Last month, UTMB executive leadership presented the 2015 Mondays in March presentations, and Donna Sollenberger, executive vice president and chief executive officer of the UTMB Health System, outlined the vision of what it would mean for UTMB Health to “Be the Best.”

Our vision for the future is bold: UTMB Health is a patient-centered, highly reliable, value-driven organization; the first choice in the region for patients, physicians and employees; an exceptional value to payers and businesses; and a state and national leader in care delivery.

Achieving this vision requires an extensive and multi-faceted approach, rooted in a Culture of Trust and in multidisciplinary, interprofessional collaboration. One of the most important resources needed to achieve this vision is a rich and accurate pool of information, statistics and data so that as an organization, we not only understand the level of quality and safety of the patient care we provide, but also we can fuel performance improvement and evidence-based decision making.

There are many key drivers behind our approach to a successful future in the health care industry. By now, you should be familiar with our overarching institutional key strategic goal, Value (cost + efficiency). In the current health care environment, new quality standards are challenging the profitability of academic medical centers. These programs place great emphasis on achieving high reliability patient care delivery while maintaining affordable costs. This means organizations like UTMB Health must develop more efficient operating models and will be held accountable for quality and cost as part of the shift from pay-for-volume to pay-for-value (e.g. Value-based Purchasing). In other words, we will be paid based on the quality of care, not just quantity of the services we provide.

continued on page 2
And, in this new era of health care reform, our role in a larger community network is also important. It means expanding partnerships and affiliations to better serve our patient populations is essential. Successful population health management consists of (1) demonstrating the ability to provide better clinical outcomes, (2) improved patient access, (3) decreased costs and enhanced community health through effective care coordination, and (4) team-based approaches. It requires integration and continuity of care.

So how will we achieve all of this?

Patient- And Family-Centered Care

First and foremost, we must always be patient-and family-centered, putting our patients first and engaging them in their plan of care at every step. We must always treat patients and their families with respect and dignity by listening to and honoring their perspectives and choices and incorporating their values, beliefs and cultural backgrounds into the planning and delivery of care. We must communicate and share complete and unbiased information with them so they can participate in care and decision making. And, we should collaborate with them in policy and program development, implementation, and evaluation; in health care facility design; and in professional education, as well as in the delivery of care.

Clinical Documentation Improvement

Clinical documentation occurs throughout the patient encounter, in both outpatient and inpatient settings. Throughout the process of care, physicians (or non-physician practitioners) must accurately document all of the details of the patient’s encounter into the medical record. More specifically, this work is known as Evaluation and Management Coding (commonly known as E/M Coding or the “level of service”). 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.). Clinical documentation is at the core of every patient encounter, and in order to be meaningful it must be accurate, timely, and reflect the scope of services provided.

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, an exam may need to be repeated and additional costs may be incurred; or if the original, treating clinician failed to fully document what was performed, ruled out or treated, it also may be more difficult to determine why a patient has presented for readmission, for example.

Clinical documentation not only facilitates the accurate representation of a patient’s clinical status, but it is also translated into coded data, which is then translated into quality report cards, physician report cards, reimbursement, public health data, and disease tracking and trending. Inadequate documentation methods can easily compromise the quality of patient care and our reputation as a health care institution.

It’s also key as the health care industry pushes forward with programs such as ICD-10-CM/PCS implementation, Accountable Care Organizations reimbursement models, Fraud and Abuse compliance programs, and implementation of electronic health records (EHRs).

Patient & Employee Safety

In addition to the importance of strong clinical documentation, emphasizing an approach to reporting as a method to learn from errors, identifying beneficial changes to systems and management processes, and improving our safety culture in a non-punitive and anonymous way promotes both patient and employee safety at UTMB.

