The Committee on Trauma of the American College of Surgeons reverified UTMB’s Level 1 Trauma Center designation this month. The American College of Surgeons ranks trauma centers according to standards, from Level 1, the highest, most comprehensive level of care to Level 3, a more limited scope of care. The rankings are based on the types of resources available in the trauma center and the number of patients admitted annually.

continued on page 2

IN THIS ISSUE...

UTMB Receives 2013 Bill Aston Award | Emergency Department Tech Council Presents at Texas Hospital Association Conference | UTMB Receives American Academy of Sleep Medicine Accredidation | UTMB’s SICU 1 of 4 Gold-Level Beacon Award Recipients in Texas | Welcome Aboard Deborah Mordecai | Dr. George Saade Inducted into National Advisory Child Health and Human Development Council | Nursing Receives International Audio Visual Digital Awards | Mondays In March | ICD-10 Update | Shout Outs

Miss an issue? www.utmb.edu/fridayfocus Submit a story: friday.focus@utmb.edu Friday Focus Team: Mary Feldhusen and Erin Swearingen
continued from page 1

As one of only three Level 1 trauma centers in the Greater Houston area, UTMB is the lead trauma center for a nine-county region of Southeast Texas. It is the only Level I trauma center in the region that is also a Level I burn center. UTMB’s Blocker Burn Unit became the first burn center in the United States to be certified by both the American College of Surgeons and the American Burn Association in 1996.

In order to maintain Level 1 status, a unit must undergo review by the Verification Review Committee (VRC), a subcommittee of the Committee on Trauma of the American College of Surgeons every three years.

A Level I trauma center has a full range of specialists (a minimum of 15 physician specialists are required), equipment available 24 hours a day, and admits a minimum required annual volume of severely injured patients.

At UTMB, there is always a trauma surgeon, a neurosurgeon, a respiratory therapist and other designated staff physically present. A typical UTMB trauma team consists of a physician faculty member, three residents and emergency room nurses. Being treated at a Level 1 trauma center increases a seriously injured patient’s chances of survival by an estimated 20 to 25 percent.

Additional requirements for Level 1 Trauma Centers include ongoing trauma training and quality assessment programs, continuing education for trauma team members, community outreach in prevention to surrounding communities and research efforts meant to result in innovations in trauma care.

Learn More About ICD-10: Mission Possible at intranet.utmb.edu/icd10

Want to learn more about the ICD-10: Mission Possible project at UTMB? Visit the website at http://intranet.utmb.edu/icd10.

ICD-10 is a diagnostic coding system implemented by the World Health Organization (WHO) in 1993 to replace ICD-9. ICD-10 is in almost every country in the world, except the United States. On October 1, 2014, the Center for Medicare & Medicaid Services (CMS) will require all health providers to bill for services using the ICD-10-CM/PCS system.

Together ICD-10-CM and ICD-10-PSC have the potential to reveal more about quality of care, so that data can be used in a more meaningful way to better track the outcomes of care and improve clinical documentation via five key elements of new specificity:

1. Laterality – Left, right, anatomical pairs
2. Anatomy – upper outer breast, transverse colon, lung upper lobe
3. Episode of care – Initial episode of care, subsequent, sequela
4. Etiology – Pneumonia due to E. Coli, Staphylococcus, etc.
5. Acuity – Chronic, acute, severe

The website provides additional information and resources on the project, including videos, demos, frequently asked questions, information on how different roles across the institution will be impacted, and information on upcoming training. As the project unfolds, look for updated information and new items to be added—check back often for updates!

If you have questions about the project you may contact us via the website or by sending an email to revicd10@utmb.edu.
AUSTIN, Texas — The Texas Hospital Association recognized the University of Texas Medical Branch at Galveston as the 2013 recipient of the Bill Aston Award for Quality in the academic institution or large teaching hospital/health system category in recognition of its improvement of sepsis mortality with early identification and treatment. The award will be presented today at the THA 2014 Annual Conference and Expo in San Antonio.

