As a five-star comprehensive academic medical center, the University of Texas Medical Branch is crucial to the communities it serves. The medical expertise of our doctors, nurses and health professionals is the kind only available at the best hospitals in the United States. We advance the understanding and treatment of illness and injury, train tomorrow’s health care workforce and develop the cures, solutions and approaches needed for a healthier future. Ranked ninth among 93 academic medical centers nationally in the 2019 Vizient Quality and Accountability Study, we demonstrate a commitment to the highest quality patient care.

We also serve as an essential hospital to the State of Texas, providing care to the most vulnerable patients, including the uninsured and underinsured, and a large portion of patients insured through Medicaid, which is the largest source of funding nationally for medical and health-related services for people with low income. Many of our patients also rely on Medicare, which is a federal health insurance program primarily intended for patients age 65 and older and also covers younger people with disabilities and those with end-stage renal disease.

Health systems with a significant proportion of Medicaid and Medicare patients are challenged by shifting reimbursement rates for the care they provide under these payment programs. These changes were accelerated by the Affordable Care Act (ACA), which was established in 2010 with the primary intent of controlling and lowering health care costs. National health expenditures in the U.S. far exceed that of other developed countries and are expected to reach 19.4 percent of the gross domestic product in 2027.¹

The ACA began a shift from a fee-for-service model (in which health care professionals are paid per person, per visit with a separate fee charged for each service provided) to a value-
with an emphasis on patient navigation for underserved patients. Another intent of the Affordable Care Act was to expand Medicaid eligibility in order to cover more low-income Americans. As states began this transition, Texas adopted the 1115 Medicaid Transformation Waiver. Similar to value-based payment programs, the waiver created opportunities for hospitals to obtain incentive payments for high-value, high-quality care provided to Medicaid patients and low-income populations. This has helped relieve some pressure on safety nets hospitals by covering more lives. However, in 2012, the Supreme Court ruled individual states could opt out of Medicaid expansion. Today, 37 states have expanded Medicaid coverage, but Texas remains a state that has not. It also remains the state with the highest rate of uninsured residents in the nation. By 2017, Medicare and Medicaid reimbursements had fallen $76.8 billion short of the actual costs of providing care, which includes personnel, technology and other goods and services required to provide hospital care, according to the American Hospital Association. For hospitals with a significant number of Medicare and Medicaid patients, ending each year with a positive margin has become increasingly difficult. According to America’s Essential Hospitals, most safety net hospitals operated with an average margin of 1.6 percent in 2017—that’s far below the 7.8 percent average of other U.S. hospitals. In 2017, hospitals also provided $38.4 billion in uncompensated care. While safety net hospitals receive some funding for the uncompensated care they provide from a variety of sources, including state and local governments, indirect medical education (IME) payments and disproportionate share hospital (DSH) payments, those payments are also steadily declining in many states.

Like so many other health systems facing these headwinds, UTMB must continually work towards developing strategies to deliver care more effectively and efficiently in our hospitals and clinics. We must forge partnerships in our communities and with payors to sustain operations while we continue to deliver exceptional patient outcomes and lower the cost of care. This has required that we reach outside our walls in novel ways to care for underserved and vulnerable patient populations. At UTMB, patient outreach helps us assure that patients receive regular preventive and chronic care in the outpatient setting. For example, UTMB’s Office of County Affairs has expanded their reach to help Medicaid patients access resources such as benefits assistance and transportation. Pop-up Clinics serve as a method of outreach to Medicaid and low-income patients and help individuals manage conditions such as diabetes. A Wellness Team is focused on pre-visit planning and patient scheduling, while an Outreach Team focuses on building and maintaining patient relationships with an emphasis on patient navigation for underserved patients. UTMB’s Health Maintenance Team reaches out to all patients to remind them to schedule important preventive care services, such as immunizations and screenings. By proactively managing patients in the outpatient setting, providers are able to keep patients healthier and out of the more expensive inpatient and emergency care settings.