At UTMB, every member of our team must be able to speak up about problems, errors, conflicts and misunderstandings in an environment where it is the shared goal to identify and discuss problems with curiosity and respect. We must be willing to live the mantra, “Safety and service are our first priority.” We must be willing to abide by the foundations of a Culture of Trust:

- Work with respect, teamwork and transparency
- Commit to sharing information and learning
- Report mistakes and system flaws—it is safe and valued
- Recognize individuals who act with safety in mind
- Listen to news, whether good or bad
- Treat everyone justly and fairly
The Risk Management Department encourages anyone who believes they have seen an unsafe event that could have an effect on patient care to fill out a report in the Patient Safety Network (PSN) https://utmbpsnprd01.utmb.edu/datix/live/index.php. Ultimately, recording the events is the best way to continue to bring safety concerns to the attention of the organization and increase awareness of safety issues. For more information on the Risk Management Department and the Patient Safety Network, visit http://intranet.utmb.edu/qhs/RiskManagement/default.asp.

Optimizing the UTMB Electronic Medical Record (EMR)

In April 2014, UTMB Health went live with utmbConnect, otherwise known as UTMB’s new and improved EMR. The new system combined all information about a patient’s care in one electronic record, accessible throughout UTMB Health, and allowed all providers and staff to efficiently retrieve complete, up-to-date information and to easily document the care they provide. The system also contained best-practice tools to help clinicians make good decisions and avoid problems that are common with paper records, enabled better communication during handoffs, and supported compliance with regulatory standards. Lastly, it also helped us improve the patient experience by integrating registration, scheduling and billing functions, enabled UTMB to offer patients a single bill for all of their encounters, and allowed patients to access their own health information and make payments online via MyChart.

Shortly after the initial implementation, upgrades were made to the system to take advantage of system enhancements and prepare for the addition of future Epic modules like Beaker, the laboratory information system module which will go live for Clinical Pathology on May 16 and Anatomical Pathology on September 12. Beaker will improve the display of test results in the patient’s chart, create barcode-enabled workflows to promote safe practices, transparently display order information and status, offer real-time tracking info, and more. The module will enhance workflows for multiple roles, including physicians, nurses, the pathology team and respiratory techs. Surgical Orders Management, another module, will go live in mid-May, will provide clinicians with clear details when ordering, reviewing, and administering orders in procedural areas.

Clinical Information Services (IS) continues working closely with our providers and staff on an ongoing basis to optimize the system. If you work with the UTMB EMR system, please visit the new Epic Optimization pages of the Clinical IS website. The goal of optimization is to:

- Get Current: Improve EMR usability by closing the upgrade gap and remaining current with Epic’s software releases.
- Get Good: Increase user adoption and satisfaction with the addition of advanced features and workflow enhancements.
- Be Elite: Add bells and whistles, align features to achieve operational goals, improve access, and better manage our patient populations.

The Epic Optimization team wants your feedback; if you have ideas or suggestions for system enhancements, please submit them via the Epic Optimization website, at http://intranet.utmb.edu/emr/epic-optimization/default.asp.

The Clinical Information Services website is home to “All things EMR” and more. Learn more at http://intranet.utmb.edu/emr/default.asp.

Integration and Continuity of Care

Integration and continuity of care is an encompassing concept. For example, while the new hospital at UTMB’s League City Campus will be going live with the Epic-powered UTMB EMR on day one, we also want to ensure that our Angleton Danbury Campus, which was operating on a legacy EMR system, will be just as fully integrated with UTMB’s EMR as any other UTMB location. The ADC Connect project, which is the implementation of the same Epic EMR system and modules as all other UTMB locations, is currently underway and scheduled to go-live June 13, 2015. More information about this initiative can be found at http://intranet.utmb.edu/connect/.
Preparing for ICD-10-CM/PCS - October 1, 2015

The U.S. Department of Health and Human Services (HHS) issued a rule finalizing October 1, 2015 as the new compliance date for health care providers, health plans, and health care clearinghouses to transition to ICD-10, the tenth revision of the International Classification of Diseases. This deadline allows providers, insurance companies and others in the health care industry time to ramp up their operations to ensure their systems and business processes are ready to go by the deadline. No delay is anticipated.

