Health System Leadership Makes the Rounds

Shannon Diaz, Suzanne Couture, Rebecca Strimple, Keisha Williams-Waire, Dr. David Marshall, Dr. Selwyn Rogers

Last year, members of UTMB Health System leadership made a commitment to increase rounding with UTMB employees, making visits to different departments throughout the hospital and clinics a priority. Over the course of the next few issues, the Friday Focus team will share moments captured during these visits as leaders get to know more about the work of members of the UTMB Health System. This month, leadership visited the Emergency Department and the Island West Family Medicine Clinic.

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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
Emergency Department

Dr. David Marshall, chief nursing and patient care services officer, and Dr. Selwyn Rogers, vice president and chief medical officer, were quickly recognized as they walked down the hallways of the Emergency Department. Marshall is a familiar face and greeted employees by name and high fives. Dr. Rogers, who joined UTMB a little more than six months ago, got acquainted with the team, striking up conversations with ease.

The first stop along the way was the trauma unit. Upon arrival, EMS was wheeling a patient in on a stretcher, but otherwise, the unit was relatively quiet. Dr. Marshall spoke with the nurses and patient registration specialist, and Dr. Rogers continued with introductions. The nurses briefly gave a run-down of life in the trauma unit and talked specifically about how they have enjoyed the efficiency of Vortex, a broadcast tool that allows managers to quickly notify nurses of shift changes and send messages that are suited for targeted groups via their mobile devices. Dr. Rogers enjoyed learning about the tool.

Their final stop was at a nurse station to ask about the recent Epic Beaker implementation (lab module). Overall, the staff feel the new application works well, but one nurse had discovered a workflow issue. Both Marshall and Rogers were eager to hear about the issue and discussed it with the nurses, brainstorming for solutions to the problem. Marshall and Rogers thanked the nurses for their honest input and promised to look into a solution.

As the team departed, the halls once again were filled with hellos, goodbyes and “See you next time!”

Island West Family Medicine Clinic

Ann O’Connell, vice president of ambulatory operations, spends time at a different clinic almost every week. This particular week, she visited Island West Family Medicine Clinic. In December 2013, the clinic, along with the two additional UTMB Family Medicine clinics, became the first at UTMB to be awarded Level 3 Patient-Centered Medical-Home (PCMH) status, the highest level recognized by National Committee for Quality Assurance (NCQA). NCQA’s Patient-Centered Medical Home is an innovative model of patient care designed to strengthen the relationship between the patient and their care team. Each patient has an ongoing relationship with the team, which consists of their physician, a medical assistant, nurses, patient care technicians and other clinical and administrative staff, at a single location. The team takes collective responsibility for the patient’s care, providing for his/her health care needs and arranging for appropriate care with other qualified clinicians. The medical home is intended to result in more personalized, coordinated, effective and efficient care.

Luisa Hernandez is a nurse at Island West who is also the care manager, a role that is new at many physician practices and common in the PCMH model. Care managers help identify patient needs beyond the care provided directly in the clinic; this includes social services, transportation, medication reminders, even home visits—whatever it is that helps remove obstacles to quality care for patients with more complex needs. Often, this means coordinating the very first follow-up visit with a patient’s primary care physician after a hospital admission. O’Connell wanted to check in with Hernandez to see how she was acclimating to the new role.
A virtual tour of the new Jennie Sealy Hospital is now available online. As construction crews continue working vigilantly to meet the hospital’s substantial completion date, UTMB wanted to create a way to showcase to the public what the new facility will look like once it’s finished. Project Manager Jake Wolf, along with special guests UTMB President Dr. David Callender, Donna Sollenberger, Dr. David Marshall, Deb McGrew, Dr. Donald Prough and many others, joined forces to create the virtual tour. Among the facility features highlighted are Day Surgery rooms, the intraoperative MRI surgical suite, classrooms and patient rooms with breathtaking views of the Gulf of Mexico.

View the tour at https://www.youtube.com/watch?v=i5Hdz5HzWiY or http://intranet.utmb.edu/healthsystem/default.asp.

Luisa Hernandez and Ann O’Connell

Hernandez spoke frankly, “Sometimes I feel that in this position as care manager, all my time is spent on the phone and I’m not making much of a difference.”

