UTMB’s Environmental Services (EVS) team is taking advantage of a new cutting-edge technology to enhance housekeeping cleaning techniques and performance. FLIR ONE is a thermal imaging camera that EVS has started using as a training tool to measure cleaning thoroughness and the proper saturation of disinfectants throughout inpatient rooms.

The small, lightweight FLIR ONE attachment is compatible with either iOS or Android mobile devices and transforms them into powerful thermal imagers. It detects the cleanliness of objects by reading their surface temperature. When an object is disinfected, the surface temperature changes and employees are able to see in real time whether or not they have properly cleaned the surface by observing the change of color in the thermal images. Darker colors (the blue end of the color spectrum) are areas of cooler temperature, which indicate where the disinfectant has been applied. Meanwhile, lighter colors (the red end of the color spectrum) reveal warmer temperatures, indicating areas where application of the disinfectant was missed.

The first picture (above-left) provides an example of a bed mattress that has not been properly disinfected. The darker area on the bed shows the cooler temperature where the disinfectant was applied. The next picture, (above-right) illustrates a mattress that was properly disinfected.

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Jason Botkin, director of Environmental Services, says the staff reaction to the introduction of the FLIR ONE has been positive, and they have even come up with their own slogan when cleaning rooms: “Be cool!” When disinfecting rooms and surfaces, the staff want their thermal images to show up “cool” not “hot”.

Currently, the department has two FLIR ONE cameras. When the cameras were introduced, all Environmental Services employees participated in thermal imaging training. On-going training sessions will be provided to employees once a month.

Implementation of the thermal imaging program is still in its early stages and is primarily focused on inpatient areas, but Botkin says EVS is monitoring and collecting data to validate the effectiveness of the new practice. Within the next year, the department hopes to purchase more cameras and implement the practice throughout additional areas of the hospital.

This new technology builds on the July 2013 implementation of the Xenex germ-zapping robot, which uses pulsed xenon ultraviolet (UV-C) light to destroy harmful bacteria, viruses, fungi and bacterial spores in hospital areas in which patients are considered prone to potential infection.

**Always Award**

Congratulations to the latest winners of the Always Award, given quarterly to recognize units and clinics that have moved their teams closer to always doing the right thing for our patients.

Inpatient winner, unit J5D (Medicine/Nephrology), was recognized for overall exceptional performance and significant improvement in patient satisfaction measures, most notably for the rating “communication with nurses”. Patient comments reflected that the team demonstrates compassion, professionalism and courtesy, and that physicians and nurses communicate well. Dr. Linsday Sonstein is medical director of the area; Leon McGrew is nurse manager.

Ear, Nose & Throat Consultants, Center for Audiology & Speech Pathology in League City (Brittany Bay) was recognized as the ambulatory winner. The clinic was recognized for exceptional office staff quality and how well test results were communicated with patients. Patients commented that the team listens well and demonstrates professionalism. Patients have commented that the care team takes time to engage in meaningful conversations about their care plans, and that they demonstrate a high level of professionalism: “Having a doctor that makes you feel comfortable is the best feeling in the world.” Dr. Michael Underbrink is the medical director of the clinic; Kristi Morgan-Turner is practice manager.
Rapid Response Team: 5,000 Lives Saved and Counting

This month, the UTMB Rapid Response Team (RRT) responded to its 5,000th rapid response activation. Since the program started 10 years ago, the UTMB RRT has been critical to our institution’s emergency response process. The UTMB Rapid Response Team is composed of highly experienced intensive care unit (ICU) registered nurses and respiratory therapists who provide rapid, urgent and emergent care to patients with the intent to prevent hospital complications, emergent ICU transfers and codes. The team is available to all adult Medical and Surgical inpatient units, 24 hours a day, every day.