The new ICD-10 classification system is intended to drive health care improvement by enabling accurate identification and payment of new procedures and better understanding of health conditions and outcomes. Clinical documentation is essential to the transition to ICD-10, which requires a higher level of specificity to best reflect the state of your patients and level of care provided. Clinical documentation will be improved via five key elements of new specificity: laterality, anatomy, episode of care, etiology, and acuity.

UTMB has begun preparing for this transition. The first steps will be to assess training requirements for all roles affected—anyone whose job responsibilities involve clinical documentation or related processes will be impacted. Training is expected to begin this spring. Coder refresher training and face-to-face provider training are currently included as components of the training strategy. Please stay tuned for updates, and more information on the transition to ICD-10 can be found at http://intranet.utmb.edu/icd10/.

There is much work to be done, but working together, we will work wonders!

UTMB Health Awarded Advanced Certification in Chronic Obstructive Pulmonary Disease from The Joint Commission

UTMB Health in collaboration with the Division Pulmonary Critical Care and Sleep Medicine has earned The Joint Commission's Gold Seal of Approval™ for its chronic obstructive pulmonary disease (COPD) program by demonstrating compliance with The Joint Commission's national standards for health care quality and safety in disease-specific care. The certification recognizes UTMB Health’s dedication to continuous compliance with The Joint Commission’s standards.

UTMB Health underwent a rigorous on-site review for the certification in April 2015. A team of Joint Commission expert reviewers evaluated UTMB Health for compliance with the requirements for The Joint Commission’s Disease-Specific Care Certification program as well as chronic obstructive pulmonary disease-specific standards, clinical practice guidelines and performance measures.

“In achieving Joint Commission advanced certification, UTMB Health has demonstrated its commitment to the highest level of care for its patients with COPD,” says Michele Sacco, MS, interim executive director, Certification Programs at The Joint Commission. “Certification is a voluntary process and I commend UTMB Health for successfully undertaking this challenge to elevate its standard of care and instill confidence in the community it serves.”

“With Joint Commission advanced certification, we are making a significant investment in quality on a day-to-day basis. Joint Commission accreditation provides us a framework to take our organization to the next level and helps create a culture of excellence,” says Donna Sollenberger, executive vice president and chief executive officer, UTMB Health System.

“Achieving Joint Commission advanced certification in chronic obstructive pulmonary disease, for our organization, is a major step toward maintaining excellence and continually improving the care we provide,” says Gulshan Sharma, MD, MPH, director, Division of Pulmonary, Critical Care and Sleep Medicine. This was truly a team effort and we should all be proud of this outstanding achievement.

The Joint Commission’s Advanced Certification for Chronic Obstructive Pulmonary Disease, developed in conjunction with the American Lung Association, provides standards for outpatient and ambulatory care settings related to:

- Staff education requirements
- The use of spirometry
- Smoking cessation
- Risk factor reduction
- Patient education on self-management of COPD
- Coordination of care

Founded in 1951, The Joint Commission accredits and certifies more than 20,500 health care organizations and programs in the U.S., including hospitals and health care organizations. The commission is the nation’s oldest and largest standards-setting and accrediting body in health care.
The Surgical Intensive Care Unit and The Value of Teamwork
“No one can whistle a symphony. It takes an orchestra to play it.” H.E. Luccock

Each day we come to work, teamwork plays a vital role in helping us get things accomplished. Whether it’s preparing for our move into the new Jennie Sealy Hospital next year, planning for the next Epic module implementation, or ensuring our patients are always receiving top-notch care, nearly everything successfully implemented is the result of a team effort.