O’Connell understands the challenges of the role well and reassured Luisa. Prior to joining UTMB, Ann helped establish a similar care management plan at another institution. “This is new. When I did this before, my nurses worked a very long time at the top of their skill level, reaching out to patients to get them to be receptive to what we were doing.” O’Connell advises, “Try motivational interviewing when you’re speaking with the patients, find out what motivates them to get out of bed each morning—make the personal connection.”

Hernandez then showed O’Connell a project she has recently started. UTMB has identified a population of frequently admitted patients. One of the highest causes of readmission is because some patients don’t follow the care plan provided by the health care provider upon discharge. This noncompliance is sometimes due to incomplete or unclear discharge instructions; at other times, the patient may not fully trust a care team, because they are unfamiliar with them—they prefer instead to wait and hear directly from their primary care provider (PCP) for confirmation of discharge instructions.

For patients who require changes in medication dosages or new prescriptions, noncompliance can be a serious problem. To remedy this, Hernandez has started carefully reviewing the list of frequently admitted patients upon discharge, assessing the reason for admission, examining the discharge instructions, and noting any changes to medications. She then follows up by phone with each patient to fully discuss their care plan until their next appointment with their PCP. She hopes this will effectively reduce the likelihood of readmission.

Before leaving the clinic, O’Connell ensured Hernandez that despite her earlier concern, she is rising to the difficult challenge: “You are doing great, and you are making a difference!”

Join us next month as we shadow Deb McGrew, vice president and chief operating officer of the Health System and Emily Blomberg, associate vice president of Health System operations.
The term “interoperability” describes the extent to which information systems and devices can exchange data and interpret that shared data so that it can be understood by the end user. The interoperability of electronic medical records (also sometimes called electronic health records), is of high importance in this new age of health care, because providers must be able to transmit patient records to other organizations and to payers, such as insurance companies and the Centers for Medicare and Medicaid Services.

EMRs were originally developed as stand-alone systems serving a single health care organization, such as a hospital or large private practice. While medical information could be shared easily within that single organization through the EMR, it wasn’t possible to share with providers outside the organization, because different organization’s systems captured, indexed and stored various elements of a patient’s health record differently via proprietary formats and data schemas. In order to share medical records, they had to be printed and transmitted by courier, mail service or fax. Historically, EMR vendors viewed proprietary formats as beneficial in terms of locking customers into their systems, but with increasing EMR integration incentivized by the American Recovery and Reinvestment Act of 2009 (ARRA), EMR interoperability is now critical. While current systems haven’t reached full interoperability, efforts are focused on three key elements:

- Standardized patient diagnosis capture and encoding, which is covered by the World Health Organization’s International Classification of Diseases.
- Medical information exchange, principally embodied in Health Level 7 messaging standards.
- Drug prescription electronic delivery, as embodied in the National Council for Prescription Drug Programs.

To keep up with the growing need for interoperability, UTMB implemented a web-based tool called Care Everywhere into its EMR system, offering a new level of timely access to information for physicians. Initially, Care Everywhere allowed registration staff, health unit coordinators, medical assistants, physicians and nurses from different organizations to exchange protected health information during a patient encounter during Epic-to-Epic exchanges. However, with the initial implementation, health care providers still had difficulty sharing with non-Epic organizations.

In July 2014, Epic responded by upgrading the tool with interoperability functionality, which allowed continuity of care documents to be sent between UTMB and non-Epic organizations. Care Everywhere is part of a very large nationwide interoperable network connecting over 1,000 hospitals and over 26,000 clinics. For patients, this means wherever they go, whether between healthcare systems in the same city or across state and national borders, the clinicians providing care can view the same patient health information. In 2014, UTMB exchanged 22,051 records total with 47 other organizations in 18 different states.

UTMB also recently implemented CareLink, another web-based application that gives referring physicians a safe and secure way to access a patient’s information contained within UTMB’s EMR. CareLink provides view-only access to shared patient information, allowing referring providers to follow shared patients’ progress, patient history, test results, care notes, medication lists, discharge summaries and more. A referring physician will be able to access information for only those patients with whom they have a specific relationship. This ensures compliance with local, state and federal regulations for the release of Personal Health Information (PHI) as well as enhances continuity of patient care. The numbers continue to grow, but so far, UTMB shares information with more than 268 active users (as of May 2015) via this system.

