Incident reporting in health care settings is crucial to improve and promote patient and employee safety. For high risk organizations like academic medical centers, identifying barriers to compliance, understanding workflow challenges, and recognizing and reporting unsafe conditions are keys to understanding why preventable errors occurred in the past and how to prevent them in the future.

UTMB’s Risk Management Department, in collaboration with UTMB’s Graduate Medical Education program, have made significant efforts to improve the incident reporting culture at UTMB over the past year. In 2014 alone, the department noted a 14 percent increase in incident reporting over the previous year—the data includes patient events, unsafe conditions and staff safety events.

The Risk Management Department utilizes the Patient Safety Net (PSN) as the primary tool for incident reporting, and incidents and safety concerns can also be reported directly to the Risk Management Department. The 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. The department has also taken additional steps to increase PSN awareness on campus and encourage reporting. To help facilitate and promote a Culture of Trust among faculty, health care workers, and staff, Risk Management provided a special presentation to ambulatory managers, “Medical Injury, Human Error and Event Reporting”, which emphasized the

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importance of a non-punitive culture when it comes to event reporting. Supported by Section 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; in addition, all reporters have the option to provide their name or to remain anonymous.

To help make the tool easier to use, the department minimized the number of required fields for the front-line reporter to populate and provided hands-on manager training in the system. The department also partnered with UTMB’s Marketing & Communications Department to prominently place a link to the PSN on the iUTMB homepage.

Once a safety concern is reported, each incident file is routed to the corresponding manager of the event location and corresponding unit-based clinical leadership (UBCL) team or ambulatory-based clinical leadership (ABCL) team. Any ancillary managers that the case relates to, such as Pharmacy or Clinical Equipment Services, are also notified. All incidents are also reviewed by the Safety Event Action Team (SEAT), which is comprised of a range of representatives from across the organization, including Health System and Academic Enterprise leadership and various legal and risk management representatives.

In a new plan implemented this year, the Risk Management Department granted “manager” access to all clinical leadership team members, who were trained on how to review the PSN events for their units. In addition to being able to review events as they are reported in the system, the team members can also record additional contributing factors (of which there are 12 total categories) to assist in the development of cause analysis and improvement plans. Report dashboards in the system also show real-time incident reporting, alerting leadership teams to immediate problems and specific incidences, and helping to identify trends and ongoing challenges.

In addition to encouraging PSN reporting among faculty, health care workers, and staff, Dr. Thomas Blackwell, associate dean for Graduate Medical Education, and Amanda Kuenstler, risk management specialist, implemented an initiative to improve incident reporting among residents. They recently presented their findings in a poster presentation, Enhancing Resident Engagement in Quality Initiatives, to the Accreditation Council for Graduate Medical Education (ACGME) Annual Conference in San Diego this February.

The presentation described the plan they initiated in January 2014 to engage all residents in the incident reporting process. This was no small feat, as UTMB has 572 residents in 54 specialties. Blackwell and Kuenstler began by holding mandatory meetings for each residency program, during which the importance of using the incident reporting tool (PSN) was stressed—whether an error actually occurred or there was a ‘near miss’, this data would be used to make improvements in a blameless fashion. Educational presentations were also given to the Chief Residents Committee, the GMEC, and to new trainees at orientation.

Since the initiative began more than a year ago, house staff engagement in the incident reporting process has increased. In the 12 months prior to the intervention, residents had reported only 20 total incidents. However, following the interventions, resident reporting rose to 178 incidents in the
subsequent 12 months.

Blackwell and Kuenstler believe that 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 has helped facilitate the increased reporting, which in turn, promotes patient safety at UTMB. Improvement efforts are ongoing.

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
- Working together, we will continue to work wonders!

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. 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

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**SAVE THE DATE FOR A SPECIAL LECTURE**

**“Risky Business: Blood Exposures in the Healthcare Setting”**

April 22, 2015 | 11:30 a.m.
Levin Hall Main Auditorium

Please join us for a special lecture by Dr. David Henderson, primary author of the *Society of Healthcare Epidemiology of America Guidelines*, who will present his pioneering work on the prevention and treatment of bloodborne pathogen exposures in his lecture, “Risky Business: Blood Exposures in the Healthcare Setting”.

