There's an old adage, “Give a man a fish and he’ll eat for a day, teach him to fish, and he’ll eat for a lifetime.” That’s exactly what is happening at the UTMB Osher Lifelong Learning Institute (OLLI) at the University of Texas Medical Branch (UTMB).

A leading-edge concept in health education is the evolution of teaching kitchens. Healthy eating helps prevent obesity and a number of chronic diseases, such as diabetes and heart disease. Big or small, any space can be transformed into a teaching kitchen. The demonstration area at OLLI provides an opportunity to combine people's passion for food and cooking with practical, evidence-based nutrition training.

OLLI, which was founded thanks to generous contributions from the Campbell Family Foundation and a five-year grant from Dean Callender, has a demonstration cooking station complete with cooking supplies, utensils, blenders, mixers and a commercial microwave. The kitchen is used to teach healthy culinary skills to UTMB students and OLLI members, who are adults age 55 and older.

Dr. Victor Sierpina, a professor of family and integrative medicine at UTMB, teaches cooking sessions during which students learn how to use slice, dice, chop and prepare different recipes. They discuss food labels, shopping and nutrition concepts, and learn how to counsel patients effectively on improving their shopping, cooking and eating habits.

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One exercise conducted by the students involved preparing a week’s meal plan for an older couple on a limited budget. They then varied the menus for families of different ethnicities. The session culminated with a field trip to a local grocery store where they explored labels, food groups and noted the marketing strategies of shelf and floor placement (strategic product placement does not always support the healthiest food choices).

OLLI members benefit from a wide array of nutrition and healthy lifestyle courses and seminars developed and presented by community health partners, experts from Texas A&M’s AgriLife Extension, faculty and fellows from UTMB’s Department of Family and Integrative Medicine, students in the UTMB School of Health Professions Science and Dietetic Internship program, and researchers from Stark Diabetes Center.

“Cooking, menu selection and even informed grocery shopping take on new importance to aging individuals. Medication interactions, digestive changes and fluctuations in mobility all impact overall health,” says Michelle Sierpina, PhD, founding director of the Osher Lifelong Learning Institute.

Last year, OLLI became an inaugural member of the Teaching Kitchen Collaborative (TKC), an invitational network of thought-leading organizations that uses teaching kitchens as catalysts of enhanced personal and public health across medical, corporate, school and community settings.

The collaborative was born out of the Healthy Kitchens, Healthy Lives® conference, which was first hosted in 2006 by the Culinary Institute of America and the Harvard T.H. Chan School of Public Health Department of Nutrition. The conference provides medical professionals with information on the latest in nutrition science, exercise and movement, mindfulness and health coaching.

Over the years, conference participants became inspired to build their own teaching kitchens to help boost health education across their local communities. The TKC was created in 2016 to help early adopters learn about each other’s facilities and educational programs, establish best practices, and assess the clinical, behavioral and financial impact of recommended best practices.

“OLLI’s mission to improve health and quality of life aligns with the core values and mission of the Teaching Kitchen Collaborative,” says Michelle Sierpina. “The partnership can help older individuals across the community learn how to make healthy choices and improve their quality of life.”

The collaborative currently consists of 32 members from organizations including Princeton University, Cleveland Clinic, Boston Medical Center and Google, Inc. UTMB’s invitation to the collaborative can be credited to Dr. Victor Sierpina who has a long-standing history of work with Dr. David Eisenberg, the director of Culinary Nutrition at the Harvard T.H. Chan School of Public Health. The two have collaborated on research regarding nutrition education in medical training.

“We are honored to work with and learn from colleagues across the nation,” says Michelle Sierpina. “We’re all working together to bring the latest evidence and best practices into our communities.”

OLLI is currently registering for Summer School, which offers college-level courses to adults aged 55 and older (no previous education required). To view the full OLLI curriculum, visit www.utmb.edu/olli.
Big plans for League City Campus Expansion

“The only thing that is constant is change.”- Heraclitus

Staff and visitors to the 62-acre UTMB League City Campus are starting to see even more growth since the League City Hospital opened last June. In addition to the current construction of the MD Anderson Cancer Center outpatient facility and an underway utilities infrastructure expansion, the University of Texas System Board of Regents approved a $156 million expansion in May that includes a new parking garage and pedestrian sky bridge, expansion of the existing hospital, a multi-use support building and an academic and patient care center.

MD ANDERSON CANCER CENTER LEAGUE CITY CAMPUS

The future four-story outpatient cancer treatment center will be a 190,000-square-foot facility that complements UTMB’s inpatient facility on campus. UTMB will occupy a portion of the second floor with a multi-purpose 10,000-square-foot clinic containing 12 exam rooms and two treatment rooms. The MDACC League City Campus is projected to open in the summer of 2018.

