This is an exciting moment in UTMB’s history. The Jennie Sealy Hospital is set to open on April 9, 2016, and moving our patients into the new hospital will be an exciting event, as well as a very detailed, highly-coordinated endeavor.

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On January 18, the hospital reached substantial completion, meaning that the responsibility for the building has shifted from the contractor to UTMB. We are now in a process known as “activation”, which means Business Operations & Facilities, Information Services and Health System Administration are looking for anything in the building that needs to be corrected, such as incidental damages to existing finishes or any mechanical or electrical installations that aren’t properly functioning. Equipment, computers and phone lines are also being installed.

The transfer of our patients into the new hospital will occur on April 9. For many months, teams have been rigorously planning the patient move. The planning process began by learning from other hospitals who have conducted similar moves, holding meetings to devise the plan on paper, enacting different aspects of the patient moves, physically exploring different move routes, and conducting simulations with state-of-the-art technology.

To help ensure the move plan was accurate and comprehensive, representatives from all teams involved in the patient move planning process met to conduct a “Table Top” mock move on January 22. The table top move was a drill that allowed all staff who will be moving patients and those stationed in the Command Center, Satellite Command Centers and Control Center during the Mock Patient Move and actual Patient Move Day to follow the plan step by step and identify any gaps in coverage or potential obstacles. By presenting the move plan in its entirety to all involved, the project team had the opportunity to discuss questions and concerns, as well as make improvements to the plan.

At this time, teams have developed a move plan that will ensure a safe and efficient patient move, and will test every step of the plan during the formal Mock Patient Move rehearsal, to be held February 13.

WHAT WILL THE MOCK PATIENT MOVE LOOK LIKE?

The Mock Patient Move on Saturday, February 13 will be as close to the actual move as possible. Move teams will use a predetermined route to transport patients from the John Sealy Hospital to the Jennie Sealy Hospital. The move team will begin bright and early. Incident command will first set up and then approximately 30 volunteers who will act the role of “patients” will be staged. This pre-selected group will act out various potential patient scenarios along the move route.

Beginning at 7 a.m. that morning, the Command Center, Satellite Command Centers and Control Center will work together to sequence the “patients” through the process of being physically moved by care teams from one hospital to the other. The guiding principle of the move is that all patients are safely moved. The move route to the new hospital will take place via a 4th Floor thoroughfare, while the return route will take place via the 2nd Floor. This will help ensure a clear and steady flow of traffic. Along the route, volunteers will be stationed at intervals to help direct the teams.

There will be a total of 10 move teams (5 medical/surgical and 5 Intensive Care Unit teams). Medical/surgical move teams will include a nurse, a patient care technician and two transporters; physicians will be present on both the old and new units to check patients as they leave and arrive. Additional nurses and patient care facilitators will be on hand. These patients will be moved in groups of four.

Each intensive care patient will be moved individually by a team, one at a time. The team will include a faculty physician or senior resident, a nurse, a patient care technician, and when required, a respiratory therapist. Respiratory therapists, dialysis nurses, and rapid response teams, in addition to many additional care team members, will also be available.

A variety of patient scenarios will be enacted during the Mock Move to help identify any and all potential obstacles that could arise. Any findings will be resolved prior to move day. Each patient move and test scenario will also be recorded in the electronic medical record to ensure everything is tracked and working properly. Meanwhile, all support services, including Pharmacy, Lab Services, and Food & Nutrition Services, will work through the process of the move to ensure they understand how to update their departments on the patients’ move status and to ensure efficiencies in delivery of medications, drawing labs, providing services, etc.

Each patient move has been carefully tested and the transport time determined. Before each patient move, the care team will go through several checklists. On both the evening and morning before the move, the team will confirm that the patients’ belongings have been inventoried and packaged for transport and that medications and equipment are prepared, as needed. Patients’ families will be notified of the patients’ destinations prior to the move.

