Imagine we are in the future—but only about seven months. It is October 1, 2014, and ICD-10 has just been implemented, as mandated by Centers for Medicare & Medicaid (CMS). An existing (but fictional) UTMB patient, Mr. Bean, has just arrived at his family doctor’s office with a wrist injury.

Mr. Bean is guided to the exam room, where he waits only a moment before his physician enters. The doctor warmly welcomes Mr. Bean. He then spends some time conducting an examination to determine the nature and severity of Mr. Bean’s injury. The physician’s goal is to learn as many details as he can about Mr. Bean’s condition. What sort of pain is he experiencing? How severe is the pain? Was there any pain present in the wrist prior to the injury?

The physician learns that as Mr. Bean was casually strolling through the library the prior afternoon, he was suddenly struck by a student on roller skates. Unusual though this circumstance may be, this is in fact, not the first time Mr. Bean has been injured due to a collision with someone on roller skates.

The physician suspects that Mr. Bean has fractured his wrist and orders an X-ray, which confirms that the physician’s impression of the diagnosis is correct.

ICD-10 Code V0001XD - Pedestrian on foot injured in collision with roller-skater, subsequent encounter

continued on page 2
The story may now take two different endings:

- Scenario one: Mr. Bean will need to be fitted with a cast. This cast will restrict movement in the same hand with which he writes, surely creating new challenges for Mr. Bean over the next six to eight weeks. The physician advises Mr. Bean to look both ways before crossing the aisle the next time he visits the library.

- Scenario two: Mr. Bean will need to have a pin inserted through one of the bones in his wrist and will require surgery.

Throughout the visit, the physician has accurately documented all of the details of Mr. Bean’s encounter into the medical record. This process is referred to as clinical documentation. More specifically, the work the physician (or non-physician practitioner) does at this point is known as Evaluation and Management Coding (commonly known as E/M Coding or the “level of service”). It is part of the medical billing process that practicing doctors in the United States must use to be reimbursed by Medicare, Medicaid programs, or private insurance for patient encounters. E/M training conducted at UTMB prior to the launch of utmbConnect was an important step to prepare for ICD-10, because ICD-10 codes are extremely specific and granular.

There are three key components that make up E/M documentation: 1) the history of the patient, 2) what has been discovered during the examination (i.e., the diagnosis), and 3) medical decision making (also known as the plan of care, such as ordering an X-ray, cast, etc.). Health care payers may require reasonable documentation to validate these criteria and to ensure that a service is consistent with the patient’s insurance coverage. Visits that consist predominately of counseling and/or coordination of care are an exception to this rule. For these visits, time is the key or controlling factor to qualify for a particular level of E/M services.

In both scenarios, Mr. Bean’s diagnosis and procedures will be assigned numeric codes. There are two types of codes—International Classification of Diseases Diagnosis and Procedure Codes (ICD) and Current Procedural Terminology (CPT) codes:

- In the outpatient setting, the provider assigns an ICD-10-CM code to the diagnosis and CPT codes to any clinic procedures that were performed with the support of enhancements that occurred during the Epic 2012 upgrade.

- In the inpatient setting, a clinical documentation specialist will work with the provider while the patient is admitted to review clinical documentation and to provide feedback to the provider. This feedback helps ensure that documentation is high quality and corresponds to the care that was delivered as well as the diagnoses that are being made. After the patient is discharged, a coding specialist will assign ICD-10-CM codes to the diagnoses along with present on admissions codes and ICD-10-PCS codes (PCS stands for “procedure coding system”) to any procedures performed.

Clinical coding is based solely on the documentation that was placed in the medical record by the physician. When there are gaps in documentation, coders must either follow up with the provider for clarification or coders are forced to use non-specific codes, resulting in lower payments/lower acuity; coders are not authorized to make diagnoses. This is why clear and concise medical record documentation is critical to providing patients with quality care and is required in order for providers/facilities to receive accurate and timely payment for furnished services.

It is important to consider that when clinical documentation is insufficient, ongoing patient care can be impacted. For example, when the next physicians in line are unclear about the information in the medical record or misinformed, additional costs may be incurred due to repeated tests, or an exam may need to be repeated if the original, treating clinician failed to fully document what was performed, ruled out or treated. It also may become more difficult to determine why a patient has presented for readmission, for example. This is also an important consideration in a new era of shared, electronic medical records, and in a time when many quality measures are tied to reimbursement—quality reporting scores are based on coded data, again stemming from the clinical documentation in the medical record. Quality scores could be inaccurately reported due to improper documentation, placing UTMB in a lower position in the report rankings.