The lecture will be held April 22, 2015 at 11:30 a.m. in Levin Hall Main Auditorium and is open to all who would like to attend, especially residents, students, faculty, nurses and employees who work in health care settings.
Sir William Osler was a highly respected physician, professor and writer who once said, “Care more for the individual patient than for the special features of the disease…put yourself in his place. The kindly word, the cheerful greeting, the sympathetic look—these the patient understands.” We are entrusted to care for patients as whole persons—body, mind and spirit.

The UTMB Pastoral Care Department, led by Pastoral Care Director John Riley, provides for the spiritual and emotional needs of UTMB patients and staff. Chaplain Riley and Chaplain Kathy Ozenberger provide full time pastoral care for the institution; but on evenings and weekends when they are not available, four on-call chaplains provide round-the-clock services for the hospital. On-call Chaplains Reverend Tom Bain, Reverend Shelby Dies, Reverend Darryl Erwin and Reverend Lihn Nguyen offer the same services as the full-time pastoral care staff which include: chaplain/priest visits, prayer, sacraments, inspirational reading material, crisis intervention, grief and bereavement support, and staff support.

The Friday Focus team recently sat down with the on-call chaplains to talk about their experiences and the spiritual side of health care.

Reverend Tom Bain is a retired United Methodist minister and serves as chaplain for the Palliative Care team. He sees and counsels patients who are undergoing end-of-life care. Prior to UTMB, he worked with Hospice Care Team, Inc. He spends 20 hours per week visiting with Palliative Care patients, sharing the on-call schedule rotation with the other three chaplains. He says when he visits patients, he believes they most want the comfort of another person: “We’re here, and the patient lets us know what they need. Sometimes showing up is the work we do. Time hangs heavy in a hospital.’’

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Reverend Lihn Nguyen is a Methodist minister who moved to Houston to start a Vietnamese ministry. Recently, Nguyen was able to help assist a Vietnamese-speaking patient communicate with his health care team—as one might imagine, difficulty communicating can cause patients distress. Although UTMB Health offers language translation services, Rev. Nguyen was there just in time to help translate the conversation between the physicians and the patient. “Once the patient understood what was happening, he was calm and happy.” Just as chaplains are available for spiritual support, they are available for emotional and crisis intervention. Rev. Nguyen explained that patients just want their voice to be heard.

Chaplains from the Pastoral Care Department are available to support all patients of all beliefs and religious affiliations. Reverend Shelby Dies, who is a former nurse, says when patients or families ask to speak to someone, they are seeking comfort. “If a patient or a family member prefers to have someone of their own faith with them, of course we will call someone to be there, but it seems for most, suffering is a spiritual aspect, and not necessarily a denominational aspect. When there is suffering, it’s human-to-human interaction and comfort that makes a difference.”

For Reverend Darryl Erwin, spirituality is a family business. “My father was a pastor. When I was young, I accompanied him when he visited people. Those experiences always stuck with me, and now I can see it prepared me, and that’s what I enjoy most—spending time with people and talking to them; that’s what makes a difference.” Rev. Erwin completed his chaplaincy residency from MD Anderson.

When asked what was most rewarding about their profession, Rev. Nguyen expressed the unanimous feeling among the chaplains: “When sitting with a patient, whether in prayer, reading scripture, or just talking, you are able to witness a moment of clarity—you can tell the patient truly senses just what life is about. It is inspiring to let go of our own frustrations and live for God.”

A request for a chaplain visit for a UTMB hospital patient, their family, or visitors can be made by contacting the Pastoral Care office at (409) 772-3909.