Overall, the health care industry is experiencing a shift of services from inpatient to outpatient settings. Many surgeries and medical and diagnostic procedures that once required an inpatient stay can now be performed safely in an outpatient setting. This helps reduce the cost of care for patients, who have an increasing out-of-pocket responsibility for their care and is more convenient than an inpatient stay. As a result, many health systems are exploring effective strategies to grow capacity and infrastructure for outpatient services as well as improve the ability of patients to access outpatient care, including the use of telehealth and other technology. Building physician relationships and networks through partnerships or affiliations can also help build capacity and attract patients. Quality and value-based payor contracts are helping hospitals generate revenue in the outpatient setting. Meanwhile, hospitals are increasingly becoming utilized for higher-acuity, more intensive patient cases—some experts suggest they will eventually operate as large-scale intensive care units.

UTMB is moving boldly into the future of health care. As the industry continues to evolve, providers across the country are feeling the pressure to increase the value of the care we deliver, strongly consider patient convenience and address the ways patients from all walks of life prefer to access health care. Although we face many challenges as the industry transforms, and there are many facets to the headwinds of change we are facing, we are farther ahead than many other health systems because we have long had to think innovatively about how to deliver high-quality care and keep costs low.

As we continue to adapt to the future, we must continue to sharpen our focus on optimizing the patient experience, enhancing access to care and ensuring the appropriateness of tests and treatments in the right settings. Every employee in every role is critical to our success!

**FOCUSED ON**

**CLINICAL DOCUMENTATION INTEGRITY**

*Did you know* UTMB’s Clinical Documentation Integrity (CDI) specialists review up to 1,500 unique patient medical records each month?

To assess whether all medical conditions and treatments are appropriately documented in each patient’s medical record, the team—comprising more than 10 CDI specialists with backgrounds in nursing, medicine and coding—sends nearly 700 queries to clinicians monthly to ensure an accurate picture is depicted of the severity of patient illnesses and the extent of the care that was required. In turn, UTMB coding specialists translate the documentation into billable information. In three separate months during the 2019 calendar year, the CDI team has generated more than $1 million in revenue.

The most important trait of a CDI specialist is clinical knowledge because they decipher complex medical records and need to be able to recognize treatments and diagnoses that may not be clearly documented.

The growth of the CDI specialist profession has mirrored the health care industry’s increased focus on compliance with regulations, managed care profiles, payment for services rendered, quality of care improvement measurements and liability exposure. In recognition of the importance of quality documentation of care and the unique skills and expertise of CDI specialists, the team celebrated Clinical Documentation Integrity Week this month (Sept. 16-20).

UTMB’s CDI team recently presented three posters at the Annual Conference of the Association of Clinical Documentation Integrity Specialists (ACDIS). This was the first time UTMB had presented at this national forum.

The abstracts presented were: (1) Malnutrition: A focused study on the capture, impact and documentation opportunities related to malnutrition (Stacey Gaona, RN, CCDS); (2) Mortality Index: Understanding the intersection of population health and health care (Amy Pierce, RHIT, CCDS, CDIP) and (3) Development and implementation of institutional guidelines for the documentation and coding of Type 2 MI (Tu-Quynh Edwards, MD, MS, CCDS).

Congratulations to the team on their accomplishments!
**Malnutrition is a recognized risk factor** for poorer patient outcomes, including increased risk of complications and infections, a longer length of stay and even mortality. Achieving Best Care at UTMB requires adequate documentation of malnutrition and a thoughtful care plan to address it.

Malnutrition occurs over time if someone does not meet their nutritional needs. People become malnourished if they don’t eat enough, if they don’t eat the right types of food or if their body can’t absorb all the nutrients from food.

Symptoms of malnutrition include weight loss, loss of fat and muscle mass, swollen ankles, delayed wound healing, difficulty concentrating, irritability, depression and anxiety. Patients at the highest risk for malnutrition include adult patients with cancer, chronic obstructive pulmonary disease (COPD), end-stage diseases, dementia and depression and individuals on multiple medications.

