Clinical ethicists, working in a consultative role, can help resolve these types of issues. UTMB’s own Clinical Ethics Consultation Service is available 24 hours a day, seven days a week to patients and their families, physicians, researchers, nurses, allied health professionals and administrators to provide assistance in making these kinds of choices. The service is confidential and is offered at no charge to the patient or the department.

Jeff Farroni, PhD, JD joined UTMB in February as UTMB’s Director of Clinical Ethics and as a faculty member in the Institute for the Medical Humanities. Whereas ethics consultations have typically been more traditional, in the sense that the ethicist is usually requested by the care team when an issue has surfaced, Dr. Farroni’s approach to the ethics program is collaborative in nature—he and his team of ethicists work as integrated members of the care team, rounding regularly on units.

By engaging regularly with the care teams, the ethicists not only gain a better understanding of the care environment, context, and culture in which the teams on each floor work, but they can more proactively engage with members of the team, patients and caregivers. They are then able to give guidance as soon as the team anticipates potential dilemmas and can offer recommendations when it is time to navigate difficult decisions.

Dr. Farroni shared a story about an ethical consultation when the wishes of the patient conflicted with the physician’s recommendations:

Patients, their families and healthcare practitioners sometimes face ethically hard, confusing or conflicting choices, and sometimes, big decisions can come down to one person. When this happens, they may not be sure how to make the best choice. There are not always “right” or “wrong” answers to these questions, but there are ethical standards that can help guide healthcare professionals like physicians and nurses in making the decisions posed by the questions.

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“I introduced myself to Beth (name has been changed to protect identity) and sat down at her bedside. Her head perked up from behind a blanket to meet my gaze as she was lying on her side in a contorted fetal position. Beth was bed bound in part due to advanced age and immobility. She regarded me warmly as I sat next to her. Two things became quickly apparent during our conversation. She was fiercely independent and quite a rascal; “full of beans” I told her.

I was there to discuss the team’s recommendation for percutaneous endoscopic gastrostomy (PEG) tube placement. She was malnourished, having difficulty swallowing and at risk for choking or aspiration. The team felt that a PEG tube was the best option to remedy these concerns. The patient herself had no interest in a PEG tube, preferring to eat per usual.

The ethical dilemma of whether or not Beth should have a PEG tube placed was further complicated. She had a recent history of stroke and altered mental status so she may not be able to fully appreciate the consequences of her decisions. If she did not have capacity to direct her own care, then we would need to defer these decisions to a surrogate, her son. The patient’s son was in agreement with the team’s plan.

Our service is typically consulted in cases like this, when a member of the healthcare team or patient/caregiver is faced with uncertainty surrounding difficult choices pertaining to patient care. It was not merely an issue of a patient exerting her autonomy and making decisions that are not in her best clinical interests for which the team disagrees. We can certainly appreciate the advocacy for the PEG tube by both the team and the son. It represents not only the prudent clinical intervention, but also the provision of something more fundamental: nourishment, sustenance, care, healing, and life. However, a ‘good’ surrogate decision maker would forego their own preferences/biases and make medical decisions as the patient would have.

Eating represented all of these things to Beth as well. Her independence and ability to eat her own food were so fundamental to her sense of personhood and to what she determined to be an acceptable quality of life. She would rather risk injury or death to preserve these facets of her life and was quite consistent in this perspective based upon previous encounters. We did not find a compelling reason to override her right of self-determination in deciding not to have the PEG tube.

Some circumstances during which Clinical Ethics Consulting Services can assist include the following:

- When family members are not sure about how to make decisions for the patient when the patient can no longer communicate his or her wishes.
- When healthcare practitioners disagree about what course of care may be in a patient’s best interest or give them the best quality of life.
- When family members or healthcare practitioners must make difficult decisions, such as the level of appropriate treatment or such that the “right” decision may differ based on the context or values of a given individual.
- Issues related to discharge safety, including obligations to patients who do not adhere to the treatment plan.

An ethicist currently attends rounds once a week with Surgical ICU, Medical ICU, Palliative Care and the Infant Special Care Unit. A formal ethics consultation can also be requested as an Epic Order, paged/contacted specifically for a consultation, or as a consult that arises during rounds which requires an ethics note in the patient chart.