“Texas hospitals are at the leading edge of a changing health care system. Our leaders are enhancing outcomes and improving quality with innovative efforts and investments,” said Ted Shaw, THA president/chief executive officer. “We are proud to recognize the impact leaders at UTMB at Galveston have made to improve practices as well as the lives of the patients they serve.”

Kicking off the initiative in 2012, UTMB staff developed a comprehensive protocol for treating and reducing sepsis by implementing a multidisciplinary approach to identifying and eliminating the infection. A 70 percent drop in sepsis mortality resulted.

“The sepsis improvement initiative resulted in reductions that exceeded our goals. Our team utilized years of professional experience to bring about very real change for patients. By bringing our community of leaders together to solve a complex issue, we were able to devise a model that can scale across the system through the use of infection reduction protocols,” said Donna Sollenberger, executive vice president and CEO of UTMB Health System. “Innovation in patient safety initiatives is the result of the talented team of physicians, nurses, and other professional staff who work every day to bring the very best care to patients.”

Although only two percent of hospitalizations are sepsis-related, they account for 17 percent of hospital deaths,
Join us in congratulating Dr. George Saade on his recent appointment to the National Advisory Child Health and Human Development Council at the National Institute of Health. The mission of the National Institute of Child Health and Human Development (NICHD) is to ensure that every person is born healthy and wanted, that women suffer no harmful effects from reproductive processes, and that all children have the chance to achieve their full potential for healthy and productive lives, free from disease or disability, and to ensure the health, productivity, independence, and well-being of all people through optimal rehabilitation.

Created at the request of the president of the United States and with the support of Congress in 1962, the NICHD was initially founded to realize a vision: to support the world’s best minds in investigating human development throughout the entire life process, focusing on understanding developmental disabilities, including intellectual and developmental disabilities (IDDs), and illuminating important events that occur during pregnancy.

Since then, the NICHD has achieved an impressive array of scientific advances in its pursuit to enhance lives throughout all stages of human development, from preconception through adulthood, improving the health of children, adults, families, communities, and populations. Research supported and conducted by the NICHD has helped to explain the unique health needs of many, and has brought about novel and effective ways to fulfill them. Congratulations, Dr. Saade!

Dr. George Saade Joins National Advisory Child Health and Human Development Council

Join us in congratulating Dr. George Saade on his recent appointment to the National Advisory Child Health and Human Development Council at the National Institute of Health. The mission of the National Institute of Child Health and Human Development (NICHD) is to ensure that every person is born healthy and wanted, that women suffer no harmful effects from reproductive processes, and that all children have the chance to achieve their full potential for healthy and productive lives, free from disease or disability, and to ensure the health, productivity, independence, and well-being of all people through optimal rehabilitation.

Created at the request of the president of the United States and with the support of Congress in 1962, the NICHD was initially founded to realize a vision: to support the world’s best minds in investigating human development throughout the entire life process, focusing on understanding developmental disabilities, including intellectual and developmental disabilities (IDDs), and illuminating important events that occur during pregnancy.

Since then, the NICHD has achieved an impressive array of scientific advances in its pursuit to enhance lives throughout all stages of human development, from preconception through adulthood, improving the health of children, adults, families, communities, and populations. Research supported and conducted by the NICHD has helped to explain the unique health needs of many, and has brought about novel and effective ways to fulfill them. Congratulations, Dr. Saade!
The UTMB Sleep Disorders Center received the American Academy of Sleep Medicine Accreditation earlier this month. The American Academy of Sleep Medicine (AASM) accreditation is the gold standard by which the medical community and the public can evaluate sleep medicine services.

The five-year accreditation reflects UTMB’s commitment to provide the highest quality of care to patients with sleep disorders.

Accreditation is a voluntary process, and standards for accreditation ensure that UTMB displays and maintains proficiency in areas such as testing procedures and policies, patient safety and follow-up, and physician and staff training. Additional standards address core areas such as facility and equipment, policies and procedures, data acquisition, patient care and quality assurance.

