OR Optimization Improves Scheduling and Turnover

Process improvement and sustainability— those are the two driving forces that began UTMB’s 30-week Operating Room (OR) optimization project this past July. The project, facilitated by GE, was initiated to ensure that current OR operations are in an optimal state when the transition to the new Jennie Sealy Hospital begins.

continued on page 2
In July, GE consultants began interviewing UTMB faculty members and staff. Everyone from Environmental Services employees to surgeons were asked for their input about what they believed worked well in the OR, what didn’t and what areas they believed had opportunities for improvement.

On-time starts and room turnovers were the first areas identified for improvement. According to Bud Cherry, director of Patient Care Services and assistant chief nursing officer of Perioperative Services, prior to the project, the benchmark for on-time starts was 76 percent. By September, after 2 months of practicing process improvement, UTMB ORs had surpassed the benchmark and reached 89 percent for on-time starts. Turnover times, which begin from the time the patient leaves the OR and are timed until the time a new patient arrives, decreased from 35 minutes to 26 minutes.

Cherry said these are the best times that he has ever encountered at a university hospital. Now that he’s seen the improvement, the new goal is sustainability. In order to maintain these numbers, Cherry holds daily manager huddles to review the numbers and to address any delays in the process, as well as address the things that went well. By addressing issues head-on on a daily basis rather than waiting for monthly staff meetings, managers, faculty and staff are able to quickly identify and tackle problems before they become obstacles.

The second half of the OR optimization project focused on overhauling the scheduling process. Prior to the assessment, the ORs had been on a block schedule that was fully service-based, meaning physicians were only able to book OR time based on their service (e.g. Orthopaedics) during a certain block. After closely monitoring OR usage, GE found that under the current schedule, the John Sealy ORs were being utilized only 70 percent of the time and the Victory Lakes ORs were being utilized only 30 percent of their available time.

After extensive interviews with every surgeon, a block schedule was created based on data, needs and projections. In addition to fulfilling all current and projected needs of surgeons and services as before, the new schedule now allows time for add-ons (last minute surgery additions and emergency cases), which account for 23 percent of the surgery schedule. It also creates “open time”, a few hours per week during which any surgeon can view the schedule weeks in advance, and if time is available, sign up for an open OR outside of his/her scheduled block time. Open times are available at both John Sealy Hospital and Victory Lakes and depending on the type of surgery, surgeons are able to sign up for time at either location.

The OR block schedule went live on October 14. Based on the successful and quick improvement Cherry witnessed during the first phase of the optimization, he is excited moving forward into the next phase and believes the project will be a success. “Everyone has been involved. It wouldn’t be the same if everyone wasn’t as involved: the nurses, the physicians, leadership. Everyone is working together to make it happen. We’re reaching numbers I’ve never seen before, and it’s because we’re working together.”
EAC CORNER

EAC Members Get Caught in Stairwell by Janet Gonzalez, EAC Blog

EAC representatives joined the Nursing Night Council and the UTMB Health Promotion Team on October 14th for a Health Promotion event in John Sealy Hospital. Health promotion staff and volunteers were in the John Sealy stairwells, along a walking route, in the stretch band demonstration or a relaxation corner to “catch” employees participating in any of these activities. Cold water and other goodies were provided. EAC representatives were on hand as well to meet and chat with staff. For more information on UTMB Health Promotion, Training for Life campaign log on to www.hr.utmb.edu/ehp.

Pictured Left: Chief Nursing Officer David Marshall and EAC Past Chair Gerald Cleveland get ready to “catch” employees participating in the Health Promotion events. Pictured Right: Chief Operations Officer Deb McGrew and Cleveland meet and chat with staff.
CONSTRUCTION UPDATE
NEW! Webcam View of Jennie Sealy Hospital Construction
A new webcam offers a soaring perspective on the rapidly rising Jennie Sealy Hospital. The new view is from atop the TDCJ Hospital, looking toward the east. Thanks to all involved in getting it in place. Take a look at the ongoing progress here:
http://www.utmb.edu/webcams/cams/091_JennieSealyWest.asp

Quality & Healthcare Safety Celebrates National Quality Week
Quality and Healthcare Safety celebrated National Quality Week, October 21 through October 25. Posters were displayed on October 24 in Brown Atrium Hallway, showcasing quality and safety projects.

