Earlier this year, UTMB’s Dedicated Cardiac Care Unit was chosen as a 2014 Silent Angel Award Winner. The nomination came from a very special patient, who told the story of how he arrived in the unit and how the team on J9A has made a difference throughout his journey. His story began when he arrived at UTMB for a heart catheterization.

Pictured above: Tawnya Jackson RN, David Perez PCT, Shannon Diaz RN, Lisa Hanley RN, Erin Quinn RN, Tabatha Simpson SW, Marsha Standridge RN, Amber Taves HUC, and Dennis Santa Ana RN
During the catheterization, his doctors discovered his heart was in poor shape, and he would need an intra-aortic balloon pump to help his heart pump blood throughout his body. The surgery was scheduled, and after he received the pump, he was transferred to the intensive care unit. After a couple of days, however, his doctors gave him some difficult news—his heart was still failing, and he would need a heart transplant. In the meantime, he would receive a something called a ventricular assist device (VAD), which would take over the pumping function for his heart while he waited for a transplant.

After the VAD implant surgery, the patient was transferred to the 16-bed Cardiac Care Unit, which is designed to care for patients who require specialized post-operative care and observation after surgeries like his. It is equipped with specialized monitoring devices like those found in an ICU, such as electrocardiograms (EKG), and atrial electrocardiograms (AEG), and is equipped to administer intravenous cardiac medications to patients. Receiving medications on the unit benefits patients, because they can stay comfortably in their rooms with family members. This is known as “intermediate care”, and next month, the unit will become the first at UTMB to be recognized by the American Association of Critical Care Nurses as an official Intermediate Care Unit.

Adjusting to life with a ventricular assist device, which consists of an external control unit connected internally to the heart via a cable, can be a difficult for many patients. This gentleman couldn’t believe his situation. “Why me? Why did this happen to me?” he wondered. And he had many questions about what his life would be like with this new device.

Slowly, over the next few days, he got to know the nurses taking care of him:

They had been very cheerful around me, giving me lots of encouragement to start getting out of bed and sitting on the chair. They explained to me the importance of “moving” after a big surgery like mine. In the beginning, I had a lot of questions, but it did not matter how many they were, the nurses always answered them in a way that didn’t make me feel dumb. They were very patient with me. I think that they sensed that I am going through a very challenging experience.

Every nurse, every shift, always asked, “How are you? How has your day been so far? Is there anything I can help you with?” And then the biggest task came—walking the hallways. This was the scariest part, because I didn’t know would happen. I have this device in my body, and I felt so weak even to take a few steps. But my nurse was right there beside me with the therapist, continuously encouraging me, “You can do it! We’ll be right here beside you all the way.” My nurse was my one-person cheering squad.

The multidisciplinary patient care team of the unit works closely with patients and their family members to assure recovery and discharge processes run as smoothly as possible. Physicians, specially trained nurses and technicians, rehabilitation therapists, health unit coordinators, care managers and dieticians all make daily rounds with the patients to ensure their health and mobility continue to improve and they will be able to get around after they are home again.

After a few days with lots of practice and motivation from the nurses, I was walking along the hallways on my own, as if nothing happened. Every day, my VAD coordinator spent time with me teaching me about my device, how to care for it, how to take care of myself after I was discharged, and many other things concerning my care. He allowed me to ask questions and participate in planning for my care. After our session, my nurses always came to the room to ask me if I understood everything that was taught and offered to clarify anything that I did not understand.

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I had a good recovery, and the nurses in J9A have had a lot do with it. Since day one, they never stopped encouraging me, building my spirits, or pushing me to succeed. On the day of my discharge, I was excited and sad at the same time. I was excited because I was going home and would finally sleep on my own bed with no one waking me up in the middle of night to take my blood pressure or temperature. But I also felt sad, because I was leaving a group of people who went above and beyond their duties to care for a stranger like me and treated me like one of their own.

The comprehensive care the unit provides fosters close relationships with patients. Patient Care Facilitator Dennis Santa Ana says, “Patients feel like we’re family and they know they can call any of us individually any time to get help. We’re here for them. We become more than health care providers; we are counselors and friends. We become their support system.”