The RRT may be called when physiologic changes arise in heart rate, systolic blood pressure, respiratory rate, pulse oximetry saturation, mental status or urinary output. Changes in laboratory values such as sodium, glucose and potassium could also indicate that a patient’s condition is deteriorating. A nurse may also call the RRT anytime they simply have a feeling of concern about a patient’s condition. RRT members arrive on the unit within approximately five minutes of rapid response activation. Upon arrival, RRT members obtain a report from the assigned nurse. Based on the report and assessment, the RRT will work with the assigned nurse to communicate with the primary medical team, initiate ordered interventions and treatments, and provide ongoing assessments. The RRT remains with the patient until he or she becomes stable or they are transferred to another setting.

The impact the UTMB Rapid Response Team has had on UTMB’s patient outcomes is exceptional. Thank you to all of you for your commitment to the team and for a job well done.

For more information, contact your RRT nurse by calling the MICU at Ext. 2-4203, or contact Odette Comeau at Ext. 2-1692 or email oycomeau@utmb.edu

Have a suggestion or idea to improve the Epic EMR?

UTMB’s Clinical Information Systems team would like to hear your ideas on how you would like the Epic EMR to be optimized. End users can submit ideas by visiting the Clinical Information Systems (IS) website at http://intranet.utmb.edu/emr/default.asp.

The goals of the Epic Optimization initiative are 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 micro-site, which is stored within the Clinical Information Services website, is an evolving tool and will be updated regularly with fresh content. In the pages of the site, a wide variety of information will be shared, including new system enhancements, such as the latest optimization waves; new Epic modules, such as the recently launched Beaker and Surgical Orders Management modules; a SmartLinks Library; training opportunities; workflow bulletins, resources and more.

Get more information by visiting the website and help us improve UTMB’s EMR usability today!
CS&E Session 7 Graduates Three New Teams

Three teams graduated from the Session 7 Clinical Safety & Effectiveness (CS&E) Program this month. The goals of the program are simple: integrate safety and effectiveness into the work we do every day.

CS&E teams work together to identify, measure and minimize the variation in all of our health care processes to maximize the quality of the health care we deliver. Teams attend four half-day classroom sessions, working together inside and outside of designated team time. They then present the final results of their project to UTMB leadership.

During Session 7, teams make significant quality improvements through the following projects:

**Telephone Time Management at Regional Maternal Child Health Program-Conroe**

**Team Members:** Patricia Nami, Kelly Hernandez, Carmen Eisterhold  |  **Sponsor:** Marlo Cochran  |  **Facilitator:** Lisa Richardson

The goal of the Telephone Time Management project was to improve call management at the Conroe and New Caney Regional Maternal Child Health Program (RMCHP) clinics by decreasing the time to handle phone calls by ten percent by May 15, 2015.

The Conroe and New Caney Regional Maternal Child Health Program Clinics are part of a 13-clinic system. The clinics provide a full scope of pediatric services, family planning, well-woman services, high- and low-risk obstetrics and maternal-fetal ultrasounds.

Of significant concern in the Conroe and New Caney RMCHP clinics was patient satisfaction related to in-clinic wait time. Patient waits were affected by the time patient service specialists (PSS) and nursing staff had to spend on other activities, like telephone calls. In response, the CS&E team developed an intervention to streamline call handling, so staff could devote more time to patients in the clinic.

The team began by tracking the time nurses and patient service specialists spent on the phone. Then, they studied workflows and identified areas in which they wanted to focus their attention. After logging data for nine days, the team calculated that each nurse spent an average of one hour and two minutes on the phone daily. In order to reduce this time, the CS&E team gave PSS staff more autonomy to schedule appointments by developing specific guidelines and a script. This intervention immediately reduced the amount of time staff spent on the phone each day, and the clinics continue to integrate the new guidelines into their workflows.

Patricia Nami, clinic director, RMCHP Conroe and New Caney, says the project made worthwhile improvements to her clinic: “Our CS&E experience was extremely valuable. We feel we grew in our leadership roles within the Conroe RMCHP clinic. We plan to continue our project development, and we feel we are making a difference in staffing time management already.”

**Implementation of Distress Screening for Breast Cancer Patients at UTMB Breast Health Center**

**Team Members:** Greg Mapp, Colleen Silva, Daphne Terrell  
**Sponsor:** Cheryl Bryant  |  **Facilitator:** Jill Bryant

The goal of the Distress Screening project was to increase the prevalence of distress screening of breast cancer patients in the Breast Health Center from zero percent to 50 percent by May 2015.

