Patients living with epilepsy, a complex seizure disorder, face many challenges. Characterized by disabling seizures triggered by abnormal electrical activity in the brain cells, the disease can manifest itself through a range of symptoms from minor physical signs and thought disturbances to traumatic physical convulsions.

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To help provide comprehensive evaluation, diagnosis and treatment of patients who experience hard-to-treat epileptic seizures, UTMB opened a dedicated Epilepsy Monitoring Unit (EMU) in March 2013 as part of its growing Neurosciences program. Under the leadership and expertise of EMU Director Dr. Todd Masel, the highly specialized 3-bed unit offers continuous overnight video, microphone and electroencephalography (EEG) monitoring to identify the specific region of the brain in which each patient’s seizures originate. The patient’s multidisciplinary care team (which consists of physicians, nurses, technicians, therapists and other health care workers) is then able to devise the appropriate care plan to reduce or eliminate the episodes, as well as provide long-term medical management treatments. UTMB’s highly qualified EEG team also offers 24/7 EEG monitoring for UTMB’s inpatients. This is particularly useful in the Neurosciences Critical Care Unit, which cares for patients who are critically ill with neurological disorders.

In September, nearly a year-and-a-half after opening, UTMB received certification as a Level 3 Comprehensive Epilepsy Center by the National Association of Epilepsy Centers (NAEC), underscoring UTMB’s ability to provide comprehensive care to complex cases of epilepsy. Level 3 certified centers provide the basic range of medical, neuropsychological, psychosocial and treatment services needed to treat patients with refractory epilepsy.

Level 3 centers also provide services such as noninvasive evaluations and the vagus nerve stimulation (VNS) implantation procedure. Dr. Juan Ramon Ortega-Barnett, who specializes in the treatment of cranial nerve disorders, spinal surgery, peripheral nerve surgery, minimally invasive surgery, neurotrauma and neurovascular surgery, performs VNS Therapy® as a day surgery procedure, in which a small “pacemaker for the brain” is placed under the skin on the chest wall with a wire running to the vagus nerve in the neck. The procedure is designed to prevent seizures by sending regular, mild pulses of energy to the brain via the vagus nerve. Dr. Ortega-Barnett also has experience in the surgical removal of epileptic portions of the brain, another service offered by UTMB’s Epilepsy Center, and has been proven to be highly effective in controlling seizures, often curing epilepsy without leaving significant neurological deficits.

Currently, the EMU accepts patients ages 15 years and older. However, when UTMB employee Shena Pearson’s 12-year old son, Trysten, first began experiencing epileptic episodes, they had to travel out of their area to receive treatment and spent three weeks trying to pinpoint a diagnosis.

“In the beginning, we had to drive an hour to Sugar Land each time Trysten had an episode. When we finally got into the Pediatric EMU in Houston, we thought we were only going to be there for five days. But then Trysten’s physicians discovered a cardiac complication, and he ended up hospitalized three weeks. We wanted to be in Galveston near our family, and it was hard for people to come visit. It was really difficult being away from home for that long,” Pearson said of their experience.
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This inspired Shena to raise awareness of epilepsy in the Galveston area, and she established the Galveston County Epilepsy Awareness Support Group in partnership with the Epilepsy Foundation Texas. There, she met Dr. Masel, who also realized the need for a pediatric epilepsy monitoring capability at UTMB. However, financial resources to add this capability were limited. Determined to find a solution, Shena, Dr. Masel and the UTMB Development Office teamed up to establish the UTMB Epilepsy Fund to add pediatric epileptic care to UTMB’s EMU program. Trysten Pearson, now 13, was the first donor to invest in the fund.

Trysten hopes to one day see a Pediatric EMU in Galveston to help kids like him. He also works actively in the community to raise awareness, and on October 28 this year, he accepted a proclamation from the City of Galveston kicking off National Epilepsy Awareness Month, observed in November.

Shena, Trysten and Dr. Masel believe establishing the fund can only bring good things to the Epilepsy program at UTMB. “A Pediatric EMU is a dream of ours, but there are so many things that funding could do for the EMU—pediatric care is not our only focus or need,” said Shena.

