Health System

SEPTEMBER 2014

At the Forefront of Neurocritical Care: UTMB’s Neurosciences Critical Care Unit

Pictured above: Dr. Anish Bhardwaj, chair of the Department of Neurology, Dr. Venkata Dandamudi, Dr. Alok Dabi and Dr. Rafael Rodriguez examine a brain scan

**UTMB’s Department of Neurology** was established more than 40 years ago, but the Neuroscience Critical Care Unit (NCCU) in John Sealy Hospital is still relatively new. The unit opened last November when Dr. Anish Bhardwaj joined UTMB as Chair of the Department of Neurology with a goal to build a comprehensive neuroscience program that would provide state-of-the-art care to patients with neurologic disorders while also facilitating enhanced research opportunities through interdepartmental collaborations. The new neuroscience program also aims to provide the next generation of neurologists and neuroscientists in the diagnosis and the management of wide range of neurologic disorders.

continued on page 2

IN THIS ISSUE...

Spotlight On: UTMB Echocardiography Laboratory | UTMB Receives Recognition as Level 3 Epilepsy Center | New Patient Lifts Help Keep Staff Safe | Patient Care at The Texas Departmentof Criminal Justice Carole S. Young Medical Facility | UTMB Opens New Pediatric and Adult Primary Care Clinic | Special Grand Rounds Presentation with Roy Rosin, October 10 | UTMB Shines at Excellence in Nursing Awards | You’ve Been Spotted at Angleton Danbury Campus! | Always Award Presentation | Joint Commission Readiness | Resolutions for a New (Fiscal) Year | Shout Outs

Miss an issue? [www.utmb.edu/fridayfocus](http://www.utmb.edu/fridayfocus) Submit a story: [friday.focus@utmb.edu](mailto:friday.focus@utmb.edu) Friday Focus Team: Mary Feldhusen and Erin Swearingen
The NCCU at UTMB is one of only three neuro-ICUs in the Houston area. The eight-bed unit treats patients with disorders ranging from seizures and strokes to traumatic brain injury, infections of the spinal cord (including meningitis, encephalitis and abscesses), brain tumors, multiple sclerosis and other conditions that affect the brain, spinal cord and nerves. Many neurocritical care patients are comatose or paralyzed and potentially suffer injuries in other parts of their bodies as well. The NCCU team at UTMB consists of specially trained physicians and nurses equipped with the latest technological equipment to manage each patient’s care.

“A neuro-ICU is a rare commodity and a wonderful resource regionally to provide care for patients with critical brain and spinal cord injuries,” says Dr. Bhardwaj. Prior to becoming chair of Neurology at UTMB, Dr. Bhardwaj served as Chair of Neurology at Tufts University School of Medicine and Neurologist-in-Chief at Tufts Medical Center, where he built a similar neuroscience program with an emphasis on strong inter-departmental collaborations and coalitions. He also spent time at Oregon Health and Science University developing a similar comprehensive acute neurosciences program.

Following his success at Tufts, it’s no surprise that Dr. Bhardwaj’s vision for the UTMB NCCU also emphasizes a multidisciplinary approach. He utilizes a dedicated team of neurosurgeons, critical care neurologists, stroke neurologists, critical care nurses, respiratory therapists, pharmacists, physical therapists, social workers and case managers to provide patients the best chance for optimal outcomes after sustaining neurological insult. Each care provider is involved in the decision making process for their patients.

Nurse Manager Christina Myers works collaboratively with NCCU leaders to develop and train nursing staff toward the care of these patients. Nurses on the unit undergo a three-month training period in which they are taught how to care for NCCU patients, including four hours of training in advanced stroke concepts, NIH stroke score training, and dysphagia (difficulty swallowing) training. All NCCU nurses are encouraged to become certified in Critical Care Nursing (CCRN), Neuroscience Nursing (CNRN) or Stroke Certified Nurses (SCRN). The NCCU team’s intimate

continued on page 3
knowledge of the brain and nervous system allows physicians, surgeons and nurses to identify neurological problems early, intervene, and correct or prevent worsening of neurological conditions that might lead to permanent damage.