Looking ahead to late December 2014, we are pleased to report that Mr. Bean has healed from his injury. He reports that he received optimal patient care and had an outstanding patient experience at UTMB Health. He has not experienced any further collisions with careless individuals on roller skates.

continued from page 3
According to CMS, there are general principles of medical record documentation that are applicable to all types of medical and surgical services in all settings. While E/M services vary in several ways, such as the nature and amount of physician work required, the following general principles help ensure that medical record documentation for all E/M services is appropriate:

- The medical record should be complete and legible;
- The documentation of each patient encounter should include:
  - Reason for the encounter and relevant history, physical examination findings, and prior diagnostic test results;
  - Assessment, clinical impression, or diagnosis;
  - Medical plan of care; and
  - Date and legible identity of the observer.
- If not documented, the rationale for ordering diagnostic and other ancillary services should be easily inferred;
- Past and present diagnoses should be accessible to the treating and/or consulting physician;
- Appropriate health risk factors should be identified;
- The patient’s progress, response to and changes in treatment, and revision of diagnosis should be documented; and
- The diagnosis and treatment codes reported on the health insurance claim form or billing statement should be supported by the documentation in the medical record.

In order to maintain an accurate medical record, services should be documented during the encounter or as soon as practicable after the encounter.

Engaging Patients with myChart

One of this year’s Health System goals, as well as a goal in the future, is to be the preferred provider of choice for patients in our area. We have a variety of tactics planned to help us achieve this goal, including the improvement of patient access to clinic appointments, access to personal medical information, and effective communication between patients and their health care teams.

Last year, UTMB Health completed the utmbConnect project which provides our patients with a single electronic medical record and single bill for all of their encounters. Regardless of where the patient goes within the UTMB Health System, physicians and other providers are able to access that patient’s medical information.

In 2011, we implemented MyChart (https://mychart.utmb.edu/mychart/), a secure electronic way for patients to access their health information and communicate with their UTMB health care team. Since its implementation, more than 40,000 patients now have active MyChart accounts and more than 3,700 patients utilize the mobile app.

Patients using the system are able to make appointment requests online, link to their family’s accounts with proxy access, view their lab results (one of the most popular features), request medication refills, view their medical history and much more. It’s also an excellent method for patients and their health care teams to maintain contact with one another, and it improves the ability of physicians and staff to respond to patients’ questions in a timely manner.

Perhaps the best feature of MyChart is the ability of patients to communicate with UTMB at their convenience, any hour of the day or night, for non-emergent requests.

All that’s necessary to get a MyChart account is to become a UTMB patient and sign up! By signing up as an employee, not only will you reap all of the...
continued from page 3

benefits and convenience of the tool, but it’s also easier to explain the importance of the tool to our patients. While 19 percent of UTMB patients currently have a MyChart account, we want to increase that number so that all of our patients can experience this exceptional tool. The first step to achieving this is to let them know about it and explain how it will add convenience to managing their health.

Beth Scribner, ambulatory Epic project manager, says she feels excited and privileged to be part of the team working to bring MyChart to UTMB patients. “I often have the opportunity to speak with patients about MyChart. Not only do they love the convenience of it, they say they feel more involved in their care and continually praise UTMB for making it available to them. Introducing MyChart to all of our patients, and having our staff use it routinely in their care, is the ultimate in patient engagement.”

Scribner suggests that when mentioning MyChart to patients, it’s helpful to first ask them if they use email; if yes, sign them up. She explains that patients may be more likely to decline if they’re simply asked: “Do you want to sign up for MyChart?” She also recommends that activating the patient in the system during the visit is the most efficient and effective way to assure the patient becomes a MyChart user—once they leave the clinic, even though they have an access code and instructions on their After Visit Summary (AVS) or Hospital Discharge Summary, they are less likely to actually activate their account.

MyChart is an excellent tool and a great way we can improve our patients’ experiences at UTMB Health. Visit the MyChart page on utmbhealth.com for more information and if you haven’t already, sign up today!

