UNIT-BASED CLINICAL LEADERSHIP

Improving Patient Care Through Collaboration

Last month, inpatient units across the Health System kicked off a new program known as Unit-Based Clinical Leadership (UBCL). Originally developed by the University of Pennsylvania Health System (UPHS), the unit-based clinical model consists of unit-based teams led by a physician and a nurse director who develop unit-specific initiatives designed to improve quality of care and patient safety. By increasing the lines of communication between physicians and nurses, accountability is shared. This leads to improved quality outcomes, an enhanced patient experience, and higher levels of patient and staff satisfaction.

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Program Structure

Most organizations do not have formal strategies to ensure that nurse and physicians communicate effectively or to ensure that they collaborate on ongoing initiatives to improve quality. Surveys of nurses at UPHS indicated that communication between physicians and nurses typically occurred only informally, either through daily patient care or via written medical record documentation. Additional research indicated that most health system unit-level initiatives, whether geared toward improvement of quality, safety or patient satisfaction, tended to be driven by nurses and physicians who were often not fully or consistently engaged in communication with one another. UBCL provides a support infrastructure that empowers physician and nurse leaders to manage communication and accountability together, at the local level.

The UTMB UBCL Executive Council is responsible for the development and implementation of the program and has determined that each unit in the hospital will have an assigned UBCL Team to include a medical director, a nurse manager and a patient care facilitator when applicable. The team will on a weekly basis to with review and synthesize unit level data, review patient comments, identify areas for improvement, translate data into actionable bedside initiatives, and engage all staff in unit-based improvement efforts. The teams will also utilize best practices for employee and patient rounding.

The leadership teams allow physicians, nurses and quality leaders to develop closer working relationships and to create a sense of shared accountability for unit performance.

UBCL Executive Council

The UBCL Executive Council will provide oversight for the UBCL Teams and set the strategic direction for the program ensuring the clinical strategy aligns with Health System and institutional metrics and goals. It will select UBCL Teams to meet with on a quarterly basis to review performance based on the unit dashboards. The meetings will also be a forum for the UBCL Teams to escalate concerns or issues.

Results

After UPHS implemented unit-based teams, staff observed a more patient-centered environment thanks to more effective communication among physicians and nursing staff. In addition, there was an increase in patient satisfaction, improved adherence to medication reconciliation, and reductions in central line-associated bloodstream infections, urinary tract infections and pressure ulcers.

References

UTMB Health “Creating a United Front Among Clinicians, Quality, and Executive Leadership” PowerPoint. 18 December 2013
Tom Kimbrough, Mark Kirschbaum, David Marshall

To schedule an appointment in a UTMB clinic, visit utmbhealth.com or call the Access Center day or night at (409) 772-2222 or (800) 917-8906.
Jessica Anderson is an exercise physiologist at UTMB. At only 22 years old, she was diagnosed with multiple sclerosis (MS). Now, six years later, she’s training for a 140-mile run as one of 16 relay runners in the 3,000-mile MS Run the US relay run across America to raise awareness and funds to help cure Multiple Sclerosis.

MS Run the US, Inc. is a non-profit organization committed to raising disease awareness and funds to further research in the fight to end multiple sclerosis (MS).

How long have you worked at UTMB?
I’ve worked at UTMB as an exercise physiologist since November 2010. I grew up in Wisconsin and I received my Masters in Clinical Exercise Physiology from Benedictine University in Chicago.

When and how did you find out that you had Multiple Sclerosis?
I was diagnosed with Relapsing-Remitting MS in 2008; I was 22 years old. My first symptom was a burning sensation on my stomach, but I didn’t have a rash. I finally went to the doctor. They took an MRI and ordered a spinal tap. It took about two months before I received a final diagnosis.

You’re young, healthy and physically fit. You don’t seem like a person who could be diagnosed with such a serious disease. What kind of people are at risk for MS?
The cause of MS is unknown. There is a lot of speculation. It seems that there are more instances of people from the north getting it than the south, so some suspect it could be linked to vitamin D deficiency. Genetics may also play a factor, but no one in my family has ever had it. It’s rare that a person gets diagnosed as young as I did.