The command center will be contacted once all preparations are completed and they will give approval for the move. Thirty minutes before departure, the care team again will go through their checklists, using two patient identifiers to verify medications and prepare equipment. Then, the team captain will confirm everything in the patient’s new room is set up and ready to receive the patient. The care team will then huddle and verbally confirm that they understand all aspects of the patient’s care, speak up if they have any concerns, and announce that they understand their specific responsibilities during the move.

Patients will be monitored and carefully attended to at all times along the move. Specific sets of elevators are secured for the move, and the operating rooms in both hospitals will be staffed and ready to receive cases, if necessary. There is a halfway point along the route where the patient will be assessed.

Patients and their families will have been notified by letter prior to the move, so they can prepare and know what to expect the day of the move. Before patients are moved, volunteers coordinated by Patient Services will go to the patient rooms and escort the family/visitors to Café on the Court, where they will remain while the patient is moved. It is important to note that, for reasons of patient safety and efficiency, absolutely no one will be allowed on the patient move routes except for patient care teams and the individuals directing the move teams along their routes.

Once the patient arrives in their new room, the physician and care team will assess the patient and set up all medications and equipment, as necessary. Physician teams will continue conducting rounds. The command center will then notify the Patient Services team that the patient is in their new room. After the patient or unit move is completed and the nursing staff is ready for the visitors, volunteers will escort the family/visitors from the cafeteria to the new patient rooms. For patients who do not have family/visitors present, Patient Services staff will call the patient’s designated contact to inform them that the move has been completed and will provide the patient’s new location. A volunteer will greet the patient and family in the room to help orient them to their new surroundings. Volunteer greeters will also be strategically located throughout the campus to serve as way-finding escorts. Bilingual staff and Video Remote Interpretation services will be available for non-English speaking visitors.

### INTERESTING FACTS

The Jennie Sealy Hospital is 765,000 square feet with 12 floors. It is elevated 25 feet above sea level.

The new hospital will open with 252 patient rooms, with the capability to add additional rooms in currently shelled space. This would yield 310 total patient rooms. The new hospital contains 60 ICU Rooms.

Each patient room is acuity-adaptable and 285 square feet each. Rooms have separate zones for the care team, patient, and family.

Each patient room contains a family refrigerator, a sofa bed for an overnight guest, two televisions for patient and family, and a locking drawer for valuables.

The five medical/surgical Patient Move Teams will make anywhere from eight to ten total move trips on the actual Patient Move Day.

The horizontal distance traveled from the John Sealy Hospital to Jennie Sealy Hospital for each patient move is approximately 1,350 feet one way. (Patient move teams should remember to wear their Fitbits on move day!)

A current trip to the Emergency Department (ED) from the John Sealy Towers is approximately 1,000 feet one way, while a trip from the ED to the Jennie Sealy Hospital is approximately 1,050 feet one way.

Following the Mock Patient Move, Day-in-the-Life Scenarios are scheduled to take place. These two training days will be dedicated to enacting normal patient care, transportation, finding supplies and other workflow issues with mock patients prior to occupying the new hospital.

Additional information will continue to be added regarding the Mock Move and actual Patient Move Day as it becomes available, so please stay tuned! Details on topics such as which units will be involved in the move, new unit numbers, changing phone numbers, and other information about the activation and patient move can be found at [http://intranet.utmb.edu/healthsystem/JennieSealy/about.asp](http://intranet.utmb.edu/healthsystem/JennieSealy/about.asp), in the Friday Focus Newsletter (published monthly), and in Weekly Relay Notes. Information on Dedication and Opening Events can be found via these resources as well as on iUTMB and online event calendars.
The “Day on Campus” began with UTMB President Callender's Town Hall meeting, held at noon on January 27. Following the meeting, the CMC crew convened for a special luncheon. President Callender and Dr. Olugbenga B. Ojo, chief medical officer, CMC, welcomed the group. Guest speakers included Deb McGrew, vice president and chief operating officer for the UTMB Health System, who provided an update on the Jennie Sealy Hospital and League City Campus; Dr. Ronald W. Lindsey, professor and chair for the Department of Orthopaedic Surgery and Rehabilitation; Dr. Randall J. Urban, professor and chair of the Department of Internal Medicine; Dr. A. Scott Lea, professor in the Division of Infectious Diseases, Department of Internal Medicine; and Dr. Avi B. Markowitz, professor and chief, Division of Hematology/Oncology and associate director of Experimental Therapeutics and department head of the Office of Oncology Clinical Trials, UTMB Comprehensive Cancer Center.

