The UTMB Carolyn J. Oliver, MD Center for Patient Safety and Quality Healthcare was established in 2008 to promote patient-centered care. In May 2009, the Oliver Center funded an effort on behalf of the Department of Hematology/Oncology to provide UTMB cancer patients with digital recorders so they could capture the care instructions they were given during their outpatient appointments.

Patients are encouraged to record the appointment so they can refer back to the conversation as needed. This gives patients a chance to take their time while thinking about their health care choices. If they desire, they can also easily share the information with family and loved ones or conveniently take the instructions along with them while traveling or in case of an emergency.

Dr. Maurice Willis, an associate professor in the Division of Hematology/Oncology and associate director of the UTMB Cancer Center (Clinical Operations), has been involved with the program since its inception.

“When we give our patients a prognosis, or list the side effects of their chemotherapy treatment, they can go back to the recorder, listen to it and catch instructions they may have missed,” he says. “They’ll say, ‘Oh, he did tell me about that.’ I’ve also had patients come back to me and say, ‘I went back and listened to my recorder—you said this was going to happen in a year, and it did.’”

Dr. Willis explains how the recorders have improved physician to patient communication:

“When a patient first comes in, all they know is that they have cancer and they want to fight. They hear the word ‘chemo’ and everything else gets lost in the conversation. When it comes to care, especially with cancer patients, families want to stay informed, but it isn’t possible for everyone to come to every appointment. Now, the patient can record the visit, bring it home and everyone is on the same page. Some patients like the recorders so much they have started bringing them to help with other doctor visits.”

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Over the course of fiscal year 2015, the center provided 275 digital voice recorders to patients in the UTMB League City Campus Cancer Center.

Meredith Masel, program manager at the Oliver Center, says, “Taking the Message and the Medicine Home is the cornerstone of the Oliver Center and embodies how the center began as a leader in open communication with patients.”

She continues, “Sometimes these patients have hour-long appointments or four or more appointments in one day, and being able to record and retain all of that information can be critical to their health decisions.”

Nurse Manager Tonya Jinkenson says the patient response to the recorders has been overwhelmingly positive: “The patients absolutely love them!”

Dr. Willis agrees, “The recorder is for them to keep. We supply the batteries. Their first reaction is almost always surprise and then appreciation.”

Currently, the program is funded for patients in the UTMB Health Cancer Center on the League City Campus. The Oliver Center is currently working to expand the program to the UTMB-Galveston Campus, as well. For more information on The Oliver Center and their current projects, visit http://www.utmb.edu/OliverCenter/Default.aspx.

**MARCH IS NATIONAL “DRESS IN BLUE DAY” FOR COLON CANCER AWARENESS MONTH**

Colonoscopy is one of the most effective methods used in the early detection of colorectal cancer and polyps. According the Centers for Disease Control and Prevention (CDC), if every person over the age of 50 received regular screenings, at least 60 percent of deaths from colorectal cancer could be prevented.

UTMB Retiree, Dolly McCarley was 57 when she found out she had colon cancer.

“The screening saved my life,” she says. “I wasn’t looking forward to it, but that was ridiculous because there was nothing to it. I did kick myself for not having done it sooner, because I know better.”

Friday, March 4 marks the 8th Annual National Dress in Blue Day, and Dolly will be hosting a table in the lobby of John Sealy Hospital near Café on the Court from 10 a.m. until 2 p.m. to help employees and visitors schedule colonoscopy appointments.

Preventative care services for UTMB employees and retirees, including routine colonoscopies, are covered 100 percent by the UT Select Health Plan.

“It’s a great benefit as a UTMB employee that the screening is paid for,” says Dolly. “Be good to yourself and get the colonoscopy done. It saved my life!”

For more information, speak with your primary care physician. Call 409-772-4798 or visit utmbhealth.com/colorectal.

**Signs and Symptoms**

- A change in bowel habits
- Blood in stool
- Diarrhea, constipation or feeling that the bowel is not completely empty
- Cramping or abdominal pain
- Unintended weight loss
- Weakness or fatigue

**Colorectal Cancer Screenings**

Colorectal cancer is the second leading cancer killer. Let’s change that.

