One of the best ways to successfully manage a patient’s health is to develop a strong relationship between the patient and their primary care team.

Creating this relationship requires considerable coordination among the members of the patient care team because sometimes, they must actively reach out to patients to remind them that they are due for an appointment or help promote patient engagement. They must also monitor all of their patients’ progress on an ongoing basis.

With healthcare reform, there is an increasing shift towards this approach to patient care, particularly in primary care settings. The goal is to better manage the individual patient’s overall health, but also manage the health of entire patient populations. These patient populations often consist of individuals who either require preventive care, such as routine mammograms, or who need help managing a specific chronic condition, such as diabetes.

UTMB Health’s Ambulatory Health Maintenance Team was formed as part of a 2015 Texas Medicaid Transformation Waiver Delivery System Reform Incentive Payment (DSRIP) project. The team recently launched an initiative focused on preventive care, called “Gaps in Care”.

The Health Maintenance Team is headquartered at the UTMB Access Center in Clear Lake. Katrina Lloyd (Patient Access Specialist), Richard Herrin (Patient Access Specialist), Pamela Kutchta (Access Center nurse manager) and Suzette Cerillo (Access Center nurse clinician III)

continued on page 2
The goal of the project, led by Dr. Cynthia Judice, medical director of Community-Based Clinics and Primary Care Services, and Pamela Kuchta, nurse manager of the UTMB Access Center, is to identify and reach out to patients who are overdue for healthcare screenings. The team initially focused on patients who were overdue for mammography screenings; they recently expanded the project to include colon rectal screenings and pediatric immunizations.

Suzette Cerrillo, nurse clinician III, and Patient Access Specialists Katrina Lloyd and Richard Herrin are members of the Health Maintenance Team. In order to identify each population of patients, they utilize the Epic Electronic Medical Record (EMR) registry to select established UTMB patients who have been seen by a primary care physician in the last three years. The team then narrows the list of patients to those individuals who are overdue for healthcare maintenance appointments.

Then, they reach out to the individuals via a private MyChart message, letter or personal telephone call. Once the team and the patient have conversed, they schedule an appointment together. The patient is provided with a dedicated phone number they can call if they have questions or need assistance. After the appointment takes place, the team then updates the patient record to reflect the results. Maintaining detailed records helps the team accurately track the patients’ progress and ensures the goals of the DSRIP project are met.

As of mid-March, the Health Maintenance Team has appointed and tracked 2,225 mammography exams, three of which screened positive screenings for breast cancer. So far, 98 percent of all ambulatory patients (within a certain range of birth months) who were overdue for a mammography have been contacted about the importance of mammography screening.

Colon rectal screening outreach began in January 2016. So far, 82 gastrointestinal (GI) appointments and 84 colonoscopies have been completed; 36 additional colonoscopies have been scheduled and are pending completion. Ninety-nine percent of all patients (within a certain range of birth months) have been contacted with reminders about the importance of colon rectal screening.

Immunization outreach (pediatric wellness) began in March 2016 with a review of all overdue immunizations and preschool immunizations needed for children ages 4 – 5 at two pediatric locations. Additional pediatric locations will be incorporated in April 2016.

Access Center Nurse Manager Pam Kuchta says the patient response has been overwhelmingly positive. “Many are surprised that we have taken the time to track their health care and reach out. It gives the patients confidence that we truly care about them as individuals, and they often thank us.”

Kuchta emphasizes the importance of patient outreach for health care maintenance. “No one likes getting mammograms or talking about colonoscopies. Often, people put it off as long as possible. But thanks to the outreach program, a woman recently scheduled a mammography appointment and found out she tested positive. She is now receiving treatment for something that not long ago, she didn’t know she had.”

Dr. Cynthia Judice credits the program’s success to the diligence of the members of the Health Maintenance Team. “Patients are in such good hands with this team. Pam Kuchta has always been an incredible leader with innovative ideas and thoughts; any project she touches is something of which we can be proud. Suzette Cerillo has been excellent and focused on patient-centered care. The patient access specialists, Richard Herrin and Katrina Lloyd, are excellent at thinking outside of the box.”