“Before I got sick, I thought that a hospital was a horrible place where no one would take care of you—that you are just ‘one of the patients’”, wrote the patient. “I was wrong. My experience in J9A changed all that.”

For more information on the Cardiac Care Unit, visit http://www.utmb.edu/miscardiothor/teams/cardiac-care.asp.

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UTMB Health Celebrates Angleton Danbury Campus

On August 26, UTMB Health, the Angleton Danbury Auxiliary, Angleton Danbury Hospital District, and many distinguished members of the Angleton and Danbury communities celebrated the addition of the Angleton Danbury Campus to the UTMB family.

The Angleton Danbury Campus, formerly known as the Angleton Danbury Medical Center, carries with it a legacy much like UTMB’s. Together, we share rich histories of service to our communities and an unwavering mutual commitment to health care excellence. This new affiliation will enable the extension of many important services in the Greater Angleton area as we establish a vast array of primary, specialty and chronic care services, based on community need.

The partnership will also enable UTMB students and trainees the unique benefit of experiencing the Angleton Danbury Campus’s community-based care model firsthand. As a statewide leader in training the future’s physicians, nurses and allied health professionals, UTMB views this new relationship as vital to our mission.

The acquisition, which was official as of August 16, kicked off with a New Employee Orientation for all Angleton Danbury employees. Nursing, departmental and manager orientation is expected to be completed within the first 60 days. Sodexo and Morrison Food Services will manage the environmental service and food contracts, respectively, and have welcomed existing employees to their teams.

As we continue becoming acquainted in our new partnership, the focus will be on Joint Commission preparedness, accreditations, and ongoing departmental and IHOP policy review. This will be following by I.T. integration—the Angleton Danbury campus will not transition to Epic until early 2015.

Of the merge, Katrina Lambrecht, vice president for institution strategic initiatives at UTMB Health, said, “Patient activity has remained busy and the transition has been as smooth as can be anticipated. By all accounts, the feedback we’ve received has been very positive from physicians and the community.”

Congratulations to everyone involved in making this transition a success. Together, we will move forward into the future — growing, building and bringing the best health care to the Greater Angleton area, the hospital district and surrounding communities. To our colleagues at the UTMB Health Angleton Danbury Campus, welcome to the UTMB family!
Over the last year, UTMB Health has undertaken significant efforts to reduce preventable hospital readmissions by establishing Project CARE (Controlling Avoidable Readmissions Effectively). Modeled after Project BOOST (Better Outcomes by Optimizing Safe Transitions), an initiative of the Society of Hospital Medicine, Project CARE was first piloted on a single medicine unit in John Sealy Hospital in December 2013.

The effort to reduce preventable readmissions has received increased attention over the years as a result of the Affordable Care Act, which enacted several pay-for-performance programs to address and improve the quality and safety of patient care. These programs require hospitals to report on their performance in different measures of quality and safety, like preventable hospital readmissions and infection control. They are then reimbursed for the cost of that care by the federal government based on how well they perform in these measures.

One of the ways Project CARE works to prevent readmissions involves identifying and understanding a patient’s risk for adverse events after discharge before they leave the hospital. By identifying these risks early on, the health care team can begin to mitigate those possibilities while the patient is in their care. There are many different risk factors, but some of the most common include:

- Patients who may potentially experience problems with medications, such as individuals who must take multiple medications or are on high-risk medications (e.g., blood thinners, insulin, narcotics, etc.).
- Patients who screen positive for depression or who have a history of depression.
- Patients with a principal diagnosis or reason for hospitalization related to cancer, stroke, diabetic complications, COPD, or heart failure.
- Patients with frailty or other physical limitations that impair or limit their ability to significantly participate in their own care (e.g. perform activities of daily living, medication administration, and participation in post-hospital care).
- Patients with poor health literacy.

• Patients with poor social support, such as the absence of a reliable caregiver to assist with the discharge process and to assist with care after the patient is discharged.
• Patients who experienced an unplanned hospitalization in the six months prior to the current hospitalization.
• Patients who are currently undergoing palliative care.