**Galveston and League City**

(409) 772-4798
Shared decision making is an essential component of patient-centered health care. It is a process in which clinicians and patients work together to make decisions and choose tests, treatments and care plans based on clinical evidence. This collaborative process helps balance expected outcomes with risks and incorporates patient preferences and values into the care delivery process.

In partnership with the Agency for Healthcare Research and Quality (AHRQ), the UTMB Oliver Center hosted a one-day workshop on shared decision making and engaging patients through the SHARE Approach last month. The SHARE Approach is a five-step process for shared decision making that includes exploring and comparing the benefits, harm and risk of each patient care option, through meaningful dialogue about what matters most to the patient through. A “decision aid” is used to guide the patient along in the process (sample pictured below).

When it comes to making decisions about a treatment plan, there is not always a clear and “correct” answer, because many options come with both pros and cons. Shared decision making plays an important role in helping patients weigh their options before making decisions about their care, and evidence shows that when health care providers and patients engage in the decision making process together, the patient is more likely to make the right decision for themselves and follow through on their decision.

One of the skills taught in the workshop is the “teach-back” method. The Teach-Back Method, also called the “show-me” method, is a communication confirmation method used by healthcare providers to confirm whether a patient (or care takers) understands what is being explained to them. If a patient understands, they are able to “teach-back” the information accurately.

Denise Brown, a UTMB nurse in an internal medicine outpatient clinic, believes the “teach-back” method enhances the Patient-Centered Medical Home (PCMH) model. “It’s something we’ve implemented in our area for a while now,” says Brown. “Today re-enforced the idea of why tools like the teach-back method are important. As the provider, we know that the patient is leaving with a plan and understands how to follow through—hopefully resulting in better outcomes.”

Steven Christmas, UTMB nurse manager for Healthcare Systems Staffing, also commented on the workshop. “We did role-playing exercises, taking turns playing the patient and the physician. We really found out how essential engagement is and how important it is that all questions are asked and answered—by both parties.”

Brittany Bradshire, certified health education specialist contractor for the Center for Medicare and Medicaid Services, says she is eager to bring back the skills she learned to her company. “I’m looking forward to sharing this with my coworkers. It’s important as health education specialists that we are able to break down to our patients what is being asked by physicians, and vice versa, so they feel comfortable with the care they receive and confident that they can self-manage once they are home.”

All of the trainees received a certification as an AHRQ “master trainer” and can now train anyone from pharmacists to physicians in the SHARE Approach, which offers 5.5 free CE credits. For more information on shared decision making and the SHARE Approach, or to receive training, contact Meredith Masel, mcmasel@utmb.edu.

Congratulations to the UTMB AHRQ “Master Trainers”
John Stonestreet · Diane Collins · Sapna Kaul · Dennis Santa Ana · Betty Shipp · Denise Brown · Elizabeth Carroll · Suzette Cerillo · Steven Christmas · Ashley Cordova · Sharon Hensley · Luisa Hernandez · Sara Maslonka · Donna Mondford-Borup · Meredith Masel · Wei-Chen Lee · Aneatrice Farr · Shellie Wolf · Michelle Stout · Mary Martinez · Erica Schutz · Diana Hearn
Design meetings began this month as managers, physicians and staff met with architects to discuss design plans for the next phase of John Sealy Hospital Modernization.

On April 9, adult medical/surgical units and intensive care units will move to the new Jennie Sealy Hospital. Along with the recently renovated Blocker Burn Unit, the Pediatric Medical-Surgical Unit and Women’s & Children’s Unit will remain in John Sealy Hospital. The units for these patients were also recently modernized, so the goal of Phase II of the modernization will be to further increase the number and size of rooms on the units. Opening Jennie Sealy Hospital created the clinical capacity to achieve this.

During the renovation process, patients in John Sealy Hospital will remain in the modernized units, and the units undergoing renovation will remain empty. The old rooms will be enlarged to increase square footage. This new space will help better accommodate patient’s family members and provide a more comfortable zone from which to engage with the patient care team. The rooms will be comparable to those in the new Jennie Sealy Hospital. Additionally, workspace for clinical staff will be increased and hallways will be widened, bringing the old John Sealy Hospital units in line with modern health care methodologies.