How did it affect you after the initial diagnosis and how do you feel about it today?
When I first found out, I was halfway through school and ready to just quit. I received daily injections to control the progression for two years. Then I lost my health insurance and couldn't afford the medication anymore, so I weaned myself off. To help avoid relapse I ate healthy, exercised, got lots of sun and started taking vitamin D supplements. When I moved to Texas, I got a job and had health insurance again, so I followed up with a neurologist. After a lot of considerations and deliberation, he ultimately decided to let me remain off medication unless my symptoms returned. It’s unusual that MS can be managed like this—with diet and lifestyle—but it seems to be working for me right now.

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You are one of 16 runners in the country that was chosen as a relay runner in *MS Run the US*. In May, you're running your 140-mile leg of the relay in Utah. How did you get chosen to be one of the 16 runners in the nation to participate in this race?

I had to apply in a written application and then there was an hour phone interview. They called me to tell me I was selected a month later. It was really exciting and scary at the same time. Each of us pledged to raise $10,000 to participate in the race. I've been selling these "Cure MS" bracelets and hopefully I'll be able to organize a bake sale or a fun run to help reach my goal by the time of my race.

**Do the other 15 runners participating have MS?**

No. Maybe three or four of us have it. The others have a close relative, either a brother, sister, mom or dad, that have or have had MS. All of us are directly connected in some way.

**Running in Utah is going to be a lot different than running here!**

Here in Galveston we're at sea level. Where I'll be running in Utah will be 5,000–7,000 feet above sea level. I'm training five to six days a week. One day a week, I work on a treadmill so I can train on an incline. Otherwise, I'll run five to six miles on my short days and I’ll run about 30 miles—a marathon, basically—on my long days. When I’m in Utah, I’ll run 140 miles in 5 days.

Jessica is the fourth out of the sixteen runners in the relay. Her segment begins on May 5 in Nephi, Utah and will end on May 9 in Vernal, Utah.

To learn more about Jessica's journey and the *MS Run the US* relay, visit Jessica's *MS Run the US* website, [https://www.firstgiving.com/fundraiser/jessica-anderson-13/msruntheus2014relay](https://www.firstgiving.com/fundraiser/jessica-anderson-13/msruntheus2014relay).

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**Medical Interpreter Competes in 4th GPA World Powerlifting Championship**

If you need some extra motivation to kick start that New Year’s resolution to get back in shape, look no further! At 71 years old, Medical Interpreter Lucy McMahon recently returned from the 2013 Raw Powerlifting Benchpress Deadlift Push and Pull World Championship in Finland, where she earned her 16th world record for lifting 182 pounds. Lucy first began powerlifting five years ago, and has been dominating her competition ever since. She has already been invited to the 2014 World Championship in Sydney, Australia. To prepare, she says she is planning to drop weight classes down from 101 pounds to 97 pounds. Congratulations, Lucy! You're truly an inspiration!
UTMB recently launched a very important project that will run over the next eight months. The project, the International Classification of Disease – Tenth Revision, or ICD-10, is mandated by the federal government and designed to more accurately capture health care data and improve health care outcomes.

Essentially, ICD-10 is an updated, set of codes that provide more specific identification of patient illnesses, treatments and medical procedures. It replaces the outdated 30-year-old ICD-9 system that no longer reflects today’s more sophisticated health care environment.

Beginning October 1, 2014, UTMB must convert to ICD-10 codes to describe diagnosis and treatment. Additionally, all reporting and payment processes must use the ICD-10 system. Medical claims and other transactions that do not use proper ICD-10 codes will be rejected for Medicare, Medicaid and most private insurance reimbursement and will have to be re-submitted for payment using the new codes. Such delays in payment could significantly impair UTMB’s financial resources at a time when our institution’s planned growth is dependent on a predictable revenue stream.

To ensure our readiness for implementation of the ICD-10 classification system, UTMB established a broad-based Steering Committee to create a plan for conversion to the new coding system. That committee has been hard at work for several months now to ensure full compliance with the ICD-10 system by October 1, 2014.

In the coming months, UTMB physicians and staff will be asked to participate in training and information sessions regarding the conversion to ICD-10. If you are asked to participate in such a session, it is essential that you do so.

To learn more about ICD-10 and why it is so important to our mission, visit the http://intranet.utmb.edu/icd10. And look for periodic updates on iUTMB, in Health System Friday Focus, Impact and other internal channels.

The UTMB Employee Advisory Council works to promote a positive and collaborative work environment that is committed to assessing, prioritizing and communicating employee needs.