Drs. Lindsey, Urban, Lea and Markowitz spoke volumes of the important role Hospital Galveston plays in supporting UTMB clinical care and, more importantly, the tremendous contributions of the program to UTMB’s educational mission.

Dr. Ronald Lindsey (pictured left) noted the influence of Hospital Galveston on the success of the Department of Orthopaedics, which accounts for 16 percent of orthopaedic surgical cases at UTMB. Because of the diversity, complexity and volume of patient cases seen through the hospital, Dr. Lindsey believes UTMB offers one of the best medical training programs in the country and that the learning opportunities Hospital Galveston provides is a top reason many students select UTMB for their training.

Dr. Randy Urban echoed Dr. Lindsey’s sentiments. The cases seen at Hospital Galveston account for approximately 20 percent of business for the Department of Internal Medicine, with cardiology, gastroenterology and hepatology cases being most predominant. Dr. Urban noted the incredible kindness, esprit de corps and camaraderie he has observed of CMC nurses over the years. He also believes the diversity of health conditions and other socio-economic determinants of health in the continued on page 5
offender population give students a unique opportunity to learn to care for complex patients.

Dr. A. Scott Lea described the importance of Hospital Galveston to the Division of Infectious Diseases. He noted the professionalism of CMC’s leadership as well as that of TDCJ’s officers. Dr. Lea noted the outstanding quality of care offenders receive through the Correctional Managed Care program and credits the program for offering students the opportunity to learn to care for patients with conditions like Tuberculosis, Hepatitis C, and Human Immunodeficiency Virus (HIV).

Dr. Avi B. Markowitz believes the unique patient cases seen in Hospital Galveston gives Oncology and Hematology trainees the opportunity to not only care for patients with difficult cancers, but also to care for patients with pre-existing conditions and the simultaneous presence of two chronic diseases or conditions. He also believes the program offers students a very important opportunity to learn how to deliver high-quality, cost-effective care. “It is our job to ‘do for’ the patient, rather than ‘do to’ the patient,” he explained. He believes it is important for future medical professionals to have the chance to learn about the importance of avoiding unnecessary medical care, such as unnecessary testing and overtreatment. In a changing health care environment that demands the highest quality care at the lowest possible cost, Hospital Galveston offers invaluable experience.

CMC leadership delivered closing remarks, and then the CMC Conference attendees had the opportunity to tour Hospital Galveston, the new Jennie Sealy Hospital, and the Ashbel Smith Building (Old Red).

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**CMC EMPLOYEE AWARDS - WINTER 2016**

**CMC Employee Awards went to the following individuals:**

TJJD - Manager of the Year: Jackie Smith, RN, BSN

TDCJ - Operations Manager of the Year: Valencia Pollard; Nurse Manager of the Year: Shelly Hanson, RN; Mental Health Manager of the Year: Jeffrey Sanders, LPC; Provider of the Year: D.A. Ruby, PA; Support Person of the Year: Janet Gonzalez, RPH; Dentist of the Year: Randall Meyer, DDS

**NICHOLAS & KATHERINE LEONE AWARD FOR ADMINISTRATIVE EXCELLENCE - CMC**

Kirk Abbott, BSN, RN, CCHP, Regional Nurse Manager; Sarah Abke, Senior Practice Manager; Brenda Fread, BSN, RNC, CCHP; Cluster Nurse Manager; Raul Garza, RN, Cluster Nurse Manager; Anita Lindley, Senior Practice Manager; Kelly Naramore, MA, LPA, Mental Health Manager; Patricia Outlaw, RN, Facility Nurse Manager; and Jaime Williams, Senior Practice Manager.
Always Award Winners

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. This quarter, a third award was given to the department with a great influence on patient satisfaction scores.