The new Pediatric Medical-Surgical Unit will include 32 patient rooms, 8 of which will be designated for Pediatric Intensive Care. Meanwhile, the new Women’s & Children’s Unit will comprise three floors. Half will be contiguous mother/baby units with 47 beds, 12 of which will be high-risk obstetrical beds and 4 of which will be Maternal Intensive Care Beds. Triage, the Post- Anesthesia Care Unit (PACU) and the Cesarean Section Operating Room will also be renovated.

Stay tuned in the coming months for John Sealy Phase II Modernization updates and visit http://intranet.utmb.edu/healthsystem/default.asp for all Jennie Sealy Hospital news.

NOW OPEN! URGENT CARE, ALVIN

The newest addition to UTMB’s Urgent Care locations is now open! Serving both children and adults, UTMB Health Urgent Care, Alvin is the perfect complement to primary and specialty care services offered during the day at this popular UTMB facility.

Open 6 p.m. – 10 p.m. weekdays, 10 a.m. – 10 p.m. weekends, and noon – 8 p.m. on most holidays.

The clinic is located at

2020 East Highway 6
Alvin, TX 77511
(281) 585-2530

Call toll free to schedule an appointment: (800) 917-8907 or visit utmbhealth.com.
In September, MIT’s Little Devices Lab debuted UTMB MakerHealth™, the first hospital makerspace in the United States. Originally marketed towards nurses, the space in John Sealy Hospital was designed to empower all UTMB staff to bring their ideas for improving health care to life.

Nurses like Debra Flynn, who was featured in the September issue of Friday Focus, were among the first to visit the lab and test out their ideas. Since then, the space has averaged approximately ten new visitors per week, and they hail from departments all over UTMB. Currently, there are approximately 20 ongoing projects taking place.

Nikolas Albarran, a researcher at MIT’s Little Devices Lab and UTMB contractor, provides weekly training sessions for employees on how to use equipment in the space, like the 3D printer, laser cutter and other electronic devices.

Kirk Ford, media specialist, recently visited the MakerHealth™ Space for the first time. “I was interested in the 3-D modelling and printing and Nik’s given me a lot of information and resources.”

Albarran says the goal of the instructional sessions is to provide the employees with training on the equipment so they can come back on their own time and work on creating a prototype without assistance.

Jose Gomez-Marquez, director MIT’s Little Devices lab, says, “We like the notion of letting people visit at their convenience. An hour ago, someone from Correctional Managed Care came in with a prototype of something they needed to illuminate with light. In a five-minute conversation, we were able to show them what to do and they were able to go back to seeing patients.”

Since his first training session, Ford says he’s eager to return to the space. “As a media specialist, I was instantly thinking of ways I could use these skills with my job duties. I left the space with great enthusiasm about how I could put those resources to use. With the number of creative minds and imaginative people we have on campus, I think that it’s a big asset.”

All UTMB employees are encouraged to use the space. The MakerHealth™ Space is currently open during regular business hours Monday through Friday in John Sealy Annex, Room 8.201.
National Eating Disorders Awareness Week (February 21 – 27, 2016) is an annual campaign to bring public attention to the critical needs of individuals with eating disorders and their families. This year’s campaign, “3 Minutes Can Save a Life. Get Screened. Get Help. Get Healthy.” focuses on early detection and intervention. Eating disorders were once thought to occur only in young women, but we now know they affect individuals of every age, race, sex, gender and socio-economic status. Although women are most commonly affected by eating disorders, there has been an increase in males reporting unsafe weight control behaviors. This trend is especially prominent among men who participate in sports that may place value on aesthetics or weight classes, such as swimming and wrestling. Males in the Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) community are three times as likely as heterosexual males to have an eating disorder, which is attributed to the unique stresses of coming out, harassment and discrimination. Meanwhile, research on ethnic minority groups shows that eating disorders are more prevalent among women who are most acculturated with the mainstream culture, as well as women who report more stress while trying to balance two distinct cultures.