The establishment of the NCCU at UTMB is also a step toward achieving comprehensive stroke certification. Developed by The Joint Commission and the American Heart Association, Advanced Certification for Comprehensive Stroke Centers recognizes hospitals that have the necessary resources and abilities to treat the most complex stroke cases. In addition to attaining comprehensive stroke certification, Dr. Bhardwaj has a three-year plan to develop the neurosciences program by utilizing a well-integrated and cohesive multidisciplinary approach to jointly support the departments of neurology, neurological surgery, the stroke program and neuroradiology. He also anticipates participation in multi-center clinical trial, working closely with UTMB Clinical and Translational Science Institute (CTSI). In the future, Dr. Bhardwaj intends for the program to offer fellowship training.

Dr. Bhardwaj and the NCCU team have created a unique program of focused care for critically ill spinal cord and brain injury patients that enhances UTMB’s overall mission to develop the neurosciences program through patient care, teaching, training and research. For more information on the Department of Neurology and UTMB Neurosciences program, visit http://www.utmb.edu/neuro/default.asp.

---

Routine orders for echocardiography for patients with cardiac diseases include two-dimensional (2D) images, M-mode, color Doppler, and spectral Doppler. More advanced techniques include contrast echo, three-dimensional (3D) echocardiography, and left ventricular strain. The UTMB Echocardiography Lab has been traditionally in the forefront of emerging and advanced technology to assess various kinds of heart disease.

Fifteen years ago, under the direction of Dr. Masood Ahmad, medical director, the Echo Lab started studies on coronary artery disease using first generation 3D echocardiography. This 3D technique has since developed and is now used during transesophageal echo, 3D volume to calculate left ventricular ejection fraction, systolic and diastolic volumes, and in evaluation of valvular pathology.

Our Echo Lab continues to lead in innovation, playing a pioneering role in applying 2D and 3D STE (Speckle Tracking Echocardiography) techniques/measurements in patients with coronary artery disease.

Several studies, including 3D echocardiograms, performed at the UTMB Echo Lab have been presented at the various national and international symposia. At the Annual American Society of Echocardiography Conferences, Echo Lab staff members have presented the impact of dobutamine stress testing on 3D tracking of regional and global heart wall motion. Two-dimensional and 3D speckle tracking technology measures left ventricular function indices including longitudinal, radial, circumferential deformations of the myocardium which is expressed as myocardial tissue velocity, strain, strain rate, and area tracking. These indices are very sensitive in accurately assessing systolic and diastolic dysfunction of the left ventricle before abnormalities are detected by conventional echo indices in assessment of cardiac function in patients with coronary artery disease.

The UTMB Echo Lab is leading the way in pioneering the strain technology in patients with ischemic heart disease. We acknowledge the support of all Echo Lab staff members for their participation and support in carrying out these cutting edge studies.

---

Pictured above: Chris Stephans, MS, RDCS, RCS, and Dr. Masood Ahmad, medical director, present their poster, Three-dimensional Area Tracking during Dobutamine Stress Echocardiography: Comparison with Global Longitudinal Myocardial Strain, at the 2014 American Society of Echocardiography conference in Portland, Oregon.
UTMB Receives Recognition as Level 3 Epilepsy Center

UTMB has received recognition and certification as a Level 3 Epilepsy Center by the National Association of Epilepsy Centers (NAEC), underscoring our ability to provide comprehensive care to complex cases of epilepsy. Levels of epilepsy care were developed by the NAEC and are a useful tool for evaluating the appropriateness and quality of specialized epilepsy care.

A Level 3 certified center provides the basic range of medical, neuropsychological, psychosocial and treatment services needed to treat patients with refractory epilepsy. Third-level centers do not perform resective epilepsy surgery (the most common form of treatment for uncontrolled seizures), but do provide services such as noninvasive evaluations and implantation of the vagus nerve stimulator. “This achievement is a testament to UTMB’s dedicated epilepsy care team and underscores our ability to provide comprehensive care to complex cases of epilepsy,” said Dr. Anish Bhardwaj, chair of Department of Neurology at UTMB.