The Health Maintenance Team also assists patients not already registered to sign up with MyChart. Beginning in May, the team will add patients with hypertension who haven’t seen a physician in six or more months to their outreach efforts.
Early this month, UTMB Health hosted a roundtable discussion with NASA and the U.S. Department of Health and Human Services (HHS) to explore common principles and problems of innovating under resource constraints—a common challenge in both space and healthcare settings.

Held at the UTMB MakerHealth Space, the “Space Matters in Health” event brought together clinicians, aeronautic engineers, scientists, architects, designers and others to share their ideas about the HHS Invent Health Initiative, which shines a spotlight on innovators working with and inside government operations and to advance scientific knowledge by supporting inventors focused on health and human services.

Throughout the day, discussions centered on opportunities for system redesign. The team acknowledged that while it may not be possible to fundamentally change human beings or the environment, they believe there are many opportunities to redesign the strategies, buildings and devices used when it comes to reaching isolated populations—whether that means scientists working in Antarctica or on a future mission to Mars, or health professionals caring for housebound individuals or working in rural areas with limited resources.

Realizing that these vastly different groups face similar challenges, the discussion moved towards finding opportunities to empower people in resource-limited or remote settings and improve their ability to create new tools on the spot. In the future, the group plans to continue their collaboration to find solutions for improving health and human services.

The UTMB MakerHealth Space, led by MIT’s Little Devices Lab, is the first permanent maker space in the country and empowers nurses and other health care staff to bring their ideas for improving health care to life, spreading their innovations throughout the health system.

Wound Care at UTMB Health

The UTMB Health Wound Clinic is now open! Located at the Bay Colony Town Center in Dickinson, the clinic provides comprehensive wound care and treatment, including hyperbaric oxygen therapy, to patients with acute, chronic and non-healing wounds.

The physicians and nurses at the UTMB Health Wound Clinic have expertise in treating all wound types, including chronic, acute and non-healing wounds. UTMB Wound Clinic patients have access to all of the latest therapies, including: advanced conventional wound care, compression therapy, wound closure with vacuum assisted technology, tissue replacement, skin substitutes and hyperbaric oxygen therapy.

To learn more, visit http://www.utmbhealth.com/oth/Page.asp?PageID=OTH001271. To make an appointment, call (281) 967-7106. A referral is required.

COMING SOON! UTMB Health Women’s and Surgical Specialties clinic will open in Webster to provide women’s healthcare and specific outpatient surgical procedures for adults and children in the Clear Lake area.
When I think of a bully, I imagine a child relentlessly teasing or making fun of another child. Usually, the school yard bully picks on children who are younger, smaller or different than the majority, for example.

For the child on the receiving end of bullying, it can have significant effects, such as depression and anxiety, increased feelings of sadness and loneliness, changes in sleep and eating patterns, and loss of interest in activities they used to enjoy. In fact, the term “bullycide” has recently been coined to demonstrate the severity of its impact.

For the last two years, the UTMB Diversity Council has participated in the Grand Kid’s Festival, benefiting children’s programs at the Grand 1894 Opera House in Galveston. This year, the theme was “Anti-bullying.” Local group IMBULLYFREE.ORG was invited to share our booth and help raise awareness about bullying. Throughout the day, as the team passed out diversity message bracelets to the children at the festival, we asked them questions about their experiences with bullying. The children understood that bullying hurts people’s feelings. Many said that if they were bullied or saw someone being bullied, they would tell an adult.

However, being bullied is not something that only occurs on the school ground. Many adults also face ‘bullies’ in the work environment. Sometimes when we tease one another, even in jest, there is the risk of hurting another’s feelings. One may tease another person because they stutter or have a lisp. If someone does not understand another’s point of view, they may mock that person. Adults can be treated with a lack of respect because of differing educational backgrounds or even cultural and ethnic differences. It is only recently that I, personally, have realized that bullying is actually a form of discrimination.