Anorexia nervosa has one of the highest mortality rates of all mental health conditions. For females between fifteen to twenty-four years old who suffer from anorexia nervosa, the mortality rate associated with the illness is twelve times higher than the death rate of all other causes of death. It is critical that health providers are aware of the trends, educate themselves on proper screening techniques, and are familiar with resources in their areas.

If you think you or a loved one may have an eating disorder, take three minutes to visit the NEDA website to take a screening. Visit http://nedawareness.org/get-screened.

RESOURCES:

National Eating Disorder Association (NEDA) – provides information and a confidential support line: https://www.nationaleatingdisorders.org
| Center for Discovery IOP Houston – provides outpatient treatment for adolescents and adults: http://www.centerfordiscoveryhouston.com
| Eating Recovery Center of Houston – provides partial hospitalization/outpatient treatment for adolescents and adults: https://www.eatingrecoverycenter.com/programs/houston/ 
| Walker Wellness Clinic – provides outpatient treatment for adolescents and adults: http://www.walkerwellness.com/about/eating-disorder-treatment-in-houston-texas/
On February 13, 2015, volunteers from across the UTMB community joined together to rehearse the official patient move day with a Mock Patient Move. Before deploying to their stations, the day’s schedule is reviewed. The actual patient move day will occur on April 9.

The Command Center (left) is made up of separate conference rooms in Jennie Sealy Hospital. A phone bank is also located in this area to track issues. Pictured at left, executives from Health System Administration, Nursing Services, Facilities, Information Services, UTMB Police, Institutional Preparedness, Risk Management, Finance Accounting and Reporting, Environmental Health & Safety, and Project Management monitor the patient move process.

The Control Center (right) is the room from which the patient move is conducted. This team will control the patient move sequence while remaining in close communication with clinical leaders and physicians. They will lead radio communication of move steps, coordinate move teams throughout the hospitals, and confirm progress, team and patient readiness, and patient safety. Leading the team is Associate Director for Process Improvement, Adam Spieker. Representatives from Process Improvement and the Patient Placement Center will be stationed in this room.

The Support Staff Room (left) includes leadership from Information Systems, Materials Management, Environmental Services, Facilities, Environmental Health & Safety and Facilities.

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Left: Environmental Services team Leslie Heier, Kurt Dickson and Jason Botkin, pictured with Emily Blomberg (Health System Operations) enjoy a cup of coffee before heading to their stations. Orange vests indicate these volunteers will be assisting with Parking or Traffic Control & Way-finding.

Above: Kurt Dickson demonstrates his superb way-finding assistance skills.

Above: Mary Havard (Marketing & Communications) and Larry Krcma (Special Events) will also assist with Parking Assistance and Traffic Control & Way-finding.

Above: A Move Team transports a Medical/Surgical pod of four patients from John Sealy Hospital to Jennie Sealy Hospital via a 4th Floor Corridor in the Clinical Services Wing.

Above: Thirty UTMB students volunteered to act in the role of patients for the Mock Move.

Above: As Family Partner and Hospitality Volunteers rehearse their roles, UTMB Patient Advisor Bonnie Farmer acts in the role of a visitor who required wheelchair assistance on the way to the new patient room in Jennie Sealy Hospital.
Above: The Operating Rooms in both hospitals will be open and staffed during the patient move. Here, the OR team in Jennie Sealy Hospital is prepared and ready to accept cases. One patient situation was enacted during the Mock Move to assure the process worked seamlessly.

Above: Green vests indicate that a volunteer is escorting patients’ guests from the old hospital room to the visitor gathering area and from the gathering area to the new room in Jennie Sealy Hospital. Some of these individuals will also serve as “hospitality” volunteers and will remain in the gathering area to answer questions and assist visitors while they wait during the patient move process. For reasons of patient safety and efficiency, no one but the patient care team will be allowed on the patient move routes.

Above: Radios will be used for communication by the move teams and select volunteers during the move.

Above: Tan Vests are worn by “tidy” volunteers who will maintain and wipe down wheelchairs and stretchers after patient transport. This role is essential to the safety and protection of our patients and staff throughout the move.

Above: Welcome volunteers will wear blue vests. These individuals will be stationed at the entrances of John Sealy and Jennie Sealy Hospitals as well as the Emergency Room to greet visitors and ensure the safety and guidance of guests throughout the move.