Welcome Aboard, Amy Lussier, Director of Health System Special Projects
As Director of Health System Special Projects, Amy will report directly to Chief Operating Officer, Deborah McGrew, and be responsible for the coordination of operational planning and activation planning of Health System facilities projects. She will work collaboratively with facilities, Health System leadership, physician leadership, and contractors and serve as the primary coordinator and point of contact for the Health System for design, construction, interiors, move-in plans and operational activation for new facilities, backfill and renovation projects.

Amy Lussier received her BSN from UTMB and her MBA from Texas Woman’s University. She began her nursing career at Shriners Hospitals for Children working in the OR, PACU and ICU. Amy later worked for a Houston surgeon as his first assistant before moving to College Station with her family. In College Station, she had the opportunity to start the Health Science Technology program for College Station ISD. When her family moved back to Galveston County, Amy returned to Shriners as a Care Coordinator and later took a Nurse Manager position at San Jacinto Methodist for a Surgical/Pediatric unit.

While at Methodist, Amy’s unit served as the pilot unit for the Robert Wood Johnson Foundation’s Transforming Care at the Bedside and she simultaneously participated in the initial AONE Nurse Manager Fellowship program. When Shriners reopened after Hurricane Ike, Amy returned as the Director of Performance Improvement and Risk. She was then promoted to Administrative Director responsible for PI, Risk, HIM, FANS, Biomed, Credentialing, HIPAA and Contract Management. Welcome, Amy!
CathPCI Registry is Now Active

The cardiac catheterization laboratory has begun participation in the CathPCI Registry® of the National Cardiovascular Data Registry (NCDR). The lab successfully submitted the first set of data to the Registry on September 27, 2013.

The NCDR is the American College of Cardiology’s worldwide suite of data registries, allowing hospitals and cardiology practices to measure and improve the quality of cardiovascular care they provide. The CathPCI Registry® is one of the NCDR’s most commonly utilized databases, focusing specifically on the outcomes of cardiac catheterization and percutaneous coronary intervention procedures.

With CathPCI Registry® participation, we are able to compare our own cath lab performance and outcomes against other like-sized labs in the country, in a risk-adjusted fashion. The data will help improve the performance and outcomes of interventional procedures at UTMB.

The participation in the CathPCI Registry® is no simple matter. The NCDR database is known to be so “rigid” that it quickly rejects data that does not conform to their complex standards and definitions. Many institutions use sub-databases to ensure the accuracy and conformity of the data before submission. There are over 60 fields per case and each and every field needs to be properly filled.

UTMB’s participation in the CathPCI Registry® prepares our cath lab for further growth in both quality and quantity.

TDCJ Participates in Alzheimer’s Awareness Walk

from CMC Community News

On October 5, 2013, UTMB and TDCJ employees participated the 2013 Walk to End Alzheimer’s in Town Green Park in The Woodlands. The team, the Houston Lampposts, was led by Kendra Phelps, Mental Health Manager at Lychner/Kegans. The team’s goal was to raise $2,250 and they exceeded their target with a total of $2,882!

Kendra became an Alzheimer’s Awareness advocate after watching her grandpa suffer through having the horrible disease, which ultimately reduced his quality of life until he passed away. She held a training session at a staff meeting last month and shared her story along with pictures of her beloved “Pops”. Fellow staff members wore purple to spread awareness.

Thank you, Kendra, for your passion and to the Lychner staff who participated in this cause!
Thanks to the quick thinking of one of our registrars, a patient likely averted what could have been a serious turn for the worse. Soon after La Tonya Cunningham (Patient Registration Specialist) entered the patient’s room to complete the bedside registration, she noticed the patient was in trouble. “He just wasn’t acting right,” she said, and she immediately notified his nurse that something seemed terribly wrong. Indeed, it was. The patient’s nurse had been in to see him only minutes before, and he was doing fine; however, when La Tonya saw him, he was showing stroke-like symptoms. Her keen observation and the prompt intervention of the medical team made a huge difference in the patient’s outcome. Her manager, Nancy Polk, said, “Our patients are our greatest asset, and La Tonya’s quick response to his illness really made a difference.