The Workplace Bullying Institute defines workplace bullying as abusive conduct that is threatening, humiliating, or intimidating; interferes with work or prevents work from getting done; or verbal abuse. Bullying behavior in any UTMB workplace can affect employee satisfaction, morale and ultimately impact patient care, productivity and the quality of work.

If you have been the target of bullying behavior, there are several resources to assist you. You can report the incident(s) to your supervisor, UTMB Employee Relations (409) 772-8696, contact employee assistance (409) 772-2485, make a report to the employee advisory council blog at https://blogs.utmb.edu/eac, or visit the UTMB Professionalism website, where a form is available to report disrespectful behavior (reporters may choose to remain anonymous or give their name).

It is also important to reflect upon our own actions—have we ever been a bully, even if we did not realize it at the time? For example, have you ever withheld information from a co-worker that might have helped them with their work? Have you been unnecessarily sarcastic or belittled a co-worker in front of others? Have you embarrassed a co-worker when you could have been supportive? If you answered yes, you may have acted like a bully. If you feel as though you may need help to change, Human Resources offers emotional intelligence training as well as effective communication and unconscious bias programs. More information on these programs can be found by contacting Human Resources via email hr.tod@utmb.edu or calling 409-747-6700.

Additional References:
http://www.safewise.com/blog/know-youre-bully/
http://www.workplacebullying.org/individuals/impact/physical-health-harm/
http://www.lni.wa.gov/Safety/Research/Files/Bullying.pdf
Dr. Anthony Okorodudu, Deb McGrew, Donna Sollenberger, Emily Blomberg, Dr. David Callender, Dr. Michael Laposata, Josanne Smathers and Craig Maschmann.

On April 28, UTMB Health leadership members President Dr. David Callender; Donna Sollenberger, executive vice president and CEO, and Deb McGrew, vice president and chief operating officer, both of the UTMB Health System; and Emily Blomberg, vice president for Professional and Support Services, Health System, joined in congratulating Dr. Michael Laposata, chair of the Department of Pathology; Craig Maschmann, administrative director, Laboratory Services, and their teams on the go-live of UTMB’s new laboratory automation system.

Up to an estimated 70% of medical decisions are based on laboratory test results, according to the College of American Pathologists. Furthermore, diagnostic testing is a critically important step toward improving health outcomes. The recent addition of the new laboratory automation system at UTMB will help increase the efficiency of routing tubes containing specimens through the lab to maximize throughput and deliver patient test results to clinicians in a timely manner.

Automation also helps eliminate the variability inherent in a workflow that previously relied on manual and repetitive processes. To that end, the new system will allow lab technicians to further increase their focus on clinical test performance parameters, quality control and quality assurance.

Combined with functionalities provided by Beaker, a laboratory module in the Epic electronic medical record (EMR) system, the new automation system accelerates processing and achieves consistent laboratory turnaround time, because clinicians and the lab team have the technological tools in place to help ensure positive patient identification. Using the EMR, clinicians can also easily add on tests to specimens already in the lab, and transparency of lab order information and status is improved.

When one considers the sheer quantity of tubes the lab must manage, store and archive, the new automation system will also enable flexibility in the future as the lab tracks all aspects of a tube’s life, from the time it arrives in the lab until it is archived.

Pictured left: Donna Sollenberger and Dr. David Callender look on as Dr. Michael Laposata assists Deb McGrew handling specimen tubes.
League City Campus Hospital Ribbon Cutting

Join UTMB leadership and the League City community for the official UTMB Health League City Campus Hospital Ribbon-Cutting ceremony on May 3 at 4:00 p.m.

The League City Campus includes the Specialty Care Center—which began serving patients in 2010—and the League City Hospital, a new 150,000-square-foot facility that will help UTMB meet the need for specialized medical care in the area and complements existing services in the community.

The campus will feature a 24-hour emergency department complete with a full diagnostics lab, surgical facilities, and beds for patients requiring brief hospital stays. Designed with patients and families in mind, all rooms in the hospital are private and exceed the national standard for noise reduction. On-demand in-room dining service, free Wi-Fi and a retail pharmacy are also included.

