The University of Texas System Board of Regents approved UTMB Health’s plans on August 24 to build the new Jennie Sealy Hospital. Full approval of the building by all entities will take place toward the end of October.

This is a momentous step in our efforts to revitalize our facilities and further advance our mission. Once completed in 2015, the new hospital will complement our growing network of outpatient clinics and expand our current inpatient capacity by providing UTMB with 20 state-of-the-art replacement operating rooms, 54 highly advanced Intensive Care rooms and 192 new patient rooms, thus ensuring our continued ability to provide state-of-the-art care to a rapidly growing region and state. It will also promote patient- and family-centered care, and provide an ideal learning and working environment for students, faculty and staff.

The Regents’ approval of this project signifies not only UTMB’s importance to the health of the region and the state, but also that we have solid plans for ensuring our financial health well into the future.

The remaining $118 million in construction costs will be funded by UTMB and through a planned effort to raise $100 million in additional philanthropy.

Exciting days are ahead. You will be hearing soon about a “family” event to commemorate the demolition of the current Jennie Sealy Hospital, and we will provide updates as the project progresses.

The new Jennie Sealy Hospital will afford us the opportunities to train the health care work force of the future, provide an advanced healing environment for our patients, and create an outstanding work environment for our faculty and staff.

Sincerest thanks to everyone who has worked so hard and been so supportive of this vital new hospital.

UTMB Health also extends its deepest gratitude to The Sealy & Smith Foundation, which has pledged $170 million to the $438 million hospital project. This is the largest single gift in the foundation’s 89-year history, and brings the foundation’s total giving to UTMB to nearly $800 million. So much of the excellence that exists here today is the result of The Sealy & Smith Foundation’s generosity, and this new gift extends the foundation’s positive influence on health care in our city, our region and our state far into the future.

UTMB Health also thanks the members of the 81st and 82nd Legislative Sessions for approving and appropriating debt service for a $150 million Tuition Revenue Bond to support construction of the new hospital. We greatly appreciate their vote of confidence in our mission and our future.

This milestone represents a tremendous collaborative effort on the part of countless UTMB faculty and staff.
UTMB Health is launching an extensive and mission-critical initiative: UTMB Connect. This project will prepare us for new, federally mandated documentation and coding requirements needed to bill patients for our services (ICD-10 CM/PCS).

The effort also involves replacing all revenue cycle information systems, an inclusive term for support processes like scheduling, registration and billing.

For UTMB, this is a high-priority, high-profile initiative — one that will demand considerable work and attention over the next two-and-a-half years, and affect just about everyone. To put it simply, we cannot afford to fail or experience delays! As part of UTMB Connect, we will:

- Replace existing Siemens Invision information solutions currently used for patient scheduling, registration and billing with Epic's integrated software system, streamlining charge capture and combining all patient data into a single electronic record. Physicians and staff will be able to efficiently retrieve complete, up-to-date information to support their work.
- Ease patients' ability to schedule appointments and efficiently get registered or admitted across UTMB care settings, capitalizing on these new tools.
- Implement these systems in a way that maximizes the efficiency of our work while helping patients and securing all the revenue we can expect.
- Prepare for the changes required to support a transition to documentation and coding using the latest generation of ICD-10 diagnosis and procedure codes — such as learning what they are, identifying and changing information systems that use and depend on these codes, teaching providers how they'll need to change their documentation, modifying revenue systems to meet updated payer contracts, and anticipating how to merge reports with old and new codes.

Why this and why now?

The new ICD-10 classification system is intended to drive health care improvement by enabling accurate identification and payment of new procedures and fostering better understanding of health conditions and outcomes.

ICD-10 codes must be used on all claims after Oct. 1, 2013. Otherwise, claims and other transactions will be rejected, and will need to be resubmitted with the ICD-10 codes. This will result in delays and WILL impact reimbursements. (This change does not affect CPT coding for outpatient procedures.)

Why is ICD-9 being replaced?

Developed in the 1970s, the ICD-9-CM coding system no longer fits with the 21st century healthcare system.