Dr. Scott Larson Receives 2014 Community Outreach Award

Scott Larson, MD, PhD has been chosen as a recipient of the 2014 American Society for Gastrointestinal Endoscopy (ASGE) Community Outreach Award for Trainees for his “Help Catch a Killer” colon cancer awareness video. The Community Outreach Award for Trainees is aimed at recognizing trainee doctors for doing good works in their community related to digestive health. The 2014 award is for raising awareness about colon cancer screening and prevention through the creation of a short patient education video. Congratulations, Dr. Larson!

To view the winning video, visit, ASGE’s YouTube Channel on the “Patient Education Playlist,” http://www.youtube.com/user/ASGEGIEndoscopy.

UTMB’s Mission. Your Role.

Find out how you fit at Mondays in March 2014

Missed Mondays in March? No problem! You can visit the Mondays in March website, http://www.utmb.edu/mondays-in-march/ and view all video and PowerPoint presentations online.
Angleton Danbury Medical Center and UTMB have signed a letter of intent to initiate a process to evaluate the possibility of a long-term, formal relationship. The details of any future relationship are still being negotiated. The goal is to strengthen both organizations in preparation to succeed in an accountable care environment while still providing patients access to the best care close to their homes.

Any agreement will require the approval of both the ADMC Board of Directors and the University of Texas System Board of Regents. A decision and the related approvals should be made by late spring/early summer.

“We are proud of the health care services we have provided to the residents of our community and are excited about the possibilities for growth and expansion that a formal relationship with UTMB Health would allow,” said Dave Bleakney, CEO of Angleton Danbury Medical Center. “It is certainly in line with our mission of nearly 45 years, improving the health status of our community through education, prevention and quality care. Looking into the future, a relationship with UTMB might very well be the answer to that continued mission.”

“We are extremely pleased about the possibility of a formal relationship. Our mutual goals are to increase access to the best possible healthcare to those who live in our region,” said Donna Sollenberger, executive vice president and CEO of UTMB Health System. “We look forward to working together to complement the care being provided in the area and to enhance the already excellent care provided by the medical staff and employees of Angleton Danbury Medical Center.”

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What does a partnership mean for ADMC and UTMB? Fast Facts

**Brazoria County** is experiencing rapid population growth and is an underserved area. The goal of the partnership between ADMC and UTMB is to provide the appropriate level of care as close to home as possible while increasing access to primary and specialty care in the Angleton/Danbury Community.

Currently, ADMC and UTMB are exploring a formal relationship. The two organizations signed a letter of intent to further examine the exact nature of this relationship. Details of the potential agreement are still being negotiated but the communities strive to:

- Keep care local whenever possible.
- Expand excellent services already provided in the community.
- Expand access to additional tertiary and chronic disease services.

**For ADMC** and the surrounding community, potential benefits include:

- Expanded access to primary, specialty and chronic care services in the Angleton community.
- Gained efficiencies and economies of scale.
- Increased access to exceptional clinical services as close to the patient’s home as possible, in further support of ADMC’s mission.

**For UTMB**, potential benefits include:

- Expanded training opportunities for our students and residents. With increases in the number of students and residents training at UTMB, a more formal ADMC/UTMB partnership would expand clinical sites for training and create opportunities for UTMB students and residents to experience the practice of community based health care.
- Increased access to exceptional clinical services as close to the patient’s home as possible, in further support of UTMB’s mission.

This relationship does not alter the process for setting and assessing taxes on Angleton Danbury Hospital District residents. The Angleton Danbury Hospital District will remain intact and will continue the important business of setting the tax rate for the residents in order to assure the provision of indigent care within the hospital district.
The CDC has determined that incidence of influenza in Texas is now local, which means that outbreaks of influenza or increases in cases of influenza-like illness have occurred in a single region of the state. This region does not include Galveston or surrounding counties. We have not detected influenza A recently, and have had only sporadic cases of influenza B.

Effective March 31, healthcare workers who have not been vaccinated with the 2013-2014 influenza vaccine are no longer required to wear a mask when in contact with patients.