PARKING GARAGE AND SKY BRIDGE

The parking garage and pedestrian sky bridge are slated to begin construction this summer, just prior to the opening of the MD Anderson Cancer Center outpatient facility. The 740-stall structure will feature an air-conditioned sky bridge that connects the parking garage to the hospital, and it will be wide enough for two golf carts, operated by transportation personnel, to pass through in order to assist patients and visitors.

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In collaboration with MD Anderson Cancer Center (MDACC), a new Academic and Patient Care Center (APCC) will be developed and constructed on the League City Campus to serve as an integrated space that blends education, clinical research, oncology treatment and telemedicine technology. The APCC will consist of a shared telehealth/teleconference center, instruction space, a radiation treatment component for UTMB patients; and a small business center to support the clinical research activities of both institutions.

**EXPANSION AND SOUTH TOWER CONSTRUCTION**

The expansion of UTMB League City Hospital includes the addition of 165,000 square feet to the existing 283,000-square-foot hospital to accommodate new patient rooms and related services. The hospital currently houses 20 medical/surgical patient rooms; a labor, delivery and postpartum (LDRP) unit with 11 rooms; an emergency department with 10 rooms and a complete diagnostics lab; two functional endoscopy suites with shell space for two more; and six operating rooms in use with shell space for four more.

Construction began in May in the emergency department (ED) to build a six-bed “fast-track” area for patients with non-emergent conditions that can be quickly treated by a nurse. The fast-track area will help decrease patients’ length of stay in the ED and is expected to increase patient satisfaction. Five additional patient treatment rooms will also be added.

In addition to expansion in the ED, the existing shelled endoscopy and operating room spaces will be completed. This will give the hospital a total of four functioning endoscopy suites and ten operating rooms. The LDRP unit will add six rooms that will mirror the existing birthing suites to create a 17-bed unit. Additional diagnostic and treatment areas, pre-and post-surgical rooms and cardiac catheterization service areas will also be included in the expansion.

Construction will also begin on a five-story south tower that will connect to the existing building. The first two floors of the tower will house diagnostic and treatment services, environmental services, linen, transportation, materials management, a centrally-located dining hall, kitchen, an inpatient pharmacy, clinical laboratory and office space. The third and fourth floors will each contain 30-bed patient care units.

One floor of patient care units will include 20 intensive care unit (ICU) beds and 10 acuity-adaptable oncology beds, 10 pediatric beds and 20 medical/surgery beds. The rooms will allow providers to meet the needs of any of the four acuity levels of care: intensive care, stepdown care (an intermediate level of care), acute care and observation status.

The fifth floor of the south tower will serve as shelled mechanical space and provide a buffer for future upward expansion so patients will not be disturbed or displaced during any future construction. The tower is designed to eventually hold 12 floors and 240 patient beds.

General preparations for the expansion will begin in the fall; work on the south tower will begin in early to mid-2018. New areas of the hospital are expected to be operational by mid-2020.

League City Campus celebrated their one-year anniversary June 21. Thank you to everyone at the UTMB League City Campus for providing compassionate, state-of-the-art care to meet the needs of our patients. We will continue expanding access to care at each of our campuses and congratulate League City campus on their one-year anniversary.
Clinical Safety & Effectiveness Program concludes Session 11

Each Clinical Safety and Effectiveness (CS&E) session, teams select an area for improvement in their department and identify, measure and find ways to minimize variation to maximize the quality and safety of the health care we deliver.

The 11th CS&E session concluded last month. Four teams presented the projects they began in January 2017 during the graduation ceremony.

Team 1: UTMB Health Pain Clinic: Medication electronic prescription standardization

The UTMB Health Pain Clinic, located in the Multispecialty Care Center and Stark Diabetes Clinic in League City, has the capability to prescribe medications using an electronic system referred to as “ePrescribe.” This system enables providers to electronically send the patient’s prescription directly to his/her designated pharmacy, instead of giving the patient a paper prescription.

Using the electronic system, unnecessary trips to the clinic for refills on behalf of the patient can be minimized. This team’s goal was to reduce the number of patients with paper prescriptions for opioid medication refills by 12 percent. This involved training physicians on the use of ePrescribe, educating patients about the refill process, and ensuring work flows in the electronic medical record were effective and efficient for all members of the care team.

As a result, the team successfully converted 98 percent of their patients to ePrescribe. No patients with electronic prescriptions drove to pick-up a physical prescription from the clinic during the April-May timeframe.