Dr. Farroni was formerly a Clinical Ethicist and Assistant Professor at the University of Texas MD Anderson Cancer Center. He received a PhD in Medical Sciences (Pharmacology & Toxicology) from Texas A&M, a Juris Doctor from the University of Houston and received post-doctoral training here at UTMB in both clinical and research ethics.

Please welcome Dr. Farroni into the UTMB community and assist him as he implements changes to build on our strong foundation in humanistic care and revitalizes our integration of ethics into day to day care, clinical learning experience and operations.

**ETHICS CONSULTANTS**

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The Health System recently launched a new approach to the management of patient care, Progression of Care Rounds (POCR), on all inpatient units. This interprofessional care model includes the patient’s primary nurse, case managers and social workers, as well as utilization review nurses, who help reconcile whether or not a request for a particular medical treatment will be covered under the patient’s insurance coverage plan.

The team works closely with patient care facilitators and a combination of physical/occupational therapists, pharmacists, nutritionists, respiratory techs and speech therapists. By meeting several times each week, the group has a chance to have concise and ongoing discussions about the patient’s plan of care. They also discuss the value they each bring to getting each patient on their units well and prepared for discharge. One member of the team is designated as the “point person” who provides streamlined communication about the findings of the meeting back to the primary physician. It is ultimately a key way of helping case managers and utilization review nurses ensure patients meet criteria for a continued stay, testing or movement elsewhere.

Nurse Rachel Witte, who works on the CT Surgery/Vascular Surgery Unit in Jennie Sealy Hospital, believes the rounds have been highly effective since they began two weeks ago. “It has been extremely beneficial,” she said. “I’ve done this at another hospital I worked at, and it was successful. It does take a little extra time, but it really helps us think about how to care for the patient, not only while they are here [in the unit], but after they leave the hospital.”

This model of collaborative care ultimately helps reduce the patient’s length of stay, reduces their chances for readmission, and helps ensure UTMB’s compliance with payer policies regarding patient status and criteria for continued stay, among other variables. Additionally, it helps prompt earlier conversations with the family when a patient is anticipated to need long-term care, such as a transition to a skilled nursing facility (SNF), which provides 24-hour medical care for patients with acute and chronic conditions.

PROGRESSION OF CARE ROUNDS PROMOTE INTERDISCIPLINARY COMMUNICATION AND BEST CARE PRACTICES
No matter what areas of focus we have identified for improvement, the ultimate goal of Best Care is to always deliver the right care, at the right time, in the right way, for the right person—every patient, every time. As an emerging leader in academic medicine, UTMB is preparing to make a move to the top in national rankings of academic medical for Quality & Accountability as measured by Vizient.

To significantly move the needle toward this goal, the areas below were identified for improvement. Each month, we will provide a “snapshot” of our current performance in Friday Focus. This month, brief descriptions of each measure have also been provided.

**All-Cause Mortality Rate**

The overall mortality rate compares the number of patients who were expected to pass away while in the hospital to the total number of patients who passed away (this is called the “observed” or “actual” number). The mortality rate is measured using an index score, which is calculated by dividing the observed rate by the expected rate, which produces a score of greater than, equal to, or less than 1. A score of 1 means that the number of patients that died were predicted to pass away. A score of less than 1 means that more patients survived than were predicted to. A score of more than 1 means that more patients passed away than were predicted to. So, a lower score is better.

For the last eight months, UTMB’s observed mortality has been better than our goal. While this means fewer patients died than were predicted, in order to make a significant improvement and reach Best Care, we still need to improve. We can positively impact this goal by improving the accuracy and specificity of clinical documentation (more to come on this topic), using Order Sets as they are launched in the Epic EMR, following Core Measures, practicing patient safety at all times, using the Eight Preventable Risk Factors Assessment Tool (aka, the 8 Ps), and consulting the Clinical Ethics team when questions arise regarding the appropriate level of care for a patient.

**30-day All-Cause Readmission Rate**

The Readmission Rate is calculated using the total number of readmissions for adults aged 18 and older that occurred within 30 days of discharge. The 30-day all-cause readmission rate is the percentage of patients who returned to the hospital within 30 days of discharge from the prior admission. This percentage is calculated by dividing the number of readmissions by the total number of patient discharges for the reported time frame. (Obstetric patients and newborns are excluded from UTMB’s calculation because we have such a high volume of childbirths at UTMB—they account for about 1/3 of our patient discharges. Mothers and babies have a very low readmission rate, so we omit them from our calculation to better understand our overall performance in all other inpatient areas.)