“The American Academy of Sleep Medicine congratulates UTMB Center for Sleep Disorders on meeting the high standards required for receiving accreditation as a sleep disorders center,” said Dr. M. Safwan Badr, AASM president. “The UTMB Center for Sleep Disorders is an important resource to the community and will provide academic and scientific value in addition to the highest quality care for patients suffering from sleep disorders.”

The Sleep Disorders Center at UTMB has been in existence for more than 20 years and has a track record for provision of quality sleep services in an expeditious manner. Faculty includes Shahzad Jokhio, MD, medical director and assistant professor in the Division of Pulmonary Critical Care and Sleep Medicine and Thomas K. Speer, PhD, associate professor, Division of Pulmonary Critical Care and Sleep Medicine.

The center includes two laboratories, one of which is a four-bed unit located at UTMB in John Sealy Hospital. The mainland laboratory is a two-bed unit located at the Multispecialty Care Center in League City. Both locations are outfitted with state-of-the-art monitoring equipment staffed by personnel experienced in the treatment of various sleep disorders of both adult and pediatric patients.

The American Academy of Sleep Medicine is a professional medical society for clinicians, researchers and other health care providers in the field of sleep medicine. As the national accrediting body for sleep disorders centers, the AASM is dedicated to setting standards and promoting excellence in sleep medicine health care, education and research.

http://www.utmb.edu/internalmedicine/divisions/pccm/sleep_lab/default.asp.
This month, the UTMB Emergency Department’s Tech Council was presented in the Innovation Center at the Texas Hospital Association Conference in San Antonio. The presentation, “A Collaboration and Innovation Effort to Increase Participation and Improve Morale of Emergency Department Technicians by Creating a Tech Council” presents the history and purpose of the newly formed ED Tech Council and suggests how other health care institutions may benefit from a similar structure.

Emergency Services Coordinator Edwin Smith says the ED Tech Council was formed to fill a void. Prior to the council, shared governance councils existed to address and improve licensed nursing care; however, none existed to serve unlicensed personnel (such as emergency room technicians and mental health associates) and address those roles in the patient care that they delivered. Using guiding principles from innovation and the American Nurses Credentialing Center Magnet Recognition Program, the Emergency Department embarked on the journey to give unlicensed staff a voice. The goal: to improve the care that they delivered and to improve staff morale.

The Tech Council is modeled after the ED Nursing Shared Governance Council with membership comprised primarily of emergency room techs (95 percent of membership), mental health associates, an RN sponsor and Emergency Department nurse manager and nursing director. Over a period of five months, the council grew to 45 percent participation by unlicensed staff. With approval from Chief Nursing and Patient Care Services Officer, David Marshall, the council undertook a special project to create a policy for certified paramedics who are ER techs to begin intravenous therapy. The council has also created guidelines for the safe transport of patients that require telemetry monitoring.

When asked about the difference he has seen since the Tech Council has been in place, Edwin Smith said, “It’s great. It promotes our mission of transparency by improving communication. When communication is improved, morale is improved and when morale is improved, patient satisfaction is improved.”

ER Technician Donnie Walker agrees, “Our department is 110 percent better because of this.”
Deborah Mordecai RN, CNM, MS, MA has joined the UTMB Health team as director of patient care and assistant chief nursing officer for Women’s, Infants’ and Children’s Services. She brings over 25 years of experience in nursing excellence with a focus in Maternal and Child Health. The past 10 years have included progressive leadership in both community hospitals and large academic centers. She has held leadership posts at both The University of Maryland and The University of Oklahoma Medical Center.

Deborah earned her Master of Science in Nursing from The University of Colorado Health Sciences Center in 1997 with advanced practice certification from The American College of Nurse Midwives. She had the distinction of being the first full-scope nurse midwife to practice in Pueblo, CO in 1998. Deborah also holds a Master of Arts in Broadcast Journalism from The University of Colorado in Boulder. Originally from Baltimore, MD, Deborah’s second home has been Colorado for over 20 years. Married to a respiratory therapist, she has four children including two in high school. Deborah is anxious to have her family join her here on Galveston Island soon.