Team 2: TDCJ Hospital Galveston: Average length of stay improvement

TDCJ Hospital Galveston was experiencing a high average length of stay (ALOS), meaning less patients were able to be seen by UTMB Correctional Managed Care. As a consequence, many offender patients were ending up in free-world patient care facilities.

To help address this problem, the team set a goal to reduce the current ALOS for units 6B and 7B in Hospital Room staff during the discharge process.

The latest data for unit 7B showed an ALOS of 6.7 days. This project continues and post-intervention data is being monitored.

Team 3: Laboratory: Manual requisitions improvement

Manual orders increase delays and errors in the delivery of patient care. To help reduce these errors, the team redesigned the order form to clarify instructions and standardize the format. They also created a new process to control the number of orders in circulation and documented a downtime process. The team’s goal is to reduce the mean number of errors per form for clinical pathology by September 2017. The intervention will first be piloted with nurse practitioners.

Team 4: UTMB Angleton Danbury Campus: Improving readmission rates

The team’s goal was to decrease the inpatient 30-day readmission rate for the diagnosis-related group (DRG) “heart failure and shock with major complications or comorbidities” from 30 percent to 20 percent by August. Although not all readmissions are preventable, the team worked to address potentially preventable risks, such as problems with medications (e.g., medication reconciliation), ensuring patients received health education and that discharge information was adequate. They ensured patients received follow-up phone calls and follow-up appointments post-discharge. The team will expand on this work in the coming months to decrease the rate of readmissions among this patient population to 15 percent by February 2018.
The University of Texas Medical Branch at Galveston has been recertified as a Level I Trauma Center by the Verification Review Committee of the Committee on Trauma of the American College of Surgeons. Being a Level I trauma center means UTMB’s emergency department is able to handle major traumatic injuries, including mass casualty situations, and has 24-hour coverage by general surgeons and care in a number of different specialties such as orthopedic surgery, neurosurgery, anesthesiology, emergency medicine, radiology, internal medicine, plastic surgery, oral and maxillofacial, pediatric and critical care.

A Level I center must also have a burn unit or a transfer agreement with another hospital to provide burn care. UTMB’s Blocker Burn Unit was the first burn center in the U.S. to be certified by both the American College of Surgeons and the American Burn Association, an accreditation it has maintained continuously since 1996.


Administrative Fellowship Program at UTMB Health

UTMB’s Health System Administrative Fellowship Program provides recent graduates from an accredited MHA program or similar degree plan with the opportunity to begin a successful career in health care administration. The majority of the one-year fellowship is divided into rotations, various committee and group meetings, and projects.

Taylor Duncan-Presson (third from the right) is the Health System’s 2017-2018 fellow. She is currently pursuing a master’s degree in Health Services Administration at Xavier University in Cincinnati, Ohio with plans to graduate in May 2018. During her fellowship at UTMB, Taylor would like to gain experience in the operational functions of an academic medical center. Her interests are in health system operations, quality improvement and patient experience. For more information on the Administrative Fellowship Program, please visit www.utmb.edu/administrativefellowship.
IMPROVE THE ACCURACY OF PATIENT IDENTIFICATION

Use at least two patient identifiers (name and date of birth) when administering medications, collecting blood or other specimens, transfusing blood or blood products, or performing any procedure or treatment, including diagnostic imaging or the delivery of food trays. Do NOT use the patient’s room number.

Eliminate transfusion errors related to misidentification by matching the blood/blood component to the order, match the component to the patient, and use at least two-patient identifiers prior to administration. Label all containers used for blood and other specimens in the presence of the patient.

IMPROVE THE EFFECTIVENESS OF COMMUNICATION AMONG CAREGIVERS

Report critical results of tests and diagnostic procedures on a timely basis (within 30 minutes) to the responsible provider. This includes lab, radiology and all other diagnostic tests.

IMPROVE THE SAFETY OF USING MEDICATIONS

Label all medications, medication containers (i.e., syringes, medicine cups, basins, etc.), and other solutions on and off the sterile field in perioperative and other procedural settings. (Note: Labeling of medications occurs when any medication or solution is transferred from its original container to another container and is not immediately administered. Do NOT pre-label.)

Reduce the likelihood of patient harm associated with the use of anticoagulation therapy. Provide patient education.

Improve the safety of using medications by conducting medication reconciliation (maintain and communicate accurate patient medication information). Obtain a complete list of the patient’s current medications (prescription medications, vitamins, supplements, over-the-counter medication and herbal supplements) when the patient is seen and compare that list to any medication ordered (i.e., look for any omissions, duplications, contraindications). Provide a complete medication list to the patient when they leave. Inform the patient that it is important to bring their up-to-date list of medicines with them every time they visit a doctor.