Because cancer is a complex disease process, patients may experience psychological, social, financial and other stress-related issues that can interfere with their treatment plan, thus adversely affecting their outcomes. Distress can lead to deterioration, higher levels of pain, longer rehabilitation, reduced adherence to treatment, less efficacy of chemotherapy and shorter survival expectancy. Therefore, distress should be measured as the sixth vital sign following temperature, blood pressure, pulse, respiratory rate and pain, according to the International Psycho-Oncology Society.

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Prior to the CS&E intervention, there was a lack of screening measures to assess the level of distress breast cancer patients experienced at UTMB Breast Cancer Center at Victory Lakes. Formal psychosocial screening was not included as part of the template used by physicians during patient assessments and no patients had a documented distress screening in their medical record during the review period of March 2015.

The CS&E team began the project intervention by providing education for providers and social workers on the significance of stress and psychosocial assessments. The team then developed a distress screening tool—a stress thermometer that has a measurement system similar to the 0-10 pain scale. The screening tool also includes yes/no questions dealing with a variety of issues. Patients were screened using the tools on their first follow-up visit after their cancer diagnosis and would then be screened every three months for the first year thereafter.

Next, a workflow was established to (1) identify the patient for inclusion, (2) offer the screening tool to the patient, and (3) assess and review the screening answers. If the threshold of “4 or greater” was met, the screening was then reviewed by the physician. Additionally, if a patient identified practical or emotional problems, a referral was made to the social worker. The screening tool was also scanned into the patient’s electronic medical record (EMR) in Epic.

The Breast Cancer Center implemented distress screenings for patients for six weeks. The post-intervention data from this period indicated that distress screenings had improved from zero percent to 92 percent. During that time period, there were 13 opportunities for distress screening assessments.

Following graduation, the CS&E team aims to continue the project efforts. Next steps include improvement of the distress thermometer form, reevaluation of the criteria for the stress screening, development of a distress screening document in the Epic EMR, and compliance with the American College of Surgeons Commission on Cancer Standard 3.2 to develop and implement a process to integrate and monitor on-site psychosocial distress screening and referral for provision of psychosocial care.

**Improve Pneumococcal Vaccination Rates**

**Team Members:** Rana Bonds, Ashish Asawa, Michael Rape  
**Ad Hoc Members:** Betty Thomas, Jackie Pope  
**Sponsor:** Lindsay Sonstein  
**Facilitator:** Fernando Lopez, Gina Butler

The goal of the Pneumococcal Vaccination project was to increase pneumococcal vaccination rates for patients age 18 years and older who have a history of chronic obstructive pulmonary disease (COPD) or asthma seen in the UTMB Victory Lakes Town Center Allergy & Immunology clinic from 25 percent to 60 percent by May 15, 2015.

These patients tend to infrequently receive pneumococcal vaccinations that help with illness prevention. Without appropriate vaccination, these patients have an increased risk of contracting pneumococcal infections, which could potentially result in adverse consequences. In 2010, the Advisory Committee on Immunization Practices (ACIP) updated recommendations for the prevention of invasive pneumococcal disease among adults, recommending the vaccine for all immune competent individuals aged 65 and older or for patients with medical conditions that place them at an increased risk for pneumococcal disease.

The CS&E team first identified baseline vaccination rates in adult patients with COPD and asthma at Victory Lakes Town Center Allergy & Immunology Clinic. The project was then divided into three phases:

1. **In-person training.** In-person training was conducted at the weekly Allergy & Immunology divisional conference. Allergy & Immunology faculty and fellows were informed of the purpose of the project and CS&E team members reviewed changes in the workflow with the health care providers.

2. **Email distribution.** An email was sent to all Allergy & Immunology clinic providers to remind them of the implementation strategies and dates. The email included the purpose of the project, details of workflow changes and instructions on how to integrate the interventions.

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3. **Dot Phase/Epic Alert.** All providers in the intervention clinic were asked to embed the dot phrase, “.pneumococcalvaccinestatus.” into their clinic note templates so that vaccine status would have to be addressed at each clinic visit.