To help address these risk factors, Project CARE utilizes different strategies to monitor and partner with patients to improve their care, including interprofessional rounding and improved medication reconciliation. In addition, Project CARE emphasizes the importance of using the Teach-Back Method, a communication method that helps ensure the caregiver has clearly explained self-care and follow-up instructions to the patient in a manner that the patient understands. Implementation of this technique in the pilot medicine unit at UTMB has improved patient satisfaction survey results, as measured by Press Ganey, regarding communications about medication and discharge information on the unit.

Another important goal of the project is to ensure patients receive appointments for follow-up care. Following the implementation of Project CARE, 83 percent of patients received a follow-up appointment within 15 days of their care (between December 2013 and May 2014) and an average of 44 percent of patients received follow-up care within 15 days of their discharge from the hospital (June 2013 through November 2013). Moving forward, Project CARE will continue with goals to improve compliance with these strategies and determine a process for reducing readmissions for hospital-dependent patients.

This work has lent itself well to another initiative spearheaded by UTMB through its role as anchor for the Texas Medicaid 1115 Waiver Regional Health Partnership 2 (RHP-2). RHP-2, composed of various health care providers in the 16-county region, initiated a dedicated Readmission Collaborative in March 2014. In addition to the reduction of preventable hospital readmissions through the coordination of care across RHP-2 providers, the collaborative also aims to...
improve access to primary, behavioral and specialty care; improve processes and the use of technology; and improve utilization of providers and staff.

Long-term goals of the five-year collaborative include the establishment of regional infrastructure and the deployment of hospital-based teams to support the infrastructure. Training and education on process improvement strategies, methodologies and organizational culture; enhancing employee involvement to help identify issues; and designing data systems to collect real-time data to drive continuous quality improvement are important elements of the project.

Earlier this month, the collaborative met to share the progress of numerous projects already underway. These initiatives include improving coordination of patient care through patient navigation programs; health coaching and education programs; developing community partnerships with nursing homes, long-term acute care facilities and home health agencies; improving overall access to and coordination of care; implementing programs targeted to educate and care for patients with specific conditions, such as diabetes or high blood pressure; and more. These initiatives will continue to be monitored as the team works to improve the effectiveness of their approaches and, over the course of time, engage other regional partnerships to help reduce preventable readmissions across the state.

The RHP-2 Readmissions Collaborative is just one of the many ways UTMB is working with its partners to work wonders and to improve health in the communities we collectively serve.

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Special Lecture: “Reducing Readmissions by Safe Care Transition”

Jeffrey Greenwald MD
Associate Professor
Director, Inpatient Services
Massachusetts General Hospital, Boston, MA

September, 5, 2014
8 am - 9 am
Clinical Sciences Auditorium 3.362

For more information, visit: http://intranet.utmb.edu/healthsystem/readmissions-greenwald.asp
Welcome, Selwyn Rogers, UTMB Health Chief Medical Officer and Assistant Dean for Clinical Affairs in the School of Medicine

After a national search, Selwyn O. Rogers, Jr., MD, MPH, FACS has accepted the position of Vice President and Chief Medical Officer for the UTMB Health System and Assistant Dean for Clinical Affairs in the School of Medicine, effective December 1, 2014.

Since 2012, Dr. Rogers has served in his current position as the George S. Peters, MD and Louise C. Peters, Professor and Chair of Surgery at Temple University School of Medicine. Prior to this appointment, Dr. Rogers was an Associate Professor of Surgery at Harvard Medical School. He also served as the Director of the Center for Surgery and Public Health (2005-2008) and as the Division Chief for Trauma, Burns and Surgical Critical Care (2005-2012) at Brigham and Women’s Hospital. Previously, he held academic appointments at Vanderbilt University School of Medicine and Meharry Medical College.

Dr. Rogers completed his undergraduate training in biology at Harvard College, graduating magna cum laude and earned his medical degree at Harvard Medical School. He completed his surgical residency at Brigham and Women’s Hospital, including a research fellowship in surgical oncology and a clinical fellowship in surgical critical care. Subsequently, he earned his master’s degree in public health from Vanderbilt University School of Medicine.