Specifically, ICD-9-CM:
- Lacks sufficient specificity and detail
- Is running out of capacity, and the limited structural design cannot accommodate advances in medicine and medical technology and the growing need for quality data
- Is obsolete and no longer reflects current knowledge of disease processes, contemporary medical terminology, or the modern practice of medicine
- Hampers the ability to compare costs and outcomes of different medical technologies
- Cannot support the US transition to an interoperable health data exchange in the US

Replacing ICD-9-CM with ICD-10-CM will better maintain clinical data comparability with the rest of the world concerning the conditions prompting healthcare services. ICD-10-CM will make it easier to share disease and mortality data at the time when such global data sharing is critical for public health. It will also improve the United States’ ability to track and respond to international public health threats, increase the value of the US investment in SNOMED-CT®, and better achieve the benefits of an electronic health record.

The ICD-10-CM system consists of more than 68,000 diagnosis codes, compared to approximately 13,000 ICD-9-CM diagnosis codes. ICD-10-PCS consists of 87,000 procedure codes. Together the ICD-10-CM and ICD-10-PCS codes have the potential to reveal more about quality of care, so that data can be used in a more meaningful way to better understand complications, better design clinically robust algorithms, and better track the outcomes of care. ICD-10-CM and PCS incorporate greater specificity and clinical detail to provide information for clinical decision making and outcomes research.

Revenue Cycle Information Systems Integration

Integrating revenue cycle processes with other Epic electronic health record functions will enable benefits like automatic charge capture when a clinical activity is documented and minimize additional interface or re-entry, along with other benefits.

By merging revenue cycle system replacement with ICD-10 preparations in Epic’s integrated system, we’re avoiding the waste of time and resources to make required changes in our existing Siemens Invision systems to accommodate ICD-10 coding changes. For everyone who has contact with a patient or a patient’s record, your work will change!

When will this take place?

Because ICD-10 codes must be used for billing beginning Oct. 1, 2013, we must be able to electronically bill using the new ICD-10 codes in our new Epic modules before then. To ensure a smooth transition, our goal is to have the IS portion installed six months prior to that deadline to enable us to maintain or even enhance our revenue stream.

Some overarching principles will guide our efforts:

- Preserve cash flow
- Improve patient satisfaction with our services
- Implement the new Epic applications in all clinical areas
- Meet project timeline milestones, budget and scope targets
- There will be no resources provided to make any changes to the Siemens systems during this time

How will employees hear more?

More detailed communications for those involved in the transition process will follow:

- A project web page on iUTMB, attached to the Clinical Information Systems page, will be created.
- Periodic communication about our progress against milestones, via email broadcasts, iUTMB and other internal communication channels will be distributed as needed.
Healthcare rules are becoming more complex, customers have higher expectation, and staff members are being held at a higher level of accountability than at any other time. HFMA’s Credentialed Revenue Cycle Representative (CRCR) program provides healthcare organizations with a means to ensure that their revenue cycle staff members have the body of knowledge necessary to meet these demands.

Over the past year UTMB Health’s revenue cycle departments of Admitting, Hospital Patient Financial Services, Precertification, and Physicians’ Billing Services licensed and implemented the Healthcare Financial Management Association’s (HFMA) Credentialed Revenue Cycle Representative (CRCR) program. The program was introduced to employees of UTMB as a way to set performance standards, to provide a path for career growth, and to recognize proficiency in the revenue cycle staff and consists of an online, comprehensive, self-study course available to all UTMB employees.

The course is divided into several chapters covering a broad range of topics including Compliance, Patient Access, Claims Processing, Account Resolution, Cash Posting and Reconciliation, Financial Management, and Support Departments. Averaging approximately 15 hours of study, the curriculum is designed to assist revenue cycle staff and associated departments reach a higher level of proficiency and accountability in a healthcare environment where rules have become more complex, and customers have become more demanding.

Once all class work has been completed, each candidate is eligible to sit for an online proctored 3 hour exam. Upon successfully passing this exam each candidate earns the nationally recognized designation of Credentialed Revenue Cycle Representative (CRCR) and a diploma from the national office of HFMA.

The following individuals are Credentialed Revenue Cycle Representatives working at UTMB Health:

- Cyndi Barrs, *Finance Manager II*
- Paige Arenschield, *Hospital Account Specialist II*
- Madeline Arthur, *Accountant II*
- Rebecca Garcia, *Hospital Account Specialist I*
- John Dayter, *Hospital Account Specialist I*
- Lisa Walker, *Hospital Billing Specialist I*
- Tammy Martin, *Hospital Account Specialist I*
- Meccah Fisher-Van Buren, *Hospital Account Specialist II*
- Nicole Beene, *Hospital Account Specialist I*
- Monika Bury, *Patient Registration Specialist II*
- Brenda Desormeaux-Maser, *Hospital Account Specialist I*
- Faith La Day, *Manager of Patient Accounts*
- Kim Dionne, *Hospital Account Specialist I*

Many others have completed all of the coursework and need only pass the exam to become credentialed. An additional 63 others have registered for the courses and are at various stages of completion. Congratulations on your achievement!