Congratulations to the Mother-Baby Unit (J6C/D), Urgent Care and Environmental Services. Thank you for all of your hard work and for working wonders for our patients and their families!

**Inpatient Winner: The Mother & Baby Unit (J6C/D) Award: HCAHPS**

The unit receives 20-30% of all HCAHPS survey responses and has shown dramatic improvement in patient satisfaction over the past several months. Patient comments reflected that the staff is attentive, kind, and always on time. Dr. George Saade is medical director of the unit; Tracy Santiago is Nurse Manager.

*Deb Mordecai, Kendra Perry and Tracey Santiago with Dr. David Marshall*

**Ambulatory Winner: Urgent Care Award: CGCAHPS**

Urgent Care received the ambulatory award for always improving. Month by month, the team has steadily improved in all aspects of patient satisfaction. Patients commented on “amazing bedside manner” and that the care too “took the time to think about the best way to help”.

*Julie Hill with Jenny Lanier*

**Department with Greatest Influence on Patient Satisfaction: Environmental Services (EVS) Award: Consistently Improving**

EVS (operated by Sodexho) has worked hard to improve hospital cleanliness, and it shows! EVS is currently ranked in the 82nd percentile for cleanliness. Patient comments reflect the courteousness of EVS employees: staff were “very personable and efficient”, “very nice and caring”, “attentive”, “always polite” and “very friendly”.

*Jason Botkin, Kurt Dickson and Denetra Lynn Smith with Emily Blomberg*

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you’re invited to a

**KENDRA SCOTT Gives Back Trunk Show**

*a fun shopping event with 20 percent of sales benefitting UTMB BREAST HEALTH and CANCER CENTER*

**Monday, February 15, 2016**

11:00 a.m. - 1:00 p.m.

**Main Lobby of Victory Lakes Cancer Center**
Along with efforts to raise awareness of the cultural and linguistic characteristics of vulnerable patient populations, UTMB’s Diversity Council has recently forged a new initiative to increase the level of awareness and knowledge about human trafficking and exploitation so health and mental health professionals can identify and intervene in cases of exploitation.

Trafficking refers to the exploitation of a person for goods or services, and the term can be applied to situations of forced labor as well as sexual servitude or any combination of the two. Roughly one-fourth (22%) of the victims are involved in sexual trafficking and the majority of victims of trafficking are women and girls. Although human trafficking has always existed, it has begun to garner increased attention as a result of awareness and outreach efforts.

Because of its proximity to Mexico and the Port of Houston, the Greater Houston area is a popular point of entry for international human trafficking. The area’s diverse population makes it easy for victim to blend in, but there are some indicators to look out for that a patient may be a trafficking victim.

Recognizing a potential trafficking victim in a healthcare setting can be difficult. In fact, a study showed that 28 percent of trafficking survivors who had been in contact with a healthcare professional during their trafficking situation were not recognized by the person providing their care. Often, trafficking victims have delayed seeking health care and may present with many conditions that are more prevalent among vulnerable patient populations. To make matters even more complicated, traffickers/exploiters often attend the appointments of their victims in an attempt to prevent the patient from answering questions.

However, there are red flags that providers can be aware of for potential trafficking situations. It is important to keep in mind that these are only indicators, and each case should be handled individually.

Commercial sex victims often seem anxious, fearful or paranoid and tend to avoid eye contact. They often have persistent or untreated UTIs or STIs and/or an abnormally high number of sex partners. They may use language from “the street life”. They may have injuries to the genital area. They may also have a high number of unintended pregnancies or repeated abortions or miscarriages.

Labor trafficking victims may present with dehydration or water/sanitation-related illnesses. They may have suffered heat stress/stroke or have musculoskeletal/ergonomic injuries. They may have suffered pesticide or chemical exposure and have respiratory problems. Untreated skin infections are an indicator, as well as sleep deprivation.

