Continuing UTMB Health’s Transformation: Building a Culture of Trust

Incredible work has taken place at UTMB throughout our recovery from Hurricane Ike and our efforts so far have been met with great success. Today, we have a number of reasons to be optimistic about our future. While structural repairs and mitigation continue, we see visible signs of progress toward being storm proofed.

We are also in the beginning stages of a campaign to build the new Jennie Sealy Hospital, increase education and research space, and provide scholarships and endowments to the best and the brightest in health care and research. In addition, we have begun revisiting our work processes and achieved financial success in the face of trying conditions. We have come a long way and we recognize that there are still many challenges on the horizon.

As we continue moving forward in our transformation, we honor our past as we think about what we need to be successful in the future. There is a definite sense of compassion and high level of integrity at UTMB. We all have a high level of respect for our patients and for one another. We must now focus on how to hold onto our amazing transformation: What needs to be done moving forward so we can continue our success? What needs to be addressed to continue turning out great new health care professionals and scientists? How can we develop new ways to deliver health care and provide the best care to our patients? Overall, how can we more efficiently and effectively support all of our mission areas?

An important next step in our journey is building a Culture of Trust. This is not to imply that we don’t trust one another, but rather it addresses how we work together and hold each other accountable. It is about what we do as individuals to make our teams and institution successful—how we collaborate. Many institutions have already done work around this in the realm of patient safety, and as those efforts were recognized, the practice spread into broader areas of work. At UTMB Health, we must think more about what this means to us. Achieving a Culture of Trust requires an understanding of the values, beliefs, and norms that are important to us, and what attitudes and behaviors related to quality, safety and service are supported, rewarded and expected.

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In the first few years after Hurricane Ike, it was easier to overlook things that weren’t quite right. We functioned in survival mode—sometimes it was only feasible to focus on the minute, hour, day or week to move forward. But that time is behind us and now it’s time to start paying attention to all of the things that need to be corrected to ensure a very high level of service. If something is broken, it needs to be repaired promptly; if something is not properly labeled or misplaced, the issue must be immediately addressed.

It is inevitable that people will make mistakes or experience misunderstandings in any work environment. Sometimes, being busy can act as a barrier to good judgment, but we mustn’t let that happen at UTMB. When events occur that cause harm or have the potential to cause harm to patients or staff members, or that place the institution at risk, a choice exists: to learn from the experience or to find fault in one another. We choose the former.

The British psychologist, James Reason, spent a great deal of time on the analysis of errors in fields as diverse as aviation and nuclear power. His studies revealed that significant safety failures are almost never caused by isolated errors committed by individuals. Instead, most accidents result from multiple, smaller errors in environments with serious underlying system flaws. In this model, coined the Swiss Cheese Model, errors made by individuals resulted in disastrous consequences due to flawed systems—the holes in the cheese. This model not only has tremendous explanatory power, but it also helps point the way toward solutions—encouraging personnel to try to identify the holes and to both shrink their size and create enough overlap so that they never line up in the future.

The lesson in all of this is that learning from errors often points to beneficial changes in systems and management processes as well as in individual behavior. Every member of our team must be able to speak up about problems, errors, conflicts and misunderstandings in an environment where it is the shared goal to identify and discuss problems with curiosity and respect.

We must be willing to live the mantra, “Safety and service are our first priority.” We must be willing to abide by the foundations of a Culture of Trust:

- Work with respect, teamwork and transparency
- Commit to sharing information and learning
- Report mistakes and system flaws—it is safe and valued
- Recognize individuals who act with safety in mind
- Listen to news, whether good or bad
- Treat everyone justly and fairly
- Working together, we will continue to work wonders!

UTMB Family Campaign 2012
Now Underway!
Feb 13-March 16
Make Your Pledge Today!

Magnet Status Update
On Monday, February 13, we learned that we are one step closer to ANCC Magnet recognition! Magnet appraisers have reviewed the application submitted on September 30, 2011, and it is in the opinion of the appraisers that satisfactory evidence was submitted for 79 of the 88 sources of evidence; additional clarification has been requested, which is not uncommon, for the remaining nine items (to be submitted by March 15). If UTMB scores within the range of excellence, appraisers will visit UTMB to validate and verify we are a Magnet!

