CONSTRUCTION UPDATE! JENNIE SEALY HOSPITAL

Pictured above: The new Jennie Sealy Hospital, opening Spring 2016

Eager to hear about the construction progress of the new Jennie Sealy Hospital? Here’s an update! The beautiful new facility is nearing completion and is scheduled to open this spring. The new facility will feature 252 medical-surgical patient rooms, with additional shelled space for possible future expansion. The following images offer a sneak peek at the progress being made inside the new facility.

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Miss an issue? www.utmb.edu/fridayfocus Submit a story: friday.focus@utmb.edu Friday Focus Team: Mary Feldhusen and Erin Swearingen
Patients and guests will enter the hospital through the main lobby on Level 2 (pictured above), which is now nearly complete. Much of the wood paneling seen in this image is actually protecting the finished walls of the lobby until construction activity is finished. In addition to the main lobby, Level 2 will be home to a conference center, volunteer and patient services, Hospital Administration offices, and Day Surgery.

The surgical complex on Level 4 will contain 20 operating suites, including hybrid operating rooms. Hybrid means state-of-the-art diagnostic imaging equipment is permanently integrated into the operating room. Each of the spacious new operating rooms occupies more than 825 square feet of space, making them significantly larger than the existing ORs in John Sealy Hospital. Technology in the operating rooms also includes high-definition monitors, which provide excellent visibility of operating procedures, so everyone has a clear view of what is occurring during surgery. A corridor exists on Level 4 that will provide physicians a direct route from the emergency room to the operating suite.

This operating room shown above, still under construction, is a little different than the others—it will house interoperative magnetic resonance imaging (MRI) equipment. Interoperative MRI allows the surgical team to create images of the brain during surgery. Neurosurgeons rely on this technology to create accurate pictures of the brain that guide them in removing brain tumors and other abnormalities during operations. The interoperative MRI was made possible by generous donations from our benefactors. UTMB will be one of only two hospitals in the region to have this technology.

The Moody Intensive Care Complex was named to reflect the major contribution made by The Moody Foundation. Designed with the safety of patients and staff in mind, the ICU allows care teams to provide the most advanced level of patient care and includes adequate space for families. While all of the rooms in the new hospital are single-patient occupancy with high-efficiency particulate air (HEPA) filtration to reduce the risk of infection, the rooms in the ICU also have enhanced lighting, physiological monitoring...
capability, and patient lifts mounted in the ceiling which add to staff safety. A significant amount of research was spent designing the headwalls in order to maximize the efficiency of clinicians’ work while they care for patients. Meanwhile, patient lifts allow the care team to safely mobilize patients while minimizing the risk of lifting injuries to staff. The finished flooring is currently covered for protection until it is time to move into the space.

ICU nursing stations allow nurses to see inside the patient’s room while they enter information into the electronic medical record and access supplies.

How about this view! Rooms on patient floors 9-11 will have a spectacular view of Galveston and the Gulf of Mexico—access to natural light is one of the twelve primary evidence-based design elements, all of which were used in the design of the new Jennie Sealy Hospital. The rooms are also acuity-adaptable to provide maximum flexibility in the room’s use and nursing stations allow for maximized visibility of the patient rooms.

The opposite side of the hospital overlooks Galveston Channel. The new hospital was designed according to 12 primary evidence-based design strategies based on patient-centered criteria known to improve quality, safety and efficiency. These strategies emphasize a family-centered healing environment that includes amenities shown to promote healing, such as views to outside scenery and natural lighting.

UTMB worked closely with all members of the patient care team, including patients and families, on wayfinding and furniture selections for the hospital. To see a virtual tour of the new hospital, filmed earlier this year in April, please visit the Health System Intranet http://intranet.utmb.edu/healthsystem. The video can also be accessed on YouTube: https://youtu.be/i5Hdz5H2WiY.
Success in today’s modern health care environment is complex and continually presents new challenges. Driven by health reform, health care providers nationwide have been challenged to improve the overall quality of the patient care they deliver by making sure their process are more patient-centered, reliable and safe. They are also challenged to improve population health in the communities they serve by improving access to care. In the near future, they will also be asked to reduce the cost of health care for individuals, families, employers and payors.