UTMB employees who registered to receive their W-2 tax statements electronically can now access them online. To access your W-2 form, select Employee Self Service from the UTMB homepage. This will prompt you to login to PeopleSoft HCM. Once you login, you will need to select Payroll & Compensation and then choose View W-2/W-2c Forms.
CONSTRUCTION UPDATE

CLINICAL SERVICES WING

- 100% Structure complete in late December
- Steel placed: 2,800 tons
- Concrete slabs at floors 1-8 are complete; roof deck is 35% complete
- Exterior pre-cast concrete siding is 24% installed
- There are an average of 182 workers on site per day
- Electrical vault is complete and turned over to CenterPoint Energy

JENNIE SEALY HOSPITAL

- Total yards of concrete planned – 50,000
- Total yards of concrete poured to date – 42,650
- Level 12 concrete deck and columns are complete
- Level 13 concrete deck and columns are 25% complete
- Glass Curtain Wall glazing is 50% complete at levels 2-6
- Averaging 250 workers per day, with more than 500,000 person hours to date.

Clinical Services Wing pictured left
Café on the Court
On December 2, 2013, Café on the Court corridor was closed for construction as part of the final phase of the Concourse Project. The project is now substantially completed and the corridor reopened Friday morning, January 24, 2014.

Site Photos
Below are additional images of the new construction. On the left is an aerial view of the new Jennie Sealy Hospital and Clinical Services Wing. Pictured right is a close up of the glass curtain wall, currently 50% complete on levels 2-6 of the new hospital.

Traffic Notice
1. Market Street westbound will be closed between 4th and 6th Street. Market Street will change to a one-way street eastbound.
2. Southbound (between Darrell Royal Ave. and Market Street) on 6th Street will be closed. The northbound street will be two-way traffic. Detour routes will remain open.

See map below
New Year’s Resolutions
First published January 10, 2014 by Donna K. Sollenberger in fridayflashreport

Each New Year presents new opportunities—opportunities to learn new things, to focus on what we hope to achieve in the future and to treat one another and ourselves better. As we bring one year to a close and embark on a new stage in our journey, it is important for each of us at UTMB Health to reflect on the changes we want (or need) to make, set our sights on what we’d like to achieve in the next 12 months and resolve to follow through on those changes.

On an individual level, we can choose what we want for ourselves in the New Year; on an organizational level, we share in many of our goals, and we are guided by core values that help to define our culture. As an academic medical center, faculty members, health care providers, staff and students all share in the responsibility of caring for our patients and improving health in the communities we serve. Sharing a common vision keeps everyone moving forward. Teamwork and collaboration are the very basis for the great accomplishments that we will achieve.

If we resolve to place the patient at the center of everything we do and to abide by our core values in all of our endeavors, we will meet with success in not only achieving our goals, but ultimately by providing the best care for our patients and their families. We’ll also go a long way toward creating a safe and positive work environment for everyone at UTMB.

So let us begin 2014 by reaffirming the values which serve as the cornerstone of UTMB’s reputation as a leading academic health center and an institution deserving of the trust that our patients and their families place in us:

We demonstrate compassion for all. The letters I receive daily from our patients reflect that compassion is alive and well at UTMB. Caring for others is why we are here! In 2014, may we always maintain an awareness of others and consider what life may be like after walking a mile in their shoes. Many of you may have seen the video “What if you could read their thoughts?” in which Cleveland Clinic explores what empathy really means and explores how our interactions with others would change if we knew what they were feeling and thinking. In a hospital, empathy underpins human relationships, and I encourage you to view the video if you haven’t already.

We always act with integrity. Everyone plays a part in creating a safe and reliable care environment. Each of us holds ourselves accountable and each of us expects one another to do the same. As the saying goes, “Character is who you are in the dark.” When no one’s looking, we are the ones to whom we answer. Having integrity means we believe in what we do and why we do it, and essentially, we trust one another to do the right thing. Moreover, our patients and their families trust us do the right thing. They trust us to be honest, qualified, knowledgeable and to not only have one another’s best interests at heart, but to especially have at heart what is in their best interest.

We show respect to everyone we meet. It is widely acknowledged that there are different kinds of respect. Respect can be defined simply as a behavior or it can be defined as an attitude or feeling. However, respect is always directed toward, paid to, felt about, or shown for another person. We can show respect to others by valuing and appreciating them as unique individuals and when in the work environment, also treating them as esteemed colleagues. We show respect by listening and engaging during discussions and meetings. We value the thoughts and opinions of others, even when we may think or feel differently. Finally, we regard one another not merely as a means to serve a purpose, but as valuable human beings. Therefore, we should all work in partnership with one another because we are all here at UTMB, in whatever our role, to serve a single purpose: to provide the best service and safest possible care for our patient and their families.