The Academy of Nutrition and Dietetics and the American Society for Parental and Enteral Nutrition (ASPEN) state malnutrition should be diagnosed when providers identify at least two or more of the following six characteristics:

1. Insufficient energy intake
2. Weight loss
3. Loss of muscle mass
4. Loss of subcutaneous fat
5. Localized or generalized fluid accumulation that may sometimes mask weight loss
6. Diminished functional status as measured by hand grip strength

Over the last year, a Malnutrition Task Force, comprised of physicians, nurses, dieticians, clinical documentation specialist, inpatient coders and systems analysts, was convened to improve the screening, diagnosis and treatment of malnutrition. Some tools the team has developed to assist with the workflow in the Epic electronic medical record include a streamlined nursing nutrition assessment for completion upon inpatient admission and an improved best practice alert for providers on the process of cosigning dietetic orders as pertains to dietary needs.

In addition to the Malnutrition Task Force, a task force has been working to update protocols regarding inpatient requirements for NPO (a medical instruction meaning to withhold food and fluids) prior to radiological, procedural and surgical interventions. Active later this fall, the protocols will remove NPO where it is no longer evidence based and shorten the duration of NPO in congruence with best practice guidelines.

During the week of Sept. 23-27, UTMB raised Malnutrition Awareness with goals to educate health care professionals about the early identification and treatment of malnutrition; provide education to patients and their caregivers on the importance of discussing nutrition status with health care professionals; and increasing awareness of nutrition’s role in patient recovery.

Learn more about malnutrition at [http://www.nutritioncare.org](http://www.nutritioncare.org).
Cover your mouth, sanitize your hands and hide your children!

It’s official—it’s flu season.

Heightened attention is given to flu prevention each year, because the virus spreads easily and the severity of the virus from season to season can be difficult to predict.

A person may be contagious an entire day before they begin to experience flu symptoms, and once a person has the flu, coughing can spread the virus up to six feet away.

It takes about two weeks to build immunity after a flu shot. The CDC recommends that everyone six months and older get a flu vaccine by the end of October; getting vaccinated later, however, can still be beneficial and vaccination should continue to be offered throughout flu season, even into January or later.

Vaccination is especially important for those at high risk for flu-related complications, including adults 65 years of age and older, pregnant women and those with chronic health conditions.

Where should you go to get vaccinated? UTMB offers free flu shots to its employees, retirees and volunteers each year to help prevent the spread of seasonal flu. Visit https://hr.utmb.edu/ehc/flufree for details. Local pharmacies like CVS, Walgreens, Target, Walmart, Randall’s and Kroger also administer flu vaccines, or you can schedule an appointment with your primary care provider.

UTMB Health clinicians are encouraged to immunize their patients in both clinic settings and in our hospitals prior to discharge.

As a condition of continued employment, all UTMB health care workers must get an annual flu shot or formally decline the vaccination by signing a written statement. This policy applies to anyone who provides direct patient care, enters patient rooms and/or comes within 6 feet of patients in the course of his or her duties. Please visit the Employee Health webpage for more information about UTMB’s health care worker requirements.

UTMB Health has implemented a Flu Season Hospital Visitation Policy, effective Oct. 1. Hospital visitation will be restricted at all UTMB Health hospitals. Visitors should self-screen themselves for symptoms of the flu or respiratory illness (i.e., cough, sore throat, nasal congestion, runny nose and/or fever) and avoid visiting patients until their symptoms have cleared. Screening for the flu will be mandatory on certain units, such as the Neonatal ICU, Mother-Baby Units and Nurseries. Children under 8 years of age shall not be allowed to visit patient units without nurse or physician approval.


Best Care for Every Patient. Every Time.

For the third year in a row, UTMB Health has ranked among the nation’s top-performing comprehensive academic medical centers, according to the Vizient Quality and Accountability Study, earning the 2019 Vizient Bernard A. Birnbaum, MD, Quality Leadership Award. Ninety-three comprehensive academic medical centers nationwide participated in the study.