At UTMB, we’ve been progressive in our work toward all of these endeavors. As fiscal year 2015 comes to a close, it is time to reflect on our accomplishments and celebrate our achievements! Over the course of the year, we have made great strides in addressing gaps in service and patient- and family-centered care by opening new primary and specialty care clinics in Alvin and Texas City, as well as the new Pediatric Urgent and Primary Care Clinic in Galveston. Meanwhile, UTMB’s community-based clinics joined our Family Medicine practice sites to become official National Committee for Quality Assurance (NCQA)-certified patient-centered medical homes, a model of care that strengthens the physician-patient relationship.

Core medical services, such as the pharmacy, food and nutrition services, sterile processing, many lab services and others, moved into the new Clinical Services Wing earlier this summer, and we are on-track to open the new Jennie Sealy Hospital next spring. Planning of the Central City Campus, which will be located in Galveston, continues thanks to generous support from The Sealy & Smith Foundation. Each of these exceptional facilities will help us better serve our patients and train future physicians, nurses and health professionals.

UTMB Health was recognized with a number of awards and accreditations in various service areas, including Advanced Certification in Chronic Obstructive Pulmonary Disease from The Joint Commission, Level 1 Trauma Center and Adult Burn Center re-certifications, and we became the first hospital in Texas to receive the Get with the Guidelines—Resuscitation Gold Quality Achievement Award from the American Heart Association. Our partners in Correctional Managed Care also maintained American Correctional Association (ACA) accreditation in all units.

The year ended on a high note as we celebrated the first anniversary of the UTMB Health Angleton Danbury Campus and announced a collaborative partnership with MD Anderson Cancer Center at UTMB Health’s League City Campus, a collaboration that will ensure patients in the region have convenient access to comprehensive, high-quality and centralized cancer care.

It’s been a very successful year, and these are just a few of our accomplishments! To all of you who have worked so hard to help UTMB achieve this growth and success, thank you!

Looking ahead, it’s time to once again plan for the future and prepare for another year of growth, partnership and success.

Our vision is to be the best, and our goals must be ambitious in order to remain competitive and achieve that vision. We have a lot on our plates as we make major strides to improve patient satisfaction, patient and family engagement, and the quality of care we deliver, all while lowering costs and improving efficiency. As an academic medical center, we’re not alone in these challenges. However, at UTMB, we realize challenges present great opportunities for success. The key lies in how we will respond to the challenges.

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When Bill Gates first met Warren Buffett, their hostess at dinner, Gates’ mother, asked everyone around the table to identify what they believed was the single most important factor in their success through life. Gates and Buffett gave the same one-word answer: “Focus.”

If we stay focused on the right things, we can be successful while maintaining the level of quality we expect of ourselves, and more importantly, our patients and their families expect of us. While Health System leadership has developed a detailed annual operating plan to accomplish a number of specific goals; the following is the focus for the Health System in the coming fiscal year:

1. **Make a quantum leap in our quality and safety performance.**

   We already have many strategies in place to address and improve our performance in quality measurements, including patient satisfaction, 30-day readmissions, healthcare-associated infections and hospital-acquired conditions. While we have seen some improvements in the past year, all other organizations to which we compare ourselves have also improved, and some have improved more quickly than we have. We must achieve greater improvements in quality and safety!

   Additionally, we want our large Health System to feel like a small, personal practice. Along with ensuring we always provide patient- and family-centered care, this means we need to work toward better integrating care coordination across patient care sites, improving patient satisfaction, and continuing to make improvements in length of stay and 30-day readmissions. We also want to engage our patients and families to help us improve the care and services we provide. This means we all have to work together as a team.

2. **Continue investments in our people.**

   Our goal is that every individual at UTMB exemplifies our values of compassion, integrity, respect, diversity and lifelong learning. Everyone should understand their impact on the patient experience and embrace a Culture of Trust. Health System leadership will refer to the results of the upcoming You Count! Pulse Survey to continue to identify and act on the improvements our employees recommend.

3. **Achieve a $49 million improvement in Health System net patient care margin.**

   Plans have been developed which address needed improvements, and the organization will need to utilize all of its resources effectively in order to meet this goal. We’ll need to perform well, keeping in mind that every improvement is made in the best interest of serving our patients. For example, delivering better quality care is innately more cost effective. Likewise, when we better document the care we provide, we are not only able to better understand the quality of care we have delivered, but in turn, we are likely to receive more accurate reimbursement for that care. The more we improve patient satisfaction, the better our reputation will be among new patients seeking care in our communities.

   Our solutions don’t have to be sophisticated, but they should create greater value for our patients. We can do this by working together as a team, because this maximizes everyone’s time and effort, makes the most of our equipment and information systems, and ultimately, optimizes the use of all of our resources.