Dr. Rogers has received numerous awards and honors for his contributions to teaching and patient care. He is the author of over 82 peer reviewed articles.

During his interviews, Dr. Rogers’ passion for patient care, quality, and service was very evident. He is a strong collaborator and an untiring advocate for patients and the elimination of healthcare disparities. He will be an excellent fit and addition to UTMB Health.

Please welcome Dr. Rogers to UTMB Health and the Galveston community.

Welcome Aboard, Cheryl Sadro, UTMB Health’s New Executive Vice President & Chief Business and Finance Officer

Cheryl A. Sadro, CPA, will join the University of Texas Medical Branch community as executive vice president and chief business and finance officer, effective October 13, 2014.

Committed to promoting excellence in health care, Cheryl has a strong history of service to the industry, including oversight of all aspects of business operations, such as finance, facilities, supply chain and other key areas.

In her new role, Cheryl will lead all aspects of financial operations at UTMB, in addition to Human Resources, Information Services, and Business Operations and Facilities.

Cheryl has more than 30 years’ experience in public accountancy and financial leadership of major mission-based health systems. She has worked with Catholic Health Initiatives (CHI) since 2011, serving on a number of corporate-level teams addressing national financial operations, mergers and acquisitions, national payor strategy, clinical and operational effectiveness, and supply chain. During the same time, she served as senior vice president for finance and market chief financial officer at CHI’s Memorial Health Care System in Chattanooga, Tennessee.

Prior to her work with CHI, Cheryl held leadership positions at Ascension Health’s Providence Hospital in Washington, DC, where she was responsible for a successful turnaround, and Providence Healthcare Network in Waco, Texas. In addition, she held progressively responsible roles at Sacred Heart Health System in Pensacola, Florida. Cheryl is a member of the American Institute of Certified Public Accountants and the Healthcare Financial Management Association. She earned her bachelor’s degree in accounting from Florida State University and her master’s degree in health care management from Troy State University.

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Please welcome Dr. Rogers to UTMB Health and the Galveston community.
Beginning September 1, UTMB Health will offer a new health care service, Employee Access 2-Care. The new program is designed to improve access to quality health care for our employees when and where they need it. By offering accessible appointments at convenient times, UTMB hopes to promote a healthier work environment. After all, without healthy teams, we can’t provide the very best care and service to our patients, their families, and our colleagues!

Employee Access 2-Care is designed to address the immediate care needs of employees, such as sore throat, fever, ear infections, sinus or bladder infections and other concerns that are of immediate discomfort, and guarantees employees an appointment with a UTMB primary care provider for such medical conditions within 24 hours. Individuals who would like an appointment for a routine physical, specialized care or prescription refills will need to schedule further in advance. Employees who may be seriously ill or injured are asked to go directly to the nearest emergency room.

To schedule an appointment within 24 hours, employees can simply dial 2-Care (2-2273) while on the main campus or 409-772-2273 if they are off-campus. When calling for an Access 2-Care appointment, please let the representative know you are a UTMB Health employee to receive the 24-hour appointment guarantee. Your appointment will be set with your UTMB primary care provider, however, if they are unavailable within the 24-hour timeframe, or if you currently do not have a UTMB or other primary care provider, an appointment will be made with a physician at one of the participating clinics. Please note that your wait time may exceed 24 hours if you want to wait to see your current primary care provider or if your 24-hour appointment timeframe falls on a Sunday.

Participating locations in the Employee Access 2-Care service include:

**Family Medicine, Dickinson**
2401 W. FM 646, Suite C
Dickinson, TX 77539
Mondays 8 a.m. until 7 p.m.

**Family Medicine – Island East, Galveston**
400 Harborside Drive, Suite 104 & 124
Galveston, TX 77550
Thursdays 8 a.m. until 7 p.m.