The effort is projected to positively affect two Accountable Care Organization (ACO) quality measures and performance benchmarks of the Centers for Medicare & Medicaid Services (CMS) Shared Savings program:

- ACO 9 (NQF #0275; AHRQ PQI #05): Ambulatory Sensitive Conditions Admissions: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults
- ACO 15 (GPRO PREV-8) (NQF #0043): Preventive Care and Screening: Pneumococcal Vaccination for Patients 65 Years and Older

Following the successful implementation of the pneumococcal vaccine in the Allergy & Immunology clinic, the CS&E team plans to improve vaccination rates by expanding implementation to other clinics and executing a similar strategy for the influenza vaccine.

When asked about their experience, Dr. Rana Bonds and Dr. Ashish Asawa agreed that in addition to being able to increase preventative care among their patients, they enjoyed the experience of working in a truly multidisciplinary team. Dr. Bonds explained, “Although we work with nurses and PSS [patient service specialists] staff on a daily basis in patient care, it was exciting to get input from so many different perspectives into solving a problem. It was refreshing to see everyone's creativity really shine.”

Visit the Quality & Healthcare Safety web page at [http://intranet.utmb.edu/qhs/CSE/default.asp](http://intranet.utmb.edu/qhs/CSE/default.asp) for more information or to learn how to register for a future course.

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**Bulletin Board Reminders**

**Joint Commission Preparedness**

UTMB is still in the timeframe for a full Joint Commission Accreditation survey (the survey window is May 30, 2014 through November 30, 2015). Preparation checklists, the Joint Commission Survey Readiness Handbook and additional resources are available at [http://intranet.utmb.edu/qhs/TheJointCommission/default.asp](http://intranet.utmb.edu/qhs/TheJointCommission/default.asp)

**ICD-10 Go-live: October 1, 2015**

Learn more at [http://intranet.utmb.edu/icd10](http://intranet.utmb.edu/icd10)

**Watch it again! Risky Business: Blood Exposures in the Healthcare Setting**

The lecture, "Risky Business: Blood Exposures in the Healthcare Setting" by Dr. David Henderson, was held April 22, 2015. The presentation was video recorded and is now available online!

CME & CNE credit is offered. Visit [http://intranet.utmb.edu/healthsystem/special-presentations/Henderson.asp](http://intranet.utmb.edu/healthsystem/special-presentations/Henderson.asp) to view.
UTMB Diversity Council: Trauma-Informed Care

by R. Amerisa Waters, BFA, MA

The UTMB Diversity Council shares the following message as a reminder to focus on the specific needs of each patient.

It is estimated that one in five women will be sexually assaulted in her lifetime. While the emotional and psychological responses to traumatic events varies, many individuals experience interpersonal, social, physical, and psychological difficulties that may last for years after the event and may impact a patient’s experience of medical care.

The patients’ memories and emotional response associated with such a traumatic event can sometimes be triggered during clinical encounters. This may be due to a number of factors, such as nonverbal messages, organization of the space and/or the objects that occupy that space, and the human interactions that occur. A television, for example, can be transformed from a method of passing the time to a source of harm depending on the content and one’s ability to change that content. Or, the sudden removal of clothes to access a patient’s body can incite emotional reactions associated with a past trauma for some people. The reemergence or exacerbation of trauma symptoms that may be provoked during a health care provider’s usual operating procedures is known as inadvertent re-traumatization.¹

Re-traumatization can be prevented and patient experiences improved through the use of trauma-informed care. Trauma-informed care is a “framework which recognizes the profound multidimensional impact of trauma and incorporates that understanding into services and treatment approaches.”² Trauma-informed care is designed to provide services in a way that is welcoming and appropriate to those who have experienced trauma.

When health care settings employ a trauma-informed approach, they attend to the influence of trauma on patients’ experiences. They construct and implement policies and practices that address the effects of trauma on individuals and actively resist re-traumatization of patients.³ For example, while care is being delivered, the manner in which it is done and how clearly the patient care team communicates what is being done and why, can make a meaningful difference and improve the patient’s experience.