UTMB’s Comprehensive Epilepsy Center is the first in the region south of Texas Medical Center (TMC). Dr. Anish Bhardwaj, chair of the department of Neurology, says next steps for the center include working towards NAEC Level 4 certification as well as receiving fellowship accreditation.

The epilepsy team is led by Dr. Anish Bhardwaj, and in addition to Dr. Ortega-Barnett and Dr. Masel, consists of Dr. Xiangping Li, assistant professor for neurology; Annette Macias-Hoag, associate vice president of Health System Operations; Richard Foy, program manager for neurodiagnostics; EEG Techs Matt Bailey, Babu Thomas, Denise Spreeman, Rhonda Neiman, Tracy Fuller, Sarah Marin, and Mike Osterhaut; and Patient Service Specialists Brian Foreman, Alicia King, Leah Bradford and Joyce Bristow.

For information on how to make a difference, call the UTMB Development Office at 409-772-6379 or 409-772-5713.

To find out more about the Comprehensive Epilepsy Center at UTMB, visit http://www.utmbhealth.com/oth/Page.asp?PageID=OTH001115.

For information on the Galveston County Epilepsy Awareness Support Group, visit https://www.facebook.com/GalvestonCountyEpilepsyAwarenessSupportGroup.

If you would like to your unit or area featured in an upcoming issue of Friday Focus, email us at friday.focus@utmb.edu.
The American Burn Association (ABA) Burn Center Verification Committee has approved the UTMB Blocker Burn Unit for re-verification as an adult burn center. Burn Center Verification is a joint program of the ABA and the American College of Surgeons (ACS).

To achieve verification, a burn center must meet the rigorous standards for organizational structure, personnel qualifications, facilities resources and medical care services set out in the ABA chapter on Guidelines for the Operation of Burn Centers in the ACS publication on Resources For Optimal Care Of The Injured Patient 2006.

Elements of this voluntary program include completion of a pre-review questionnaire and an in-depth on-site review by members of the ABA Verification Committee. A written report by the site visit team is reviewed by the ABA Verification Committee and by the Committee on Trauma of the ACS.

Burn Center verification provides a true mark of distinction for a burn center and is an indicator to government, third-party payers, patients and their families, and accreditation organizations that the center provides high quality patient care to burn patients from time of injury through rehabilitation.

UTMB has taken a giant step towards improving the health of newborns and infants by earning the Texas Ten Step Program facility designation from the Texas Department of State Health Services.

The Texas Ten Step Program encourages breastfeeding as the preferred method of feeding for newborns and infants. UTMB joins a growing number of Texas birth facilities that are supporting new mothers and their decision to breastfeed.

Based on the World Health Organization (WHO)/ UNICEF’s Ten Steps to Successful Breastfeeding, the program aims to assist birth facility’s support of breastfeeding mothers before, during, and after delivery; encourages them to identify breastfeeding resources for the mother after she is discharged; and assists facilities in improving on national performance measures such as the Centers for Disease Control’s (CDC) Breastfeeding Report Card. The goal of the Texas Ten Step Program is to increase breastfeeding initiation rates to 82 percent.

Texas Ten Step facilities are asked to address 85% of the Ten Steps to Successful Breastfeeding, be designated as a Texas Mother-Friendly Worksite, evaluate their breastfeeding policies, maternity care practices and educate all healthcare staff routinely with evidence-based courses.

“We have worked very hard to earn the Texas Ten Step Program designation,” said David Marshall, chief nursing and patient services officer for UTMB. “And we are proud to join the other select Texas hospitals in promoting breastfeeding to our new mothers.”

For more information on the Texas Ten Step Program, visit www.texastenstep.org.
In February, You Count! Pulse Survey results revealed UTMB employees wanted more effective communication and visibility from leadership. In response, Deb McGrew, vice president and chief operating officer for the UTMB Health System, established a leadership visibility plan to improve overall employee engagement and satisfaction. One of the top priorities of the plan was to increase leadership rounding and shadowing of employees throughout the hospitals and clinics on a routine basis.