**A Message from Healthcare Epidemiology: Discontinued Masking Requirements for Unvaccinated Healthcare Workers**

**UTMB Celebrates Certified Nurses Day**

Wednesday, March 19 UTMB celebrated Certified Nurses Day, honoring the approximately 685 specialty certified nurses who work at UTMB. UTMB encourages certification for all qualified registered nurses. Board Certification of nurses plays an increasingly important role in the assurance of high standards of care for patients by demonstrating competency and excellence in one’s professional nursing specialty.

In recognition of Nurse’s Day, all certified nurses received a Certified Nurses Day ribbon for their badges and a gift. A Certification Display was featured in the hallway of Café on the Court and posters were placed throughout the patient care units and clinics. Receptions were held in John Sealy Hospital and at Victory Lakes.

Thank you, Nurses, for your leadership, professionalism and commitment to excellence in patient care!

**Critical Care Nursing Quarterly to Publish UTMB Nurses’ Manuscript**

Clinical Nurse Specialist Odette Comeau, HCS-RN Foster Sayles, Nurse Manager Jamie Heffernan and Nurse Clinician Jason Shaffer recently received news from *Critical Care Nursing Quarterly* that their manuscript, *Rising to the Challenge: Transforming an Adult ICU into an Adult and Pediatric ICU* has been accepted for publication. The manuscript describes the transformation of the Blocker Burn Unit from solely an adult ICU into an adult and pediatric burn center in the aftermath of Hurricane Ike. The manuscript also provides a summary of cross-training activities for adult/pediatric care, as well as overviews of unit and resource modifications necessary for expansion. Congratulations!

Pictured left to right: Odette Comeau, Foster Sayles, Jamie Heffernan and Jason Shaffer
UTMB Offers “Sunday Screenings” – Free Screening Mammograms for Uninsured Galveston County Women

UTMB Health and The Ruth Kempner Endowment for Breast Cancer Screening are partnering to provide free screening mammograms for uninsured women in our community. The Susan G. Komen foundation has stated that a significant number of uninsured women in Galveston County are not receiving their annual screening mammograms. In an effort to reach these uninsured women, UTMB Health is bringing the mobile mammography van to churches in Galveston County. The screenings are being offered:

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>Location</th>
<th>Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunday, April 6</td>
<td>8 am to 2 pm</td>
<td>Greater St. Matthew’s 6333 Hwy 6   Hitchcock, TX 77563</td>
<td>(409) 986-5453</td>
</tr>
<tr>
<td>Sunday, April 27</td>
<td>8 am to 2 pm</td>
<td>Clear Lake Islamic Center 17511 El Comino Real Houston, TX 77058</td>
<td>(281) 480-3332</td>
</tr>
<tr>
<td>Sunday, May 18</td>
<td>8 am to 2 pm</td>
<td>Ave L Baptist Church 2612 Ave L Galveston, TX 77550</td>
<td>(409) 762-8795</td>
</tr>
<tr>
<td>Sunday, June 8</td>
<td>8 am to 2 pm</td>
<td>Greater Barbour’s Chapel 7420 FM 1765 Texas City, TX 77591</td>
<td>(409) 935-1100</td>
</tr>
</tbody>
</table>

Although these events are being hosted at local churches, uninsured program participants do not need to be members of these congregations in order to receive a free screening mammogram. However, participants need to pre-register for the program and have to meet the following eligibility criteria:

- Legal resident of Galveston County
- Between 40 – 64 years old
- Uninsured
- Participants cannot have mammogram coverage through Medicaid and/or Medicare
- Not pregnant
- Have not received a mammogram in the past 12 months
- No personal history of breast cancer in the past 5 years
- No current breast pain, breast discharge, or palpable breast abnormalities
- Must complete and sign the application and consent forms

The mobile van will only provide free screening mammograms for pre-registered, uninsured women. To enroll, pick up a registration packet from any of the church offices or the UTMB Galveston Breast Imaging Department on the second floor of the UTMB Health Clinics (UHC) building or the UTMB Specialty Care Center at Victory Lakes in League City (second floor). Packets may also be downloaded in English at [http://www.utmbhealth.com/doc/Page.asp?PageID=DOC000834](http://www.utmbhealth.com/doc/Page.asp?PageID=DOC000834) or Spanish [http://www.utmbhealth.com/doc/Page.asp?PageID=DOC000833](http://www.utmbhealth.com/doc/Page.asp?PageID=DOC000833). Return these items to any of these locations no later than March 23 (Texas City), March 30 (Hitchcock) April 20 (Houston) or May 11 (Galveston).