Advancing health interoperability is vital in helping transform the health care delivery system into one that provides better care and healthier people. With the implementation of interoperability tools like Care Everywhere and CareLink, healthcare providers can easily access patient health information, improving continuity of care and patient outcomes.
Everywhere and CareLink, and by offering our patients the convenience of MyChart to access portions of their personal medical records, make appointment requests and refill prescriptions, UTMB aims to connect UTMB not only to nationwide health information networks, but provide patients with the correct tools to access their health information and approach to health care.

To find out more on Care Everywhere, CareLink and MyChart, visit the following links: www.utmbhealth.com/careeverywhere | www.utmbhealth.com/carelink | www.utmbhealth.com/mychart.

In December, an interdisciplinary team of rehabilitation therapists, nurse clinicians, a patient care technician, geriatric clinical educator, transportation representative, and rehabilitation and nursing directors launched a pilot patient mobility program, “Get up and Walk”.

The goal of the program is to maintain the mobility of hospitalized patients who were moving around (ambulating) independently prior to admission. Effects of bed rest and limited ambulation can lead to functional decline in the physical abilities of patients, which may increase length of stay, increase readmission rates and increase the risk of falls. The industry standard for cost per event for a serious fall is an average of $13,000 and all falls typically increase length of stay even without an injury.

The program includes supervised, scheduled ambulation with a dedicated mobility technician twice a day. The technician supervises and monitors the safety of the patient during ambulation, while educating patients and families about the importance of remaining mobile. Since December, the program has expanded to three units: 7A, 7B and the ACE Unit.

The team identified 514 patients to participate in the program from December 2014 through March 2015. Of these patients, 34 percent walked once per day, 38 percent walked twice per day, and 28 percent did not walk at all. The most frequent reasons patients did not walk was because they were not in their room at the time, usually because they were out to have a procedure performed. Total falls on the pilot units have decreased significantly since the program began. Patient satisfaction with the program has been overwhelmingly positive. Anna Patino is the primary mobility technician who coaxes and coaches participants to “Get Up and Walk.” One enthusiastic patient offered, “No one could do a better job than Anna!” Nurses, rehabilitation therapists and physicians are collaborative and are also strongly supportive of program.

The program will continue on the three units through the end of August 2015 to complete data collection and analysis. During this time, the team will also develop strategies for a hospital-wide program, starting in September 2015.
Earlier this month, UTMB leadership announced the organization has launched a vital project in response to the final ruling by the U.S. Department of Health and Human Services (HHS) that designated 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. The new classification system is intended to drive health care improvement by enabling accurate identification and payment of new procedures and offering a 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 patient diagnoses and the level of care provided. Clinical documentation will be improved via five key elements of new specificity:

1. **Laterality**
   *Examples for documenting laterality:*
   - Left upper lobe lung cancer
   - Patient also has a pathological fracture of the right femur

2. **Episode of Care**
   *Examples for documenting episode of care:*
   - Initial episode of care
   - Subsequent
   - Sequela

3. **Acuity**
   *Examples for documenting acuity:*
   - Simple, chronic bronchitis
   - Acute Myocardial Infarction without hepatic coma
   - Mild persistent asthma

4. **Anatomy**
   *Examples for documenting anatomy:*
   - Right inflammatory lung cancer, middle lobe
   - Malignant neoplasm of the upper-inner quadrant of the left femal breast
   - Malignant neoplasm of the transverse colon

5. **Etiology**
   *Examples for documenting etiology:*
   - Pneumonia due to *S. pneumoniae*
   - Urinary tract infection due to *E. Coli*

The conversion to ICD-10 will involve multiple areas, including UTMB’s hospitals and clinics, billing and finance departments, and the faculty group practice. In the coming months, UTMB providers and staff will be asked to participate in training and information sessions regarding the conversion to ICD-10. If you are asked to participate in such a session, it is essential that you do so.