Recently, Ann O’Connell, vice president of ambulatory operations, visited the General Internal Medicine/Harborside Medical Group after hearing about the great strides the nurses and medical assistants made to improve the in-basket process in their clinic.

“In block four hours a week for shadowing. I’ve done it all from taking phone calls to handling in-basket messages. That’s how our leadership team hears the real stories and we’re able to find out where problems are.” She goes on to say, “It is important that I understand exactly what our hardworking ambulatory clinicians and staff are experiencing in their day-to-day work. I need to see firsthand the obstacles that clinicians and staff confront on the frontlines.”

O’Connell’s most recent visit to the clinic was to congratulate and recognize the nurses and medical assistants for a job well done. The team had recently resolved an in-basket problem with remarkable results. In-basket messages were becoming increasingly difficult to keep up with and manage; at one point the team was more than 700 messages behind. But today, thanks to improved staffing and the redesign of duties and assignments, the clinic is able to handle messages within a day.

Erica Schutz, nurse clinician III, appreciates the efforts made by administrators. “It feels good to know that leadership is looking at our highs and our lows. Our managers come in and help, and they always know what we’re going through, but it’s nice to see it goes beyond that.”

Leadership Makes Rounding a Priority
VP of Ambulatory Operations Ann O’Connell spends time with the Harborside Medical Group

Pictured in photograph above: Desiree Succa, Michelle Scheoellkopf, Elizabeth Leigh, Shanikqua Cravens, Ann O’Connell, Erica Schutz, Joyce Dennis, Terri Bryan and Janis Layer

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Terri Bryan, nurse clinician II, agrees. “I’d be disappointed if we didn’t see the leadership and administrators come in. It shows that they care about what we’re doing, and we can show them how much we care about what we’re doing, even when we’re overwhelmed.”

For O’Connell, the most important aspect about the visits is the communication that takes place. “Staff members seem to really enjoy seeing me in my black scrubs, sitting with them and learning all about their work. They have no problem telling me what is working and what is not working. Staff and clinicians are eager to pull me into exam rooms and workspaces to show me essential equipment that needs repair or something that needs to be replaced. I get the opportunity to thank everyone the moment I see them handle a patient interaction particularly well or intervene to solve patients’ needs. This kind of visible and engaged leadership enables clinicians and staff to not just see me as administration. Quite the contrary, they see me as a great ally and partner when I am out in their clinics listening and helping.”

The team at Galveston Women’s HealthCare was “Pretty in Pink” with Deb McGrew, who visited the clinic this month to shadow Dr. Mary Haver and Caitlyn McDonald.

Update: UTMB’s Barcode Medication Administration Project

This May, the Health System took an important step to further improve patient safety. The Barcode Medication Administration project (BCMA) was implemented through a joint effort between Nursing, Respiratory Therapy, Pharmacy, and Information Services teams from both their Operations and Clinical groups.

Barcode technology is a helpful tool for nurses and respiratory therapists that helps ensure patients are receiving the correct medications by electronically validating and documenting medications. The process for BCMA involves using a barcode scanner to identify and match a patient to the correct medication based on the “6 - R’s”: Right medication, Right strength or dose, Right time, Right method/route, Right patient, and Right documentation. There were three major steps to make the transition to BCMA.

Pharmacy inventory scanning was the first essential step toward this important safety measure, and it is something that is ongoing today. Each medication is scanned twice to make sure it will scan correctly at the patient’s bedside and to validate that Epic “recognizes” it correctly. If the system doesn’t, there is a correction process before the medication is dispensed to the patient care areas.

Modifying the medication administration process was the next important step. Original workflows often placed the medications preparation process as occurring outside of the patient’s room; with BCMA this work is now done in the presence of the patient to ensure administration of the medication to the correct patient. The process begins by scanning the patient’s wristband, which opens the patient’s record for the caregiver in Epic. As each medication to be administered is scanned, the system validates the remaining “Rs” and will issue a warning if something is
not correct—this alerts the caregiver to re-evaluate whether or not the medication should be administered.