UTMB Physicians Recognized as Top Docs in *Houstonia* Magazine

UTMB Health physicians were recently recognized in Houstonia magazine’s exclusive guide to Houston’s best doctors. The inaugural “Top Doctors” issue represents the best of the best in 50 medical specialties.

To compile the list of the city’s top doctors, Houstonia magazine mailed postcards to more than 15,000 state board-certified physicians in Houston. They were asked to recommend two doctors in any medical specialty by casting votes on the magazine’s secure website. Then the nominations were tallied.

“This is, to our knowledge, the first Top Doctors list of its type ever produced in the Houston area. Every physician and nurse practitioner in the city was asked to contribute answers to one simple yet important question: If you or someone in your family were in need of a doctor, whom would you choose?” said Scott Vogel, editorial director of Houstonia magazine.


**Congratulations to the UTMB Health Physicians featured in the directory:**

Dr. Jack Bernard Alperin – Hematology  
Dr. Daniel L. Beckles – Cardiothoracic Surgery  
Dr. George W. Browne – Allergy & Immunology  
Dr. Vincent R. Conti – Cardiothoracic Surgery  
Dr. Allan H. Fradkin – Ophthalmology  
Dr. Gary D.V. Hankins – Maternal & Fetal Medicine  
Dr. Alfred S. Lea – Infectious Diseases  

Dr. Avi Bart Markowitz – Medical Oncology  
Dr. Michael Nguyen – Vascular/Interventional Radiology  
Dr. Harold Scott Pine – Ear, Nose & Throat  
Dr. Ravi Radhakrishnan – Pediatric Surgery  
Dr. Wayne Chandler Rutledge – Emergency Medicine  
Dr. Michael B. Silva, Jr. – Vascular Surgery  
Dr. Eric Walser – Vascular/Interventional Radiology
Getting to Know Cherry “Cherry Pie” Young, 
Customer Service Account Specialist Revenue Cycle Patient Accounts

1. How long have you been a team member at UTMB?
I’ve worked at UTMB for 30, going on 31 years. It’s the only place I’ve ever worked! I spent my first 15-20 years in cash posting, and then I moved over to Medicaid follow-up for about a year. While I was there, my supervisor recognized that I had good customer service skills, and I came to [Revenue Cycle Patient Accounts], where I am now.

2. What do you do in your position as a Customer Account Specialist to improve the patient’s experience when you talk them on the phone?
I take the time and listen. Now that we have switched to the new system (utmbConnect), it’s mostly people with questions about why their bill looks different. As a customer service account specialist, you have to know a little bit about everything—billing, coding, and so on. If a patient calls and said they’re being billed for something that didn’t happen, we need to be able to know how to look up the history and see what happened. A lot of times, if the patient says it didn’t happen, they’re right.

3. UTMB’s logo says we are “Working together to Work Wonders.” What does this mean to you?
We are all working together! It takes everybody to make it happen. I have another saying I like to use, “Patients aren’t just numbers, they’re lives.” It keeps it personal. Each person matters.

4. What are you most proud of?
I have a job and that I get to retire soon!

5. What do you enjoy doing away from work?
I enjoy going to the movies and reading James Patterson books.

6. How did you get the nickname Cherry Pie?
When I first started working, I decided I was going to keep that job, so I decided I was going to be a very serious person. I never smiled or joked around. Well, there was one cashier that I had to go to every day who was loud and outgoing and decided to start calling me “Cherry Pie”, because she said I was “too young to be so serious!” She would sing my name every day, and it just stuck. All of the people on the floor began calling me Cherry Pie, and then after that, everyone called me Cherry Pie and I liked it. I haven’t shut up since!

