When you board an airplane, do you give a lot of thought to whether or not the flight crew has gone through all the proper safety checklists? Did they test the landing gear? Do the flaps work properly?

Flying is still one of the safest ways to travel. In fact, every decision in commercial aviation comes after careful consideration of its impact on safety. From the design of the wings to satellite global positioning, advanced displays and telecommunication to the rigorous training of the pilots and flight crew, we trust that every safety measure has been taken before we board the airplane. When it comes to health care, our patients also trust us to make sure the care we deliver is safe, and they trust that we will help them get better and stay well!

In his speech to the University of Texas System in November 2015, Chancellor William H. McRaven laid out a “bold and sweeping path forward” for the entire UT System. One of the major areas of focus he identified is that the UT System become known in Texas, the nation and the world for delivering the finest health care possible, “so that every doctor, every patient, every caregiver, knows that the quality care they give and the quality of care they receive is equal, regardless of their status or location.”

UTMB Health is leading the way in health care in many ways. We are performing well in terms of delivering an exceptional patient experience, and we have already accomplished a great deal of work to make care safer.

continued on page 2

IN THIS ISSUE

Best Care: Understanding and Improving Mortality
Welcome Aboard!
The Joint Commission Surveys Expected!

Diversity Council: Getting to Know Your LGBT Patient
Shout Outs!

Miss an issue? www.utmb.edu/fridayfocus Submit a story: friday.focus@utmb.edu Friday Focus Team: Mary Feldhusen and Erin Swearingen
by improving processes and implementing new technology. We are strategically locating our clinics and implementing many methods to improve access for our patients. Taking it a step further, we recently increased hand hygiene compliance to an outstanding rate of 98% in our inpatient units and nearly 100% across the board in our ambulatory locations.

Now, we must always deliver the Best Care to every patient, every time. This means that in addition to providing patient-centered care and delivering an exceptional experience to our patients that includes effective communication and a clean, welcoming environment, patient care is always safe, timely, effective, equitable and effective. Receiving health care should never present an avoidable risk!

To achieve Best Care, we must improve our performance in some very important areas of quality and safety where we currently do not rank among the elite list of top 20 academic medical centers. In fact, we are solidly stuck in the middle in areas such as mortality, 30-day readmissions, efficiency and, to a lesser degree, coded patient safety indicators.

Because we want to deliver only the very Best Care at UTMB, we need to make significant progress in these areas over the course of the coming year while sustaining our patient satisfaction scores.

Specifically, the Best Care initiative will focus on the following:

• Decrease our mortality rate
• Reduce 30-day readmissions
• Reduce patients’ overall length of stay (LOS)
• Eliminate hospital-acquired conditions/infections (HACs/HAIs) and patient safety events (PSIs)
• Reduce variation in care practice, thereby creating a consistent patient experience and decreasing the direct cost of care.
• Enhance clinical documentation, including the capture of complications, complexity and comorbidity of UTMB patients so that expected rates of performance are appropriate
• Maintain our performance in patient-centeredness and equity

Achieving our vision to deliver Best Care will require an extensive and multi-faceted approach, rooted in a culture of safety and in multidisciplinary, interprofessional collaboration. One of the most
important resources needed to achieve this vision is a rich and accurate pool of information, statistics and data so that as an organization, we not only understand the level of quality and safety of the patient care we provide, but also we can fuel performance improvement and evidence-based decision making.

While clinical teams in key services will be focusing on targeted services and patients with diagnoses in which we underperformed in the past, there are ways that we can all help to improve our performance to achieve Best Care:

1. **Enhancing every patient’s experience** through effective communication, shared decision-making and sensitivity to their unique needs.

2. **Always working together to coordinate and enhance the quality of the care we deliver** (care should always be safe, timely, effective and efficient).

3. **Assessing each patient using the 8 Preventable Risk Factors** (also known as the 8 Ps, which are a checklist of risks that should be identified and addressed during all touch points of a patient’s care—admission, during hospitalization and discharge). Using and documenting Teach Back methods to assure that patients understand self-care instructions and using discharge note templates and navigator tools that prompt accurate capture of secondary diagnoses.

