Dr. Lillian Lockhart began her career at UTMB as a graduate student in 1954. More than six decades later, she has established herself as a trailblazer in human genetics, served 50 years as division Director of Pediatric Genetics, authored more than 100 peer-reviewed articles and abstracts, received the John P. McGovern Award in Oslerian medicine and continues to serve as Professor of Pediatrics and see patients. Friday Focus recently had the pleasure to sit down and chat with Dr. Lockhart about her incredible life and time at UTMB.
Dr. Lockhart grew up a little more than two hours away from UTMB in Columbus, Texas. No one in her family was a doctor, but she says she always knew what she wanted to do. “My father was a business man and my mother worked in a grocery store. I have a sister who still lives in Columbus. I knew I wanted to be a doctor from the time I was old enough to think about it.”

Dr. Lockhart and her husband moved to Galveston to attend medical school after her husband left the military. Her husband became an orthopaedic surgeon. She had intended to go into pediatrics, but was destined to be a trailblazer. She explains, “I fell into genetics. When I trained, there was no genetics. I went to school for pediatrics, and then I did a fellowship in hematology. Much of the work I had to do during that fellowship was with the microscope, and I really enjoyed that. At the time, the chief recommended that I start working with chromosomes. So I did, and my work and research continued from there.”

In 1964, Dr. Lockhart was hired as Division Director of Genetics for UTMB. She also continued her research and work in pediatrics and genetics, with many of her publications focusing on the association between chromosomal characterizations and various conditions such as Down Syndrome, Pallister-Killian Syndrome, and Miller-Dieker Syndrome.

When asked what she thinks has changed the most since she first arrived at UTMB, she laughs, “What hasn’t changed? Everything has changed! And for the good! Well, Old Red hasn’t changed that much.”

As Professor of Pediatrics, Dr. Lockhart sees a new generation of incoming medical students every year and has high hopes for the future. “I’m so impressed with how bright medical students are today. I’m actually reading ethics essays right now that I assigned. Learning how to do things, how the body works—that’s not so hard. Ethics is harder, and it’s a big part of my teaching. The ethics of patient care is so important, and these students get it. You don’t learn ethics in a book, and students today are amazing.”

Dr. Lockhart was the 2015 recipient of the John P. McGovern Award in Oslerian Medicine. Established by the UTMB Office of the President, the lifetime achievement award recognizes the practice and teaching of humane medicine in the tradition of Sir William Osler and affirms the university’s commitment to Oslerian ideals. The selection each year is made by the McGovern Academy’s current Osler Scholars who will assess nominees for their longstanding and distinguished careers of service. “I think winning the Osler Award was the biggest achievement of my career. It means my friends consider me a good teacher.”

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**UTMB Bikes Together to Work Wonders** *by Imelda Wicks*

For the second year in a row, UTMB employees participated in Bike Around the Bay, a 170-mile bike ride around Galveston Bay showcasing the natural beauty of Galveston and benefiting the Galveston Bay Foundation.

The UTMB Cycling Team was recognized as one of the top five fundraising teams. All proceeds for Bike Around the Bay raised from the UTMB Cycling Team will help preserve, protect, and enhance the natural resources of the Galveston Bay estuarine system and its tributaries for present users and for posterity.

*Always remember to be a courteous driver whenever you see cyclists on the road!*

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**Resources:**
- Bike Around the Bay: [http://www.bikearoundthebay.org/](http://www.bikearoundthebay.org/)
- Galveston Bay: [http://galvbay.org/](http://galvbay.org/)
SICU Makes Leap in Hand Hygiene Compliance

Hand hygiene is one of the most important ways infection and the spread of germs can be prevented and is an integral part of infection prevention practices.

Increased hand hygiene prevents the spread of Hospital Acquired Infections (HAIs), such as pneumonia and sepsis, which cause up to 98,000 deaths annually. By increasing hand hygiene compliance by just five percent in one year, a 200-bed hospital can avoid four MRSA infections and $200,000 in added treatment costs. Providing a sanitary environment to avoid the transmission of infections and communicable diseases is absolutely crucial for both patients and staff at UTMB.