Find out more information on trauma-informed care at SAMHSA’s National Center for Trauma-Informed Care website at http://www.samhsa.gov/nctic/.

1 Harris & Fallot, (2001). “Using Trauma Theory to Design Service Systems”, New Directions for Mental Health no, 3
3 http://www.samhsa.gov/nctic/trauma-interventions

UTMB Celebrates Nurses Week and Health System Week

This year’s Nurses Week and Health System Week theme was “All About the Patients” and it was the perfect occasion to showcase excellence in patient care at UTMB. Visit the UTMB Flickr page to view the photos of the week’s events, https://www.flickr.com/photos/utmb/sets/72157652451840140.
Dr. Belinda Escamilla, administrative director for Radiology Clinical Operations, was recently recognized by the AHRA: Association for Medical Imaging Management as the Award for Excellence recipient. This honor acknowledges Belinda’s leadership, team spirit and commitment to excellent patient care. Congratulations, Belinda!

Dr. Kenneth Brooks is my husband’s orthopedic surgeon. I was so impressed with the service and care he received not only from Dr. Brooks, but from the entire staff—from the security and door man to the nurses and interns. I talked my husband into switching his primary care to the new UTMB office you opened in Alvin. We are so pleased. This was our first initial visit with Nurse Practitioner Gwyn Rossi. She was so thorough in getting my husband’s information, switching his records, setting up a pulmonary test at the UTMB Pulmonary Clinic at the Multi-Specialty center and a check-up with Dr. Brooks. Gwyn got him caught up on his flu and tetanus shots. The pulmonary department will be working with him on his breathing techniques. UTMB has the right idea in service and care of the individual and teaching the patient how to stay well. We are grateful for the care and treatment received, thank you! (Family Medicine, Alvin Pediatrics and Adult Primary Care)

I am very confident in Dr. Susan Tarry’s expertise. I am very thankful to have a wonderful doctor like her. (Surgery-Urology)

Dr. Obos Ekhaese and his staff were awesome! I have never had a doctor or their staff check on me so often! (Surgical)

Dr. Wissam Halab (Resident Pgl-4) is a great man. This is the second time he’s been my doctor at UTMB. He is direct, looks at you in the eye and does what he says going to do. I was so glad to see him while in the ER; I knew that I was in good hands. (Surgical)

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

Dr. Luis Pacheco is an excellent doctor and person. Thanks to him, my son and I are alive. (Obstetrics)

My stay was wonderful. Doctors, nurses and any staff I was in contact with were always helpful. I can’t express my gratitude for the care I received. Not only do I tell everyone of the wonderful care I received at UTMB, but I also tell them that all of my doctors are at UTMB. I love your hospital and staff. I am grateful my Dr. Gurinder Luthra (Gastroenterology) placed my surgery in the hands of Dr. Aakash Gajjar and his staff. I am so very grateful. Thank you so very much. (General Surgery)

Dr. Courtney Williams has always gone above and beyond—he is exceptional! He is always considerate of my needs and has always been there when I’ve had concerns or needed papers filled out by the insurance company. All of your nurses, receptionists and greeters are great! (Victory Lakes Town Center Pain and Neurology Clinic)

Dr. Rana Bonds and her staff have always been professional and caring. She has gone way beyond what most doctors would do. I would recommend her to anyone. (Allergy & Immunology)

Nurse Practitioner Shelly Doss and Dr. Megan Berman have always been excellent. They are concerned about my health and have always provided proper treatment, diagnostics, etc. I recommend them to everyone. (Internal Medicine, PGP Harborside Medical Group)

I have so much respect for Dr. Lucas Blanton. My illness has been very hard for me to accept. He has helped me one small step at a time to handle my disease physically and emotionally. He smiles, he attentive, he makes sure my medications are right my blood tests are taken. He works hard to keep me healthy. I wouldn’t want any other doctor to care for me and hope I won’t need another. I’m truly grateful for Dr. Blanton and his staff. (Infectious Diseases, UHC Medicine Specialties)