We embrace diversity to best serve a global community. The concept of diversity encompasses acceptance and respect. It means understanding that each individual is unique and recognizing our individual differences, including dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies. It is the exploration of these differences in a safe, positive, and nurturing environment. It is about understanding each other the best we can and moving forward in our encounters with respect of those differences, including how we communicate, educate and provide patient care. We should embrace and celebrate the rich dimensions of diversity contained within each individual.

We promote excellence and innovation through lifelong learning. Through innovation and by exploring new solutions, we not only gain knowledge, but we are also then able to contribute to the greater body of knowledge. Lifelong learning makes us successful, no matter what our definition of success may be. We grow as a person through learning and when one masters a subject through continuous learning, it brings satisfaction. Lifelong learning enables us to be confident, competent, and knowledgeable; it increases productivity and makes us better leaders.

I’ve said it before, but I am proud to be part of an organization like UTMB and to work alongside each of you. Everyone is doing a truly remarkable job, both by helping one another and going the extra mile to serve our patients and families. So this year, let’s embrace the values of compassion, integrity diversity, respect and lifelong learning and embark on the beginning of a very successful 2014!

Be sure to share the great achievements you and your teams accomplish along the way!
Circumstances notwithstanding, my husband and I love the doctors and nurses at this clinic. Our daughter is in good hands when we come here, it is one less thing to worry about. It’s very stressful bringing our baby in when she is feeling so sick, but the staff here is so considerate of our feelings and our very emotional state of mind. Although Dr. Ralph Noble is her PCP, we have seen so many doctors during the countless times we’ve had to come on an emergency basis. They are all great, especially Dr. Robert Beach, Dr. Keith Bly, Dr. Russell LaForte, and Dr. Mark Wolffarth. All great people, and Dr. Noble is tops! (Island Pediatrics)

I just wanted to compliment the staff of J2 and J8, where I had day surgery done. Everyone that I had contact with was super friendly and helpful. I hope there is some way you can tell those on floors 2 and 8 of day surgery wing, job well done! Their kindness did not go unnoticed.

I felt confident from the time I was in the Emergency Room until the day I left the hospital. The care I received was great and all of your staff members are wonderful. Bless you all. A special hug to Sara Cantu in ICU and Bonnie Walthers on the 9th floor; they are all beautiful, spirited nurses. Thank you! (Cardiology/Coronary)

Dr. Syed Gilani was my cardiologist. My procedure took two and a half hours and he made me feel comfortable from beginning through completion. He and his team answered all of my questions. My care was exceptional. (Internal Medicine-Cardiology)

Demetri Jefferson (Nurse Clinician IV, Day Surgery Unit) was very helpful and courteous. She made sure that I was satisfied with my food.

Dr. Maurice Willis, Dr. Daniel Beckles, Dr. Guillermo Gomez and Dr. Randall Urban all went out of their way to look after my needs; I am most appreciative. (Surgery)

Dr. Daniel Beckles arranged for me to have non-invasive surgery by Dr. Guillermo Gomez instead of an invasive procedure. This was a great relief to me. I am most thankful to all of them for their concern, care and help. (Thoracic Surgery)

All of the nurses, cardiology team and neurology team were wonderful, but I must say Dr. Stephen Busby (Neurology) is such a very compassionate doctor. Thank you for such good care.

Dr. Barbara Thompson and Dr. Joseph Gajan are great. Dr. Gajan explained everything to me very clearly. (Stewart Road Family Health)

Dr. James Goodwin is excellent! He understands my mother’s situation and speaks to her slowly and with patience. (PCP Internal Medicine Specialties)

I love Dr. Brent Kelly. He remembers that I’m new in town and asks how I’m doing. (League City Dermatology)

Dr. Megan Berman is an intelligent, informative and caring person; an asset to me as a patient and to UTMB. (PCP Harborside Medical Group)

Dr. Linda Phillips is so warm and caring. She always spends as much time as possible with me. (Victory Lakes Surgical Specialty Care Center)

Dr. Lindsay Sonstein should be cloned! She’s an exceptional physician! (PCP Harborside Medical Group)