If you believe a patient may be a victim of human trafficking, you should take the following action:

- If possible, meet with the patient alone without the person accompanying them, including minors (please reference IHOP 9.3.18 Consent - Treatment of a Minor).
- Explain mandated reporting obligations and inform the patient prior to contacting any outside agency (Child Protective Services, Law Enforcement, etc.).
- Ask open-ended questions. A medical assessment tool can be found at: https://traffickingresourcecenter.org/sites/default/files/Assessment%20Tool%20-%20Medical%20Professionals.pdf
- Provide options and choices, and allow patient to be involved in all decision making.
- If you think you have treated or come in contact with a victim of human trafficking, please call the Trafficking Information and Referral Hotline at 1-888-373-7888

Sources: United Against Human Trafficking (UAHT) and National Human Trafficking Resource Center (NHTRC)

Resources in the Greater Houston area:
UAHT: 713-874-0290
Case management/emergency housing/legal services/job training/family reunification
YMCA International-Trafficked Persons Assistance program: 713-339-9015
Catholic Charities: 713-526-4611

Law Enforcement:
Crime Stoppers: Call to report criminal activity
Galveston: 409-763-TIPS
Houston: 713-222-TIPS
According to the National Institute of Drug Abuse, approximately six percent of high school seniors reportedly engaged in non-medical use of opioids and amphetamines in 2014.

National Drug and Alcohol Facts Week was established by the U.S. Department of Health and Human Services in 2010 to inform students about the use of drugs, including prescription drugs, and alcohol. Held January 25 – 31 this year, a wide range of activities and events were hosted nationwide around the country to inform teenagers about the dangers of abusing drugs and alcohol. Pharmacists, who are on the front lines of prescription drug administration and correct usage, participate in these events because they play a direct role in preventing prescription drug abuse.

The two most popular prescription medications abused by teenagers are opioids and amphetamines. Opioids are highly abused due to their mechanism of action and their ability to produce a sense of euphoria. Common opioids abused by patients include hydrocodone/acetaminophen (Norco®), codeine, and oxycodone (Oxycontin®). Amphetamines are typically prescribed for students with attention-deficit hyperactivity disorder (ADHD) in an effort to improve focus when studying. Studying for longer periods of time, however, can lead to an increased risk of abuse. And unfortunately, prescriptions for these medications may either not be used for the reasons prescribed or sold illegally.

Pharmacists have a responsibility to verify that a prescription is being used for an appropriate medical diagnosis as well as to verify that the prescription is being dispensed to the person for whom it was prescribed. If a pharmacist believes a prescription is being abused, he or she can refuse the prescription based on the concern for the appropriateness of the prescription.

Some factors pharmacists use to determine if a prescription is appropriate include: a provider with a questionable prescribing history, the distance patients travel or will travel to have the prescription filled, and other medications the patient has on his or her profile.

Prescription drug abuse is a serious problem and pharmacists can help prevent this problem by making sure medications are prescribed for appropriate medical uses as well as educating the young patient population about drugs and alcohol.

The 9th CS&E session kicked off on January 22 with six teams. The course consists of required Institute of Health Improvement (IHI) Open School on-line modules, four in-person classroom sessions, and the completion of an improvement project.

TEAM 1: ADC Day Surgery Registration
Team 1 was formed in response to patient feedback that suggests we have opportunities to streamline the flow of steps that occur from decision for surgery through registration. This will be the first team from Angleton Danbury Campus and we are excited for them to join us!

TEAM 2: Pain Assessment and Management
Team 2 will focus on improving our pain assessment and management processes.

TEAM 3: RMCHP Pasadena Clinic: Scheduling Optimization
This project will support the ambulatory team’s efforts to increase access for our patients by optimizing the clinic scheduling process.

TEAM 4: Prioritizing Radiology Abnormal Results
Team 4 will focus on analyzing the radiology abnormal results reporting process and will identity and test changes to improve the reliability of this process.

TEAM 5: Simulation-Based Training
This project will analyze drivers of poor team communication in surgical settings and will design a simulation based training program to test if it will improve team communication.