When asked about her experience so far at UTMB, Deborah said, “It is amazing how warm and gracious everyone has been. This is the best on-boarding experience I have ever experienced. Collaboration smoothly combines with ease of operation and strong expertise. I stand impressed!”

AVA Digital Awards is an international competition that recognizes excellence by creative professionals responsible for the planning, concept, direction, design and production of digital communication. Work ranges from digital engagement campaigns to audio and video production, and website development to social media interaction and mobile marketing.

Nursing Service won two awards from the International Audio Visual Arts (AVA) Digital Awards. Out of the three possible categories, platinum, gold and honorable mention, the Nurses Week 2013 video won gold for Video Production/Viral Video for Entertainment category and the September 27 Nursing News Newsletter won Honorable Mention for Interactive Communication/E-Newsletter.
UTMB’s annual Mondays in March series gets under way soon, and everyone is encouraged either to attend in person or to view the sessions remotely.

This year, executive leadership will provide an update on the progress, achievements and challenges experienced over the first half of the current fiscal year. In addition, leaders will talk about the role each employee plays in fulfilling UTMB’s mission as the university continues to travel on the Road Ahead to a successful future.

Employees are encouraged to submit questions to leadership, which will be addressed as time permits. Questions can be submitted via the Employee Advisory Council website.

All sessions will take place at noon in Levin Hall Main Auditorium.

This year’s schedule is as follows:

**Monday, March 3, 2014**
**Academic and Research Enterprise Update**
Dr. Danny O. Jacobs
Executive Vice President, Provost and Dean, School of Medicine

**Monday, March 17, 2014**
**Health System Update**
Donna K. Sollenberger
Executive Vice President and Chief Executive Officer, UTMB Health System

**Monday, March 31, 2014**
**Institutional and Financial Update**
David Callender
President
Michael Scheer
Interim Chief Financial Officer

In December, *Friday Focus* recognized UTMB’s Surgical Intensive Care Unit (SICU) for receiving the American Association of Critical-Care Nurses (AACN) Gold-level Beacon Award. The AACN Beacon Award recognizes individual units across the countries who are distinguished for providing exceptional care through improved outcomes and greater overall satisfaction.

Texas is also home to 16 additional Beacon Award winners, eight of whom are located in the Houston area and four of whom are fellow Texas Medical Center members.

Texas Gold-level award winners are listed below.

**St. Luke’s Episcopal Hospital, Houston, TX**
7 Cooley A
7 South 3

**Methodist Hospital, Houston, TX**
**Neuro ICU**

**University of Texas Medical Branch, Galveston, TX**
**SICU**

To see the full list and locations of Texas award winners and for more information on the Beacon Awards, visit [http://www.aacn.org/wd/beaconapps/content/mainpage.content?menu=beaconapps](http://www.aacn.org/wd/beaconapps).
Session 5 of the Clinical Safety & Effectiveness (CS&E) Program began last month. The goals of the program are simple: safety and effectiveness will be integrated into the work we do every day. CS&E teams work together to identify, measure and minimize the variation in all of our health care processes to maximize the quality of the health care we deliver. Teams must attend seven full-day classroom sessions, work with team members during designated team time, work on project tasks/deliverables outside designated team time, and present the final results of their project to leadership. During Session 5, teams will work to make improvements through the following projects:

**Team 1: Specimen Transportation**  
**Sponsor: Emily Blomberg**  
The Specimen Transportation project will work to improve the handling, storage and transportation of specimens according to CAPS and CMS standards. The goal of the project is to reduce handling errors by 25 percent by June 2014, thereby improving quality patient care and reducing the need for repeated testing.