National and expert recommendations have established direct observation of hand hygiene practice as the gold standard for performance assessment. To this end, UTMB uses trained observers to assess hand hygiene compliance in clinical areas. In order to calculate a rate of compliance, a denominator of events is obtained by counting each observed “opportunity” for hand hygiene practice. The opportunity for hand hygiene is then scored as “compliant” or “noncompliant” to yield a rate.

The Surgical Intensive Care Unit (SICU) is an area that recently made a notable improvement in their rate of compliance. Christina Myers, nurse manager, and Dr. Aristedes Koutrouvelis, medical director of the unit, reached out to the Mischelle Rios in Healthcare Epidemiology for help.

Mischelle describes the first steps the unit took as they planned an improvement strategy. “First, we walked through the unit and explained to everyone how the observations are performed by Healthcare Epidemiology. Then, we encouraged the team to do their own observations in an effort to understand whether we would get the same results. We did.”

The next step was to develop a plan for improvement that included daily audits by epidemiology. The audits reported the times and locations of instances of non-compliance, as well as indicated their role on the health care team. The results were then sent back to the medical director and nurse manager in the SICU for review within 24 hours.

Myers describes the daily reporting process, “We made huge strides in the SICU through the new process, thanks to Mischelle and her team. Immediately following the daily observation from Healthcare Epidemiology, I received a copy of the actual audit form. This allowed me to immediately follow up with the staff. Dr. Kourtrevelis and I were then able to determine whether non-compliance was related to workflow issues or, if needed, clarify expectations. We could also discuss whether there were other barriers to compliance at the time of the audit.”

Mischelle says support from leadership is what made the biggest difference. In nine months, the SICU went from being a unit that needed the most improvement to reaching a 91 percent compliance rate. “Without the endorsement of the medical director and the nurse manager, the results wouldn’t have been possible. When staff see that you have leadership behind the initiative, it trickles down. That was really crucial to our success.”

Each year since the hand hygiene improvement initiative began in 2012, the target compliance goal has been raised. This year, the goal is 90 percent. However, for the past six months most inpatient areas have hovered below the target at around 86 percent compliance. To raise the bar, Mischelle encourages staff to speak up and hold each other accountable. “If you see someone forget to clean their hands, or someone who is being non-compliant, it’s okay to say something. We’re all here for the good of the patients.”

For tips on protocol, hand hygiene guidelines, information on monitoring methodology and more, visit the new Healthcare Epidemiology Hand Hygiene website at http://intranet.utmb.edu/handhygiene/default.asp.
Most consumers today conduct online research of products and services before purchase, including health care services. In response to the growing demand for such information, UTMB will launch a public quality transparency initiative by publishing ambulatory physician satisfaction scores to the “Find a Physician” web page on utmbhealth.com.

The objective of these efforts is twofold: promote UTMB providers by optimizing search engine results, and continue our efforts to improve and distinguish the UTMB patient experience.

In the current digital marketplace, consumers use social media outlets such as Yelp, Healthgrades, RateMDs, Vitals, and ZocDoc, to provide any feedback they wish about providers. To date, those reports are few in number and occasionally contain unfavorable but inaccurate statements about providers and/or lack complete information.

Meanwhile, UTMB’s own formal collection of patient satisfaction data represents a rich resource of complete and verifiable feedback from individuals about the care they received from UTMB providers. By being transparent with this data, we can give patients and their families a more accurate picture of the experiences of others at our organization.

What will be published?

UTMB provider clinic satisfaction results have been shared internally via numerous venues for some time now. When we “go transparent” with our patient satisfaction data, the same physician ratings and patient comments that are currently available in myPower will be the information posted on the “Find a Physician” webpage.

Providers can review their own overall “star” rating, the physician communication ratings, and comments that will be posted using the myPower portal prior to the external posting date of December 1, 2015.

Only the following satisfaction data will be externally published:

- Clinic visit satisfaction ratings and comments, only for providers with at least 30 survey returns in the prior 12 months.
- Overall ratings and physician-specific satisfaction responses and comments (ratings are attributed to the Scheduled Provider—doctors, nurse practitioners, and physician assistants).

For more comprehensive patient satisfaction data, please visit the internal resource, UTMB Scorecards (http://scorecards.utmb.edu), which allow providers to examine the data in different ways and for multiple surveys.

Although we had hoped to be first hospital in the Houston-Galveston region to market such an effort, Methodist announced in September in the Houston Chronicle that they now provide this information to their patients, further reinforcing our belief that UTMB needs such a presence to distinguish ourselves in this competitive marketplace.