Service Held in Recognition of Pastoral Care Week
In honor of Pastoral Care Week, October 20-26, Director of Pastoral Care, John Riley, hosted a service on Thursday, October 23 in the UTMB Chapel recognizing the Pastoral Care volunteers who offer their time and service to patients and their families. Volunteers shared personal stories of how they have seen the program not only assist the patients and their families in times of need, but of how the program has enriched their own lives as well. The service was followed by a reception in Pastoral Care offices.

Two UTMB Clinical Safety & Effectiveness teams, a program facilitated by the Department of Quality and Healthcare Safety, tied for third place at the 2013 University of Texas System Annual Clinical Safety and Effectiveness Conference last month. The projects, “Improving Sepsis Mortality with Early Identification and Treatment” and “Increasing Physician Reporting of Patient Safety Events through a Simplified and Concise Online Reporting Tool” both proved highly effective in improving the quality of care for UTMB patients. Videos describing each of the projects can be found at http://intranet.utmb.edu/qhs/CSE/default.asp

Improving Sepsis Mortality with Early Identification and Treatment

Sepsis is a potentially life-threatening complication of a blood infection. It occurs when chemicals released into the bloodstream to fight an infection trigger inflammation throughout the body. This inflammation can trigger a cascade of changes that can damage multiple organ systems, causing them to fail.

The video presentation describes the team’s effort to increase knowledge about sepsis and standardize the implementation of evidence-based guidelines for early recognition and treatment. Because 85 percent of diagnoses of sepsis are admitted through the Emergency Department, the project focused on prompt recognition of sepsis and the initiation of early goal-directed therapy.

The project began in January 2012 to achieve an absolute reduction in sepsis mortality of adult inpatients from 34 percent to 17 percent by June 2013. Interventions included deploying a sepsis screening checklist, creating a revised workflow of early goal-directed therapy, creating and deploying a sepsis order set in the EHR, adding antibiotics to the local Pyxis machine to decrease the time it took to administer the medications, and ongoing efforts to educate multidisciplinary team about the care of septic patients.

After two quarters, the overall sepsis mortality rate decreased from 34 percent to 12 percent and the University Hospital Consortium (UHC) ranking for sepsis mortality improved from 89/119 to 20/117. In addition, the team saw improved sepsis screening and imitation of early goal-directed therapy. UTMB now has a lower observed mortality than expected mortality rate.

Team Members: Shawn P. Nishi (primary author), Chuck Machner (secondary author), Mark Kirschbaum (sponsor), Gulshan Sharma (sponsor), Josette Armendariz-Batiste, Wayne Fischer, Diana Grimm-Mapp, Kelley Huff, Robert Kaale, George Kramer, Cynthia Penta, Melinda Tillman and William Whitehead

Increasing Physician Reporting of Patient Safety Events through a Simplified and Concise Online Reporting Tool

The use of voluntary reporting systems for medical errors and adverse events has been advocated as an important means of promoting a culture of reliability and trust, thus, leading to improvement in patient safety. Many institutions, including UTMB, have developed complex global online systems for event reporting; however, physician reporting into these systems has historically been low.

Upon investigation, the team learned that the low rates of reporting were due in part to the fact that most physicians couldn’t find the system online, and those who could locate it found that it was a time consuming process to enter an event. They also found that when events were entered, there was limited direct feedback.

In order to increase the Department of Internal Medicine physician reporting rate of patient safety events to ten events per month by May 1, 2013, the team worked with Information Services to create a physician-specific online reporting tool, accessible via the Department of Internal Medicine website using secure login. It was designed to be simple to use, requiring less than 10 seconds to enter an event.

By enhancing physician reporting, the team believed that an awareness of patient safety events would also be increased, and a strong sense of personal responsibility in prevention of such events would be instilled. They also believed more opportunities for improvement on both a personal and departmental levels could be recognized.

Three user types were created: User (all faculty and house staff in the department of internal medicine given access to input events), Super User (divisional quality representative able to review their divisional events), and
Admin (departmental quality chairs able to review all events and to modify database as necessary).