The facility will open with 20 medical/surgical patient rooms and 11 mother-and-baby suites, with room for expansion. An endoscopy suite, endovascular suite and a post-anesthesia care unit are also located on the campus.

Services include advanced imaging, outpatient surgery, breast health services, orthopaedics and rehabilitation, pelvic health services, vascular services, neonatology specialty services and after-hours urgent care.

Care teams at UTMB Health are looking forward to serving our patients in this beautiful new facility. Join us for the ribbon cutting and see all that the new addition to the campus has to offer!

Dr. David L. Callender
President, UTMB Health
and
Donna K. Sollenberger
Executive Vice President and CEO, UTMB Health System

cordially invite you to the

UTMB Health
League City Campus Hospital
Ribbon-Cutting Ceremony

Tuesday, May 3
4 – 7 p.m.
(Ribbon-Cutting begins at 4:30 p.m.)

League City Campus Hospital
2240 Gulf Freeway South
League City, TX

Changes to American Heart Association Life Support Education Curriculum

The American Heart Association (AHA)’s recently updated life support curriculum will be reflected in classes taught at the UTMB Life Support Education Lab. For all life support classes, participants must come to class with the appropriate textbook; the UTMB Bookstore will stock the latest books for purchase.

As a recognized “Get With the Guidelines” Gold Award Training Hospital, UTMB believes in providing life support classes that reflect the current best science in resuscitation and rescue techniques. The guiding purpose is to provide UTMB healthcare professionals the skills to offer patients, their families and the community the best possible survival outcomes.

Basic Life Support (BLS)

Changes to BLS classes began April 19, 2016. Only one type of BLS class will be offered and will cover training for first-time students and for those renewing a current BLS status. All BLS classes are approximately 4 – 4.5 hours long. Participants are no longer able to renew BLS status at the end of an advanced cardiac life support (ACLS) or pediatric advanced life support (PALS) class; all participants who wish to renew BLS status must register for a complete four-hour BLS class.

Advanced Cardiac Life Support (ACLS)

Effective June 1, 2016, the new ACLS material will be taught in both initial and renewal courses. Participants must bring the current ACLS book and algorithm cards (included with each book) to class. According to the new ACLS guidelines, AHA requires all participants in the ACLS class to take a pre-test and receive a minimum score of 70. Participants are required to bring the completed pre-test to be admitted to the class. There will be no exceptions to this requirement.

If you have any questions about the new requirements, please contact Keith Ozenberger, Life Support Coordinator at (409) 747-2146 or Sharon Hensley, Nursing Program Manager, (409) 772-4634.
Golden Phone Award RECOGNIZES ACCESS IMPROVEMENT EXCELLENCE

Congratulations to the first Golden Phone Award winners! The Golden Phone Award recognizes clinic staff teams who have shown excellence in phone access. This month, the first award was presented to Pediatric Primary Care, Island West; Pediatric Primary and Specialty Care, Island East; and Pediatric Specialty Care at Bay Colony for their process improvements.

To decrease the call abandonment rate, practice managers and directors implemented a plan in January. Based on average call volumes, targets were set for patient service specialists (PSS) for the number of calls answered per day, week and month. Two PSSs were assigned to constantly monitor the phone queue. Managers and directors ran reports twice daily, disclosing the month-to-date call abandonment rate. The information was then distributed to all PSS staff at the end of each week.

Teams from all three access center phone locations helped each other with scheduling, while supervisors communicated daily to ensure each location had adequate phone coverage. All clinics also asked front desk staff to assist with phone calls, but only if they were not currently assisting patients in the clinic. From January 2016 to April 2016, the pediatrics staff reduced their call abandonment rate from 14.59 percent to less than three percent.

Good Catch!

The following is a recent example of how a UTMB employee spoke up to ensure patient safety. This example illustrates the importance of vigilance and speaking up when concerns arise regarding patient safety.