Congratulations to Dr. Todd Masel, director of the Epilepsy Program at UTMB; Richard Foy, program manager for neurodiagnostics; David Hileman, department administrator; Annette Macias-Hoag, associate vice president of Health System Operations; and Dr. Anish Bhardwaj, chair of Department of Neurology, for their efforts toward achieving this certification.

Visit the UTMB Epilepsy Monitoring Unit webpage for more information, http://www.utmbhealth.com/oth/Page.

New Patient Lifts Help Keep Patients and Staff Safe

At the beginning of this month, fifteen patient lifts were distributed to hospital units, procedural areas and clinics as a first step in implementing a safe handling program.

Patient handling, primarily done by nurses and direct care providers, includes tasks such as transferring a patient from a chair to a bed, transferring from toilet to chair, lifting a patient in bed, and even making a bed with a patient in it. Health care workers have a very high rate of musculoskeletal disorders often due to overexertion during patient handling—in fact, the rate is more than seven times the average for all other industries. Overexertion related to manual patient handling leads to employee injury, patient injury and lost staff time.

The safe handling program is part of an effort to increase workplace safety for staff and patients at UTMB, but it has also become a priority for national organizations as well, with one of the 54 required standards for the American Nurses Credentialing Center (ANCC) Magnet Recognition program addressing workplace safety. The safety standard requires that “safety for nurses is evaluated and improved resulting in safety strategy of the organization.” In 2013, the American Nurses Association developed Safe Patient Handling and Mobility—Interprofessional National Standards Across the Care Continuum, which is the framework used in the development of the UTMB safe patient handling program.

Patient lifting devices are vital for the success of the safe handling program. Barbara Bonificio, director of Nursing Excellence, says the response to the installation of the patient lifts has been positive, “Patients and staff now feel safer thanks to the new equipment.”

The interprofessional Clinical Safety and Effectiveness team in charge of the safe handling program is currently working toward providing additional equipment and training to staff throughout more areas of UTMB to ensure patient and staff safety throughout the institution.
On August 29, members of UTMB Executive Leadership, including Donna Sollenberger, executive vice president and chief executive officer, UTMB Health, Annette Macias-Hoag, associate vice president, Health System Operations, and Dr. Owen Murray, vice president, Offender Care Services, joined Tina Knight, cluster nurse manager, Dr. Joe R. Taylor, medical director for the unit, and others for a tour of the inpatient units and clinics at the Texas Department of Criminal Justice (TDCJ) Carole Young Medical Facility in Dickinson.

UTMB has overseen medical care at the facility, along with 80 percent of the state’s correctional facilities since 1994, when it established a partnership with the Texas Department of Criminal Justice to provide medical, dental and health services at more than 100 adult and juvenile correctional facilities, and electronic medical records applications, with 4 million documented patient encounters per year.

Medical care at the medical hub site is provided 24 hours a day, seven days a week, and includes a full complement of primary care, specialty care, chronic care, mental health (inpatient and outpatient) care, and dental care services. The infirmary is comprised of skilled care/assisted living beds and 10 respiratory isolation rooms. Dialysis, respiratory therapy, and physical therapy are also provided at the facility.

continued on page 6
Geriatric Care

The Carole S. Young Medical Facility is also home to a Type I Geriatric Facility. Across the nation, caring for the geriatric offender population poses challenges several major reasons. First, the population is rapidly growing. In fact, the U.S. criminal justice geriatric population has increased faster than any other inmate age group—and faster than the overall U.S. geriatric population, with the population of older adults in prison having more than tripled since 1990.

Secondly, these elderly inmates are also admitted to prison with longer sentences than offenders in other age groups, resulting in relatively longer time to serve in prison. The average sentence at admission to prison in 1998 for elderly inmates was 11.6 years compared to the overall average sentence for all admissions of 8.1 years.

Thirdly, elderly offenders are typically sicker when they enter the system, arriving with early-onset chronic medical conditions, untreated mental illness, and unmet psychosocial needs. Additionally, the tendency of inmates to engage in high-risk behaviors, such as alcohol and drug abuse, coupled with lack of preventive health care, leads to the “early aging” of inmates. Inmates tend to have health problems that are more common in persons ten years older. Therefore, inmates 55 and older are considered “elderly” for health care management purposes.