4. **Using resources appropriately, effectively and efficiently.** Being mindful of overuse, underuse and unnecessary variation in care—providing all and only the care that’s needed.

5. **Speaking up** about problems, errors, conflicts and misunderstandings in an environment where it is the shared goal to identify and discuss problems with curiosity and respect. We must be willing to live the mantra, “Safety and service are our first priority.”

Although the world of health care can be fast paced, we must be sure to take the necessary time to ensure safety, to accurately document the care we provide in the patient’s medical record, to run through our safety checklists, and engage our patients and their families in the plan of care. We must also help them find the resources they need to take care of their health.

To accomplish this, we must be supportive of one another. We must work as a team, and we must be willing to stop each other when we see something that may not be safe. When someone brings such a concern to our attention, thank them for pointing it out—remember it is being done with the intention of ensuring the Best Care for every patient, every time.

Recognizing the process changes and cultural changes that need to be made and then making them will take some time, but the urgency to improve is immediate. Best Care is everyone’s responsibility. Let’s commit today to being aware of and understanding our environment and culture so that we can make the necessary changes to assure our patients receive the Best Care—every patient, every time.

Each month, *Friday Focus* will explore a topic of Best Care in more detail and identify actions we must take at UTMB to improve our performance. This month, we will begin our focusing on improving our mortality rate (see below). Visit the new Best Care website for resources and additional details on each topic: [http://intranet.utmb.edu/best-care](http://intranet.utmb.edu/best-care).

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**ACHIEVE BEST CARE BY...**

1. … working in **teams** – work streams in each of the areas for improvement, as well as concentrated work with orthopaedic, cardiology, and surgery partners

2. …using **disciplined work plans** and frequent check-ins by appointed leaders & facilitators

3. …through **focus** – and ceasing non-value-added work that would distract us

4. …in a **blameless culture** with real-time data sharing via a web-based project dashboard

5. …by **hard-wiring** for success and sustainability
Medical errors are an important cause of potentially preventable deaths in complex healthcare systems. According to a study conducted by researchers at Johns Hopkins Medicine, more than 250,000 Americans die each year from medical errors. On the CDC’s official list, that places deaths attributed to medical errors just behind heart disease and cancer.

Mortality is attributed to three major factors:
- severity of illness (an uncontrollable factor),
- quality of care (a controllable factor), and
- random errors (a controllable factor).

At UTMB, all observed mortalities (the actual number of patients that died) are reviewed within 48 hours of the event, as generated in the Epic EMR. Each death is classified as follows: (A) a predictable death without opportunity to improve the inevitable outcome, (B) a predicted death with opportunity to improve the inevitable outcome, or (C) an unacceptable death that showed there was a failure to recognize contributing factors, a failure to plan appropriately, delay in diagnosis or treatment, or a failure to communicate.

In 2015, UTMB’s mortality rate showed that fewer patients died than expected; however, there is much more work we can do to get to zero deaths in Category C. Overall, UTMB’s mortality rate for calendar year 2015 was 2.8 percent—that is, 286 deaths out of 10,204 total discharges. **Our goal for the coming year is to reduce our mortality rate to 2% (or 82 less deaths).**

Our performance score can also be improved by increasing patient throughput by approximately 4,000 discharges. Additionally, deaths that fall into Category B may be improved with appropriate and timely referral to hospice. Only deaths under hospice (NOT palliative care) are excluded from the numerator and denominator.

Although we cannot control the severity of a patient’s illness, in order to improve our mortality rate we must **reduce random errors and improve the quality of care.** To achieve this, Dr. Gulshan Sharma, leader of the mortality rate improvement initiative, recommends practicing evidence based medicine, timely and effective communication with care team and “ask for help”.

In addition, using the **Eight Preventable Risk Factors Assessment Tool** (referred to as the “8 Ps”), which aides in safe care transition, can also help reduce our mortality rate, especially Category B deaths. The 8 Ps are a checklist of risks that should be identified and addressed during all touch points of a patient’s care—upon admission, during hospitalization and at discharge. This can serve as a trigger for the care team to initiate appropriate palliative care/hospice referral in patients with life limiting illnesses. Speaking up and reporting concerns can also make a positive impact.