Throughout the development of this patient resource, Dr. Michael Underbrink, Assistant Professor, Otolaryngology and member of the Ambulatory-based...
New optimizations to the Epic EMR for the month of October are listed below, and two new major functionalities will be added in the coming months. For complete details on the following new optimizations and workflows, please visit Clinical Information System’s (CIS) website at http://intranet.utmb.edu/emr.

Coming Soon:

- **November 7**: Patient care and safety will be increased with new enhancements to Anesthesiology Documentation. At same time Epic Anesthesiology goes live, ORs will introduce new touch-screen monitors that permit the Anesthesiology team to monitor and respond to real-time patient data.

- **December 1**: Anatomical Pathology will go live with Beaker, Epic’s laboratory information system. A new animated video on the CIS website details the new addition.

Recent Optimization:

- Discharge E-Prescribing is now available: Prescribe discharge medications and send them electronically to the pharmacy for a patient.

Visit [http://intranet.utmb.edu/emr/Workflow_Bulletins.asp](http://intranet.utmb.edu/emr/Workflow_Bulletins.asp) for the complete list of recent optimizations and effective dates.
My Dining Room Service Now Available for Inpatient Units

My Dining, a new room service program, went live at UTMB on October 21. Similar to hotel room service, patients in the hospital are now able to order meals on request and specify when the meals should be delivered, within 45 minutes.

The service is available seven days a week, 365 days a year between the hours of 7 a.m. to 7 p.m. To place an order, the care team must enter a diet order in Epic, and then confirm the patient’s identify using two identifiers, their full name and date of birth. Family members may also place meal orders for patients from a home phone number, but are also required to confirm the patient’s full name and date of birth.

The goals of the new program are to increase patient satisfaction by ensuring patients are happy with meal service and selection, increase food quality by delivering freshly prepared meals and improve clinical outcomes by decreasing the time nurses spend with food service issues.

This winter, Impact Newsletter will cover a “Day in the Life” of a Food Services employee as they bring meals to patients. Look for it!

Service Animals and Patient Care by Nicole Aquino, Diversity Council

The Americans with Disabilities Act (ADA) became law twenty-five years ago, prohibiting discrimination against people with disabilities in employment, transportation, public accommodation, communications, and governmental activities. The ADA also establishes requirements for telecommunications relay services.

Providing equal access to health care is a vital part of UTMB’s commitment to respecting the diversity of our patients. UTMB is committed to respecting the diverse cultural needs, preferences, and expectations of the patients and families it serves, to the extent reasonably possible, while appropriately managing available resources and without compromising the quality of health care delivered.

Although accommodating service animals has been a challenge for many health care facilities across the country, UTMB upholds a policy that ensures service animals can stay with their owners during clinic visits or hospitalization to the extent it is safe for patients in the area (according to infection control concerns), in agreement with the disabilities act.

Service animals are dogs that are individually trained to do work or perform tasks for people with disabilities. Examples of such work or tasks include guiding people who are blind, alerting people who are deaf, pulling a wheelchair, alerting and protecting a person who is having a seizure, reminding a person with mental illness to take prescribed medications, calming a person with Post Traumatic Stress Disorder (PTSD) during an anxiety attack, or performing other duties. They are also a source of comfort and security to patients who rely on the animals for assistance, especially in circumstances that may elevate stress, such as hospitalization.

To ensure that patients with service animals receive the necessary support when seeking health care, UTMB’s policy provides that patients with service animals who are hospitalized or seeking care in a clinic will be reasonably accommodated. Accommodations include permitting the service animal to stay in the room with the patient during hospitalizations and allowing the animal to accompany the patient in exam rooms.
Spotlight on: Richard Foy, Program Manager
Department of Neurodiagnostics

Richard Foy and Neurodiagnostic Technicians Denice Spreeman and Babu Thomas

Over the course of a two-year period, UTMB's Department of Neurology has implemented several changes that have led to better patient care outcomes. These changes were possible because of a remarkably effective collaboration between neurodiagnostic technologists and hospital administration. Richard Foy, program manager for the Department of Neurodiagnostics, formerly known as the Electroencephalogram (EEG)/Evoked Potential (EP) Lab, facilitates this partnership.