This means that the prison population is getting older and sicker, thus creating the issue of a statewide bed shortage for sick and mentally ill inmates.

Prenatal and Pregnancy Care

The Carole Young facility is also home to on-site prenatal and pregnancy care and the Baby and Mother Bonding Initiative (BAMBI) program, which emphasizes the need for incarcerated mothers and their infants to stay together to ensure the formation of maternal-child bonds, a process that is increasingly recognized as essential to a successful and healthy life for the baby. Each year about 250 babies are born to Texas offenders, but only a small percentage of pregnant prisoners qualify for the BAMBI program, which opened its doors in April 2010.

Typically, a female prisoner is returned to her unit almost immediately after giving birth, and it is often difficult for mothers to reclaim children even after short sentences for minor offenses. Termination of parental rights can and does occur. For women who have lived months in dread and depression awaiting the birth and loss of their baby, BAMBI is an unexpected gift.

Other goals of the BAMBI program include steps to ensure the mother commits no further crimes and an attempt to keep the child from being placed in foster care, because a baby born to an incarcerated mother, whether she is in a county jail or a prison, can become a ward of Texas Child Protective Services within 48 hours of birth unless a suitable relative is available to care for the baby.

continued on page 7
Donna Sollenberger and the leadership team would like to extend their gratitude to everyone on the CMC Carole Young Medical Facility team for their hospitality and for making a difference—excellent patient care cannot take place without compassionate, skilled individuals working together as a team!

Monday, September 22, the newest UTMB facility opened its doors to the public. The old UTMB Alvin clinic expanded its services, hours and location and moved into a 10,000 square-foot building where adults and children can receive primary care medical services.

The new freestanding facility, located at 2020 E. Highway 6, has 24 exam rooms, expanded X-ray services, a full blood-drawn station and five new staff members — a doctor, a nurse practitioner, a registered nurse, a medical assistant and a patient service specialist. The clinic will continue offering extended hours, 7 a.m. to 6 p.m.

The expansion is a Delivery System Reform Incentive Pool (DSRIP) project under the Medicaid 1115 Waver program in Texas, whose goal is to increase access to primary care services for the underserved.

Pictured left: Photo of a patient room in the new Alvin Adult and Pediatric clinic. Pictured right: Photo of new waiting room.

Special Grand Rounds Presentation with Roy Rosin, Chief Innovation Officer, Penn Medicine | October 10

We are pleased to announce Roy Rosin, Chief Innovation Officer for Penn Medicine, will visit UTMB to deliver a special presentation about the innovative work currently underway at Penn Medicine to transform ideas into measurable results in areas of health outcomes, patient experience and new revenue streams at 11 a.m. in the Levin Hall Main Auditorium.

Prior to his position at Penn Medicine, Mr. Rosin was the first Vice President for Innovation at Intuit, a leading software company best known for Quicken, Quicken Books and Turbo Tax. He spent 18 years with Intuit. Mr. Rosin received his MBA from Stanford University’s Graduate School of Business and graduated with honors from Harvard College.

For more information, visit [http://intranet.utmb.edu/healthsystem/special-presentations/RoyRosin.asp](http://intranet.utmb.edu/healthsystem/special-presentations/RoyRosin.asp).
UTMB Shines at the Good Samaritan Foundation’s Excellence in Nursing Awards

Each year, the Good Samaritan Foundation honors Excellence in Nursing in six categories, awarding medals to nursing’s “best and brightest.” Three UTMB nurses received Good Samaritan Awards this year and were honored September 3 at a luncheon in Houston. UTMB’s Betty Lee Evans Professor of Nursing Linda Rounds received the gold medal faculty award. In the nursing administration category, Jamie Heffernan, Blocker Burn nurse manager, received the gold medal and Charles Machner, Medical Intensive Care Unit nurse manager, received the silver medal.