**Team 2: Post-Operative Respiratory Failure**  
**Sponsor Dr. Donald Prough**  
Some adult patients who presented for elective surgical procedures at UTMB from 2011-2013 developed post-operative respiratory failure, according to Agency for Healthcare Research and Quality (AHRQ). This data placed our institution in the bottom quartile of the University Health System Consortium rankings. In order to improve UTMB's performance for this measure, Team 2 will begin analyzing UTMB's data from the reporting time period (2011-2013) to identify and address causal relationships. The team will also work to implement changes in preoperative, intraoperative, and postoperative care and documentation.

**Team 3: Cardiac Catheterization Lab: Canceled Cases**  
**Sponsor Annette Macias-Hoag**  
Patient case flow and resource utilization in the Cardiac Catheterization Lab is negatively affected by inappropriate requests for inpatient Cath Lab procedures. During November 2013, 23 cases (almost 11 percent of the total number) were canceled after being placed on the Cath Lab schedule. Ten of the 23 (43 percent) patient cases had already been brought to the lab’s holding/recovery area at the time that they were cancelled. To reduce the proportion of inappropriate requests for inpatient cardiac catheterization, the team will work to reduce the number of canceled cases by five percent within a three-month period.

**Team 4: Early Initiation of Breastfeeding**  
**Sponsor: David Marshall**  
The World Health Organization recommends that mothers first provide breast milk to their infants within one hour of birth – referred to as “early initiation of breastfeeding”. This ensures that the infant receives the colostrum (“first milk”), which is rich in protective factors. To aid mothers in the initiation of breastfeeding immediately following birth at UTMB, Team 4 will collaborate with Labor & Delivery and Transition Nursery nurses to increase the rate of babies in skin-to-skin contact with their mothers for at least one hour after birth by 30 percent as well as to encourage mothers to recognize when their babies are ready to breastfeed and offer assistance if needed.

**Team 5: Employee Safety & Safe Patient Handling**  
**Sponsor: David Marshall**  
A major source of injury to health care workers is caused by patient handling, often due to overexertion related to repeated manual patient handling activities, lifting more weight than is safely recommended and working in extremely awkward postures. To increase safety for both patients and employees, Team 5 will work to improve patient handling procedures and practices to reduce UTMB Nursing Service injuries from patient handling by 50 percent by September 1, 2015.

Final presentations will take place Friday, June 20, 2014 in the Caduceus and Ballinger Mills Rooms. Please visit the Quality & Healthcare Safety web page at [http://intranet.utmb.edu/qhs](http://intranet.utmb.edu/qhs) for more information or to learn how to register for a future course. Just look for CS&E on the left navigation bar under “Performance Improvement”.
This experience changed the way we feel about doctors. Dr. Daniel Beckles and his team were so informative and gracious and answered all of our questions. I was so pleased. (Cardiac and Thoracic Surgery)

Nursing service was outstanding; I especially want to send my appreciation to Susan Court (nurse clinician V), Michael Gold (nurse clinician IV), and Nurse Manager Chuck Machner. (Cardiology)

I would like to share that Marie Feliciano (nurse clinician IV) is one of the best nurses I’ve had. She was very helpful, attentive, kind and excellent in all the care I received. (Cardiology)

I had a nurse named Angie Benigar (nurse clinician IV) who helped me tremendously. I had a life threatening problem and she went above and beyond to care for me. I have never had such a caring nurse like her. Thank you! (Obstetrics)

Dr. Mohamed Morsy did a great job. He is amazing and trustworthy. (Internal Medicine-Cardiology)

Dr. Mary Claire Haver was awesome. She explained everything to my husband and we felt very comfortable being under her care. (Obstetrics)

I really like Dr. Sreeram Parupudi. He is thoughtful, considerate and attentive to my needs. (Gastroenterology, UHC Medicine Specialties)

The staff of the Family Medicine Clinic is exceptional. Dr. Tricia Elliott is the absolute best doctor I have encountered so far. She gives superb care and is confident in her abilities. (PCP Family Medicine)

Dr. Kyralessa Ramirez is the best doctor I have seen. She really cares about my kids and helps us take care of them in a healthy way. (League City Pediatric and Family Health)