In the aftermath of Hurricane Ike in 2008, the neurology department had very limited specialty services to offer patients, which resulted in low volumes in the EEG/EP lab and a need for an organized management structure within the department. In 2012, Foy joined the EEG/EP lab as a full-time manager to oversee the daily operations and bridge the gap between hospital administration and the clinical staff.

Since that time, Foy has been busy. “I don’t have a clinical background, so I rely on the techs to tell me what they need from the administration, and vice versa,” Foy explains. He developed a series of tactics for the success of the department, including department consolidation, staff cross-training and professional development, policy and procedure development, and strategic planning and relationship building.

Foy says the teamwork between hospital administration and the clinical groups has led to positive changes and significant growth within Neurodiagnostics. From fiscal year 2013 (FY13) to 2014, the total EEG volume increased by 40 percent. Professional growth for technologists has also increased—from FY13 to present, the number of registered EEG technologists has increased by 300 percent and more than 87 percent of all UTMB neurodiagnostic technologists are registered in at least one modality. In FY13, the Epilepsy Monitoring Unit (EMU) opened, followed by the Neurocritical Care Unit in FY14.

Foy says the benefits of effective partnerships between administration and clinical departments takes time to develop, plan, implement and grow, but through continued open, honest and shared communication between members of the partnership, it is possible to foster better outcomes for all parties involved, and ultimately better care for our patients.
Activation planning (turnover of building systems for long-term operations) for the new Jennie Sealy Hospital is currently under way, with the new hospital scheduled to open for the first patients on April 9, 2016. A number of activities are now scheduled to help staff who will be working in the new hospital prepare for big day.

In addition to department-based training activities, the ICU and Medical/Surgical Unit will be open for training in December.

After the building has reached substantial completion, scheduled for January 18, 2016, two “mock move” exercises will occur. The first, a “Table Top” Mock Move, will include staff members who will be positioned in the command center, satellite command centers and control center on the actual Patient Move Day to rehearse the move on paper.

The second Mock Patient Move will take place on February 13. This will be a live rehearsal of the big day, as close to the actual move as possible, and involve all departments throughout the hospital. A total of 30 volunteers will act as patients as they are sequenced through the process of being physically moved from John Sealy Hospital to Jennie Sealy Hospital via the predetermined route for transport of patients. All support services, including pharmacy, labs, and food and nutrition, will learn how to update their departments on each patient’s move status to ensure efficiencies in delivering medications, drawing labs, and providing services. All potential obstacles will be tested, such as elevator failure, power loss or other issues that may occur, and addressed.

Following the Mock Move, two training days will be dedicated to Day-in-the-Life Scenarios, in which normal patient care, transportation, supply location and other workflow issues will be enacted using mock patients. Many additional activities are part of the preparation, including an OR Vendor Fair (February 29 through March 5, 2016), during which vendors for new medical equipment in the Jennie Sealy Hospital ORs will be on site for training.

Please note that Staff Tours are currently on hold until the Jennie Sealy Hospital reaches substantial completion in January 2016. It is important that we do everything possible to help ensure the project is completed on time, and tours disrupt progress, because construction crews must stop working to allow tours to safely move through each area. Every employee will have an opportunity to tour our new facility once this important goal is reached!

Jennie Sealy Dedication ceremonies are also being planned! Save the dates for Employee Tours on Thursday, February 25, and the Jennie Sealy Hospital Dedication on Friday, February 26. This is going to be an extremely exciting milestone for UTMB, and we are looking forward to everyone participating.

For updates on Activation Planning, please visit http://intranet.utmb.edu/healthsystem/JennieSealy/Jennie-Activation.asp
UTMB Angleton Danbury Campus Recognized at Houston Sepsis Conference

Barbara Calloway, Veronica Cordoba and Michele Grace, all of the UTMB Angleton Danbury Campus, received first place recognition for their poster presentation at the Texas Medical Center’s first Annual Sepsis Symposium, held September 30, 2015. The team’s poster, “Operation Sepsis: Keeping Patients in the Game of Life”, won in the Education Category out of eleven entrants. Congratulations!

Flu Season Masking Required for Unvaccinated Healthcare Workers

Masking requirements for healthcare workers who have not been vaccinated for influenza will begin Monday, November 9.