The Blood Bank recently received a blood sample for blood type and crossmatch for “Patient X”. The results: A Positive. However, 41 minutes later, a second sample was received for the same patient. Because it was unusual for two samples to be received so quickly for the same patient, the lab technician contacted the patient’s unit to alert/inquire with nursing staff. The second sample was processed. Results: O positive. To be certain the blood type was correct, a third confirmatory sample labeled “Patient X” and fourth sample labeled “Patient Y” were processed. Patient X was actually O+ and Patient Y was A+. Had this error not been caught by the reporter, Patient A could have suffered a transfusion reaction.

This scenario underscores the importance of using two patient identifiers as well as the importance of abiding by standards issued by the College of American Pathologists (CAP), American Association of Blood Banks, and The Joint Commission that all specimens submitted to Pathology Clinical Services for testing must be appropriately collected using proper phlebotomy techniques, labeled at the time of collection in the presence of the patient, and promptly transported to the laboratory to assure the optimum integrity of patient specimens and to maintain positive patient identification throughout the pre-analytical, analytical and post-analytical processes.
Congratulations to the latest winners of the Always Award, which recognizes units and clinic teams who have moved closer to always doing the right thing for our patients. The award is given quarterly to an inpatient unit and an ambulatory location for achieving excellent performance in all domains of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey and CAHPS Clinician & Group Survey (CG-CAHPS), respectively.

Congratulations to the Jennie Sealy Hospital 9C Surgery and Pediatric and Adult Primary Care, Friendswood. Thank you for all of your hard work and for working wonders for our patients and their families!

My son was part of the historic move to Jennie Sealy Hospital. My son had a ruptured appendix last week, and Dr. Lance Griffin was an awesome surgeon. He took time to explain things as I (the mom) was very scared. He was very reassuring. Our three nurses, Kayla Stelly, Michelle Mamitag and Maira Jackson did their job taking care of him medically but they also comforted him when he was nervous or scared. They are just good people in general. UTMB nurses are the heart of UTMB, thank you for being so wonderful during a scary time for our family.

Thank you to nurse Stephanie Ong who took amazing care of all of my needs—physical and emotional—after my baby was born. (Obstetrics)

The Day Surgery nurses and staff at night were all great. My nurse, Tameka Scott was especially caring and amazing! (Obstetrics)

Dr. Mercedes Giles is very knowledgeable about birth control and took time to explain all of my options, which was great! She is very helpful and an excellent doctor! (Internal Medicine, PCP Family Medicine)

Dr. Mohamed Morsy is the best physician I’ve ever had. He is kind and very caring, not to mention patient with me. He saved my life. (Interventional Cardiology, Victory Lakes Town Center Transplant Services)

Dr. Michael Boyars always calls me back when I call his office, usually within 15-20 minutes. He once even called me from his home because he was out sick. (Internal Medicine, UHC Medicine Specialties)

Dr. Gabriel Reep is so caring, patient and understanding. I was scared and he made me feel comfortable. Thank you! (Gastroenterology, Victory Lakes Surgical Specialty Care Clinic)

Dr. Sunny Hatch is an exceptional physician. She truly cares about my health issues. My family and I are so grateful to her. (Radiation Oncology, Victory Lakes Cancer Center)

I just scheduled my first appointment at a UTMB facility. I spoke with Lupe Barn. She was incredibly nice. I am so glad she took her time with me. I asked her several questions and she answered everything very professionally. She was very patient! I am thankful that she was able to help me out. I am excited to go to my first UTMB doctor visit. Thank you for the great customer service and keep up the great work.

Dr. Kyralessa Ramirez is knowledgeable, takes into account all child’s/parent’s complaints/symptoms before rendering a diagnosis, regardless of how small or insignificant the symptoms might seem. She takes her time to help my child and has never rushed an appointment. A parent can be confident in her diagnosis and treatment plan.

Dr. Harold Pine is the best. He truly cares about his patients and their well-being. My kids love him! (Otolaryngology)