I can’t say enough good things about Kim Ward (senior physical therapist assistant). She’s an excellent provider and I feel like I made a friend for life. (Occupational and Physical Therapy)

Dr. Truong Nguyen is wonderful and so smart! The office has a wonderful atmosphere. I give them an A+, from a retired teacher! (Women’s Healthcare Nassau Bay)

I was referred to Dr. Roger Thronson by my regular dentist to evaluate a suspected cancerous sore on my tongue. His evaluation and care were superior and appreciated. (League City Oral Surgery)

Dr. Susan McCammon had a kind and calming nature that meant less worries for me during a very scary time. (Otolaryngology, ENT Consultants)

From the Carnes Funeral Home Obituary for Michael Edward Cornitius, Sr.: The family is eternally grateful to the staff at UTMB in 9B and 4A MICU; especially Dr. Morsy, Dr. Kumfa and Dr. Zao; nurses Lisa, Tam, Bennie and Jill; and staff members Cynthia Lancaster, Nicole Young and Suzie Mott for the care and compassion shown not only to our father, but to all our family as well.

I recently underwent my annual colonoscopy in the UTMB Colonoscopy Unit. I want to express my very positive comments regarding the professionalism, patient care and customer service that I experienced during my visit to that unit. From the administrative assistant and the nurses to the physicians that I encountered, all were terrific! I wanted you to know that the Colonoscopy Unit is reflecting the values of UTMB positively and effectively. Many thanks!

This experience changed the way we feel about doctors. Dr. Daniel Beckles and his team were so informative and gracious and answered all of our questions. I was so pleased. (Cardiac and Thoracic Surgery)
SHOUT OUTS!

Dr. Lindsay Sonstein is an exceptionally talented physician. Her memory of my mother’s medical history (including prior treatments and events) has been amazing. (Internal Medicine, PCP Harborside Medical Group)

Dr. Sidney Worsham saved my life. Without him, I would not be here wishing him life, health and blessings; he deserves a medal of humanitarian! (Urology, UHC Specialy Clinics)

Dr. Ana Vidal seemed genuinely concerned about me and my health care. (Internal Medicine, Victory Lakes Town Center Internal Medicine Primary Care)

If my experiences were anything but the best, I would not drive from the Dallas/Fort Worth area to receive my neurological care from Dr. Robert Smith. (Neurology, Victory Lakes Town Center Pain and Neurology Clinic)

Dr. Michael Binder is always so kind and patient with our four-month old. He spends time talking and never rushes us. (Friendswood Providers)

Dr. Aaron Mohanty made sure that I understood not only methods of treatment, but options available for my son. (Bay Colony Pediatric Specialty)

Feedback Requested

New Joint Commission National Patient Safety Goal: Alarm Safety

The Joint Commission has a new National Patient Safety Goal (NPSG) that focuses on alarm safety (NPSG 06.01.01 Use Alarms Safely).

The purpose of this NPSG is to focus efforts to ensure that clinical alarms are heard and responded to in a timely manner.

In June 2013, The Joint Commission approved the new National Patient Safety Goal. Phase 1 began January 2014 and requires hospitals to establish alarms as an organizational priority and to identify the most important alarms to manage based on their own internal situations. Phase 1 heightens awareness of the potential risks associated with alarms, and Phase 2 introduces requirements to mitigate those risks.

All Health System employees are encouraged to please assist our efforts to prepare for this project by taking a brief survey to help establish a baseline of information regarding alarm sounds and response. Feedback is requested by March 14.

To take the survey, visit the Health System Intranet or go to: https://survey.utmb.edu/TakeSurvey.aspx?SurveyID=m2ML97.

What’s On Your Mind?

A New “Contact Us” Method

The new “contact us” page is accessible via the Health System Intranet page, anywhere it says “Contact Us”. Form fields are optional for Name, Department and Email Address; and there is an option to receive an answer to your question/concern by email (if an email address has been provided), by blog post on the page or “no response necessary.” Visit the new page at, http://blogs.utmb.edu/healthsystemqa/whats-on-your-mind.