For the last six months, we have performed higher than our target, which means more patients were readmitted within 30 days than anticipated. There are many ways we can improve in this measure, including using the 8 Ps Assessment Tool, continued progression of care rounds and discharge planning, community health outreach programs, patient education, and transitioning patients to more appropriate care environments when necessary, such as skilled nursing facilities.

**Length of Stay**

The term length of stay (LOS) in health care refers to the period of time (in days) that spans from a patient’s admission to the hospital to the time they are discharged. However, overall length of stay can be a challenging measure, because it assumes that all the patients are the same. In reality, every patient is unique and some are sicker than others or have co-existing illnesses that make their condition more complicated to treat.

Length of stay is an important consideration because not only do patients not want to be away from the comfort and convenience of home for longer than necessary, but the longer a patient is in the hospital, the more it costs. It is important to keep in mind that hospitals should not discharge patients before their care is complete, because it could result in readmission.

At UTMB Health, we use the length of stay index to compare ourselves to other hospitals. Over the past year, there has been some variability in our performance, but we are currently performing just a little better than our goal. We need to continue improving in this area, nevertheless.

**Patient Safety Events (PSI-90)**

Patient safety events are conditions or injuries that a patient may sustain while receiving health care that reasonably could have been prevented through the application of evidence-based guidelines. The overall measure of our

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performance in patient safety events is known as the Patient Safety for Selected Procedures Composite Score, otherwise known as PSI-90. It focuses on potentially avoidable complications and adverse events following surgeries, procedures and childbirth.

PSI-90 is made up of many individual patient safety indicators (PSIs) that reflect quality of care inside hospitals. As measured by Vizient, the following are incorporated into the PSI-90 score: pressure ulcers (bed sores that result from prolonged pressure on the skin), iatrogenic pneumothorax (air or gas present in the pleural cavity as a result of a therapeutic intervention), postoperative sepsis (an infection creating organ dysfunction that can occur when the surgical site or equipment is not properly sterilized or antibiotics were not administered properly), postoperative respiratory failure (a broad descriptor of hospital-acquired pulmonary conditions), and perioperative hemorrhage or hematoma (bleeding and clotting problems that occur through the phases of surgery). There are many other PSIs that are included in PSI-90 by other agencies such as CMS and AHRQ, such as postoperative hip fracture, accidental punctures/ lacerations, central venous catheter-related blood stream infections, etc.

Currently, UTMB’s overall PSI-90 rate is higher than our goal, which means we need to make improvements. To achieve Best Care, UTMB leadership has identified three specific PSIs where we can make significant improvements: postoperative sepsis, pressure ulcers, and postoperative hemorrhage or hematoma. Essentially, this measure reflects the observed number of cases compared to the expected.

The four measures identified above are primary areas of focus for improvement to achieve Best Care. UTMB Health is already a top 20 performer in Patient Experience as measured by Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey. We must maintain our performance in patient-centered care and equity to rank among academic medical centers overall. We will also continue our focus on clinical documentation improvement.

Visit the Best Care website, https://www.utmb.edu/best-care/.

UTMB Blood Bank Reaccredited by AABB and CAP

L to R: Jami Mager, Cynthia Rubalcaba, Daniel Madrigal, Muping Yu, David Guerra, Jiali Yu, Marina Matherne, Yeon Kim, Gregory Botik, Sarah Burnett

Congratulations to the UTMB Blood Bank Laboratory! As part of the accreditation process, the UTMB Blood Bank Laboratory recently received a joint inspection from the American Association of Blood Banks (AABB) and the College of American Pathologist (CAP) and passed with flying colors. The accreditation survey takes place every two years and is designed to ensure labs meet the Clinical Laboratory Improvement Amendments (CLIA) requirements and promotes the highest standards of care for both patients and donors in all aspects of blood banking, transfusion medicine, testing and other cellular therapies. Special thanks to Dr. Barbara Bryant and Craig Maschmann for their leadership. Keep up the good work!
NEW OUTPATIENT PHARMACY AT LEAGUE CITY CAMPUS OFFERS OPTION FOR STAFF AND PATIENTS

Above: Pheba Varghese and Beula Abraham, Pharmacy Manager

UTMB patients and employees now have a new option for their prescription medication needs. The League City Campus Outpatient Pharmacy is now open, and filling prescriptions will be a breeze, especially for those patients with clinic appointments at the League City Campus or for those living and working in North Galveston County.

