, which occurred earlier this month. The workshop was conducted to create tools to ensure the CRM-based skills learned in the skills-based training are used in each team (Pre-OP, OR, & PACU) on a consistent, reliable and standardized basis.

Lorna Baez, nurse manager for VLASC states, “The Life Wings workshop helped me understand that we have an obligation as health care providers to speak up in behalf of the patient for their safety. Having a checklist and verifying with your team that they have the right information for the patient makes the patient feel safer and it opens the lines of communication amongst the staff as well. Including the staff in developing tools for better patient safety also helps the staff work as one team, where anyone can prevent an adverse event. It really makes the staff feel empowered to speak up when something might not seem right. It definitely brings the nurses, techs and physicians together for one common goal: ‘To provide the safest and best quality care for our patients.’”

The HST workshop resulted in the creation of seven main tools and an ambulatory surgery center scheduling guideline. Each tool was effective in creating collaboration and communication techniques into their standard of care. The goal of standardizing work and utilizing checklists is to overcome human limitations thus mitigating errors. This allows team members to focus on patient care rather than mundane, repetitive task thus leading to better patient and staff satisfaction.

CRM has been very beneficial to our patients and to those areas that have incorporated this system into their workflow. Our UTMB team is excited to move forward with Gastroenterology and Interventional Radiology as the next two departments to implement crew resource management.
Getting to know....

David Marshall,
Chief Nursing and Patient Care Services Officer

What initially interested you in Nursing when you were in school?
I received an athletic scholarship to attend college as a student athletic trainer, and during the summer between my high school graduation and the beginning of my first semester of college I took a course to become an EMT-Basic. During the course, I completed required hours in a hospital emergency room and in the operating room. This was when I decided to become a nurse. I attended the University of Texas at Austin School of Nursing (Hook ‘em Horns!!), and graduated in December 1982. I started as a new graduate nurse at UTMB on January 3, 1983.

You recently received your doctorate in Nursing. Congratulations! Since the Nursing program achieved ANCC Magnet Status last year, is this something that you will more actively encourage other nurses to pursue?
The Institute of Medicine released its report on the future of nursing, The Future of Nursing: Leading Change, Advancing Health, on October 5, 2010. One of the key messages of this report was that “nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.” The report contained eight recommendations, and one of the recommendations was that we should “double the number of nurses with a doctorate by 2020” in the United States. I thought I should do my part and pursue a Doctor of Nursing Practice, based on this recommendation. I also thought I should serve as a role model for advanced educational preparation.

How long have you worked at UTMB?
I’ve worked at UTMB for 30 years.

UTMB’s logo says we are “Working Together to Work Wonders.” What does this mean to you and how do you work wonders?
One of the best things about working at UTMB is the people I have the opportunity to work with. From the very first day I stepped foot on the UTMB campus, I have been in awe of UTMB’s three-part mission, and the people who work day in and day out to bring it to life.

Growing up, what was the worst job you ever had?
The first job I ever had was picking peaches in an East Texas peach orchard, and there were aspects of that job that I didn’t like, like the peach fuzz. I do have great memories of my favorite part of that job, though – driving the tractor.

What’s your favorite movie?
My favorite movie is My Cousin Vinnie.

Clinical Safety and Effectiveness Program
Graduation Presentations for Session 3 of the CS&E Program, a UT System initiative that concentrates on Quality Improvement and Patient Safety, took place on June 14, 2013 in Levin Hall. After each presentation, a certificate of completion for the Clinical Safety & Effectiveness Course was awarded to each member of the team. The following presentation were delivered and will be available online soon on the Quality & Healthcare Safety website: http://intranet.utmb.edu/qhs

**OR CONTROLS**
David Marshall, RN, PhD - Sponsor
Joe Funston, MD – Team Leader
Bud Cherry
Ri Dorado
Judy Ramirez
Monica Clark
Susan Seidensticker - Facilitator

**IATROGENIC PNEUMOTHORAX**
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**AMBULATORY - CONTINUITY OF CARE**
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**CHEMOTHERAPY ORDERING**
Steve Quach, MD / Tom Kimbrough, MD – Sponsor
Nahil Abdulla, MD – Team Leader
Beula Abraham
Lien Do
Tonya Sanchez
Rachel McKown
Jill Bryant – Facilitator

Spotlight on... J5D

Congratulations to J5D! After scoring 75% on hand hygiene, the team realized that something had to be done to improve their scores, and what better way than to make it into a competition? Each time someone on the unit gets “caught” gelling in or washing their hands, a card is written up by the observer, naming who was observed washing their hands. At the end of the month, the cards are tallied and the staff members who have caught the most times receive a $15 gift card. The J5D hand hygiene initiative has brought up their unit score to 90%! Way to go!
Shout Outs!