The Good Samaritan Excellence in Nursing Award winners are nominated by their peers and selected by a distinguished committee of nursing leaders. Congratulations Linda, Jamie and Chuck!

Far left, Dr. Pamela G. Watson, vice president of education and dean of the School of Nursing stands with UTMB’s Charles Machner (third from left) and other local area Silver Medal Awardees.

You’ve been spotted at the UTMB Angleton Danbury Campus!

Donna Sollenberger visited the UTMB Angleton Danbury Campus this month to meet and greet our employees. Were you spotted during her visit?

Dr. Pamela Watson and Jamie Heffernan, Gold awardee.
Congratulations to the newest Always Award winners, CT/Vascular Surgery J9A and Texas City Pediatrics! The “Always Award” recognizes units who always are attentive to our patients, always listen, always explain and always treat patients with the respect they deserve.

Inpatient Unit J9A was selected based on their patient satisfaction scores for “Doctors Always Communicated Well”, which rose from 80th percentile to 100th percentile over the quarter, and “Nurses Always Communicated Well,” which is currently at the 99th percentile. Of the care on the unit, patients said, “The unit, the staff and the doctors always take very good care of me. Everything was great!” and “For me, this was a good hospital experience – everything was perfect.”

Texas City Pediatrics was selected based on very high patient satisfaction scores for “Overall Doctor Rating”, at the 98th percentile, and “Office Staff Quality”, at 97th percentile. Patients reported that their physician “always explains things in a way they can understand. He explains why he has ruled out some things and why he thinks other things are possibilities. He always listens to questions and concerns and never lets us leave with any questions.” While another patient commented that the staff is “exceptional – fast, friendly and knowledgeable.”

Inpatient winners are chosen by Chief Nursing and Patient Services Officer David Marshall using patient satisfaction and quality data; ambulatory winners are chosen by Vice President for Ambulatory Operations Ann O’Connell, using over all doctor rating, office staff quality and physician communication as well as Press Ganey factors. The Always Award will be given quarterly to the inpatient unit and ambulatory location with the highest or most improved scores.

Units and practice areas may win a maximum of two times during the same year. Quarterly winners will assist Unit-Based Clinical Leadership with the development and recognition of best practices.
The window for the next full Joint Commission Accreditation survey is fast approaching. The Joint Commission (TJC) conducts an unannounced full accreditation survey every 18-36 months; it most recently surveyed UTMB and Angleton Danbury in 2012. Janet DuBois, associate director of accreditation, says that we should expect The Joint Commission to arrive as early as February 2015, although the window extends through November 2015.

During a TJC survey, there are two levels of Requirements for Improvement (RFIs) for which an institution may be cited: an RFI may be categorized as either a Direct RFI or Indirect RFI depending on the immediacy of risk to patient safety or quality of care. While there were some findings at UTMB during our survey in 2012, we received only four direct RFIs and 11 indirect RFIs. While this was an excellent outcome, we aim to achieve even better results during the upcoming survey!

Examples of Preventable Findings include:

- Improper storage of supplies
- Expired supplies and medications
- Refrigerator temperature monitoring
- Food that is not properly labeled
- Dirty food areas, refrigerators
- Multi-dose vials (28-day expiration)
- Residue in pill crusher
- Patients with multi-drug resistant organisms (MDRO); no patient/family education
- Linens not covered
- Dirty, cluttered work areas

In an effort to maintain continued readiness and avoid preventable RFIs, the Quality Management department has provided a set of weekly checklists for inpatient and ambulatory departments to begin to use in anticipation of The Joint Commission’s arrival, as well as “last minute” checklists and checklists for department directors when The Joint Commission arrives. A complete list of medication/specimen refrigerator and/or freezer temperature logs, nutrition refrigerator logs, and fluid and blank warmer temperature logs are also available.

The 2014 version of The Joint Commission Readiness Handbook for download will be available online in October. For up-to-date information on The Joint Commission, checklists, and chapter Spotlights visit the UTMB Health Joint Commission website, http://intranet.utmb.edu/qhs/TheJointCommission/spotlights.asp.