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**Ambulatory Press Ganey Improvements Plans**

Several ambulatory teams recently conferred to discuss initiatives implemented at their clinics and the results of how well those implementations improved their Press Ganey patient satisfaction scores. As you will recall, patient satisfaction scores will be critical in 2013, when the Centers for Medicaid and Medicare Services (CMS) begin withholding payments to hospitals and paying them back based on performance and improvement on a set of clinical and patient experience-of-care quality measures.

Presentations from Friendswood Pain and Neurology, Dickinson Family Medicine, 4th Floor Primary Care (UHC), Stewart Road Family Health and Nurse Triage for the Access Center revealed the following:

- **Focusing on one area of patient satisfaction** that is a “low performer” can make a big impact on overall mean score.
- **Encouraging patients to write down reason(s)** for their visit along with related questions/ concerns prior to their exam not only prioritizes the patient’s concerns and ensures they’ll be addressed, but can also help the patient develop an agenda for future visits. This is particularly helpful in primary care clinics, where a patient often has multiple reasons for their visit.
- **Using a script to close the visit with patients** helps ensure all of their questions were answered during their visit, reducing the quantity of follow-up phone calls post-visit.
- **Addressing action items such as prescription refills at the beginning of the visit can reduce** patients’ waiting time in the clinic while also helping to reduce follow-up phone calls.
- **Utilizing an After Visit Summary (AVS)** improves patient satisfaction by giving the patient a record of their vital signs, medication allergies, medications and laboratory tests ordered, as well as special patient instructions. In addition, the provider may also opt to include educational material for individual patients. The AVS can be previewed by the physician in the exam room to summarize the visit with the patient and printed for the patient as a take-home reference.

Remember, the patient’s perception of their care experience is crucial, and the more comfortable we make our patients, the more they will trust us, the more their anxiety lessens, the better they are able to understand what is going on, the better they’ll understand their treatment plan and the easier it will be to help them understand the importance of following through with their discharge instructions.

Improving patient satisfaction takes a lot of continued, consistent hard work. Standardizing tools and using them consistently is key. Staying the same will not keep us where we need to be since every hospital in the country is working hard on patient satisfaction measures.
Last fall, while living in California and waking up and getting ready for my day, the unexpected happened. The usual Monday morning turned into one of those life-changing moments.

My younger sister Jakki informed me that the baby of our family had just been hit, allegedly by a drunken driver, and was being rushed to University of Texas Medical Branch for emergency surgery.

I did my best to stay calm, to keep it together and take the necessary steps to arrange a flight to Galveston.

I showed up to UTMB that Monday, late in the evening, walked into the Surgical Intensive Care Unit waiting room to see my family sleeping on air mattresses, awaiting any and every report they could receive from the medical team. I never could’ve been prepared to see my baby sister in the condition she was in.

In that moment, my world shattered.

The nurses all seemed so concerned for our family. In the midst of my brokenness, their hearts for us nurtured us moment by moment.

Every hour, we waited to see what would be the next move, the next step to keep my sister alive, as our eyes stayed glued on the monitors.

We were not able to speak to her, as she had experienced severe brain trauma. Any brain stimulation could’ve caused major repercussions. Our only way of staying connected to her was through the reports that came through the doctors, nurses and the monitors.

As we held on to every word that was spoken to us about my sister’s situation, I could see the compassion, the deep concern and I knew that the team at UTMB truly cared. Day by day, I saw friend after friend who had taken employment at UTMB coming to my aid to assure me that they were there. Doctors, nurses, security guards, staff of all kind — my childhood friends were everywhere at UTMB and in a desperate time.

I cannot express the comfort I experienced to see a sea of friends all around. I wish I could personally thank every doctor, every nurse, every person who cleaned my sister’s room, to the gracious faces that always greeted my family and I as we walked through the doors of UTMB.

Because of my sister’s situation, I have returned to my beloved Galveston Island, as a proud B.O.I. (born on the island). I often get to see those familiar faces who were a part of keeping my sister alive.