If you have any questions about this program or application, please contact Ida Hernandez at UTMB, at (832) 505-1721.
Improving Patient Safety: Reporting Events with UTMB’s Patient Safety Network

The UTMB Patient Safety Net (PSN) is an online event reporting system, available to all employees with access to iUTMB, to report anything that they have witnessed that could have an effect on patient care, such as: near misses, patient falls, medication errors, coordination of care, behavioral events, and/or equipment safety. Managed by the Department of Quality Management, the PSN recently got a facelift upon a new partnership with Datix, a supplier of patient safety incidents and risk management software; two new, easy-to-access links were also added to the iUTMB homepage.

When safety concerns are brought to the attention of the organization, potential future incidents can be avoided and the focus on patient safety is increased. Each event report filed is routed to the manager of the event location, medical director(s) of the Unit-Based Clinical Leadership Teams and any ancillary managers that the case relates to, such as Pharmacy or Equipment Services. Managers review all contributing factors for each case and then evaluate necessary measures to move forward. Investigation of events is prioritized based on “harm scores”. The more serious an event, the higher its harm score. High-level scores are evaluated immediately; cases with lower harm scores are evaluated within seven days. Once a case has been reported, evaluated and an action plan has been determined, the data is trended and shared with Department of Quality and Patient Safety.

The report only takes users two to three minutes to fill out; twelve fields are required to be completed before an investigation takes place. Under Sections 161 of the Texas Health and Safety Code, and Chapter 160 of the Occupations Code, all PSN Event Report Data is confidential and privileged and shall be maintained by the quality management department for performance improvement. Reporters have the option to provide their name or remain anonymous, but if they choose to remain anonymous, Risk Management Manager Carla Kunz says it is helpful if the reporter fills out their role, such as nurse, PCT, doctor, etc.

Risk Management Specialist Amanda Kuenstler encourages anyone who believes they have seen an unsafe event that could have an effect on patient care to fill out a report. Ultimately, recording the events is the best way to bring safety concerns to the attention of the organization and increase awareness of safety issues. Kuenstler emphasizes, “The PSN is quick, concise and easy to use. We want to create a non-punitive culture with forward-looking accountability, that doesn’t focus on placing blame. Our focus is finding the root of a problem and finding ways of preventing it from happening again.”

All Incidents Reported by Harm Score 2012-2013

- 1 - Unsafe condition: 24%
- 2 - Near miss: 5%
- 3 - No harm evident, physical or otherwise: 28%
- 4 - Emotional distress or inconvenience: 33%
- 5 - Additional treatment: 7%
- 6 - Temporary harm: 3%
- 7 - Permanent harm: 0.17%
- 9 - Death: 0%
Doctors and nurses are often considered the “faces” of our hospital. They are the people providing direct patient care and serving on the front lines. But what about those who work behind the scenes, whose vital services often go unnoticed, but are critical to our day-to-day success? The UTMB Laundry and Linen Services is one of those groups. Laundry and Linen Services is responsible for providing clean linens (e.g., scrubs, sheets, patient gowns, baby diapers, etc.) to and from the hospital and to all UTMB clinics on a daily basis, Monday through Friday.

While most of the world is still asleep, the Laundry and Linen Services team has already begun their day. At 3:00 a.m., the staff begins counting orders for all inpatient hospital units and filling linen requests from clinics for on- and off-campus distribution. At 4:00 a.m., the staff downloads the information via a web-based linen program, ControlTex. Then, the team leader, stationed at the Laundry and Linen Services headquarters in the Lipton Tea building, prints out and prepares all the linen work orders for each unit. At 5:00 a.m., more staff members arrive and begin filling linen requests and orders. Once linen orders are complete, they are transported via a 24-foot long box truck (operated by Transportation Services).

Laundry and Linen Services joined the Texas Medical Center (TMC) Hospital Laundry Cooperative Association in 2010. TMC Laundry delivers clean linen in bulk and picks up soiled linen to and from Lipton Tea Plant on Harborside Drive five days a week. Prior to joining the TMC Hospital Laundry Co-op, UTMB operated their own laundry facility located in League City, where 4.3 million pounds of laundry were processed per year. Thus far in Fiscal Year 2014, UTMB Laundry and Linen Services has processed or handled 2,979,816 pounds of linen.