**Pediatric and Adult Primary Care, League City**
6465 South Shore Blvd., Suite 50
League City, TX 77573; behind Kroger on Hwy. 96
Monday – Friday 7:30 a.m. to 5 p.m.

**Urgent Care Center, Specialty Care Center at Victory Lakes**
2240 Gulf Freeway South
League City, TX 77573
Monday – Friday 6 p.m.-10 p.m. | Saturday – Sunday 10 a.m.-10 p.m.
(No appointment necessary)

**Family Medicine - Island West, Galveston**
6710 Stewart Road
Galveston, TX 77551
Tuesdays 8 a.m. until 7 p.m. | Saturdays 9 a.m. to noon

Call 2-2273 for an appointment within 24 hours | www.utmbhealth.com/2care
UTMB Health Community Adult Clinic Opens Doors in Texas City

The UTMB Health Community Adult Clinic in Texas City opened its doors on August 25. The new clinic is based on the patient-centered medical home model and provides Internal Medicine services including primary care and chronic care to patients age 18 and older.

The patient-centered medical home model takes a team-based approach to health care in which all of a patient’s treatment is coordinated by their primary care physician. Meanwhile, nurse practitioners, nurses, residents and medical students work side-by-side with the physician faculty member. This team approach enables the clinic to meet a comprehensive and wide range of a patient’s health needs, including prevention and wellness, acute care and chronic care. It also helps the team care for the patient according to their preferences and provides opportunities for education, so the patient can participate in their own care.

Because the primary care physician is in charge of coordinating the patient’s care, continuous care is also possible—this means the patient will receive care when and where they need it. This coordination of care is helpful when a patient requires specialty health care from one or more additional physicians, for example. Because a single physician oversees the patient’s care, it helps ensure care does not become uncoordinated and improves the overall quality and safety of care. It also helps ensure patients are receiving communication about their care in a manner they can understand.

The UTMB Health Community Adult Clinic anticipates 2,000 patient visits in the first year. It is located at 2000 Texas Avenue in Texas City, Texas.

EAC Welcomes New Representative from the EAC Blog

Laura Leal Rosales joined the Employee Advisory Committee (EAC) to fill a vacant position as an Academic Enterprise representative. She joined UTMB in August 2012 as the Director of Sponsored Programs in Research Operations. Laura has more than 22 years’ experience in higher education, including positions in fiscal affairs, auxiliary services and research administration at Texas A&M University-Corpus Christi (TAMUCC) and Texas Woman’s University.

“Having served the employee council for several years at TAMUCC, I am excited to join the UTMB council! I look forward to identifying opportunities where we can make UTMB an even better place to work.” says Rosales.

The UTMB Employee Advisory Council (EAC) exists to foster two-way communication and dialog for all UTMB staff. The Council, which is sponsored and endorsed by the Office of the President, works to promote a positive and collaborative work environment that is committed to assessing, prioritizing and communicating employee needs. EAC members are derived from four widely-grouped areas within UTMB: the Academic Enterprise, Correctional Managed Care, Hospitals and Clinics, and Institutional Support Areas.

UTMB Mammographer Karen Seaman Authors Book on Breast Health

UTMB Mammographer Karen Seaman has spent 33 years in mammography. Over the course of her career, she’s seen many changes and advancements in technology and care; and during that time she journaled common cases she saw on a regular basis. Those cases were the inspiration for her book, *A Breast of the Situation*. In her book, Karen offers advice based on her decades long career in mammography. An upcoming issue of *The ARRT* (American Registry of Radiologic Technologists) will feature an article on Karen, her career and her book. *A Breast of the Situation* is available for purchase at karenkayseaman.com and at amazon.com. Thank you Karen for promoting the importance of breast health!
I have been meaning to write this amazing physician story for quite some time now. I have been working with Nuclear Medicine staff for almost 10 months. From the beginning, I have been impressed by the compassionate nature of the staff in Nuclear Medicine. I understand now why the technologists are so intuitive to their patients' needs and why they care so much—they are led by example.