The pharmacy supports e-prescribing through Epic for a seamless experience. Prescriptions written by UTMB providers can be ready before a patient leaves the League City Campus, saving a second stop. Refill requests made through MyChart can also be easily filled through the pharmacy. Any prescription written by a UTMB provider can be transferred from other pharmacies.

The pharmacy is in the lobby of the League City Campus Hospital, across from the gift shop. Hours are 9 a.m. to 5 p.m. Monday through Friday; the pharmacy will be closed on weekends and major holidays. Parking is available in the Patient and Visitor Parking Lot P3, and in the ED Parking Lot P4. Call 832-505-3170 for more information.

PHARMACY AT A GLANCE
Open weekdays, 9 a.m. to 5 p.m.
League City Campus, 1.602 (first floor lobby across from the gift shop)
2240 Gulf Freeway South
League City, TX 77573
Phone: 832-505-3170
Fax: 832-505-3212
Payment: Cash, checks and credit cards (except American Express)
For refills: Call the pharmacy or use MyChart

PATIENT EMPowerMENT
by JUAN PENA

Today, people are living longer than ever before. While this is generally considered a good thing, there can be a catch to old age—your odds of acquiring a chronic disease increase, such as diabetes, heart disease or chronic obstructive pulmonary disease (COPD). To properly manage and care for patients with these challenging chronic conditions, it is necessary to empower them with the knowledge and tools they need to work effectively with healthcare professionals in a way that fits their lifestyle, culture and spirituality, as well as to help them manage their condition independently.

Patient empowerment helps individuals take an active role in the management of their condition. Because medications and monitoring the disease alone are not always sufficient to achieve better health, lifestyle changes, like exercise and good nutrition, are also important. Healthcare teams can teach patients about their condition and help them learn how to make effective choices, but patients must also have a willingness to work toward making these necessary changes in order to successfully manage their condition.

Empowerment is a process. To make important decisions about one’s health, the individual must be well informed and involved in all aspects of their treatment. That’s why it is important that healthcare providers involve their patients in decisions made about their plan of treatment to ensure optimal success. Early identification of obstacles for adhering to a plan of care allows the patient to design a plan of care that will work for both the patient and the provider. Clinicians and patients should work together to formulate the care plan and identify appropriate goals based upon the resources available to the patient. In doing so, the individual is empowered to make informed decisions and take responsibility for their own health.
CAMPUS CARRY IN EFFECT AUGUST 1

Beginning August 1, concealed handguns will be permitted on Texas public university campuses. UTMB has established locations across the three UTMB campuses where carrying a concealed weapon will be prohibited. Concealed weapons will be prohibited in all patient care, research and critical infrastructure areas.

A list of the excluded buildings, clinics and least spaces, along with the Committee's final report issued on April 16, is available online at www.utmb.edu/campus-carry

Signs have been placed at entrances to buildings where guns are prohibited to ensure that employees, students, patients and visitors are aware of the regulations.

YOU ARE HERE.

With UTMB’s growing number of buildings and campuses, it’s more important than ever to get familiar with your surroundings so you can assist patients and visitors who may look lost. Get to know the names of buildings and locations by reviewing UTMB’s recently launched interactive map that features all three UTMB campuses and all off-campus locations (including CMC, Regional Maternal and Child Health Program and other sites statewide).

The tool is mobile-friendly, searchable and includes an updated, printer-friendly version of the Galveston Campus map, as well as several PDF versions of hospital floor plans to aid in patient wayfinding. Visit the map at www.utmb.edu/map and please lend a helping hand to those who need help finding their destination!

BRING IN A NEW SCHOOL SUPPLY

UTMB DEPARTMENT OF PEDIATRICS HOSTING SCHOOL SUPPLY DRIVE

UTMB Pediatrics is hosting a back-to-school school supplies drive. Donations will benefit Galveston Independent School District (GISD) students and UTMB pediatric patients.