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**UTMB Retains AHA Gold-level Recognition for Performance in Resuscitation**

For the second year in a row, the University of Texas Medical Branch at Galveston has received the highest recognition by the American Heart Association for continuing to achieve resuscitation standards set under the AHA’s Get With the Guidelines® program. Last year, UTMB became the first hospital in Texas to receive the Gold Quality Achievement Award, and was also the first hospital in Texas to receive the program’s silver award.

The award signifies that UTMB has reached an aggressive goal in using guidelines-based care to improve outcomes for patients who suffer cardiac arrests in the hospital.

The Get With The Guidelines — Resuscitation program was developed with the goal to save lives of those who experience cardiac arrests through consistently following the most up-to-date research-based guidelines for treatment. Guidelines include following protocols for patient safety, medical emergency team response, effective and timely cardiopulmonary resuscitation and post-emergency care.

UTMB was granted the award for meeting specific measures in treating adult and pediatric cardiac arrest patients. To qualify for the awards, hospitals must demonstrate compliance with these performance measures at a set level for a designated period.

“We’re all so proud of our interdisciplinary team of professionals who are so dedicated to our patients,” said Donna Sollenberger, UTMB’s executive vice president and chief executive officer. “This second Gold Quality award reaffirms that we are continually striving to provide the best possible care for our patients.”

Get With The Guidelines — Resuscitation builds on the work of the American Heart Association’s National Registry of Cardiopulmonary Resuscitation originally launched in 1999 as a database of in-hospital resuscitation events from more than 500 hospitals. Data from the registry and the quality program give participating hospitals feedback on their resuscitation practice and patient outcomes and help develop research-based guidelines for in-hospital resuscitation. For more information, visit [www.heart.org/quality](http://www.heart.org/quality).
Spotlight on Dr. Selwyn Rogers, Vice President and Chief Medical Officer

Dr. Selwyn O. Rogers, surgeon and public health expert, joined UTMB as vice president and chief medical officer in December 2014. He also serves as assistant dean for clinical affairs in the School of Medicine. Rogers provides leadership for the quality, safety, service, efficiency and outcomes of UTMB's clinical services. He is a strong collaborator and advocate for patient-centered care and the elimination of health-care disparities.

Prior to arriving at UTMB, Rogers served as professor and chairman of surgery at Temple University School of Medicine since 2012. Before that, he was an associate professor of surgery at Harvard Medical School. He also served as director of the Center for Surgery and Public Health and as division chief for trauma, burns and surgical critical care at Brigham and Women's Hospital and held academic appointments at Vanderbilt University School of Medicine and Meharry Medical College in Nashville.

Now that he’s been on the job for three months, we caught up with him to ask about his life inside and outside of work.

**What does the Road Ahead look like for you?**

…”Two roads diverged in a wood, and I –
I took the one less travelled by,
And that has made all the difference.”

-Robert Frost

During my first 90 days as vice president and chief medical officer, I have had the great privilege to meet many of you personally and learn more about your love of UTMB, your concerns about the future of health care, and your challenges to deliver care. I learned that we have a mutual commitment to caring for the community, one person at a time. As I carefully ponder what the Road Ahead looks like for me, I remember Robert Frost’s famous literary quote. But I also realize that this health-care journey is not just mine to travel, but ours, together.

In our Road Ahead at UTMB, I will continue to execute this organization’s mission to provide our patient community with the safest, most effective, efficient and patient-centered journey that we possibly can. During the course of a single hospitalization, our patients and their families can have numerous interactions with many members of our team, from the parking attendant to the language interpreter, from the registration intake specialist to the lab technician, and from the scrub technician in the operating room to the nurse at a hospital bedside. All of these team members are the face of UTMB and represent our mission for excellence.

Consider this scenario: Imagine a 75-year-old grandmother who learns of her diagnosis of breast cancer. She is afraid, stunned and confused in those first few weeks of palliative chemotherapy to stave back the metastatic cancer. We can’t reverse this life tragedy, but we can take an extra minute or two to ask how she’s doing and whether we can help her further even as we administer treatment. Because we can see our lives in her story, she becomes our mother, our sister, our aunt, our friend. As CMO, my Road Ahead will be not be to take the divergent road, but to join you in the road less travelled; one that is entirely focused on shoring up that personal connection to our patients in every aspect of our interactions.