I have to say, I have never met a radiologist that cares so much about direct patient care. Dr. Fernando Cesani greets every patient he sees in the hallway or imaging room and follows by saying “I am Dr. Cesani and I am here for you.” These are nice words, but what is so amazing about that line is that he really is there for them. If you ask Dr. Cesani to look at an image, he will drop whatever it is he is doing and follow you to the room to look at images; he always asks the patient under the camera how he/she is doing.

When I first noticed his constant display of exemplary behavior, I didn't think it would last. I thought, he must just be in a good mood today. Now I know that Dr. Cesani is a doctor that is compassionate and cares about his patients more than he cares about himself. He has an unbelievable patient-oriented attitude. I couldn’t believe a busy physician with a lot of responsibilities could take the time to show so much compassion.

A couple of days ago, an 85-year old patient arrived for a cardiac scan. She came alone and was dropped off by a taxi. She really didn’t understand the procedure and was unhappy when she found out it would take a couple of hours. Dr. Cesani heard my conversation with the patient, and he came over to the room. He sat next to the patient and explained how important the exam was and assured her that she would be taken care of right away. After I was done taking the patient’s image and was ready to take her to her taxi, Dr. Cesani came over with a flower and gave it to the patient. She was thrilled and was very appreciative of his kindness. She turned around to me and said, “I didn’t know that kind of doctor existed.” This is one of the hundred patient stories I can tell of Dr. Cesani’s exceptional patient care.

I am one of the few lucky individuals that have the opportunity to witness daily the consistent display of our core values in Nuclear Medicine. On behalf of Nuclear Medicine staff, I would like to recognize our super doctor, Dr. Cesani.

Submitted by Saba Tesfay, MBA, CNMT, RT (N) (CT)
Last year, my mother was a patient at the Victory Lakes Cancer Center. Her journey at UTMB started after two years of undiagnosed symptoms, including dramatic weight loss and decreased mobility. Prior to this, my mother thought she had some sort of gastrointestinal problem and was being treated at an area clinic. When my sister and I forced her to get seek another opinion, we chose UTMB Health, at which time she was quickly taken from triage to a room in the ER. Within two and a half hours, my mother had her blood and urine samples taken, an MRI and was preparing for a CT scan. The doctors were very swift in the ER that day. When mom needed to be handed off to an oncologist, Dr. Lucky Reed handled her biopsy (his residency with UTMB was concluding at the time). The biopsy revealed that my mother had cervical cancer. After that appointment, I spoke with Ms. Elizabeth Hernandez, the coordinator, and she was terrific in arranging my mother’s Medicaid. She was quick, accurate, and so understanding with me as she helped me get my mother the help she so very much needed. I appreciate Ms. Hernandez’s patience. By the time of my mom’s first oncology appointment at Victory Lakes, she had Medicaid, and it was all because of Ms. Hernandez.

When we reached Victory Lakes, mom’s primary doctors were Dr. Gwynn Richardson and Dr. Sandra Hatch. Those ladies are awesome. My mother was not a great patient, and Drs. Richardson and Hatch were amazing to her, very understanding and patient. The level of care mom received from them was beyond reproach and I would highly recommend their care personally and over any other hospital system. They walked us all through the process of treatment and continued with follow up care with the same great attitude as in the beginning. In March 2014 my mother’s cancer had metastasized to her nerves and she was faced with more aggressive treatment. Although my mother chose no further treatment, we were all (a large group of friends and family came to the last oncology appointment) made aware of the pros and cons of going forward or not going forward with treatment.

Once my mother opted to not continue treatment, she was place on palliative care with Dr. Loretta Grumbles. She was great and right there to help take care of my mother whenever needed. Mom lost her battle with cancer August 1, 2014, almost a year to the day of her biopsy. I pray that we all can receive preventative care before it’s too late.

Galveston County has a great cancer center in UTMB. Great doctors do great work there. I am so pleased that in having to walk this difficult walk, we had caring, patient and understanding staff around to support us. Please keep your cancer program active and flourishing.