Recently, Health System Administration received a letter from Nurse Manager Christina Myers describing a particularly challenging evening in the Surgical Intensive Care Unit (SICU). During the shift, the unit experienced an unusually high census and staff were stretched thin. To ensure that all positions were covered, day shift employees agreed to return to work at night, while others came in on their day off and patient care technicians and floating nurses were shared between units. Despite the demanding circumstances, everyone worked diligently and patient care continued to go well. Christina describes the evening:

“What made this extremely special was that as I checked in on each of the units, they were all smiles. They were happy to help and did not dwell on the sacrifices they made to ensure patient care continued. There was no discord or negativity among the team members. They worked together and ensured all care needed was done with a smile. Moments like this where individuals come together for our patients is when UTMB team members shine the most. Our patients and families were never aware of the struggles during the day to find coverage and our staff showed a true dedication to our patients and to each other in changing assignments at work, sacrificing time with their families to work unusual or extra shifts and for assisting each other during the busy night shift to ensure our patients received the best care UTMB has to offer.”

A very special thank you goes to employees described above. “Working Together to Work Wonders” is more than just a tagline, and stories like this are not the exception at UTMB, but the rule. Friday Focus wants to hear your stories about team members who have gone above and beyond! If you know a person or a group who should be featured, send us your submission at friday.focus@utmb.edu.
The “Big Picture Project” Brightens Island Pediatric Clinics

The walls of Island Pediatrics East and Island Pediatrics West clinics are a little more colorful these days thanks to Shanika Silva, a senior at Friendswood High School and the bright minds of young patients.

“The Big Picture,” a project directed by Shanika Silva, uses art to show that everyone, regardless of their age or the obstacles they must overcome, can make a difference. Over the past several months, Shanika has set up easels in UTMB clinics with sketched drawings of ocean scenes and asked pediatric patients to color in the scenes with pastel paints.

She encouraged them to be as creative as possible—pink grass, orange skies, purple fences—anything goes! After the patients contributed, Shanika completed the finishing touches and the paintings were framed and donated to the pediatric clinics so that patients could see each time they visited.

The project goal was to give the young patients a sense of ownership and familiarity when they come into visit the clinic by having them involved in the decorations hung in the hallways and in the patient rooms. A similar project organized by one of Shanika’s elementary school teachers inspired the idea. “To this day, I can still point at the piece of the picture that I colored. This experience left a big impression on me when I was younger, and I am hoping to do the same for others now.”

This summer, The Big Picture plans on teaming up the Rainbow Connection, a summer camp program for children with cancer and blood disorders and their siblings. Follow The Big Picture Project on Facebook for more photos and news on upcoming partnerships, https://www.facebook.com/groups/542346145866549/.

Shanika Silva supervises patients at one of the Island Pediatric clinics as they paint in sketches of underwater scenes.

The final product after Shanika completed the finishing touches.

$3000 Referral Bonus Blitz

$3000 Referral Bonus Blitz Available until May 30, 2015

All UTMB employees are eligible for a referral bonus simply by referring an ADN or a BSN degreed Nurse for the Clinical Enterprise. Experienced nurses are preferred, but all nursing specialty candidates are welcome to apply. If your referral is hired, you will receive a $1,500 payout when he or she completes six months of service and another $1,500 when he or she completes one year of service. For referral bonus guidelines and eligibility, visit www.hr.utmb.edu/recruit/referral_bonus.aspx.

UTMB Nurses Recognized in Top 150 by Houston Chronicle

Congratulations, Bobby Burns, Stephanie Parker, Beth Pipkin, Stephen Rogers and Cynthia Rynearson! Five UTMB nurses will be recognized in the Houston Chronicle’s Salute to Nurses Nurse Week. The Salute to Nurses recognizes the top 150 nurses in Houston’s growing health care community and are selected by a panel of experts. The full list will be published in the Houston Chronicle during National Nurses Week, May 6-12, 2015. Congratulations!
Effective Communication in Health Care
Submitted by the UTMB Diversity Council

Communication is defined as “the act or process of using words, sounds, signs, or behaviors to express or exchange information or to express your ideas, thoughts, feelings, etc., to someone else.”

In health care, effective and proper communication is key to providing excellent multidisciplinary services to patients. Our nation is comprised of people from all cultures and ethnicities. For many, English is not the primary language spoken in the household; therefore, when patients come to us for care, it’s important that we remember these language barriers exist and ensure we are accurately and effectively communicating to patients and families about their care plan.