Construction Update:
High Impact Project Coming Soon

- City of Galveston road work continues on Fourth Street/Holiday Drive; student parking spaces temporarily affected
- Series of lane closures on Market Street for infrastructure work
  - First project begins Monday, Feb. 13—Eastbound lane between 9th and 10th
  - Future dates to be publicized when final
- Lots of infrastructure improvements (telecommunications, etc.) that will necessitate road closures taking place; should be done by April 2012
- Temporary changes to hospital entrances as concourse work begins:
  - John Sealy Hospital’s East Entry (by chapel) closed Feb. 13, 2012, for the duration of the Jennie Sealy Hospital project. In order to minimize any risk of infection for our patients, the doors were closed and sealed to prevent dust from entering the building due to the close proximity of the demolition and construction activities. Pedestrians will be directed to enter at the main entrance of the hospital for the duration of the Jennie Sealy Hospital construction.
  - More details to come…
Comprehensive Maternity Center Ribbon Cutting

On February 15, 2012, the grand opening and ribbon cutting of the new Comprehensive Maternity Center marked the completion of the first phase of modernization in John Sealy Hospital. Work began in June 2010 to modernize four wings in the hospital, and provide 54 remodeled rooms. Each of the new, versatile rooms averages 300 square feet with hardwood floors, refrigerators, flat panel televisions and a sofa bed for visitors. The environment says everything to people. People who see a modern, attractive environment tend to behave differently, more positively and with more care. The environment also allows us to set a higher level of professional standards.

What is the Single Billing Option?

Organizations that use Epic for both hospital and professional billing can take advantage of integrated Single Billing Office (SBO) features, which allows for a single, unified patient statement. It also combines hospital and professional customer service and self-pay offices so one call is all a patient needs to make.

- A single bill and payment plan increases patient satisfaction.
- A single account simplifies follow-up and back office staffing.
- A single point of customer service is convenient for patients and simplifies administration.

Resolute HB (Hospital Billing) team is ready for the BUILD! (Back row, left to right) Stephanie Everling, Ejay Birkmeyer, Lisa Swackhamer, Sara Jackson, Josh Beckenstein, and Randy Shelton; (Seated on top of table from left to right): Cheryl Arnold and BJ Willard; (seated on the bench from left to right): Angie Riley, Jennifer Butler, and Valerie Peterson; (front row): Laurence Laughlin
ICD-10-PCS Coding Tip: First Character in Procedure Code

The first character of the 7-digit procedure code is termed the SECTION character, which defines the general type of procedure being performed. Below is a table defining the Section values for the ICD-10 PCS code.

<table>
<thead>
<tr>
<th>Section Value</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section 0</td>
<td>Medical/Surgical</td>
</tr>
<tr>
<td>Section 1</td>
<td>Placement</td>
</tr>
<tr>
<td>Section 2</td>
<td>Obstetrics</td>
</tr>
<tr>
<td>Section 3</td>
<td>Administration (e.g. transfusions, infusions, injections, irrigation)</td>
</tr>
<tr>
<td>Section 4</td>
<td>Measurement and Monitoring (e.g. cardiac caths, EKG)</td>
</tr>
<tr>
<td>Section 5</td>
<td>Extracorporeal Assistance and Performance (e.g. mechanical vents)</td>
</tr>
<tr>
<td>Section 6</td>
<td>Extracorporeal Therapies (e.g. pheresis, phototherapy)</td>
</tr>
<tr>
<td>Section 7</td>
<td>Osteopathic</td>
</tr>
<tr>
<td>Section 8</td>
<td>Other Procedures (e.g. robotic assisted, suture removal)</td>
</tr>
<tr>
<td>Section 9</td>
<td>Chiropractic</td>
</tr>
</tbody>
</table>

Coming Soon:
Mondays in March
(Noon in Levin Hall Auditorium)

3/5: Dr. Cary Cooper, Interim Executive Vice President and Provost, Vice President and Dean, Graduate School of Biomedical Sciences

3/12: Donna Sollenberger, Executive Vice President, Chief Executive Officer, Health System

3/19: William Elger, CPA, Executive Vice President, Chief Business & Finance Officer

3/27: Dr. David Callender, President

SHOUT OUTS!

9C – Neu/Snsurg
Darla Stanford
Cheryl Clemons
Barbara Robinson
Barbara Cornell
Renee Addair
John Steven Carrio

Morrison Management Specialists
Donald Dillon

Spotlight on Joint Commission
WAIVED TESTING

Waived testing (WT) is laboratory testing performed at the bedside or near the patient.
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