Thank you to everyone who volunteered on February 13! Volunteers are still needed for the April 9 Patient Move Day. Register online at http://intranet.utmb.edu/healthsystem/JennieSealy/JennieMoveParticipant.asp.
Rachel Murray, business manager, Transplant Services, was presented with the American College of Healthcare Executive’s (ACHE) Early Career Healthcare Executive Regent’s Award. ACHE is an international professional society of 40,000 healthcare executives who lead hospitals, healthcare systems and other healthcare organizations. Congratulations, Rachel!

- Everything went great. I was so scared, but Dr. Fred Speck and his nursing staff kept me calm and comfortable. (Orthopaedics)
- Dr. Aakash Gajjar is an excellent physician. He spent as much time as I needed to explain, visit and listen to my concerns. I could not have received any better care! Exceptional!
- Dr. Elan Rosenblat has gone above and beyond anything I’ve experienced before. Dr. David Reynoso (Resident PG-4) was also pleasure to have. (Ophthalmology)
- UTMB is the best place to receive care. I have delivered two children there and will do it again when I have my next child. I would love to give a shout out to Jennifer Karner (Maternal and Child Specialist) at the Pearland Clinic. She is wonderful with the care of her patients, friendly and overall concerned with her patients! UTMB, thanks for being awesome.
- I want to thank J5C staff and the staff in the OR and Day Surgery for a great job! I especially want to recognize my physicians, Dr. John Phelps and Dr. Yasmin Wilkinson—great job! All my nurses rocked! I want to give special recognition to Ramona Jodzchuish, Zabdy Smith RN. Thank you UTMB. (Gynecology)
- Dr. Jimmie Lewis is a great doctor and spent time helping me understanding what steps I needed to take and help me understand my medication. Thanks, doc! (Internal Medicine)
- A special thank you to Dave Bleakney and his assistant. He helped us get scrambled eggs for supper one evening when that’s all my mother could eat. (UTMB Angleton Danbury Campus)

- Nancy Ross (nurse practitioner) went above and beyond her duties and responsibilities to help me and my wife during this very challenging time of illness. She is very compassionate and caring! (UHC Specialty Clinics, General Surgery)
- In my opinion, Dr. Anika Bell-Gray is a true asset to UTMB! I am so relieved to finally have found a quality physician that I am so very comfortable and at ease with! (Friendswood Pediatric/Adult Specialties)
- Dr. Marshall Bailey is genuinely caring towards my needs. He is the only doctor that has truly helped with my medical needs and aided in the referrals I needed. (Internal Medicine)
- Dr. Ramon De La Torre (resident PG-3) helped me take a renewed look at my life. He helped me in a way I didn’t expect but truly needed. (Family Medicine)
- I’ve had all good experiences! I use MyChart and Dr. Barbara Thompson is very good about responding to any questions or requests. (Stewart Road Family Medicine)
- I would highly recommend this clinic, especially Dr. Rebecca Vallier Burke (resident PG-3). She is a great doctor who listens. Her nurse also does a great job. (Pediatric Urgent Care South Shore)
- I always feel that Dr. Michelle Mercatante listens to what I have to say. She takes her time with her explanations. I do not feel rushed when I am with her. And I have confidence that she will order tests only if necessary. (Texas City Family Healthcare Center)
- This was my first visit I’m very very pleased with Dr. Ashley Pan and all the staff at UTMB I will continue to use this facility for all my needs. I have referred several friends to her. (Texas City Family Healthcare Center)
- Dr. Matthew Hay is an exceptional doctor. I can’t say enough good about him. (Texas City Pediatrics)
- Dr. Justin Serrette is amazing! We first met him at the Victory Lakes after hours urgent care, and had to switch PCPs because we loved him so much. I can not imagine ever taking my kids to another provider. (Texas City Pediatrics)
- Dr. Brian Harris is patient and attentive. He explains things in a way that is respectful and easy for me to understand. I hope he will be my doctor for the rest of my life. (PCP Internal Medicine Primary Care)
- Thank you for Dr. Carlos Clark! He always listens to my concerns and takes his time in my room. I never feel rushed when I am with him. We need more doctors like Dr. Clark!