Finally, the bedside computer hardware was modified to bring a point-of-care scanner to the patient, and the patient care units today will use one of three approaches: In units where there was a fixed computer in the patient room, an attached scanner was added for use on that patient. In units where “COWs” (computers on wheels) were in place, an attached scanner was added for use by that device; it is brought into the patient’s room to administer medication. In units where neither of these two approaches could be used, a third device called “Rover” was put into use. Rover devices are highly portable and use the hospital’s wireless infrastructure to connect to Epic and validate the information scanned as well as to document the medication administered.

The overall goal of BCMA is to help prevent medication administration errors and adverse medication events while also improving Medication Administration Record (MAR) documentation. This technology is part of the strategy for improvement outlined by the Institute of Medicine in 1999 with their report “To Err Is Human.” It is also a component of the Stage 2 Meaningful Use effort. As UTMB expands, BCMA is planned for use in the new Jennie Sealy Hospital, Victory Lakes Expansion, and the Angleton Danbury Campus.

David Marshall Appointed as Member of the AHA Committee on Clinical Leadership

David Marshall, chief nursing and patient care services officer at UTMB, has been appointed by the Board of Trustees of the American Hospital Association (AHA) as a member of the AHA Committee on Clinical Leadership.

The appointment is for a three-year term effective January 1, 2015.

The Committee on Clinical Leadership (CCL) is charged with providing clinical input to the AHA advocacy and public process, serving as a clinical resource on policy issues, as well as guiding the ongoing work of the AHA’s Physician Leadership Forum. The CCL is also concerned with issues related to standards and requirements for clinical education programs and activities; it includes representatives from medicine, nursing, and pharmacy.

Congratulations, David!

October 2014 Daisy Award Winner

As nurses, we are always looking for ways to help others. Sometimes, this means teaching our patients about their diagnosis, providing medication to ease their pain, or ensuring that our patients are receiving all the information needed to make an informed decision, including organ donation.

One such example occurred recently in the NCCU. In an unfortunate accident, a patient sustained a brain injury and was comatose with no chance for functional survival. Annette De Los Santos, RN, listened compassionately as the spouse tearfully expressed their spouse’s wishes not to be sustained on life support. The spouse also told stories of their loved one’s giving nature and how they always looked for ways to help others.

Nursing is not always about the life one saves. Sometimes, something as simple as the art of listening to families as they speak of the life of their loved ones can make all the difference. Annette recognized a benevolent way to continue this patient’s charitable legacy—through the gift of organ donation. Through Annette’s actions, she helped the family find comfort, peace, and solace knowing that, even in death, the patient could continue to positively impact many others through a legacy of such a generous offering.
Diversity & Inclusion: Advancing a Culture of Inclusion

The Diversity Council was redesigned in fall 2013 under the leadership of the Office of Diversity and Inclusion (ODI), a division within the department of Human Resources. The vision of the council is that UTMB demonstrate the gold standard in evidence-based strategic diversity management as an academic health center. The Diversity Council represents the cornerstone of helping to make this a reality.

The Diversity Council consists of four subcommittees, including D&I Infrastructure, Academic Enterprise, Health System and Institutional Support, which mirror the operational structure of the institution. Working together, the Diversity Council will advance a culture of inclusion which recognizes and supports the broad spectrum of ideas, experiences and voices that characterize the UTMB community.

Health System Focus
The Health System Subcommittee is co-chaired by Sandra Davis and Ruth Finkelstein and is focused on promoting community centrism and culturally appropriate care delivery. The subcommittee has three primary goals:

- Develop and sustain an internal and external pipeline of outstanding students, faculty, administrators and staff from underrepresented cultural backgrounds.
- Increase multicultural awareness and competency among the Health System workforce to help ensure a uniform standard of care for a diverse patient population.
- Drive community partnership, outreach and engagement to serve the health and well-being of culturally diverse patient populations.

The Health System Subcommittee has achieved the following milestones:

- Completed the Institute for Diversity in Health Management’s diversity and disparities benchmarking survey.
- Completed the Healthcare Equality Index (HEI) to obtain baseline knowledge about current UTMB policies and practices as they relate to the diversity of sexual orientation of patients and their families.
- Updated the race and ethnicity value selection options in the system’s EKG technology.
- Completed 100% review of IHOP clinical policies, including the development of a cultural awareness clause.