Dr. Sharma also emphasizes the importance of including specific, detailed and accurate **clinical documentation** in the medical record. Clinical documentation not only provides an accurate representation of a patient’s clinical status, but it is also translated into coded data, which is then translated into quality report cards, physician report cards, reimbursements, public health data, and is used for disease tracking and trending. Inadequate documentation methods can easily compromise the quality of patient care and our reputation as a health care institution. For example, a pattern currently seen at UTMB is that some infections or complications are inaccurately entered into the medical record as

**How is mortality index calculated?**

The term “mortality rate” in health care refers to the number of people that died from their illness or injury at the hospital. This rate is calculated by dividing the number of people who died by the total number of patients that were seen. For example, if a hospital sees 1,000 patients and 10 of those patients die, the mortality rate would be one percent (10 patients that died / 1,000 patients seen = 1% mortality rate). Mortality performance is also measured using a mortality index, which compares the observed mortality rate to the expected mortality rate.

continued on page 5
sepsis when they do not actually meet the criteria of sepsis (i.e., a life threatening organ dysfunction due to dysregulated immune response in the setting of an infection).

It is also important to note that coders cannot code for something that is not in the medical record; therefore, **provider response to coder query inquiries** must also be improved.

The **use of Order Sets** in the Epic electronic medical record can also help improve preventable deaths. Order sets are evidence-based tools that offer clinical decision support for care providers while increasing the ease and efficiency of order entry. Order sets were developed with enough flexibility that they appropriately address 80 percent of patients with a particular diagnosis. A regularly maintained list of order sets available for use in Epic can be found at [http://intranet.utmb.edu/ems/Available_Order_Sets.asp](http://intranet.utmb.edu/emr/Available_Order_Sets.asp)

**Following Core Measures**, which are the recommended treatments that scientific evidence shows produce the best results for particular diseases and conditions, can also help prevent mortality. These treatment protocols reduce the risk of complications, prevent recurrences and otherwise treat the majority of patients who come to a hospital for treatment of a condition or illness.

Finally, determining the appropriate time to move a patient to palliative care should also be considered. This can be a difficult decision for patients, families and healthcare practitioners. At UTMB, anyone can request a Clinical Ethics Consultation, 24 hours a day, 7 days a week by dialing the Ethics Pager at 409.643.9650. This service is confidential, at no charge to the patient or the department.

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**THE TOOL: THE 8Ps**

1. **Problems with medications**
2. **Psychological**: Screen for patients who have depression, anxiety and substance abuse (or have history of these conditions).
3. **Principal diagnosis**: Patients with a principal diagnosis or reason for hospitalization related to cancer, stroke, diabetic complications, COPD, or heart failure.
4. **Physical limitations**: Patients with frailty, deconditioning, or other physical limitations that impair or limit their ability to significantly participate in their own care.
5. **Poor health literacy**: Patients who are unable to demonstrate adequate understanding of their care plan as demonstrated by their inability to complete “Teach Back” successfully.
6. **Poor social support**: The absence of a reliable caregiver to assist with the discharge process and to assist with care after the patient is discharged.
7. **Prior hospitalization**: Unplanned hospitalization in the six months prior to this hospitalization.
8. **Palliative care**: When thinking about this patient, would you be surprised if the patient died within a year? Does this patient have an advanced or progressive serious illness? This risk factor would be triggered if you answered no to the first or yes to the second question.

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**Welcome Aboard!**

**Matthew Johnson, 2016-2017 Administrative Fellow**

Please welcome Matthew Johnson to UTMB Health. Matthew will serve as the 2016-2017 Administrative Fellow in the Health System. He earned his Bachelor of Science in Kinesiology at Texas A&M University and his Master of Health Administration at the University of North Texas Health Science Center.

Matthew previously served as an intern for UT Southwestern Medical Center in Dallas, Texas and for John Peter Smith Health Network, a safety net hospital for Tarrant County, Texas. He chose UTMB Health because of its reputation on the Texas Gulf Coast and its unique characteristics and challenges that set it apart from most other health systems.