TEAM 6: Reducing Potentially Preventable Readmissions
Team 6 will focus on understanding the causes of readmissions in the obstetrics population and will develop interventions to minimize the number of readmissions that are identified as potentially preventable.

Visit the Quality & Healthcare Safety web page at http://intranet.utmb.edu/qhs/CSE/default.asp for more information or to learn how to register for a future course.
Kudos to the Disinfection Teams who helped UTMB prepare for its anticipated, one-day focus survey by The Joint Commission (TJC), held December 21, 2015. The visit was conducted to verify that all required corrections for infection-standards deficiencies noted during our triennial survey visit (November 2015) were made. Thanks to the hard work and collaboration of the disinfection team, the surveyor had no findings; as a result, the initial infection findings will be removed from the final accreditation survey document for 2015. Thank you to everyone who contributed to our readiness for this survey, who worked so hard to assist us in responding to the specific infection control findings, and who helped make our systems safer for patients by reducing the risk of transmitting infection. UTMB is Joint Commission accredited for another three years!

Modern Healthcare
EXCELLENCE IN NURSING AWARD 2016
SENIOR-LEVEL NURSING EXECUTIVE AWARD

Congratulations to Dr. David Marshall, chief nursing and patient care services officer, who was recently recognized with Modern Healthcare’s 2016 Excellence in Nursing Award. Dr. Marshall was one of only three nurses recognized in the nation. The award shines a spotlight on the diverse and critical roles these clinicians, managers and executives play in delivering high-quality, compassionate care. Read the article: http://www.modernhealthcare.com/article/20160116/EXCELLENCE_IN_NURSING/160119922/building-teamwork-through-tough-times.

Shout Outs!

• Dr. Harold Pine and the staff at UTMB are excellent. Thank you for the care shown to our grandson. (Ear, Nose and Throat)

• Dr. Edwin Morgan was a joy to meet. He had a great sense of humor and bedside manner—he’s a keeper. (Emergency Department)

• Dr. Aakash Gajjar is an excellent physician. He spent as much time as I needed for him to explain, visit and listen. I could not have received any better care! Exceptional! (Surgery)

• Laura Williams (nurse clinician III) was exceptional. She was personable, caring and compassionate. Please see she gets some recognition. (Angleton Danbury Med-Surg)

• I had a nurse named Jennifer Perez. She was my nurse most of my stay and she was amazingly patient and kind. Jennifer went above and beyond to meet my every need. God knew I needed her as my nurse! I am very thankful for her! (Neurology)

• I want to thank JSC, the staff in the Operating Room and Day Surgery, my doctors: Dr. John Phelps and Dr. Yasmine Wilkinson and my nurses: Ramona Jodzchuisse and Zabdy Smith. Great job! Thank you UTMB. (Gynecology)

• I would like to thank my night nurse, Ms. Judy Astiasuain. She was the best. I didn’t have many family visit me because they all live so far away. Ms. Judy was so incredibly kind to me and made me feel like she was family. I will forever remember this nurse.

• I would really like to commend Ms. Tina Carter, my Lactaid nurse/consultant. She is truly a blessing and is absolutely amazing at her job and extremely knowledgeable. (Obstetrics)

• Dr. Barbara Thompson and staff have always been good listeners and helpful with each visit. I could not have a better doctor and staff. (Family Medicine)

• Dr. Lia Sauzo-Hernandez is one of the best physicians I’ve ever had. She is one of the first doctors I’ve had that showed concern, care and good health advice. Her smile is wonderful. I’m always happy to come to my appointments to see her. I know no matter the problem, I will be safe and well under her care. Thank you! (UHC Medicine Specialties)

• Dr. Ralph Noble answered my questions and concerns and he did not treat me like a kid. I was worried about some things and he made me feel comfortable and safe. (Pediatrics)

• Dr. Ramon De La Torre helped me take a renewed look at my life. He helped me in a way I didn’t expect but truly needed. (Family Medicine)

• Dr. Hanan Hussein is the best doctor I have found in my 78 years. (Family Medicine)