Our Members
Ritchie Adoue
Rhonda Hernandez
Barbara Schwarz
Ryan Benedicto
Martha Livanec
Deborah B. Stephens
Jill Bryant
Jack Pace
Kochat Suhas
Isabella Dao
Ben Raimer, MD
Rebecca Ameriza Waters
Sandra Davis (Co-Chair)

Johann Ramirez (Past Co-Chair)
Sherida Watson-Thierry
Ruth Finkelstein (Co-Chair)
Daharshkumar Rana
Faith L. Weaver
Ashlee Gourdine
Paulette Roberson
Crystal Williams
Tyra T. Gross
Lilia F. Rodriguez

Health System Friday Focus is a convenient vehicle for communicating health system focused diversity and inclusion topics and initiatives. Each month, we will share timely updates, milestones and accomplishments, as we continue to advance a culture of inclusion at UTMB Health.
UTMB Celebrates National Quality Health Week

UTMB recently celebrated the second annual Quality Health Week this month with a focus on Joint Commission Awareness. Departments created boards displaying patient safety and performance improvement plans. Prizes, gifts and popcorn were given out to participants and visitors. Thank you all who made National Quality Week a success!

For more information on Joint Commission readiness, please visit http://intranet.utmb.edu/qhs/TheJointCommission/default.asp

Orthopaedic Residency at UTMB has been approved as an American Board of Physical Therapy Residency and Fellowship Education (ABPTRFE)-accredited program. Official commencement of this accreditation begins October 31, 2014 and will continue for a period of five years.

The ABPTRFE is the accrediting body for the American Physical Therapy Association (APTA) for post professional residency and fellowship programs in physical therapy.

Accreditation is the process used by APTA to ensure the quality of the education that participants receive in residency and fellowship programs in physical therapy. It is a voluntary, nongovernmental, peer-reviewed process that occurs on a regular basis.
UTMB received recognition at this year’s UT System Shared Visions: Improving Systems to Improve Lives Conference and Recognition Event held October 15 – 16, 2014 in San Antonio, Texas. The goal of the conference is to share successful improvement project outcomes and enable campuses within the UT System to adopt best practices.

Dr. Mark Kirschbaum, UTMB’s chief quality, safety and clinical information officer, was inducted as one of five 2014 UT System Clinical Safety and Effectiveness Fellows. Dr. Kirschbaum was joined by Dr. Khalid F. Almoosa (UT Health Science Center – Houston), Dr. Lara Bashoura (UT MD Anderson Cancer Center), Dr. Philip E. Greilich (UT Southwestern Medical Center) and Dr. John S. Toohey (UT Health Science Center at San Antonio) as the latest class of fellows during the conference awards dinner.

Meanwhile, UTMB’s project “Improving Inpatient Patient Satisfaction (Care Provider Scores)”, authored by Drs. Lindsay Sonstein (primary), Saleh El Said, Olugbenga Ojo, and Mike Underbrink, MD, won third place in the Clinical Safety and Effectiveness Category.

The goal of the project was to improve inpatient satisfaction in the HCAHPS component “Communication with Doctors” from 78% to 82% (top box score, or the percentage of the time always was answered) by April 1, 2014. The domain includes the following subcategories: “doctors treat you with courtesy and respect”, “doctors listen carefully to you”, and “doctors explain things in a way you can understand”.

The project occurred in two phases. The first phase, completed in March 2013, was a physician engagement campaign, and included an engaging, one-hour lecture presented to all clinical academic departments at UTMB.

The second phase launched the Commit to Sit campaign, underscoring patient satisfaction through physician engagement as a priority for excellent clinical care. The campaign utilized a simple and effective method to improve engagement with patients and families—by placing chairs in all patient care rooms in John Sealy Hospital, providers were able to sit comfortably and converse with patients and families at eye-level, thereby demonstrating good listening skills and creating an atmosphere of friendliness, comfort and patience. This method also helps to address the length of time physicians spent speaking with the patient and family.