IMPROVE SAFETY OF CLINICAL ALARMS

Understand the clinical alarms policy, including:

- Clinically appropriate settings for alarm signals
- Appropriate times to disable alarm signals
- Appropriate times to change alarm parameters
- Understand who has the authority to set alarm parameters, change alarm parameters, and/or set alarms to “off”
- Check individual alarm signals for accurate settings, proper operation and detectability

REDUCE THE RISK OF HEALTH CARE-ASSOCIATED INFECTIONS

Comply with CDC hand hygiene guidelines by always cleaning hands before and after patient care, either with alcohol-based hand sanitizers or with soap and water. Be familiar with compliance data and goals for your unit.

Implement evidence-based practices to prevent health care-associated infections (HAIs) due to multiple drug-resistant organisms (MDRO). Hand hygiene, contact precautions, cleaning and disinfecting patient care equipment and the patient’s environment are essential strategies. Educate patient/family on prevention strategies when MDRO is identified.

Prevent central line-associated bloodstream infections (CLABSIs) by implementing best practices or following evidence-based guidelines. Prior to insertion of central line, educate the patient about CLABSI prevention.

Prevent surgical site infections by following evidence-based practices. Educate patients/family about surgical site infection prevention.

Prevent catheter-associated urinary tract infections (CAUTI) by implementing best practices or following evidence-based guidelines to prevent indwelling catheter-associated urinary tract infections.

IDENTIFY PATIENTS AT RISK FOR SUICIDE

Conduct a suicide risk assessment on patients to determine if they are at risk for suicide. If at risk, address immediate safety needs of the patient. Community resources and a crisis hotline should be provided to the patient and their family members.

UNIVERSAL PROTOCOL

Comply with universal protocol. Conduct the pre-procedure verification process. Verify correct patient,
SHOUT OUTS!

Jennie Sealy is a beautiful, exceptional, well-run hospital, and my physicians Dr. Patrick Roughneen and Dr. Tom Blackwell are the best! Thank you! (Cardiology)

I have been in the Cardiac Catheterization Lab twice and my experience was the same during both instances. I was a very difficult patient, but everyone was patient and professional with me. Nurse Sharon Howard is a gem! I will never forget her compassion. (Cardiac Catheterization Laboratory)

Patricia Ange-Silvas was an excellent nurse during my stay! (Ortho/Trauma)

Dr. Peter Starr is outstanding, Dr. Abelardo DeAnda is amazing and all of the other doctors who treated me are a caring group and truly gifted. I love all of your doctors! Whoever put these teams together is excellent at their job! Everyone who cared for me went above and beyond their job descriptions and made me laugh when I wanted to cry, went out of their way to make sure I was comfortable, and assured me that they would be there if I needed them. They were the best surrogate family I could have asked for. I only wish I could send each one of them a thank you card to let them know how much of a difference they made my stay there and how much I appreciate each kind word and bright smile. They are each unique people with the gift of caring for people I hope God blesses them and their families. UTMB is already a blessing to so many. Oh, and I can’t forget transportation! Perry in transportation is amazing! He “had my back” and took great care shuffling me around the hospital when I first arrived! I love this hospital, all of its people and all it does to help those in need! (Thoracic Surgery)

My nurses, Keva Clarke and Dionne Hickling, and my patient care technicians, Edna Baldonado and Kristie Schonfield, were the best. They were very professional and respectful. I wish all nurses and PCTs were as caring and provided as excellent care as they gave me. Wonderful job! (Medicine)

Dr. Melissa Defilippis is easy for teens to talk to and she includes them in the decision-making process. She does not talk down to them, nor does she talk over their needs. She makes them feel heard by coming out from behind her desk and making eye contact while they are talking. (Child Psychiatry)

Dr. Karthik Jayakumar was thoughtful, patient and showed true concern. My doctor identified my rare illness and ordered a test which confirmed my diagnosis. Dr. Jayakumar called in the prescription to my pharmacy and even called me the next morning to check on me. (PCP Family Medicine)

Dr. Robert Slater is amazing. I am just finishing my cancer treatment. He has helped me improve my wellness in countless ways! (PCP Family Medicine)

Dr. Michael Wilkerson diagnosed non-melanoma skin cancer on my face 8 years ago and quickly arranged to have it successfully removed. We now travel 45 minutes to use his services instead of using someone in our hometown. (League City Dermatology)

Dr. Megan Berman always follows-up quickly with test results and changes in medication. She is excellent in every way! (PCP Internal Medicine Primary Care)