4. **Become more transparent.**

   You will soon be seeing UTMB’s quality information reported publicly on our website. The data will be front and center for our patients and the community to easily access. Some of the information will be specific; for example, patient satisfaction responses will be presented at the provider level. Some organizations are already doing this, and we believe it is critical that we share how we are performing in these areas with our community and our patients in a timely and accurate manner.

   The future will be here before we know it. However, if we maintain a laser-like focus on these four areas—the continued investments in our people, quantum leaps in quality and safety, transparency with our outcomes, and using our resources as wisely as possible—the future will be filled with promise.

New Year, New Opportunities! Welcome FY16 continued from page 4
Employee Advisory Council Visits UTMB’s Correctional Managed Care Teams in Gatesville

Nine members of the UTMB Employee Advisory Council (EAC) recently spent two days visiting Correctional Managed Care (CMC) employees in Gatesville, Texas. The council toured the Hughes Unit, a maximum security prison that holds nearly 3,000 male offenders, and the Mountain View Unit, an all-female unit which houses the only female death-row offenders in the state.

Health System EAC Representatives Dawn Meyer and Jacqueline Pope recently spoke with Friday Focus about their experiences at the Gatesville prisons.

The group arrived at the facility early in the morning of July 30. Before entering the unit, they were required to pass an extensive security screening. Dawn explains, “One of the first things we encountered was the very thorough security clearance procedures required to enter. Everything is searched extensively, like at the airport.” All employees entering the facility must pass through security clearance every day before they clock in for their shift. Once inside, “The prison was bustling with activity, there were offenders and guards everywhere.”

Dawn continues, “One of the first UTMB employees we encountered was a Certified Medication Aide. Her line of patients seemed never-ending. The one thing that was amazing to me was that as she worked, she continually maintained a smile.”

The Gatesville CMC staff made an impression on Jacqueline as well. “The experience in the Hughes and Mountain View units was very enlightening. What impressed me the most was watching the employees interact with the inmates with dignity and respect. One CMC employee stated, “If you respect them, the majority will respect you.”

In the Mountain View Unit, the EAC members were able to take part in a Weekly Relay meeting, which they found has been one of the only opportunities employees in CMC have to receive up-to-date information about activity in UTMB Health System.

Overall, Dawn and Jacqueline found the trip to be an eye opening experience.

Jacqueline says, “I believe there is a particular job for everyone and the employees here clearly showed they have what it takes to work in these facilities. We met those who were only there a few months to 38 years. The consensus statement from those we talked to was ‘I love my job.’ My respect level is heightened to see such a great team of people in action and made me proud to work for UTMB!”

Dawn echoes the sentiment. “We were only able to visit two of the many Correctional Managed Care facilities with which UTMB is affiliated, but after this trip, I have realized that there are many of our co-workers behind the scenes caring for patients as representatives of our great institution.”

To view more photos of the EAC’s visit to Gatesville, visit http://blogs.utmb.edu/eac/?page_id=767.
UTMB Health Angleton Danbury Campus Celebrates One Year Anniversary

“Coming together is a beginning. Keeping together is progress. Working together is success.” ~Henry Ford

August 16, 2014 officially marked the first anniversary of the UTMB Health Angleton Danbury Campus. Building upon the rich histories of two organizations, the campus began as a partnership between the Angleton Danbury Medical Center and the University of Texas Medical Branch at Galveston. The vision: strengthen both organizations to succeed in an accountable care environment while providing patients access to the best care close to their homes.

Throughout the past year, the partnership has successfully enhanced the level of health care services in Angleton and southern Brazoria County. Patient access to a vast network of primary, specialty and chronic care services, as well as acute care facilities, has increased exponentially. It has also contributed to UTMB’s role as a statewide leader in training the future’s physicians, nurses and health professionals by offering opportunities for experience in primary care, obstetrics and gynecology (OB/GYN), and internal medicine—all in a community hospital environment.

To celebrate the first anniversary, executive leadership hosted a reception at the UTMB Angleton Danbury Campus on August 20, 2015. Faculty, staff and members of the community enjoyed festivities and refreshments as they commemorated the campus’ first year of partnership and success with UTMB.

Happy Anniversary, Angleton Danbury Campus!
Patient falls remain one of the most challenging patient-safety problems facing hospitals. While patient falls are rare events, they can result in injury and even death, as well as additional costs.