**Clinical Value Analysis Contest**

For more information or to submit your new ideas at http://intranet.utmb.edu/healthsystem/CVA/default.asp. Thank you for your suggestions!
Resolutions for a New (Fiscal) Year

As we kick off a new fiscal year and the beginning of a new season, the Friday Focus team thought it was perfect timing to set some “new year resolutions” for the newsletter. We want to be sure we include the types of articles, features and information that you are most interested in reading.

Our first resolution is to promote and support the Health System goals and core values. In each of our issues, we aim to demonstrate compassion for all, act with integrity, show respect to everyone we meet, embrace diversity to better serve a global community, and promote excellence and innovation through lifelong learning. We will also continue to support the Health System goals and UTMB’s strategic plan by bringing relevant news to you as our campus continues to retain and develop an engaged workforce, and becomes the preferred health system in the region by delivering quality and affordable healthcare.

Our second priority this year is to feature the accomplishments and achievements of the UTMB’s top-notch clinics and departments. In the past, we’ve focused on individual faculty and staff member’s contributions to patient care. This year, we also want to show off the sum of our parts. We’ll be visiting clinics and departments across UTMB to give our employees an insider look at some of our award winning units.

Thirdly, we’re going to place high emphasis on UTMB becoming the go-to health care provider for our employees. As an organization, we continually aspire to achieve top quartile performance in clinical effectiveness and safety and sustain significant external accreditation. We are making moves to increase access to care for employees through programs such as Access-2Care in which employees are able to schedule appointments within 24 hours for immediate care needs. We also feel it is important to spread the word of the growing number of clinics that are opening across the region to serve the needs of a rapidly growing community. Stay in-the-know with our regular updates on new clinic openings.

Above all, we want to hear from YOU. We want to know what it is that you think makes UTMB a great place to receive care. Do you want to share an experience that you had at UTMB that made a difference to the patient care you received? We want to hear it. Send us your photos of events! Do you know someone who has received special recognition or an award and should be featured? Send it our way. We want to know how the people of UTMB are working together to work wonders! Do you have suggestions or input for us about the types of articles we are providing?

Is there something you’d like to see more of in the newsletter? Let us know. Any suggestions, photos or news can be sent to friday.focus@utmb.edu. Let us know how we can best serve YOU this year and beyond. We’ve also developed a short 7-question survey, and we hope you’ll take a moment to share your feedback with us.

READERSHIP SURVEY

http://www.utmb.edu/fridayfocus/survey.asp

- The Friday Focus Team
Leadership Visits New Alvin Pediatric and Primary Care Clinic

Office of Waiver Operations Leadership visited the new UTMB Alvin Pediatric and Adult Primary Care Clinic on opening day to present staff with boxes of “Millionaires” candy. The candy represents the achievement of a Delivery System Reform Incentive Pool (DSRIP) metric achievement worth $5,532,921.

Pictured (L-to-R) are: Dr. Syed Kazmi, Alvin Clinic Medical Director, Cathy Bell, Senior Practice Manager, Katrina Lambrecht, Vice President, Institutional Strategic Initiatives and Craig Kovacevich, Associate Vice President, Waiver Operations & Community Health Plans.

Dr. Hiram Martinez represented UTMB above and beyond what was expected. He was diligent and very thorough. His attention to detail was spectacular. He explained things so that my son would understand to the best of his ability – most doctors in speak in terms that are over my son’s head. I would recommend Dr. Hiram A. Martinez to the President of the United States. The receptionist, Tiffany McNeal, is an asset to UTMB as well. She is extraordinary in carrying out her duties as the first and last one to assist. Her ability to communicate was exceptional. (PCP Family Medicine)

I could not have asked for better care. I had pacemaker surgery and the nurses were quick to answer my calls. The surgery was well done and I never experienced pain. Dr. Adam Schindler was excellent and answered every question. Christina Drake and Jeff Suhler were the nurses who attended to me. They were both a delight and fast movers! They always got the job done. Beula Abraham (Pharmacy) was excellent as well. I also must add the food was absolutely wonderful. I expected the traditional bland food, but no fussing from me! Nicole Young (Nurse Manager, Adult Patient Care Services) went above and below the duty to help us get checked out. She was friendly personable and is a real jewel. Be proud UTMB! You have wonderful people. (Oncology, UHC)