I am a recent patient who received a coronary artery bypass surgery at UTMB. Based on my experience, I was compelled to write you to specifically commend your staff on the outstanding care I received during my visit. I wish I could remember every name of every caregiver that interacted with me during my stay, but suffice to say they were all wonderful—in particular, the Surgery and SICU teams, and especially the entire team on the Dedicated Cardiac Care Unit, J9A.

Undergoing such a major surgery is an uneasy endeavor. I was very apprehensive, and yes, scared. However, this quickly subsided based on the care I receive pre- and post-op from two of your clinicians in particular: Erin Quinn, RN, my coach and mentor, who began my care plan and follow-up care, and supported me emotionally through the entire ordeal.

Mark Rosenfelder, RN, my safety net, who always made me feel that he had my back.

Their competence and compassion were exceptional!

Whatever culture of customer care you are instilling within your organization is working.

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We are writing on behalf of the family of a patient who was admitted through the UTMB ER. She fell ill in Galveston and was transported by ambulance. While in the ER, care was efficient and compassionate. She had her two teenage grandchildren in her care at the time. Before much time had passed, friends came from Houston to help.

The ER team kept the children and friends informed of her procedures and condition. While there were many that made treatment excellent, we would like to single out Mr. Nicholas Riggs, RN, who truly exemplified nursing at its best.

She was later transferred to the MICU. Again, a continuous stream of professionals attended to her needs, and they were wonderful, but two stood out: Ms. Katharine Sinclair-Faulkner, RN and Blessed Makamba, RN. Ms. Sinclair was always approachable, well-informed, gentle, and brought a spirit of joy to the room. Blessed was also well-informed, eager to do the things necessary to make [the patient] more comfortable, and was tireless in his devotion to caring for his patients.

Richard Merson (nurse clinician II, Emergency Medical Group) was fabulous! He was attentive to my pain, needs and emotions! I don’t give him five stars, I give him 10!

Darlene Tracy (clinical specialist, Emergency Medical Group) was exceptional! She printed off information about kidney stones for my reading later. She sat down and discussed my symptoms, prevention, prescriptions, everything! You rock, Dr. T!

Dr. Lattisha Rowe (Orthopedic Surgery Resident Pgl-4) was wonderful. She had to set my fractured wrist. She kept me calm and was very caring and knowledgeable. (Emergency Department)

Tony Eappen (nurse clinician III, Medicine/Nephrology) was the best nurse ever. He went above and beyond with the care and attention he provided.

I have seen Dr. Kathleen Griffis for many years. She is a wonderful doctor and I have referred friends to her. Her staff is exceptional.

Dr. Thomas Blackwell treated me for a minor problem and it led him to discover a kidney tumor at a very early state. Surgery followed, and I am now cancer free!

Dr. Susan McCammon’s entire staff is caring and compassionate. They go above and beyond to assist and provide comfort and encouragement not only to me, but the rest of her patients, I am sure. The clinic does everything right. I truly consider this entire team to be members of my family. They should all be commended and recognized, thank you. (ENT Consultants)

Dr. Rana Bonds is a knowledgeable professional aware of the latest research and treatments. She is willing to explore alternative measures such as diet and nutrition to explore sources of the problem. She’s great! (VLTC Medicine Specialties)

Dr. Glenn Anderson very professional, very careful and very dedicated. He is an excellent neurosurgeon. (Surgery-Neurosurgery)

I travel from Beaumont to continue the excellent care I receive from Dr. Gina Rizzo and her staff. (Women’s Health Care at Bay Colony)

I would like to commend Linda Nolasco and Madalyn Tucker at the Family Medicine, Island West for their help with appointments and messages to our doctors. They are always very helpful and kind.

Dr. Gwyn Richardson and the entire staff at the Women’s HealthCare - Galveston Clinic are the absolute best. I had my first bout with cancer at 19 years old, and my second was when I was 40. I have seen a lot of doctors, nurses and clerical personnel in my life. Prior to my first appointment with Dr. Richardson, I was nervous, but that passed quickly, and my confidence in her was immediate! Dr. Richardson is truly a gem. She’s friendly, funny, caring and a great doctor. I feel extremely fortunate to be one of her patients. She is rock star! (UHC OB/Gyn)