### Facts and Figures

**Department Mission:** Satisfaction guaranteed! We count, we build and we deliver what you need when you need it for the care of our patients. We will not stop until the job is done to support UTMB’s mission.

**UTMB Linen Usage:**
- 11,732 pounds per day
- 248,318 pounds per month
- 2,979,816 pounds per year

**Total pounds per patient per day averages:**
- Pounds per in-patient per day: 17.09
- Pounds per adjusted patient per day: 11.46

**Laundry cost per pound processed:** $0.5371

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**On-Campus Linen Team**
Pictured left to right: Oscar Galvan, Glynnis Glover, Debbie Incalcatera, and Reginald Thomas

**Lipton Tea Plant**
Pictured left to right, back row: Raul Sarmiento, Pierre Taylor, Administrative Manager, Sr. Sergio Vargas
Front row: Maria Aleman, Erica Hernandez, and Eda Martinez
DSRIP Funds in Action: iPads Purchased For Interpreter Services

Language and Interpreter Services is excited to show off the most recent addition to the department: ten new iPads, purchased with DSRIP funds. The iPads will facilitate remote video interpreting services throughout the hospital and clinics.

DSRIP funds are allocated to hospitals and other providers upon the development and achievement of programs that enhance access to health care, increase the quality and cost-effectiveness of care provided, and the health of patients and families served. The payments must be used in innovative programs that expand access for Medicaid patients.

Silent Angel Award Nominations

Nominations are being accepted through April 4 for the UTMB Silent Angel award that honors a licensed nurse, non-nurse, and a unit or group whose compassion, caring, and advocacy made a difference in the life of a patient, family or friend. Nominations should include a description of the special contribution and the nominator’s name. For more information contact Dora M. Kuntz at dmkuntz@utmb.edu or 409-772-8306.

Thank You, Social Workers!

Final Mondays In March, March 31

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.

For information on the new system and ICD-10 Mission Possible, visit http://intranet.utmb.edu/icd10/default.asp.
**Letter to Liana Cannon, nurse clinician III, SICU:**

“I don’t know if you will remember me, but you were one of the many wonderful nurses that cared for my wife last March and April after our accident. If I remember correctly, I think you were with her on day one and also on her last day before she was transferred to closer to home at the end of April.

I wanted to let all of you know that not only did she finish up with her rehab, but she is returning to her job on a full-time basis starting next Monday, March 10.

Although her doctor has green-lighted her to return to work, she is not without limitations. She can’t walk long distances, and it’s hard on her to be on her feet or to be seated for long periods of time. All that said, though, I have yet to hear her indulge in any self-pity or “why me”, which in my opinion, she would have every right to do.

I have told her that many of you encouraged her to come back to do a “victory lap”, but understandably, she’s a little shy about the idea right now. Someday I hope we can come back so she can do exactly that, and also so she can meet all of the wonderful people that I have told her so much about. She doesn’t recall a whole lot about her time in SICU, but my sons and I have told her repeatedly of our love, admiration and appreciation for all of you and how you all did everything possible and then some to pull her back from the brink.

Not a day goes by that I don’t think of all of you and recall the kindness and compassion shown to my sons and me during our stay. There were so many acts of caring by so many people in our 39 days there. I don’t remember all of the names—only some—but not remembering a name doesn’t mean I forgot what they did. I can remember Vicki, Tia, Morgan, you, Bobby (the aide on evening shift—he could always make my wife smile; what a sweet, gentle, kind man he is!), Lee, Woody, Terri Moorhead, Pastor John Riley, Miguel Serrato, the pastoral counselor who came to see her nearly every day, and of course, “Big Daddy”. I still see everyone’s faces in my mind and in my heart. Only their names escape me.

Anyway, I felt like I had to share this news with you, since you all were instrumental in our lives. I hope to see all of you again one day. Until then, may God bless each and every one of you.”

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**Letter to Dr. Elgene Mainous and staff at the UHC Oral Surgery Clinic:**

I wanted to extend our thanks for a very good experience at the UHC Oral Surgery Clinic. The care and service my daughter received throughout her procedure were amazing!