These individuals must wear a surgical mask while in a patient care area, including inpatient rooms, exam rooms, nurses’ stations, and corridors in patient care areas. This does not include private offices, conference rooms or break rooms, public spaces such as the cafeteria, or spaces accessible to only staff, including nurses’ stations in TDCJ.

For complete details on the masking requirement, please visit the Healthcare Epidemiology website at http://www.utmb.edu/hce.

SHOUT OUTS!

Congratulations to the latest winners of the Always Award, given quarterly to recognize units and clinics that have moved their teams closer to always doing the right thing for our patients.

Friendswood Eye Center was recognized as the ambulatory winner for dramatic improvements in patient satisfaction and access, while Unit 8C Surgery was recognized as the inpatient winner for extremely high patient satisfaction rankings.

Congratulations, Odette Comeau, Josette Armendariz-Batiste and Scott Woodby! Their article, “Safety First! Using a Checklist for Intrafacility Transport of Adult Intensive Patient Care Patients”, was featured as the cover story for the October 2015 issue of Critical Care Nurse. To view the article and the newsletter, visit http://ccn.aacnjournals.org/content/35/5/16.full.pdf+html.

Last fall, Jamie Heffernan and Odette Comeau were notified that their manuscript, “The ABCDEs of emergency burn care” had been accepted for publication in the journal of the American Nurses Association, American Nurse Today. The manuscript is now published online: http://www.americannursetoday.com/abcdes-emergency-burn-care/. Congratulations!

continued on page 10
Dr. Gwyn Richardson and the surgery team are fantastic! They are the best team on the planet! (Gynecology)

Dr. Lance Griffin was very thorough and explained everything clearly. I felt very confident in his ability to be able to carry out the procedure very safely. (Surgical)

Benita Cotto (Morrison’s) in food and nutrition was excellent. She made sure she took my food order correctly and I got what I wanted. She was very kind and considerate. She’s the best food and nutrition person I’ve had!

Dr. Lia Suazo Hernandez (Resident Pgl-5) and her infectious disease team were great. I enjoy them taking care of me like always. I always feel like I’m in safe hands with them. (Internal Medicine-Infectious Disease)

I was having a bad day and my nurse offered to call a chaplain for prayer. He came and I really appreciate her kindness. For two days the chaplain staff came to see me and it meant so much.

Thank God for Dr. Ken Fujise, Dr. Syed Gilani and their associates. I had a silent heart attack and they saved my life. They were all good, kind, caring sensitive, knowledgeable and clearly explained everything to me.

Dr. Victor Sierpina is the best family doctor I’ve ever had! (Stewart Road Family Medicine)

The treatment I received from your staff was first class. My ICU nurses were very professional and made me feel like family. I’ve never had such good people to take care of me. Lacy LeBrun and Georgia Burris took care of me oh so very well and made my stay in the ICU very memorable—in a good way! Thank you to all of the staff in the ICU.

All of my doctors were excellent: Dr. Ahmed Morsy, Dr. Vincent Valentine, Dr. Russell Laforte and Dr. Cindy Lyou. Dr. Gregory Peterson and Dr. Lyou came in early every morning. I actually miss seeing them now, especially Dr. Peterson. These are truly caring professional doctors. Dr. Alexander Duarte was also very caring and spent time explaining things to me. (Cardiology/Coronary)

Nurse Shirley Rainwater was so helpful during my stay. Thank you! (Neurosurgery)

We were only there for 24 hours but our caregivers were wonderful. The RNs on the floor, Melissa Andrade and John Snider were great. I was very impressed with UTMB. Thank you so much for your care, it made mine and my husband’s experience so much easier! (ACE Unit)

Dr. Ghannam Al-Dossari and his staff including Kathleen Vasquez and Barbara Parish were extremely competent and professional. Barbara was wonderful on post procedure follow-up!

Dr. Philip Keiser was awesome. He is very caring, understanding and patient. (Infectious Disease)

Dr. Marcus Wheeler is an excellent physician. Very concerned about getting me to feel better & spent quality time with me! (Victory Lakes Adult Urgent Care)

La Porte Preschool Sends Get Well Cards to Patients

Three-year-olds at La Porte Preschool (The Peanut Gallery) created Get Well Cards for the Ace Unit patients. Deanna Perez, mother of one of the preschoolers, works in Revenue Cycle. Thank you Deanna and La Porte Preschool!