All resident and faculty physicians within the department were educated on the availability and use of the system through house staff and faculty business meetings as well as through electronic mail communication. Continuous re-education and feedback is provided through the same means.

During the first month, three events were imported into the system; by the sixth month of use, 11 events had been recorded. Currently, an average of 8 events are entered into the system each month, including a wide variety of errors such as errors in documentation, transitions of care/care coordination, test follow-up, medication administration, delays in diagnosis and electronic medical record failures.

Several new Quality Improvement (QI) projects have been initiated as a result of the project. In addition, the project has improved the quality of care to patients, aided in the reduction of readmissions, improved transitions in care, improved patient satisfaction and has helped teams to avoid errors.

In the future, ongoing education of the system will continue for faculty and residents will continue. The team will also be instituting a rewards program to encourage physicians to utilize the system.

Team members: Erin Hommel, MD (primary author); Lindsay Sonstein, MD (secondary author); Gulshan Sharma, MD; Randall Urban, MD; Titus Wiggins and Ashley West

---

**Improving the Patient Experience: Island West Pilots Flow Stations**

A day in the life of a primary care physician is filled with patient care delivery, communication, documentation of visits, referral management, phone calls, email and more. That’s why efficiency is the key to getting through the day and why several months ago, the team from the Family Medicine Clinic - Island West, located on Stewart Road, participated in a day-long session with Manager of Process Improvement, Adam Spieker. During the session, the team identified ways to eliminate waste from their day-to-day processes using Lean Management techniques and Clinical Value Analysis.

One of the solutions they devised was the implementation of work flow stations, modeled after Virginia Mason Medical Center. Flow stations partner the physician and a medical assistant working side by side to care for patients and manage daily work tasks together. The medical assistant helps the physician break down indirect care paperwork, phone calls and emails into smaller lots of work that can be handled throughout the course of the day rather than in a batch at the end of the day. The process helps free the physician so they are able to spend more quality time with patients. Meanwhile, medical assistants are also able to flourish in their position.

Island West is the first clinic at UTMB to pilot the work flow station and Friday Focus recently followed up with Chair of Family Medicine, Dr. Barbara Thompson, and Medical Assistant, Angela Cogswell, along with Michelle Gerald, RN, Nursing Supervisor; and Gina Butler, Quality Management Specialist, to discuss the new and successful implementation.

Dr. Thompson describes how the new process has improved their workflow: “When I’m with patient number 2, Angela is with patient number 3. We’re constantly moving between one and the other. As we work as a team, we’re able to cut off some of the waiting for the patient. Today we saw about 9 patients, and I think we could have seen 11 or 12, and still have given quality time to them.” The Island West team is excited to begin rolling out the new process to other physicians at Island West.

To view the video, visit [http://youtu.be/5qcOb8FxZtY](http://youtu.be/5qcOb8FxZtY).
Congratulations to Allison Eliaz from 9B Medicine-Cardiology who won the September 2013 DAISY Award. Allison received five nominations for the DAISY Award. Her peers say she demonstrates teamwork in every facet and always has a positive attitude and defines the word “teamwork”. She is always willing to lend a helping hand to other RNs, PCTs, Environmental Services with linens and trash or in the telemetry monitoring area. Allison recently assisted a contract nurse, who was new to UTMB, with an unstable patient. She contacted the medical team and was able to use her both her clinical expertise and her patient advocacy skills to facilitate the most appropriate treatment for the patient in a timely manner. Congratulations, Allison!

I recently had an appointment in the UTMB hospital in Galveston on October 8. I live in League City and travel to Galveston to see Dr. Brian Holland at his office on Harborside once every 3 months. I had not been to the hospital in Galveston before and was concerned that I would not be able to find it in time and would be late for my appointment.

I made a phone call and was connected to Laura Orellana (Patient Access Specialist) in one of your call centers. Laura was helping me find the hospital and was doing well. Her supervisor, Tammy Gutierrez (Patient Services Supervisor) came to her aid and got on the phone with me. Tammy stayed on the phone with me until I reached the hospital, parked in the garage, got to the elevator and through the maze, due to construction, up to the 7th floor. Tammy even helped me by calling the doctor to let him know I would be there shortly.