Visit the ICD-10: Mission Possible website at [http://intranet.utmb.edu/icd10/](http://intranet.utmb.edu/icd10/). Provider-specific information is highlighted. In addition to the website, look for important updates in the Weekly Relay Notes, Health System and Academic Enterprise internal communications/newsletters, and on iUTMB.

What training is required and for whom?

1. Even if you don’t work in a direct health care setting, you may like more information on how ICD-10 will improve the quality of care for our patients. And for those who do not handle patient records, you may also like to know more. The following awareness videos are available via the ICD-10 website:
   - Basic Awareness Video: What is ICD-10?
   - Basic Awareness: Online Course
   - Basic Awareness Video: ICD-10 and Clinical Documentation (CMS)
   - ICD-10 Coding Basics (structure and process)
   - Advanced Awareness Video

2. If you are impacted by ICD-10 documentation or coding changes you will receive information from your department leadership on specific training requirements and timeline for completion.

3. **Health care providers and medical records**
The Role of Women in Science, Research and Medicine

By the UTMB Diversity Council

Throughout the ages, women have been involved in health care. Many ancient records from Sumeria, Egypt, Greece, Rome and even Pre-Colombian America often refer to the participation of women in health care as midwives and healers. However, it wasn’t until 1849 that the first female student, Elizabeth Blackwell, graduated from medical school in the United States.

Since then, women have consistently raised the bar for health care standards and achievements across the world. Florence Nightingale, a colleague of Blackwell’s, established a nursing school with teachings based on scientific evidence. In 1864, Rebecca Lee Crumpler became the first African American woman doctor in the United States. A little more than 15 years later, Clara Barton founded the American Red Cross.

Women have made significant contributions to medical research and great strides for patient rights. Virginia Apgar developed a standardized system to evaluate the health of babies. Gertrude Belle Elion developed 45 treatments to help the immune system fight cancer. Pat Goldman-Rakic, a neuroscientist, was the first to chart the frontal lobe of the brain. Rosalyn Sussman Yalow, a medical physicist, developed radioimmunoassay used to measure antigen concentrations and screen for blood contaminants. Rosalind Franklin, geneticist, provided early work on DNA. Selma Kaderman Dritz an Epidemiologist, is credited with documenting clear data concerning HIV. Helen B. Taussig, physician, is founder of pediatric cardiology. Eleanor Roosevelt believed that all people deserved access to health care as a fundamental right and Nancy Dickey, physician, developed the Patient’s Bill of Rights.

Thanks to the accomplishments of these pioneering women, and many more unmentioned, nearly half of all medical school graduates across the country are women who will go on to become tomorrow’s leaders in health care, research, teaching, administration and continue to make history.
Optimization of UTMB’s EMR continues. Please visit http://sandbox.utmb.edu/emr/epic-optimization/default.asp for the latest news or to make a suggestion for optimization.

**Did you know ?**

- **A new SmartLink Library is now available.** A SmartLink (sometimes also referred to as a “Dot” Phrase) is a tool that pulls or links information from the patient record directly into your documentation. For example, if you enter .name, the patient's name is pulled in. There are nearly 500 SmartLinks available.
- **New & Updated IMO Diagnosis Terminology -** In preparation for the ICD-10 compliance date currently scheduled for October 1, 2015, new and updated terms that map to various ICD-9 and ICD-10 codes were downloaded and imported into Epic. From within the Diagnosis Calculator, the tool aids users in choosing a more specific term and ultimately the correct code; you will notice changes in relation to the modifiers.
- **Did you know...you should never log in to “UTMB”?** You must select a unit/department/specialty as this facilitates items such as preference list selection, printing and charges.
- **Did you know...inpatient orders print where the patient is listed on census?**
- **To quickly expand the columns in the order lookup window to see more order details, you simply need to double click on the column of your choice.**
- **Make sure to log into the correct department context (not UTMB) to ensure adequate printing of Beaker specimen labels and/or reports.**
- **Did you know you can jump directly into an encounter from Chart Review?** If you need to easily access an open or closed encounter, you can do so from Chart Review. Simply highlight the encounter and choose the Encounter toolbar button.
- **Do you know the process for making external websites available on thin client PCs?** Send an email to ishelp@utmb.edu including the website address (URL), and a brief description of the purpose/use of the site. The service desk will add the site for accessibility on thin clients once the site is approved.
- **Did you know Epic auto routes cc’d chart messages (for specialist visits) to your patient’s PCP?** When you close an outpatient encounter, Epic automatically routes a copy of that encounter to the patient’s PCP. This is currently in place for all specialties including Ob-Gyn. We’re investigating using similar logic to route encounters to the referring provider, as well. Keep in mind this functionality is directly impacted by the PCP being accurately identified, and your registration teams can make the necessary updates.
- **Angleton Danbury Now Connected to the UTMB EMR -** UTMB’s Angleton Danbury Campus is now live on UTMB’s EMR (Epic). As of June 13, ADC now offers patients the same convenience and personalized service as patients at all UTMB patient care locations. Additional project info is available on the ADC Connect website. Above are some photos of the go-live.
UTMB Selected to Join EMPower Initiative to Enhance Maternity Care Practices