**Reverend José Cedillo, Director of Pastoral Care**

Please welcome Reverend José Cedillo to UTMB as Director of Pastoral Care. Rev. José Cedillo officially joined UTMB on May 31 and is an Ordained Bishop with the Church of God. He earned his Bachelor’s degree in religious education in 1989 from Lee University, and his Master of Divinity degree from the Church of God Theological Seminary in 1992. Prior to joining UTMB, Jose worked for more than 17 years at MD Anderson Cancer Center. Beginning in 1999, he served as staff chaplain for pediatrics and palliative care from and in 2003, transitioned to Association for Clinical Pastoral Education (ACPE) supervisory education.
Joint Commission Surveys Expected!

In conjunction with the recent opening of Jennie Sealy and League City Hospitals, UTMB Health is now in the window for an accreditation extension survey visit from The Joint Commission (TJC). The extension survey will be conducted to ensure that the three-year accreditation awarded to UTMB in November 2015 is still appropriate under the new conditions.

The surveyors could arrive at any time, so continual readiness is key. In Jennie Sealy Hospital, the focus of the survey will be on Life Safety and Environment of Care standards. On the League City Campus, the focus will be on following policies and procedures. Please keep in mind that while these are the anticipated areas of focus, anything may be subject to survey.

The preparations and safety measures that are surveyed during the site visits are things we should always be doing to ensure the safety of our patients and staff. Whether it is focusing on prevention, communication, processes, documentation, or ensuring pathways are clear in case of emergency, we must always be alert.

Following standard policies and procedures and using designed documentation tools are the easiest ways to keep our patients safe and to exhibit compliance with TJC standards. The Joint Commission Checklists on the UTMB Joint Commission webpage have been updated to assist you in continual readiness.

Joint Commission accreditation is a nationwide seal of approval indicating that UTMB meets high quality and safety performance standards. It says we deliver the best care to all of our patients in a safe environment. Our success on the surveys will require everyone’s familiarity with Joint Commission requirements in their particular area, and I have full confidence in our teams that we will be fully prepared for the survey.

Please click here for a list of TJC survey hot topics.

If you have questions about Joint Commission standards, please contact Janet DuBois, Associate Director of Accreditation. For more information on Joint Commission Accreditation preparedness in your area, please visit http://intranet.utmb.edu/qhs/TheJointCommission.

One call does it all for service and facilities issues. Please dial 2-4040 to report items needing attention!

Thank you for your dedication to delivering excellent care and service to our patients and families and for doing your part to be in a constant state of Joint Commission readiness!

To address disparities in health care, both the Centers for Medicare and Medicaid Services (CMS) and The Joint Commission have issued requirements for LGBTQ equity and inclusion. These criteria are included in the Health Equity Index (HEI), which is a voluntary annual survey in which health care organizations can participate to receive designation as a leader in LGBTQ patient-centered care. This national benchmarking tool evaluates healthcare facilities’ policies and practices related to the equity and inclusion of their LGBT patients, visitors, and employees.

The criteria are divided into four areas: (1) non-discrimination and staff training, (2) patient services and support, (3) employee benefits and policies, and (4) patient and community engagement. UTMB received this designation in 2016 and is listed in the HEI 2016 Leaders in LGBT Healthcare Equality publication (http://www.hrc.org/hei/leaders-in-lgbt-healthcare-equality).

Every patient should feel comfortable, safe and able to discuss intimate health issues. According to the Human Rights Campaign (HRC), many in the LGBTQ community still report discomfort and discrimination in healthcare environments. These issues are layered and complex. Subtle overtures by healthcare workers can make a big difference. For example, asking a transgender patient to clarify which pronoun to use or what name the patient prefers can help open communication.

Designation as a leader in LGBTQ patient-centered care must be earned annually; and, as the criteria for this recognition changes, the Diversity Council will continue to identify and make recommendations to UTMB Leadership. The following list contains links to free CME-accredited courses to strengthen your own understanding of the healthcare needs of the LGBTQ community. To access these classes, use Security Code: HRC and Facility ID Number: 55863.