We were very pleased to see that not only was she given all of the explanations, instructions, etc., but I was included as well. This was comforting for both of us.

The registration staff were friendly and efficient, and we were even greeted by an additional registration staff member. It was nice to see that everyone at the front desk is mindful of patients and visitors at the desk and acknowledge everyone who approaches, whether they are assisting them or not.

Kat was instrumental in getting my daughter scheduled very quickly and ensured that I knew who to contact to obtain information related to our financial responsibility. Dustin provided that information promptly and answered all my questions in advance.

Tammy and Brandi were supportive and saw to my daughter’s needs before, during and after the procedure with professionalism, great kindness and even humor.

Dr. Elgene Mainous did such a great job. If I didn’t know my daughter, I’d never have suspected she’d had oral surgery!
He sat and discussed the procedure and what was involved before and after the surgery, and he also let us know what to expect and how to care for her mouth following the procedure. She had barely any swelling, all medications were provided, kept her pain under control, and we were provided contact numbers that would have allowed us to reach many individuals (including Dr. Mainous) if we had any after-hours concerns or questions.

We could not have asked for a better experience! Much appreciation to all!
I can only say it was a good experience with my care from surgery to release. There are so many staff to recognize. I’m sorry I don’t remember more names. A special thank you to **Shea LeDuc** (nurse clinician III) and her health care techs. I was very impressed with **Eduardo Hernandez** (nurse clinician I), a new RN on orientation. When I walked the halls, the nurses gave me encouragement. Thank you also to **Wendy Williams** (Patient Care Facilitator) for helping with my meds at discharge. I’m so very thankful **Chaplain Kathy Sapp Ozenberger**. She is such an asset. I looked forward to her visits. Thank you again. (Surgical)

Thank you, **Oscar Florence** (Mail Services), so much for putting forth the extra effort to locate the package I had sent to a patient at UTMB that arrived after he had been transferred to a different facility. The package contained two handmade angels—one for the patient and one for the mother. I was so taken by your effort and your thoughtfulness. I feel grateful that those angels were in your care!

I would like to say thank you to the nurses and doctors who are so dedicated to their profession. I especially would like to thank **Ryan Benedicto** (nurse clinician III), who was so helpful. I salute him for his dedication. He is an asset to the hospital. Thank you Ryan for your good service! (Transplant)

The treatment I received was the best you will find anywhere in the country. The fact that I am alive and well is a testament to the skill of the medical staff, specifically **Dr. Gabriela Vargas** and her team. I praise them every chance I get. (Surgical)

I had a very positive experience with **Dr. Guillermo Gomez** and his Nurse Practitioner **Dan O’Rourke**. Thank you. (Surgical)

**Dr. Kristene Gugliuzza** is the best doctor I have ever had. She is awesome. (VLTC Transplant Services)

**Dr. Robert Smith** was great. He answered lots of questions and was very sensitive to my financial situation. (VLTC Pain and Neurology Clinic)

We are crazy about **Dr. Thomas Blackwell** and the care he gives us! (PCP Harborside Medical Group)

**Dr. Tomoko Makishma** is the best, ear, nose, and throat specialist there is. (Texas City Family Healthcare Center)

It was an emergency visit when my PCP had no openings, and I was very reassured by **Dr. Cindy Chan's** thoroughness and personal concern. I know I received excellent medical care and told my PCP how pleased I was. (PCP Harborside Medical Group)

**Dr. John Badalamenti** listens, explains wonderfully and truly cares and knows what he does. (VLTC Medicine Specialties)

**Dr. Michael Binder** has been outstanding. He shows the greatest care to our family. (Friendswood Pedi/Adult Specialties)

I drive from Houston to make my appointments with **Dr. Russell Laforte**. Unless I had to, I would not change doctors! (PCP Harborside Medical Group)

**Dr. Tarah Castleberry** was great! She was thorough and provided explanations for the plan of care. (PCP Family Medicine)

**Lisa Miller** is an excellent physical therapist. She has really helped me improve my functional ability. (Physical Therapy- PCP)

Dr. Brian Smith was awesome. His resident was also very friendly and informative. X-ray techs **Joyce Merrill** and **Kara Sauser** were very quick and efficient. My experience as a whole was very good! (Orthopedic Surgery)