Leann Ledoux wrote: “We don't always get immediate feedback on the work that we do with our patients and sometimes feel underappreciated. But please don't let that discourage you from providing the most compassionate care that you possibly can for every patient, no matter what the situation. The letter is proof that what you do every day DOES matter. This letter was sent by a family member of a patient that came to ER regularly and has recently passed. Great job to all who provided care for this patient, even though it may have been a little challenging at times. Thank you for working so hard for our patients.”

“On behalf of my family, we extend our sincere thanks and appreciation for all you did on behalf of my brother. Although he lost his battle with the ailments from which he suffered, we always knew that he would receive the best and most compassionate care from the excellent staff of the Emergency Room. My brother could be [demanding at times], but whenever he began to get that way, I knew he was getting better, back to his old self again. I know it took a lot of patience [to care for him], and we are truly grateful for the gentleness with which you handled his care. Again, thank you for all you did for him. He is no longer suffering, and as he said near the end, ‘I'm going home.’ You made that trip much easier for him and for my family.”

Cara Westerman (Occupational Therapy) was so sweet to me.

Dietary Services worked very hard to make sure I got what I wanted when I was allowed to eat, for whatever reason all the broths were salty and he had no problem with bringing me different ones. Thanks.

Denise Turner (UTMB HCS Clinical Staffing) was very good. She kept mind off of the problem. I liked that! She kept me comfortable.

Lizette Perez (Child Life Specialist, Nursing Administration, Women’s and Infants) gave my son a game. My son was so happy when he got that game, it made his day!

I was pleased with everybody! Good job UTMB! They even acknowledged my son's birthday. They had a party and gave gifts. It had me in tears. Thank you again!

Exceptional nurses! Jennifer Nelson (Patient Care Facilitator), Cheryl Bryan Dawkins (HCS Clinical Staffing), Keva Clarke-Douglas (HCS Clinical Staffing), Sandra Lawrence (HCS Clinical Staffing), Veronica Serona (HCS Clinical Staffing), Joni Bareo (HCS) and Kimberly Garcia (HCS Clinical Staffing). Plus Patient Care Techs: Ivy Martinez, Maggie Killgo and Cristina Barragan.

The Ob-Gyn residents along with Dr. Gokhan Kiliç and Dr. Pilla (OB-Gyn) were all great and they all treated me wonderfully.

Dr. Mary Claire Haver (Ob-Gyn) is a rock star. I had an emergency C-section and she saved my baby’s life. She’s awesome.

Dr. Lindsay Sonstein and her Orange Team: Dr. Jewet Che, Dr. Rami Eldaya, Dr. Diana Moise and Jean Liew, medical student, were all very helpful to me explaining and answering my questions, I received great team work from the nurses on 7B also. Thanks to all for their help!

Dr. Loretta Grumbles is the best. It doesn’t get any better.

I would like to comment on how well Lisa Greif and Pamela Powers (Infusion Therapy) work to take care of their patients at UTMB Infusion on Galveston Island. They are so dedicated to their job and love and treat their patients as they should. They even make the stay more welcoming. They are great comedians. Thanks!

I can’t say enough good things about Dr. Taylor Riall. She saved my life. Dr. Jin-Hyuck Choi (MS1) is the best! (Victory Lakes Surgical Specialty Care Center)

Dr. Anika Bell-Gray always knows how and when to meet your every need. (Texas City Family Health Care Center)

Dr. Matthew Hay was great explaining and answering questions that I was concerned with my son’s arm since I thought it was broken. (Texas City Pediatrics)

Dr. Vic Sierpina is an excellent physician and seeing him inspires confidence. The staff is likewise. (Stewart Road Family Medicine)

Dr. Susan Easley is AWESOME! (League City Peds and Family Health)

Don’t let Dr. Angela Shepard ever retire. (Stewart Road Family Health)

Tobias Oliver (ER Technician I, Emergency Services) was very helpful and concerned and so were the nurses that took care of me. Thanks!

I am generally terrified of doctors, but Dr. Gwyn Richardson (Ob-Gyn) is so nice I feel totally comfortable with her. Amazing!

The staff in unit 5-C is amazing! If everyone as wonderful as they are, I probably wouldn’t have the horrible phobias I have lived with most of my life. I’ll say it again, they are wonderful!

Dr. Colleen Silva and Dr. Karen Powers were very good.

I live in the Woodlands and did not really know much about John Sealy Hospital other than its reputation as a good hospital. My family and I were so very pleased with the entire experience at John Sealy. The staff was extremely nice and I was well taken care of. UTMB is a great medical branch and my experience at UTMB Victory Lakes has also been great. I am very happy!

It is always a great experience, at League City. Dr. Jean McAtee is a great doctor. Everything she prescribes for my daughter works really well and fast.