The Centers for Medicare & Medicaid Services (CMS) considers a fall as an event that is preventable and should never occur. Falls and fall-related injuries are considered hospital-acquired conditions, or undesirable situations or conditions that affect a patient and that arose during a stay in a hospital or medical facility. If a patient acquires such a condition, it negatively impacts the reimbursement a health care provider receives for the care they provided. This specifically applies to falls that result in fractures, dislocations and intracranial injuries. Each of these injuries, on average, add 6.3 days to a patient’s length of stay and cost more than $14,000.¹

Between 700,000 and one million patients fall in hospitals each year, according to the Agency for Healthcare Research and Quality. This year at UTMB, 292 of our patients experienced a fall while hospitalized from June 2014 through May 2015. Twenty-eight of those patients (9%) suffered an injury. Although we never want a fall to happen while a patient is in our care, this number is low in comparison to a rate of 30%, reflected in a national sample of hospitals by The Joint Commission’s Center for Transforming Healthcare.

The top contributing factors for falls identified by a recent Joint Commission Center for Transforming Healthcare report are the same that UTMB uses to identify risk factors. Incorporating these solutions into the patient care we deliver will help keep our patients safe.²

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<th>Contributing Factor</th>
<th>Targeted Solution</th>
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| Patient fell while toileting                            | Hourly rounding with proactive toileting for all patients: “Let me help you to the bathroom.”
Get high-risk patients up for toileting on a regular schedule. |
| Medications that increase the risk of falls combined with toileting. | Educate patients on medication side effects and the increased risk for falls each time they receive the medication. |
| Patient did not know, forgot or chose not to use the call light. | Educate patients on how to use the call light and why it is important to request assistance at all times, especially when getting into or out of bed. Utilize the bed/chair/ toilet alarm for patients who may be at risk. |
| Patient awareness and acknowledgement of their own risk for falls. | Utilize the patient agreement form on admission and each shift change. Emphasize their personal risk factors during education and signing of patient agreement. |
| Inconsistent or incomplete communication of patient risk for falls between caregivers. | Utilize white boards to communicate individual patient fall risks to all staff. Utilize bedside shift report with the patient to focus on fall risk concerns. |

References:
Service Learning: A Cornerstone for Better Health Care and Interprofessional Collaboration

By the UTMB Diversity Council

St. Vincent’s Student Clinic is a free student-run clinic that provides quality medical care to those in the Galveston community without medical benefits and limited access to health care. In addition to offering free primary care to men, women and children who might otherwise go without treatment, the clinic partners with UTMB to offer students a hands-on educational opportunity known as service learning, a teaching and learning methodology which fosters civic responsibility and applies classroom learning through meaningful service to the community.

Service-learning gives students practical opportunities to learn in real-world context and develop skills of community engagement while allowing community partners, like St. Vincent’s and UTMB, to address significant indigent needs. In addition, the methodology prepares students to ease into their professional roles after graduation and continue to practice with a lifelong pursuit of excellence. The goal of the service learning experience is to enhance students’ enthusiasm for health care, ultimately leading to better health outcomes for their patients.

St. Vincent’s Student Clinic delivers medical and dental services to the indigent population of Galveston and Brazoria counties. The patient population is representative of all ages, races, nationalities, levels of education, gender identities, disease groups, etc. and exposes students to a diverse array of health-related needs. By encouraging active involvement of students and physicians from various fields of health care, the clinic harnesses the spirit of inclusion. Student volunteers from medical, physician assistant, clinical laboratory science, medical humanities and many other fields of study come together to step into the shoes of their future professional selves by engaging in service-learning.

St. Vincent’s provides volunteers with the necessary tools to learn from their experiences by interacting with patients under the guidance of supervising faculty members. Learning is not necessarily limited to a specific field and the diverse clinical setting promotes understanding of various professional roles in providing the best care possible as a team.

For more information on the St. Vincent’s Student clinic, visit http://www.stvsc.org/.

“Shout Outs!”

“We want to thank Holly Singleton for the outstanding care that she provided us. Several weeks ago, our daughter was born early, at only 20 weeks. We had hoped that she would be born with a heartbeat, and by some miracle survive. But we learned a few hours before her birth that her heart had stopped. As you can imagine, we were devastated and very emotional. Holly showed such compassion from that moment, and through the time of her birth. She took great care in comforting us, repeating that she was sorry for our loss and I saw her crying a few times. After my daughter was born, she did a beautiful job of cleaning her up, taking photos of her and making sure we had her footprints. When she brought our daughter to us, with tears in her eyes, she told us she was precious and to take all the time we needed with her. Before she left, she came back to give her condolences again and hugged me good-bye.