The following eLearning courses can be accessed at http://www.hrc.org/hei-training-on-the-cal

• An Introduction to your LGBTQ Patients Curriculum
• LGBT Patient-Centered Care: An Executive Briefing Curriculum
• Expanding LGBTQ Cultural Competency Curriculum
• LGBTQ Healthcare for Clinicians Curriculum
• Working with Trans Youth Curriculum
• Working with Transgender Adults Curriculum

Additional classes are available at http://www.lgbthealtheducation.org/lgbt-education/learning-modules/

Thank you for your dedication to delivering excellent care and service to our patients and families and for doing your part to be in a constant state of Joint Commission readiness!
**Caitlyn McDonald** (nurse clinician IV) in labor and delivery went above and beyond to explain everything to me, she made me feel so comfortable with everything. She’s an awesome nurse and made my labor and delivery very bearable. (Obstetrics)

I was admitted into the hospital on the eleventh day Jennie Sealy Hospital opened. I felt like a queen and had the most beautiful view from my room. Thank you, Dr. Matthew Mrazek, for following up with me. You are a godsend! Very few people do what you do. Thank you! (Internal Medicine)

The doctors, nurses and staff at UTMB are of the highest quality anywhere. The services provided are excellent and I’m very confident in the care always given to my grandbaby. Thank you UTMB! (Pediatrics)

**Dr. Perry Fulcher’s** knowledge and compassion are above and beyond any doctor I’ve worked with. (Women’s Health Care League City Campus)

I am very impressed. I saw Dr. Vinod Panchbhavi on Monday, he referred me to Dr. Louis Stryker and I received an appointment on Wednesday. This never happens in places outside of UTMB! (Orthopedic Surgery)

The **ENT Consultants** facility in League City has the most outstanding customer service that I have received in the healthcare industry. Cheryl Bond has always been able to assist my family in every way possible. When we have questions that she is unable to answer, she informs us exactly where and how to find those answers. She has even gone through great lengths to help my family get established with other UTMB specialty clinics and locations. She is definitely a positive asset for UTMB. My family always looks forward to seeing her when we have our ENT appointments.

I’m typing with one hand after receiving a heart catheter at today. I wanted to tell you the **Cath lab** people and the people in the operating room were excellent. Tops! The reception and transportation people are top notch as well. Please convey these sentiments to Dr. Callender and others.

Kudos to the **UTMB Multispecialty Clinic staff**. I had an appointment at 8:00 a.m. today and I arrived a bit early at 7:40 a.m. I was seen by my primary care physician and walked out of the clinic at 8:05. My doctor spent time with me and I did not feel rushed at all. The staff who I encountered along the way were all friendly and smiling. I love UTMB!

**Dr. Juan Sarria** is the BEST! He seems to have a kind soul and a caring attitude for me, the patient. (Infectious Diseases)

**Keitra Moore Anderson** in labor and delivery was outstanding! She takes pride in her work and definitely needs to be appreciated! I loved her! (Obstetrics)

I love **Dr. Mohamad Chaaban**. He has a great bedside manner. He listens, gives in depth explanation of things, answers questions, and genuinely cares about patients. (Ear, Nose and Throat)

**Dr. Melissa Smith-Phillips** and her nurse were extremely careful to help us with information about available pharmacy. She cared for us in the best possible way. (Pediatrics Urgent Care Center)

**Tommy Fields** (customer service representative) is an asset to your radiology/nuclear medicine department. Keep him around a long time! (Nuclear Medicine)

My physical therapist, Nina Hernandez and her assistant Kat Conley were excellent working with our adult son who has special needs. They were very kind and patient with him. It was a pleasure watching them work with him. If he ever requires therapy again we will not hesitate to return to UTMB. (League City Campus OT/PT)

**Dr. Elan Rosenblat** and his staff have always been very professional and caring! (Ophthalmology)

Would like to say my nurse on the cath floor, Marieflor Bocado was great! She very kind, helpful, understanding and I could tell she loved her job. Also, the staff who helped with my heart problem were the greatest. Great staff! Thank you so much! (Cardiac Cath Lab)