UTMB’s Language Services provides health care interpretation services for those with Limited English Proficiency (LEP) or who are hearing impaired. UTMB is committed to provide high quality health care services to patients and families seeking UTMB services, regardless of their ability to speak English. UTMB provides interpretation services in approximately 180 languages and for Hearing Impaired patients.

Language Services has a variety of avenues to provide language services to patients through:

• Proficient Bilingual Staff have passed the UTMB Spanish Language competency test and may communicate directly with Spanish-speaking patients;
• Medical Language Interpreters (MLI) are UTMB staff hired exclusively to provide interpretation services for LEP patients, (including interpreters from our contracted telephonic vendor, Pacific Interpreters ); and
• Language Specialists are individuals who provide translations of written material as well as coordinate and conduct medical terminology training courses for UTMB providers and staff.

Interpretive services are free of charge. Any health care worker who needs to communicate with an LEP patient should request assistance from a certified interpreter—this is most important when providing the patient or family with medical information. According to The Joint Commission, only Proficient Bilingual Staff or Medical Language Interpreters should be used to convey or interpret health care information. Additionally, only a Medical Language Interpreter should be used in end of life discussions, discussions of life threatening illnesses, and also for any procedures that require written consents. However, anyone should reach out to assist or greet patients, explain/offer an interpreter and may schedule appointments in the patient’s preferred language, if possible.

UTMB has a diverse patient population, made up of different cultural backgrounds. The ability of our staff to communicate clearly with each patient in a manner that enables each patient to understand and participate with his or her care maximizes patient’s compliance with the care plan and emphasizes respect for each patient’s individual needs. For information about Language & Interpreter Services, visit http://intranet.utmb.edu/patientservices/LangSvcs/default.asp.

Move to the New Clinical Services Wing Begins May 1

The move into the Clinical Services Wing (CSW) begins May 1 with Environmental Services and Campus Maintenance. See below for the full upcoming move schedule. Information can also be found at http://intranet.utmb.edu/healthsystem.

Campus Maintenance: May 4
EVS: May 4
Central Sterile Processing: May 11
Blood Bank: May 5
Materials Management: May 9
Patient Transportation: May 9
Epidemiology: May 9
Respiratory Services: May 14
Histology: May 23
Pharmacy: May 30
CES: June 8
The UTMB Health Angleton Danbury welcomes Dr. Susan Jarrell to the UTMB Health Pediatric and Adult Primary Care Clinic. Dr. Jarrell and her staff are temporarily located in Suite 102 of the Professional Office Building but will be relocating to a permanent clinic in the coming months. Along with Dr. Jarrell, we also welcome, Falon Turner, FNP to the team.

The Angleton Danbury Volunteers were recognized as a top three finalist for Hospital of the Year by the Gulf Coast Blood Center. So far in 2015, approximately 300 community members donated blood or plasma at the campus’ monthly blood drive. After their donations, community members are treated to a delicious gift of homemade cookies from the volunteers. Thank you ADC Volunteers for all that you do for your community!

Special thank you to Mrs. Charlotte Yoes, for her donation to the Giving Tree in honor of the new partnership with UTMB in our community. The ADC Giving Tree recognizes donations of $500 and above with a beautiful engraved leaf that is placed on a tree in the ADC main waiting area. Thank you Mrs. Yoes for your generosity!

Dr. Joan Richardson was the 22nd recipient of Galveston Island’s Steel Oleander Award. The award is given each year to salute an outstanding Galveston woman whose community service reflects the ideals and independent spirit of Miss Bettie Brown of Ashton Villa. Congratulations, Dr. Richardson!