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What is the most challenging aspect of your job? The most rewarding?

By far, the most challenging and rewarding aspects of my job are our people. It is through the individual actions of each and every one of our people that we provide care to our patients. With over 12,000 employees, UTMB has a rich team of dedicated professionals who care for our patients throughout our distributed campuses from Galveston Island to League City to Angleton Danbury and beyond. However, how do we consistently maintain our focus on doing the right thing when no one is watching? Do we always wash our hands before and after patient contact? Do we perform all of the recommended patient safety steps prior to collecting a blood sample? Do we approach our patients with compassion at all times?

Without a doubt, the most rewarding aspect of my job is mentoring people. A friend of mine once told me that I have a gift for “building people.” I find it incredibly rewarding to help others become their best selves in relation to their professional growth at UTMB.

You have impressive credentials and have received numerous awards and honors for your contributions to teaching and patient care. To what do you attribute that success?

I attribute my success to three things: vision, passion and a relentless pursuit of excellence. In order to be successful, one must have a vision of what success is. For some, that is money, while for others it is power. I define my success by impact. What difference will I make by having the good fortune to walk on this planet for a yet-to-be-determined period of time? My passion drives me even in the face of adversity and failure. Finally, a commitment to pursue excellence drives me forward to be better tomorrow than I am today.

What is the one thing most people don’t know about you?

If I had not become a surgeon, I would have become a pastor. As a deeply spiritual person, I like to use my “gifts of listening and understanding” to help others. It is my love of science that convinced me to pursue a career in medicine. As an academic surgeon, I got to do both.

What is the best advice anyone has ever given you?

Listen attentively, act deliberately, and be wary of what you do not know.

What three words would people most likely use to describe you?

Passionate – because I care deeply about what is important to me.
Energetic – because my energy scale is abnormally high.
Caring – because compassion and empathy are two of my greatest attributes.

What do you like to do when you are not in your office?

Spend time with those I love.
Meditate when I run.
Learn something new.

If you could travel anywhere in the world, where would you go?

Nepal. I have always had a fascination with the Himalayas, especially Mount Everest. As the tallest point on Earth at 29,029 feet, Mount Everest has been the target of many humans who seek to climb to its peak. Many have died trying. In many ways, we all have Mount Everests in our daily lives. I would like to see the physical Mount Everest before I die.

How do you like Texas so far?

I am enjoying Texas immensely thus far. I love the food from fine steaks to red snapper, the proximity to the Gulf Coast with its serenity and power, Southern hospitality, and the diversity of people.
UTMB Celebrates Neuro Nurses’ Day with Special Conference

The 2015 Neuro Nurses’ Day Conference, “Advances in Neurology and Neurocritical Care”, will take place on Wednesday, April 8, 2015.

Neuro Nurses’ Day is a day-long conference that will offer a wealth of information for practicing clinical nurses in a hospital-based setting. The conference is designed to enhance knowledge in neurology, neurocritical care and clinical neuroscience to improve and strengthen clinical practices, and to achieve the highest quality patient outcomes.

Presenters will share the latest evidence-based approaches to the diagnosis and treatment of neurological conditions, including nursing management. Speakers include UTMB faculty members, Jeffrey Reese from the Southwest Transplant Alliance, and Keynote Speaker Gail Biba, nurse manager from the Neurocritical Care Unit at Johns Hopkins Hospital.

Nurses who attend this professional development activity will receive Continuing Nursing Education Contact hours. Attendees must be present for the entire conference to obtain credit.

For a full conference schedule and complete list of speakers visit, [https://ispace.utmb.edu/xythoswfs/-webview/_xy-8947702_1?stk=E4B8C7C8903E54F](https://ispace.utmb.edu/xythoswfs/-webview/_xy-8947702_1?stk=E4B8C7C8903E54F).