Thank God for nurses like Holly. The fact that she showed empathy and emotion meant more than I could ever express. She mentioned that she had seen this type of situation several times before, but that it never gets easier. I cannot imagine how hard it must be for her to see that time and again, but that makes me respect her even more that she is still able to show that level of compassion. From the bottom of hearts, we want to thank her for being exactly what we needed during the worst moment of our lives.”

Shout Outs continued on page 10
“I am writing this letter on behalf of four of your outstanding doctors and several nurses at John Sealy Hospital. My son-in-law was recently airlifted to John Sealy Hospital from Houston. He had suffered five strokes by the time he arrived at John Sealy and was in very poor condition. He was placed in NCUU and was there for about a month. I am convinced that this transfer to your facility was an act of God. The care and attention he received was amazing.

I specifically want to commend Dr. Anish Bhardwaj, Dr. Alok Dabi, Dr. Venkata Dandamudi and Dr. Rafael Rodriguez. They were always there, ready to answer questions, assess my son-in-law’s condition and make decisions. They were kind, courteous, knowledgeable and concerned. I feel that these particular physicians need to be specially recognized because of the way they cared for him. There is a real possibility that they saved his life.

I would also like to commend several of the nurses: Jeanette Mitchem, Julia Anderson, Amanda Lunn, James Whitehead, Keith Warden, Ify Anakor and Gwen Hildebrand. They were all so kind, gentle, caring and attentive. They were so willing to spend time to answer questions and to go the extra mile to be sure that their patient was care for in the best possible manner.”

Dr. Harold Pine is fantastic and my Day Surgery nurses were the best! I wouldn’t go anywhere else! Every area of our hospital should strive to function as well as pediatric ENT and day surgery. Top-notch care! (Ear, Nose, Throat)

Everyone was great! I’d especially like to recognize Kathleen Denke and Dolly McCarley in the Day Surgery Unit for their personal attention and Randy McGowan in PACU, for her expert care and attention. (General Surgery)

Dr. Gursaran Banipal was very professional. She was confident and precise in her explanation of the procedures and medicines that were being administered to me. (Emergency Department)

Dr. Whitney Baker was absolutely amazing. Thank you, thank you, thank you! (Emergency Department)

Nurse Angela Smith was exceptional. She gave my daughter a stuffed animal with its own IV! My daughter is still carrying the animal around at home! (Emergency Department)

Dr. Carlos Clark is an exceptionally gifted physician. I refer all friends and VIPs to him because I know he is not only skilled and intelligent but he is physician who cares and listens to the patients feelings. He’s compassionate, culturally competent and confident.

Professional, caring and friendly. Dr. Erica Kelly is an excellent dermatologist. (UHC Dermatology)

Dr. Gokhan Kilic is the best of the best! Caring, professional, knowledgeable and excellent communication skills. (Obstetrics/Gynecology)

Dr. Lucas Blanton and the residents involved were some of the best doctors I’ve seen at UTMB. (Infectious Diseases, UHC Medicine Specialties)

Dr. Randy Urban is one of a lost breed of physicians. I’ve been his patient for nine years and he always spends as much time as he needs to ensure that he sees the whole picture. He has always accurately diagnosed me, despite a rare condition. Even though I have to travel three hours for appointments, Dr. Urban is well worth the distance. He doesn’t have to review a chart to remember everything about my medical history. He is irreplaceable and a tribute to his specialty and to medicine in every regard. Prior to Dr. Urban’s care, I had to sacrifice “bedside manner” for expertise. For the past nine years, I’ve had it all. He is kind and compassionate and always looks beyond the surface to ensure his patients receive the best treatments available to improve their health and quality of care. Without a doubt, he’s the best physician I’ve ever had and I can only hope that he continues to improve the lives of patients for another three or four decades! (Endocrinology)

Dr. Kathleen Vincent is a great specialist in women’s health care and in ultrasound imaging. (Obstetrics/Gynecology)

Dr. Jose Valle went above and beyond to assure I received the best possible care. (Pulmonary Disease)

Your staff was awesome. We had an extremely tough night, but your staff has been a true blessing—speedy, efficient, friendly, and they showed genuine concern. This was the best ER experience that I have ever had. Thank you for the outstanding care and service you and your team provide to our UTMB patients and for everyone’s commitment to providing a very good patient experience.

I’ve been in several hospitals and on a scale from 1 to 10, I give UTMB a 10! Thank you finding the problem quickly and for the professional care you gave me. (Emergency Department)