The campaign was accompanied by signs posted in visible areas for patients, as well as on top of the chairs in the patient rooms to encourage the patient to ask the physician to sit down.

The project revealed that increased physician engagement positively impacted provider patient satisfaction scores. In addition, providing feedback to physicians throughout the project was an important for sustainability.

In the future, the team will continue working on physician engagement and developing strategies to ensure that the chairs are utilized. Space planning in the New Jennie Sealy Hospital is also underway to ensure the chairs will be placed in a convenient location that is easily accessible to physicians.
Congratulations **Meredith Hartzog** and **Sheila Saunders**! Meredith and Sheila were named Hospital Heroes by the Coalition to Protect America’s Health Care. Hospital Heroes honor those who go above and beyond the call of duty in their compassion and dedication to their work.

I’m currently in the heart unit at UTMB in Galveston and being released today, I’ve been here 6 long days but the staff here has made it as good for me as I could possibly ask for. Between the doctors, nurses and transportation department, I give you an 11 on the one to 10 scale. I was treated the same way I would have treated my own family members and wanted to say thanks to each and every one of you.

I just want to say that I’ve had a couple of encounters with one of your employees, who has gone above and beyond to provide excellent customer service. Her name is **Belinda Ray**. I wanted to write a letter the last time she provided such excellent customer service to me, and I regret I did not do that. However, recently I had to call and make an appointment and she treated me with the same excellent service. I had to write a letter this time! Way to go in hiring the right people. Thank you—she answered the phone when I called the ENT office in League City.

**Dr. Brian Wong** and his staff are outstanding. Thank you! (Ophthalmology)

**Dr. Anils Memon** was very helpful. He even remembered me three days later when I ran into him, and he asked about my condition and progress. I am very impressed. (Emergency Department)

**Dr. Ana Triana** was concerned with all of my concerns. She took the time to explain things to me in a very caring manner. (Stewart Road Family Medicine)

**Dr. Lyuba Levine** has cared for me through two episodes of cancer. She has been an excellent provider for me. (Gynecological Oncology)

Because of my hearing problem, my husband accompanies me to all of my appointments. **Dr. Gianmarco Vizzeri** treats us with the utmost respect and makes a point to explain procedures and concerns to my husband and me. I am so thankful for such a caring and competent physician as Dr. Vizzeri.

He truly is interested in how my condition is doing. I couldn’t have a better doctor. (Ophthalmology)

**Dr. John Phelps** is great! He is very knowledgeable and professional. I would recommend him to anyone! (Obstetrics/Gynecology)

**Dr. Carlos Clark** is a real jewel and an asset to UTMB and me! He is professional, listens, is compassionate and an all-around excellent doctor. I feel blessed to have him as my doctor. His nurses are top notch. (Internal Medicine, PCP Harborside Medical Group)

Since my visit was a very short one, I found Dr. **Chad Davenport** to be very kind, good and efficient. He is a great teacher. (Occupational and Physical Therapy)

**Dr. Michael Wheeler** was very attentive, patient and concerned about me as a patient and person. I was very sick with a terrible cough and resistant bronchitis. (Victory Lakes Urgent Care)

**Dr. Andrea Saunders** was extremely caring and thorough and she even made a follow-up call to check in on me. She is an awesome doctor! (Pediatric Urgent Care South Shore)

**Dr. Mukaila Raja** explained everything to me and answered my questions in layman’s terms so I could understand. I think he is great! (Geriatrics)

**Dr. Luis Monsivais** (Resident Pgl-2) was amazing! I just can’t praise him enough. (Obstetrics)

This practice meets everything I love in a doctor’s office. **Dr. Harold Pine** and staff are a true blessing. (Pediatric Otolaryngology, ENT Consultants)

**Dr. Melvin Simien** saw me first when I was hospitalized. I liked him so much I went back to him in clinic. He listens and knows his stuff. (Gastroenterology, Victory Lakes Specialty Care Center)

**Dr. Lauren Hinojosa** was great. She took time to explain everything so I could understand and listened to my concerns. She is excellent in every aspect. (Orthopedic Surgery)