Supplies or monetary donations may be dropped off at the Pediatric Administration Office in Research Building 6, Room 3.300. For more details, contact Tayna Vazquez at tavazque@utmb.edu or visit www.facebook.com/utmbpediatrics for a list of school supplies.
UTMB Health Resource Center

The David L. Callender, MD & Tonya R. Callender, FNP Health Resource Center launched this month. Located in the second-level main lobby of Jennie Sealy Hospital, the Health Resource Center (HRC) is a calm, welcoming space that provides patients, guests and primary caregivers access to patient education, support and hospital/community resources.

While at the HRC, guests can access information about specific health treatments and options, learn how to participate in decision-making regarding patient care plans, promote patient safety and learn about helpful hospital resources, patient services, community resources, support groups and more.

The center is open 24/7, and a patient resource specialist is available to assist patients and visitors Monday through Friday, 8 a.m. to 5 p.m. Contact Savannah Parks (sjparks@utmb.edu) to schedule a tour or visit www.utmb.edu/health-resource-center.

UTMB Patients Call the Shots with Open Scheduling

Open scheduling is now available for new and established patients. Open scheduling allows patients to view open appointment slots for most primary care providers and directly schedule an appointment.

Existing patients can use open scheduling to create appointments online with new clinicians/ones whom they may not have previously seen. A MyChart account is not necessary.

Appointments through open scheduling are available for Family Medicine, Internal Medicine, Obstetrics & Gynecology, and Pediatrics.

Patients can access open scheduling through two ways:
- The open scheduling website which lists all participating primary care providers, (http://www.utmbhealth.com/oth/Page.asp?PageID=OTH001276)
- The open scheduling feature embedded on a specific provider’s profile in the UTMB Health physician directory

**SHOUT OUTS!**

**Letter from a patient:**
I wanted to take a minute to pass on my experience with UTMB and particularly with Nurse Practitioner Barbara Parrish. When I gained 65 lbs. in 2 months, my PCP admitted me to UTMB in early April. We discovered that I had heart failure, and the medical team told me that I needed bypass surgery.

Since the weight gain was my only symptom, to say the least I was shocked and scared. Dr. Al-Dossari was my heart surgeon and did an excellent job explaining what was going on and what to expect.

From that day forward, Barbara was there not only for me, but for my family. She was available to us 24/7, always responded promptly to phone and text messages and made a very scary situation much easier to deal with. I've been home for five weeks and am recovering very well. To this day, she checks with us to make sure we are doing well. Her attention and compassion made us feel she was a friend as well as a professional doing her job to the very best of her ability.

My dad practiced medicine for over 40 years, and when he retired in the late 70s, he would tell people he retired because the system had taken the “care” out of health care.

I wish he were here for me to tell him that Barbara put the care back in the equation for me and especially my family.

I'm sure you hear all the complaints so I wanted to take a minute to see that you heard about a remarkable lady that works for you.

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**Cleo Douglas** (nurse clinician IV) was an exceptional nurse!
(ACE Unit)

The Division of Allergy & Immunology would like to give a big shout out to Dr. Randall Urban, Dr. Mark Holden, Dr. Cindy Chan, Dr. Brian Harris, Dr. William Calhoun and Dr. Lindsay Sonstein. Thank you all so much for assisting with the PCP shot clinics the last 3 months. Your help has been immeasurable and much appreciated!

**Dr. Amber Hairfield** was wonderful! My daughter is scared of doctors, but Dr. Hairfield made her feel relaxed and totally comfortable. She engaged in conversations with my daughter and let her know exactly what she was doing and why in a way an 8 year old would understand. At one point Dr. Hairfield even “duck walked” with her. This visit definitely restored my faith in doctors and gave my daughter a new view on doctors. (Pediatrics)

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**Always Award Winners**

The Ambulatory Always Award, presented by Ann O’Connell, vice president of ambulatory operations, was awarded to Texas City Pediatrics and accepted by Michelle Basci, senior practice manager.

The Inpatient Always Award, presented by David Marshall, chief nursing & patient care services officer, was awarded to the Transplant Unit (9D) and accepted by Dr. Muhammad Mujtaba and Jason Ziegler, assistant nurse manager.