This year’s 2019 Comprehensive Academic Medical Center winners are:

1. Rush University Medical Center
2. NYU Langone Health
3. Mayo Clinic in Rochester, Minnesota
4. University of Utah Health
5. Hospital of the University of Pennsylvania
6. UC San Diego Health
7. Memorial Hermann-Texas Medical Center
8. Stanford Medicine
9. The University of Texas Medical Branch
10. Oregon Health and Science University
11. Houston Methodist Hospital

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CAREGIVER TIME OUT SESSIONS

FREE EDUCATIONAL SESSIONS FOR CAREGIVERS AND FAMILIES

Every Wednesday at 2 p.m. in Jennie Sealy Hospital Conference Room 2.506A, UTMB’s Health Resource Center offers 30-minute Caregiver “Time Out” sessions focused on caregiver support, self-care and other topics. Sessions are free and open to all. For more information, contact Patient Resource Specialist Savannah Parks at (409) 266-7542 or sjparks@utmb.edu

OCT. 2 – DIABETES PREVENTION PROGRAM AT UTMB
Presented by Hanaa Sallam, MD, PhD, CDE, Project Director of the Diabetes Prevention Program, Internal Medicine Department, Endocrinology Division
More than 30 million adults in the U.S. have diabetes. Unlike type 1 diabetes, type 2 diabetes is preventable. This session offers attendees guidance on how to make healthier lifestyle changes over time to cut your diabetes risk by half. The UTMB Diabetes Prevention Program is fully recognized by the Centers for Disease Control and Prevention.

OCT. 9 – NO SESSION THIS WEEK

OCT. 16 – ADVANCE CARE PLANNING
Presented by Jeff Farroni, PhD, JD, Director, Clinical Ethics Program
Along with the joy, excitement and love that embodies the human experience, so does confrontation with illness, injury and death. Many people have difficulty discussing such topics and have not yet contemplated their personal preferences and values when it comes to quality-of-life and end-of-life decisions. In fact, only about one-third of adults in the U.S. have an an advance directive. Join us during this session to learn about advance care planning, which offers a way to ensure that your health care choices are honored by your loved ones during those times in which you are unable to speak for yourself. We will discuss the utility of advance care planning, the different types of advance directives and how to select a health care agent.

OCT. 23 – STANDING TOGETHER TO PREVENT FALLS
Presented by Kirby Thierheimer, BSN, RN Trauma/Injury Prevention Specialist
Join UTMB Trauma and Injury Prevention to learn about addressing fall risks. This presentation was developed through the joint efforts of the American Occupational Therapy Association, the Academy of Geriatric Physical Therapy and the National Council on Aging. After the presentation, enjoy a fun game of fall prevention bingo!

OCT. 30 – MEDICARE 101
Presented by Mallory Freitag, Lead Benefits Counselor, Houston-Galveston Area Council
Learn the basics of Medicare, including different coverage options and important deadlines. This presentation also explores other available programs that assist individuals with Medicare costs, reviews ways Medicare beneficiaries can avoid common pitfalls, and ensures you will have access to quality health care. Open enrollment has started, so now is the perfect time to empower yourself with knowledge to make the best plan decisions for yourself and those for whom you care!

Please consider making a donation today to The Care Closet for patients and families in need of assistance!

Sometimes a hospital stay is an unexpected event for patients and their loved ones. At other times, individuals in our care have limited financial means. To assist patients and families in immediate need of non-perishable foods, personal hygiene products and basic articles of clothing, The Care Closet will open this fall on the UTMB Health Galveston Campus.

The space will be stocked with items which promote good health. The facility will also be equipped with a washer and dryer accessible to patients and their families. The pantry will only be accessible to designated staff of The Care Closet. Non-perishable food items, personal hygiene products and clothing are needed. Gift cards are also accepted. For more information, contact: Savannah Parks at sjparks@utmb.edu or 409.266.7542. Download a flyer at https://utmb.us/3j0.

Based on an informal poll, no hospitals in the Houston-Galveston region currently support an on-site food pantry. The Care Closet puts UTMB Health at the forefront of addressing a need that affects many patients and families who come to us for health care.