Angleton Danbury Campus Happenings

The UTMB Health Angleton Danbury team participated in the 3rd Annual Student Health Advisory Council (SHAC) Health and Wellness Fair on February 26. More than 200 community members attended the health fair. Attendees who visited the Angleton Danbury booth were introduced to ADC’s newest pediatrician, Dr. Lucy Ryan, and her staff. They also had an opportunity to visit with the wellness team for diet and exercise tips, discuss healthy blood pressures with the Patient Navigation team, and learned more about the Project Pink Warrior breast health initiative.

UTMB Health Angleton Danbury Campus hosted the Greater Angleton Chamber of Commerce (GACC) Leadership Class of 2015 Healthcare Session on March 18. More than 20 leaders from local businesses toured the Angleton Danbury Campus. During lunch, Katrina Lambrecht, vice president for institutional strategic initiatives, and Ann Varghese, associate administrator for patient and support services at Angleton Danbury, presented to the group about the past, present and future of UTMB Health Angleton Danbury Campus. Before their departure, the GACC Leadership Class of 2015 met with team members from Respiratory Therapy, Cardiac Rehabilitation and PT/OT for a mini-health fair that included pulse-oximetry screening, balance testing, blood pressure testing, and sleep study information.

ADC participated in the Annual BACH Roll and Stroll on Saturday, March 19. BACH, the Brazoria County Association for Citizens with Handicaps, serves the needs of people with disabilities and their families. ADC has historically sponsored the photos that are distributed to all of the teams, sponsors, and trophy winners. More than 500 community members attended the event.
WELCOME ABOARD

Dr. Alex Vo named Vice President of Telemedicine and Health Services Technology

Dr. Alex Vo has returned to UTMB to serve in the new role of vice president for telemedicine and health services technology. Dr. Vo’s expertise in telemedicine and health services technology will be vital to UTMB’s efforts to develop innovative care delivery models in an ever-evolving health care landscape.

In his new role, Dr. Vo will direct UTMB’s efforts to research, develop and implement health care innovation in the Academic Enterprise and Health System, coordinate telemedicine-related research, and work with UTMB’s Health Policy and Legislative Affairs team to develop telehealth policy.

This work holds tremendous promise in helping us increase access to quality health care, coordinate care among providers, mitigate increasing health care costs, address workforce shortages, and ensure quality service and safety for those we serve. It also will provide opportunities for UTMB to develop important strategic partnerships to advance our mission.

Dr. Vo will report to Dr. David Callender and work closely with the executive vice presidents to manage the telemedicine strategy.

Dr. Marlo Cochran Accepts New Role as Director of Regional Maternal Child Health Program

Dr. Marlo Cochran is UTMB’s new Director of the Regional Maternal Child Health Program (RMCHP), effective March 1. Dr. Cochran brings a rich mix of clinical expertise and administrative leadership to her new role. Dr. Cochran has been employed with UTMB since 2003 where she began her career as a nurse clinician in Labor & Delivery. In 2006, Dr. Cochran transitioned to the role of Women’s Health Care Nurse Practitioner for RMCHP. In 2012, she accepted responsibilities as Regional Director for RMCHP, and in 2014, Dr. Cochran became the Interim Director for RMCHP, WIC and Maternal Fetal Ultrasound.

Commitment to underserved women and children has been the hallmark of her career.

Please welcome Dr. Marlo Cochran to her new role as Director of RMCHP, WIC and Maternal Fetal Ultrasound.

Michael Cupito Accepts New Role as Director of Health System Special Projects for Ambulatory Operations

Michael Cupito has accepted the position as Director of Health System Special Projects for Ambulatory Operations. Previously a member of UTMB’s Purchasing Department, in his new role, Michael will be responsible for directing ambulatory-wide efforts to ensure that performance improvement programs are developed using a data-driven focus that aligns priorities with health system objectives. Michael will lead all practice transformation initiatives.