Heartfelt thanks to all the nurses on 9D and all the great doctors in Family Medicine. I’d also like to add a special thank you to Dr. Bela Toth, who went above and beyond to ensure my comfort through my recovery. Last, but certainly not least, the doctors and nurses in the Endoscopy Unit at John Sealy Hospital for all their wonderful aid and encouragement getting me through this last week. I went in feeling quite rugged and came our feeling almost new. It couldn’t have happened without you. Thank you all.

I had an undiagnosed illness for 5 years. Dr. Rashmi Maganti diagnosed me on the first visit. Dr. Maganti is an extremely smart, direct and overall wonderful doctor! (Rheumatology, Friendswood Medical and Surgical Specialties)
During hospital discharge follow-up calls, a patient discharged from the Dedicated Cardiac Care Unit (J9C) complimented the care and service provided during their admission through the Emergency Room and to the unit. When asked if there were any physicians, nurses or hospital staff that they would like us to recognize for doing a very good job the patient stated, “Words cannot express how grateful I am for the care and attention UTMB has given me. I wouldn't go anywhere else.”

Dr. Roger Thronson and Teresa Jennings (Patient Services Specialist) are just exceptional. We are impressed with the excellent help we received. It could not have been any better! Thank you. (League City Oral Surgery)

The nursing staff was excellent. I have two nurses that stood out, and if I had to return, I would love for them to take care of me: Gracie Gonzales and Lyndsey Hopkins. Thank you for having them on your staff! (Cardiology/Coronary)

Alysia Ruiz provided great food service. She always brought what I asked for with a smile.

Annie Mique was wonderful. She was very helpful explaining when I asked a question. Minerva Garcia, Alexia Hanna, Denitra Richardson and Julie Rodriguez were fantastic as well. Surgery 8C is a wonderful and caring unit.

John Snider on the ACE Unit is an exceptional nurse. He’s professional, informative and respectful; he has an overall great bedside manner!

Extra praise for Cleo Douglas and Christopher on the ACE Unit – they were both exceptional. I cannot say enough nice things about the hospital, the room and the staff. It was the most pleasant hospital stay I’ve ever experienced.

Both Dr. Lindsay Sonstein and Dr. Joseph Sonstein were excellent doctors. They were thorough, patient and compassionate.

Everyone was kind, but Rachel Fischer (UTMBHCS Clinical Staffing) was very special and went out of her way to help me. She is exceptional to all. (ACE Unit)

All the nurses I encountered were very nice. Shelia Reagan-Tedford (SON Student) was absolutely the best, kindest and sweetest nurse. She was always smiling and happy. I could tell she truly enjoys her work. (Cardiology/Coronary)

Dr. Avi Markowitz is very knowledgeable and provides care for the whole person, not just the cancer. (Victory Lakes Cancer Center)

I have COPD. Dr. Alexander Duarte knows just what to do when I am having problems. In this day and time, doctors like Dr. Duarte are very rare. I feel like I am receiving five-star health care at UTMB. Thank you. (VLTC Medicine Specialties)

I am so pleased with Dr. Branka Kosarac. She’s kind, she listens, and I can feel her concern for my well-being. (Texas City Family Healthcare Center)

I liked Dr. Alvah Cass very much. This was my first visit with him, and I was very impressed. He listened, took time with me, and did not rush me out the door. He was very helpful and informative. He is a very caring doctor. (PCP Family Medicine)

Dr. Barbara Thompson has been my PCP and concerned doctor for about 40 years. She always gives me care I need. (Stewart Road Family Health)

I absolutely love Dr. Juan Ortega. I drive 70 miles to see him and will continue to do so! (Neurological Surgery, Victory Lakes Surgical Specialty Care Center)

Dr. Randy Urban is an extraordinary physician. He genuinely cares about his patients and is always on top of medical issues. There isn’t a better physician than Dr. Urban. I drive a long distance for medical care at his clinic because he is exceptional.