The Care Closet was first funded by the UTMB President’s Cabinet.
**Best Care in Action!** Kudos to a multidisciplinary team at League City Campus who went above and beyond when they came to the aid of a patient who had been admitted for a surgical procedure and experienced neurological changes afterward. A stroke alert was immediately activated, and the following members were present to assist in patient care:

PACU Nurses Rebecca Davidson, Spring Bucior and Crystal Bokorney; Patient Care Technician Angela Gage; Dr. Kent Harkey and Nurse Katie Brown in the Emergency Services; Dr. Dave Morris in Internal Medicine; and members of radiology and many other areas for coming together quickly to provide the needed care for the patient. General Surgeon Dr. Sara DeMola lauded the group for the their actions and would like to express her gratitude to everyone on these teams for their assistance in caring for her patient: “This just proves how good the system really can work. It was like magic!”

**Eighteen UTMB nurses** were recognized by Good Samaritan Foundation for Excellence in Nursing this month. Each year, the Good Samaritan Foundation honors excellence in nursing in six categories, awarding nursing’s “best and brightest.” The award recognizes nurses who are leaders at the bedside and offer extraordinary and compassionate care and service. Nurses are nominated by their peers for their passion, leadership, mentorship and service to our Texas communities. Kudos to Michelle Karsten, who cares for patients in the Recovery Room in Jennie Sealy Hospital, for her recognition as a Silver Awardee in the Large Hospital category. Seventeen additional UTMB nurses were recognized with the Bronze Award: Shana Cobos, Kendall Glasgow, Paula McPhee, Melody Reiss, James Bozeman, Marre Dang, Kelli Gonzales, Melissa Gonzalez, Mary Hill, Yolanda Leyva, Katheryn Mazoch-Henson, Sara Niebuhr, Kelly Oliver, Charmaine Shannon, Jacquelyn Svoboda, April Vaughan and Andrea Wirt. Our nurses were formally honored by the Good Samaritan Foundation at a luncheon on Sept. 5, 2019.

**Kudos to Tu-Quynh H. Edwards, MD, MS, CCDS!** She was named to the inaugural class of the ACDIS Leadership Council, a group of forward-thinking CDI leaders that will work to advance the strategic priorities of the profession.

**Patient Comments:**

My nurses—Ashlyn Schneider, Susan Nichols and Cheryl Clemons—were the absolute best. They treated me very well and were always receptive to my needs. Their positive energies and helpfulness made me feel better. I highly recommend them. (Jennie Sealy Hospital – Ortho/Trauma Unit)

Dr. Katherine Billingsley explains everything and goes beyond what she needs to. I was running behind to my appointment, and she gave me a call to make sure I was going to make it in. When I realized I couldn’t make it in enough time, she rescheduled me for when I was able to. (Pediatric and Adult Primary Care – Alvin)

Everyone was very polite, professional and helpful with my questions. Great customer service from every staff member in all positions from the receptionist, nurses, doctors, patient care technicians, residents, doctors, etc. (UTMB Health Medical Plaza at Clear Lake – Cardiology)

We have been with Dr. Juanita Ramirez for a while, and she remembers everything and understands the needs of my son! (UTMB Health Pediatric and Adult Primary Care)

Dr. John Moore is great. He explains everything in an upfront manner and in a way I understand. I am a “tell me how it is, no matter” what type of person and that’s one reason why I like Dr. Moore. (UTMB Health Primary Care – Texas City)

This was my first visit, and I was impressed with how it was handled. Dr. Wondiful Colbert was very knowledgeable about my problems and had suggestions for treatment. (UTMB Health Family Medicine – Angleton)

Dr. Vinod Kaushik was the first doctor I selected at UTMB, and he impressed me with his sincere concerns about my issues, knowledge about my health problems and the great way he communicates. That caused me to leave the other very good doctors I had been seeing for 10 plus years in the Texas Medical Center in Houston. The proximity of UTMB League City facilities and the team of excellent doctors I have chosen have met all my expectations. (UTMB Health Multispecialty Care Center – Geriatrics)