Prior to UTMB, Michael served as Senior Staff Officer for the Office of Surgeon General, Air Force Medical Operations Agency, in San Antonio. From 2008–2010, Michael was an Ambulatory Administrator for Columbus Air Force Base. Prior to these experiences, Michael served as Regional Director for Medical Logistics and Healthcare Administrator for the US Air Force. Michael received his Bachelor of Business Administration from Texas A&M. He received his Master of Science in Healthcare Administration from Central Michigan University. Michael is a certified Lean Six Sigma manager with a strong background in performance improvement.
Congratulations! Sandra Davis, senior administrative manager in the Office of County Affairs, has been appointed to the Texas Indigent Health Care Association Board of Directors. Her involvement will assure UTMB Heath’s continued interface with UTMB contracted counties and enhance our cultivation of relationships with non-contract counties. Sandra is also a leadership member of the Council on Diversity and Inclusion. Congratulations, Sandra!

Dr. Karen Szauter and her staff were exceptional! All of the details of my procedure were explained and I understood the plan with confidence. (Gastroenterology)

Luis Monsivais (resident Pgl-2) did my C-section. He went out of his way to make the incision as small and low as possible and even went the extra mile to give stitches instead of staples so it would heal well and not leave a bad scar. I wish I could thank him again. (Obstetrics)

My nurses on J9B were really kind and sincere. They made me feel at ease when I was scared or nervous. Thank you, Sara Snider, Marie Feliciano and Rose Cinco. I’m also thankful for the patient care technicians who took time to allow me to feel comfortable as they checked my vitals, blood sugar, and blood pressure multiple times a day — Tam Pham, Rose Gibbs and Margarita Avalos. I would like to give a special appreciation to Adam (my evening nurse) on J9B. He really was nice and caring. (Geriatrics)

Special thanks to the nurses who were concerned for my wellness, Cathy Green went with me for a CAT scan knowing I was scared. (Geriatrics)

Tina Carter was an amazing lactation consultant and really helped me and my daughter when nursing. Thank you! (Obstetrics)

I am so glad to have met professional yet compassionate people. My hospital stay was truly wonderful, even though I was so ill. I thank all the lab personnel, the X-ray staff, physical therapy, doctors, and nurses. I can remember only one nurse’s name, Jomar Patawaran. You know when a person does something a little special or a step beyond regular duty, you are aware of this. Jomar just took a lot of time with me. He explained my medicines and treatments scheduled. He changed my position and assisted in other bedside care. The other nurses were fantastic also and the PCTs were also wonderful. All of the staff, no matter what position, made me so comfortable during my stay. (Geriatrics)

I was very ill when I first started seeing Dr. Alexander Duarte. He has taught me how to manage my disease and I am making great progress. He is a fantastic doctor and a friend to his patients. (Pulmonary Disease, Victory Lakes Town Center Medicine Specialties)

Dr. Vicente Resto was amazing. He showed care, compassion, empathy and was there every step of the way. God bless him and UTMB! (Otolaryngology, ENT Consultants)

Dr. Rex McCallum is an exceptionally compassionate and knowledgeable physician. He has exceeded my expectations. (Rheumatology, PCP Internal Medicine Specialties)

Dr. Joel Patterson was willing to operate on my back when no one else could help me. He is always pleasant and asks how I was feeling. (Neurological Surgery, Victory Lakes Surgical Specialty Care)

Dr. Amir Salam is wonderful. He takes the time to explain everything to me. I am thankful to have him. (UHC Hematology Oncology)

I have been seeing Dr. Brent Kelly four times a year for the past five years. He cares about me and my health. I won’t go to any other dermatologist—ever! (UHC Dermatology)

I have gone to Dr. Russell Snyder for 15 years. I have always felt that he was truly concerned about my health. Dr. Sandra Hatch—another wonderful UTMB doctor—referred me to him. (Women’s Health Care UHC)

Monica O’Donohoe (physician assistant) is the very best in her field. She gave me confidence, hope and understanding. She should be highly commended for the care she gives to her patients. If all providers were like Monica, more people would be happy dealing with hospitals, even under scary circumstances. UTMB should never lose her. She is an asset to the health field. (UHC Medicine Specialties)