This was service above and beyond my expectation but was sincerely appreciated. For me, I just don’t see this kind of service and I think it is rare -- something that this world just doesn’t see anymore.

What outstanding service I received from these two employees of UTMB. It is important that I share this information with you. I am not all that familiar with Galveston, don’t have a GPS system to help me and thanks to Laura and Tammy, I was able to make the appointment.

This past July, I went to the UTMB ER with significant pain and swelling in my right leg. After a quick and thorough workup in the ER, I was quickly admitted to the hospital, followed by a CT scan and was transferred to the ICU for closer evaluation. Luckily my time in the ICU was short, and I was later transferred to another floor where I was treated for my illness.

I feel like the staff consistently went above and beyond to make my stay more comfortable. Every step of the way, from the ER to the ICU and as an inpatient, I was educated through verbal and written information.

When I was finally discharged, the staff made sure that all my follow up appointments were made. Dr. Sylvia Martinez has been very thorough and diligent about appropriate referrals to other UTMB specialists for advice concerning ongoing medical issues that might arise as a result of my illnesses. In summary, my entire patient experience at UTMB was very positive. I would not hesitate to recommend UTMB to anyone seeking medical care.
Dr. Kenneth Brooks (Orthopedic Surgery) is really a great doctor and shows great concern for his patients. I cannot say enough about how pleased and how impressed we were with your entire team! They were awesome!

Dr. David Yngve (Orthopedic Surgery) was very detailed and provided us with the utmost care and compassion. We have already and will continue to recommend him and UTMB. We are so thankful for the care that we received at UTMB as well as the treatment by the staff and medical team.

Dr. Kimberly Brown (General Surgery) was very pleasant, willing and available during the entire procedure and still communicates promptly with me. She has a great bedside manner and makes patients feel at ease.

Thank you Nicole Young (Patient Care Facilitator, Medicine/Cardiology)! I was very pleased with this CD which was on coronary heart disease, for those who need stents. I have 2 stents with 4 catheterization procedures. This was so educational; it allowed me to actually see how this procedure was done. Thanks to you I could finally visualize how stents were placed, and what the plaque does to our arteries. I recommend this to heart patients before going home! We need someone like you to take home with us for our family and friends so they can also understand and visualize this procedure.

Dr. Jack Alperin (Orthopaedics, Internal Medicine) made me feel like a very important patient. He took the time to verify with me everything he’d ever read in my chart. He was also great at explaining my condition and the plan to make me well. A+! Way to go Jack!

Jessica Gautreaux (Nurse Clinician II, Ace Unit) is one of the best nurses that you have!

Dr. Hanan Hussein (Family Medicine) and her group were a lifeline—the best!

Dr. Matthew Hay is fabulous. I drive to Texas City specifically to see him. (Texas City Pediatrics)

Dr. Sharon Raimer is the best! (Texas City Pediatrics)

Dr. Randy Urban an extraordinary physician. He is compassionate and an excellent diagnostician. Despite the challenges, he meets and exceeds my expectations. I would travel any distance to keep him as my physician.

He is the best of the best! (Diabetes/Endocrinology, PCP Internal Medicine Specialties)

Dr. Obos Ekhalse (Surgery-General Surgery) is a wonderful doctor. He made me feel like I was the only patient he had and told me what a good job I had done. He answered all my questions and I felt like he cared about me. Awesome! (Texas City Pediatrics)

I just wanted to comment on the wonderful care that I received in your Emergency room/trauma center on October 18. I gathered some of the care providers names, but All of the attending doctors, nurses and staff should be recognized. From the time I was brought in until I was released, I was in the best of care. Tami McCreight, Rochelle Richter, and Giovanna Turner treated me as if I was a member of their family. I can’t stress how important that is for the patient. What a phenomenal team of experts.

A shout out to Ray Edwards and Karen Tounkara for doing such a great job assisting with a disoriented and challenging patient in the ER the evening of October 23.