UTMB Health has been selected as one of the first hospitals in the nation to join the EMPower Initiative to enhance maternity care practices and work toward achieving the Baby Friendly USA© designation.

EMPower is a hospital-based quality improvement initiative focused on maternity care practices leading to Baby-Friendly designation. Funded by the Centers for Disease Control and Prevention, EMPower is aimed at increasing breastfeeding rates throughout the U.S. and promoting and supporting optimal breastfeeding practices toward the ultimate goal of improving the public’s health.

As part of this effort, UTMB will receive ongoing support in breastfeeding practices from experienced coaches, as well as training and resource support in lactation education. The effort supports evidence-based practices for prenatal and maternity settings known as the Ten Steps to Successful Breastfeeding and the Baby Friendly Hospital Initiative.

The EMPower Team is led by Abt Associates, Carolina Global Breastfeeding Institute, and the Center for Public Health Quality.

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Dr. Brent Vasut was wonderful. He was very concerned about my pain and guiding me through the X-ray process. He is an excellent doctor. (Emergency Department)

When I went to my recovery room after delivery, Lisa Rayson, the night shift nurse, was hilarious and extremely considerate. She made me feel comfortable at all times. (Post-Partum)

Everyone was wonderful, from the nursing staff to the medical students, doctors, food service, cleaning staff and everyone who came in to speak with me. Dr. Thomas Baxter called me after discharge to check on me at home which was wonderful! Above and beyond by all! (Internal Medicine)

The nurses on 9C neuro were very well trained, very sweet, very helpful and really did the job well. The 9C nurses were the best. (Neurology)

Dr. Wissam Khalife is a very excellent physician. Dr. Khalife has always taken care of me. (Cardiology/Coronary)

Kathleen Denke in Day Surgery is just awesome! Even though she knows I’m a nurse, she still took the time to explain everything to me. (Gynecology)

Dr. Michelle Mercatante is an awesome doctor in every area. She is the very best at all times. We love her! (Texas City Family Health Care Center)

Dr. Vincent Petros was wonderful. He’s a great doctor, and very concerned about his patients and their care. (PCP General Medicine Continuity)

My husband had Dr. Matthew Hay as a kid and we are using him for our children! He is an amazing and understanding doctor! (Texas City Pediatrics)

Dr. Amber Gil seems very attuned to questions and answers are easy to understand. (UHC Dermatology)

Dr. Anika Bell-Gray is excellent in every way. I can’t say enough good things about her. (Texas City Family Health Care)

The service provided by Dr. Susan McCammon and her staff was excellent. (Otolaryngology, ENT Consultants)

Dr. Megan Berman is the best doctor I have ever had. I feel that I can ask her anything and she will listen and give me a satisfactory answer. I know she cares! (Internal Medicine, PCP Harborside Medical Group)

Dr. Misha Syed is an excellent doctor! She has a deep concern for her patients. She always takes her time and explains in detail my condition and I trust her. (Friendswood Eye Center)

Dr. Venkata Dandamudi is a very caring, knowledgeable and sweet guy. You need more like him. (VLTC Pain and Neurology Clinic)

My therapist is amazing. Carla Czervenny made me so comfortable and at ease. I love her! (Victory Lakes Occupational Therapy/Physical Therapy)