Dr. Paul Brindley always has a positive professional attitude that makes me trust him. (Otolaryngology)

Dr. Lauren Goodman rocks! She is intelligent and compassionate. I love this clinic. Everyone is respectful. Dr. Goodman is very bright. The staff and clinic are the best! My family loves Friendswood Clinic! (Friendswood Pediatric and Adult Specialties)

I was very comfortable and impressed by the care and advice from my time spent with Dr. Roshni Patel. (PCP General Medicine)

I had the best surgeons ever! My hat is off to Dr. Guillermo Gomez. (Medical)

My surgeon Dr. Aakash Gajjar and his team gave me the best possible treatment. Dr. Gajjar gave me honesty and good explanations. He is a great surgeon! (Surgical)

Dr. Kimberly Robinson was awesome. Before I went into surgery she and her staff prayed with me. She checked or had someone check on me daily—she is my guardian angel. (Gynecology)

Dr. Obonoruma Ekhaese and his staff were awesome! I have never had a doctor or their staff check on me so often! (Surgical)
My Labor & Delivery nurse Angela Benigar was excellent! I was extremely pleased with everything! (Obstetrics)

Tina Carter, lactation consultant, is incredible! She is extremely accessible and truly cares about my breast feeding success. (Obstetrics)

Dr. Tom Kimbrough was wonderful. After my surgery he went out and spoke to my family and checked on me early every morning. Great doctor! (Surgical)

Coryna Williams from the nursery was awesome and very helpful. She really helped me feel at home. (Obstetrics, Post-Partum)

Norma Delpin (nurse clinician III) treated me very well. She was a very good worker, efficient, kind and had a positive attitude. (Obstetrics, Post-Partum)

Dr. Aaron Mohanty and his team were great! (Neurosurgery)

The nurses during every shift on J8C were exceptional! (Surgical)

Dr. Cassandra Arceneaux is friendly and professional. She knows me and my case, listens and uses excellent judgment. (Family Medicine Dickinson)

Dr. Carlos Clark and staff are top notch. Their care is exceptional. (PCP Harborside Medical Group)

I have gone to Dr. Sharon Raimer for more than 20 years. She is excellent. (Stewart Road Family Health)

Dr. Megan Berman is an excellent doctor and a lovely concerned person; she always has a smile! A visit to her office is exceptional experience all around. (PCP Harborside Medical Group)

I’m almost 91 and have been a patient at UTMB for 17 years. I have never had a bad advisor or treatment. My favorite provider is Dr. Michelle Mercatante. She treats me with the love and respect as though I was family! (Texas City Family Healthcare Center)

Dr. Alvah Cass is by far the most knowledgeable and respectable doctor I have ever had. (PCP Family Medicine)

Dr. Techksell Washington is very professional and has a great rapport with her patients. In my opinion, Dr. Washington goes the extra mile with her patients. When she says call anytime day or night she truly means it. UTMB is lucky to have Dr. Washington on staff. (Victory Lakes Breast Health Center)

Dr. Mark Wolffarth is awesome! With his treatment recommendations, I saw the improvement right away. (Academic Pediatrics at Bay Colony)

Dr. Jennifer Rivas and staff are very nice and helpful every time I see them or speak to them on the phone. Dr. Rivas is a great doctor and I’m so lucky to have found her! (Internal Medicine)

Dr. Vincent Valentine is very knowledgeable, patient and caring—top notch! I would not/could not ask for better.

I would like to thank Nurse Laura Daniels for going out of her way to help find my book that I had left in the Emergency Room! She was wonderful.

Dr. Ravi Radhakrishnan and staff were amazing.

My stay was wonderful. Doctors, nurses and all staff I was in contact with helped and I just can’t express my gratitude for the care I received. I tell everyone about the wonderful care I received UTMB. I love your hospital and staff. I am grateful that Dr. Gurinder Luthra (Gastroenterology) placed my surgery in the hands of Dr. Aakash Gajjar and his staff. I am so very grateful. I can’t say that about my care in the past years in other places. Thank you so very much!

Happily Ever After in Pediatrics

Patient Services Specialist Desari Salinas and Medical Assistant Jose Gonzalez met each other two years ago working together at the Island Pediatrics West on 61st Street. On March 29, 2015, they got married! Congratulations to the newlywed Pedi couple!