Each time I see them, I get to thank the generous staff members who were a part of our journey.

Sarah’s journey is not over, as she is still in a nursing home, and we still are awaiting to hear her speak.

As I write this letter of gratitude to UTMB, today my family and I celebrate Sarah’s daughter’s second birthday. Naturally, we’d give anything to hear her be able to wish her daughter a very happy birthday. But as we continue to hope for her full recovery, I eagerly anticipate the day where my sister herself can walk the halls of UTMB and personally thank them for all they did in preserving her life.

I long for the day when Sarah can personally show up to UTMB and say, “Thank you, U T-ook M-e B-ack.”

Arica Angelo is the sister of Sarah Hrachovina Coreas, who was critically injured in a wreck at 61st Street and Interstate 45 frontage road. The accident led to a change in the configuration of traffic lights.
A patient complimented The Specialty Care Center at Victory Lakes on the ease of access to the pain clinic and was especially appreciative of how convenient and streamlined everything was. He received additional care at John Sealy Hospital and would like to especially thank the following individuals:

Victory Lakes Pain Clinic Experience
- Dr. Daneshvari Solanki (pain management and original coordinator of diagnostic/therapeutic plan)
- Dr. Gulshan Doulatram (pain management)
- Dr. Michael Cook (pain management)
- Dr. Sassan Ehdaie (pain management fellow)
- Dr. Erin Sreshta (pain management resident)
- Dr. Gregory Lawler (pain management resident)
- Victory Lakes Administrative Staff (Jennifer Cohen and others...)

Victory Lakes Operating Room
- Security Guard who greeted me and wheeled me up to surgery center
- PACU Nurses (names I do not have but they were excellent and called to check in the next day)

John Sealy Experience
- MRI techs (Dennis and Others)
- Belinda Escamilla and the Radiology team
- Dr. Patterson and Dr. Mohanty (joint neurosurgical consult)
- Preoperative Day Surgery Nurses (fantastic)
- Intraoperative Nurses (Roger and Al Lablanc...et al)
- Scrub Tech
- ANESTHESIA TEAM: Dr. Chris Mcquitty and Dr. Paul Ford (Fantastic Anesthetic. No pain, No nausea, No sore throat, great bed side manner... two of the best anesthesiologists on staff in my opinion)
- PACU Nurses (Tammy did a wonderful job)
- Post op Nurses (Cindy Ivy)

Dr. Contreras and the Surgery team at Victory Lakes Specialty Care Center also received kudos from a cataract patient: “Just wanted to say thanks to staff for an outstanding job on Tuesday for my cataract surgery. I felt so pampered! You have a great organization and staff.”

“My 7-year old granddaughter was recently admitted to UTMB, Unit 6C. My son, raised by a nurse-mother like me and a UTMB/Mayo physician-stepfather for 32 years until his passing in January, was extremely pleased with the nursing care, as well as with the physicians who took time to answer all his questions. Thank you for your outstanding staff and their outstanding care of my granddaughter.”

Sandra Cruz in Family Medicine was described as “very attentive and did a wonderful job explaining testing procedures and medication instructions.”

A patient’s mother recently wrote describing the wonderful experience she and her son had during his visit to the Emergency Department. “It was exactly what one would hope to receive as a patient and exactly what administration hopes is being achieved.” She said all of the staff was fabulous with her son: “very patient, compassionate, funny, and kind!” When they were being discharged, her son asked if they could find Chad Connally to tell him thank you—she thought that was impressive from a nine year old who had to get an IV!

Gloria Moore and Cindy Jones from Transportation Services “work hard, always wear a smile and possess very positive attitudes.”

Ralph Chavarria and Maria Barrientos from Environmental Services: “kind and compassionate.”

Other positive mentions:
- Lois A. Killevich, MD, PhD and staff; From 5D Medicine: Tammie Michael, Tony Eappen, Theresa Perry, Eva Southall, Dr. Russell LaForte; Mia Pearson in 7A; Dr. Daniel Beckles in CT/Vascular Surgery and William Sevier in Neuro-Surgery

Many, many more to come! Great job everyone!

Satisfied? pins and posters help remind staff and patients that their experience is important! Posters can be obtained by visiting http://www.utmbhealth.com/oth/Page.asp?PageID=OTH000948 or contacting Nicole Baxley at nibaxley@utmb.edu.