May 2012

Culture of Trust: Under One Umbrella

A few months ago, UTMB launched a Culture of Trust. More than an initiative, it is a code of conduct that we shall adhere to far into the future. Over the coming months, we will feature articles in Friday Focus describing how various Health System initiatives fall under this umbrella.

The Culture of Trust 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, as well as how we collaborate. In health care, this means that all professionals assume complementary roles and cooperatively work together. Each and every team member shares a responsibility for problem-solving and makes decisions toward formulating and carrying out plans for patient care.

While our ultimate goal is to deliver the best possible care to our patients, and every team member is highly skilled in their individual roles, the greatest ways in which medical errors can occur is due to a lack of communication and flawed systems.

In general, barriers to good communication in health care environments revolve primarily around different communication styles, in part due to training (certain healthcare roles are trained to be more descriptive of clinical situations, whereas other roles are very concise); a lack of awareness/confidence in the education, knowledge or skills of other providers; and a fear of confrontation – ultimately, we must continue to work on teamwork and continuous communication and feedback without intimidation and worry of repercussions!

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 result 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.

Learning from errors often points to beneficial changes in systems and management processes as well as in individual behavior. By developing and implementing effective, systematic, standardized and measurable processes that we are able to continually evaluate and improve upon, we can decrease our vulnerability. Our shared goal should be to identify and discuss problems with curiosity and respect.

Health System initiatives such as training in Clinical Safety & Effectiveness, Lean Management, Crew Resource Management, Disclosure & Apology and General Communication Training are just a few of the examples of initiatives that will lead us to address these issues and guide us towards achieving the safe and just environments in which a Culture of Trust will thrive.

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Patient Services recently hosted an event to honor UTMB’s Volunteers. On May 21, the group gathered for its Annual Service Pin Awards ceremony. Volunteers had a chance to get to know one another a little better, enjoyed refreshments and most importantly, were recognized for their service based on hourly increments of the time they so generously donate to UTMB, our patients and their families. Below is a list of our volunteers and their hours donated:

100 HOURS
Flavia Brown
Amy Davis
Lona Dorman
Thayer Evans
Dachuan Jin
Olive Krell
Mary Anne Malfa
JoAnn Marsh
Wayne O’Quin
Larry Straw
Katherine Thatcher
Richard Tomaski

200 HOURS
Pat Barrios
Wayne Cox
Don Dietiker
Audra Duke
Gloria Ellisor
Priya Ramchandra
Lela Richard
Barbara Smith
Jo Soske

300 HOURS
Frances Allen
Amelia Collins
Michael Joseph
Annette Strayheart

400 HOURS
Carey Jennings
Patricia Johnson
Janie Pietramale
Rose Daniels

500 HOURS
Lavenia LaGrone
Charlene Lutz

600 HOURS
Sunny Chopra
CeCe Snyder
Elroy McHenry

800 HOURS
Kerry Harris
Linkie Wells

1,100 HOURS
Carl Schutz
Judy Schutz
Ella Mae Young

6,000 HOURS
Miguel Seratto

6,500 HOURS
Jim Stricklin

Correctional Managed Care Update

Earlier this month, UTMB President, Dr. David Callender, announced that UTMB’s Correctional Managed Care program will continue, as UTMB and the Texas Department of Criminal Justice (TDCJ) have reached an agreement to extend the existing CMC contract at least through May 2013.

The extension will ensure continuity of care for the offender population and clarifies a number of funds-flow issues between TDCJ and UTMB. More complex issues regarding the cost of and payment for correctional health care will be fully addressed by the 83rd Texas Legislature, which goes into session in January 2013. In the meantime, UTMB will continue to work with the UT System, TDCJ and elected officials to identify a more sustainable model for providing care to this vulnerable patient population.

Thank you to everyone involved in these ongoing discussions and to the dedicated and skilled CMC employees who continue to provide high-quality patient care under challenging circumstances.
UTMB Connect Epic Go-Live proceeds despite ICD-10 Delay

In late April 2012, CMS proposed that the date by which health care entities must comply with International Classification of Diseases, 10th Edition diagnosis and procedure codes (ICD-10) would be postponed by one year, from October 1, 2013 to a proposed date of October 1, 2014. CMS received final comments on their proposal May 17, but has not issued their final ruling. Despite this potential delay, UTMB will adhere to the original UTMB Connect Epic Access and Revenue Cycle Go-Live date of February 4, 2013. The ICD-10 team is still resolving issues and tradeoffs created by the delay regarding documentation to support ICD-10 coding.

As an academic health center with much at stake, we were well underway implementing plans for an entire replacement of our revenue cycle systems around the mandatory ICD-10 deadline for fiscal 2014. We are on track to implement software and practice/workflow changes no later than April 2013. We mustn’t lose momentum, but rather use the extra time to ensure we get this right!

Magnet Designation: Journey to Excellence

Magnet Recognition from the American Nurses Credentialing Center (ANCC) is the highest and most prestigious distinction a healthcare organization can receive for nursing excellence and high-quality patient care. Only eight percent of U.S. Hospitals have earned the Magnet Designation, and we are pleased to announce— that UTMB Health is only one step away from earning this award!

In October 2011, a document describing the organization’s leadership, programs, practices and clinical outcomes was submitted to the Magnet Program, and scored in the range of excellence. The next stage in the process begins on June 20, 21 and 22, when three appraisers from ANCC will be on-site to verify, amplify and clarify the information submitted. They will lead planned agenda meetings and visit patient care and procedural areas.

Anyone may be approached by an appraiser asking, “Why are you proud to work at UTMB Health? What difference do you make in a patient’s care?” Think about how you might respond to these questions and speak with pride about what you do every day to make a difference! Following their visit, the appraisers will then submit a report to the ANCC and UTMB will be notified in approximately three months regarding whether we are officially a Magnet designation.

If you have any questions or comments regarding the visit or the designation process, please contact Barb Bonificio at babonifi@utmb.edu.
2-4040
ONE CALL DOES IT ALL for service issues

We all play a role in ensuring our new and existing work environments remain beautiful, functional and fully compliant with Joint Commission standards. Simply removing obstructions from hallways, picking up small pieces of trash, reporting cigarette butts (in stairwells, etc.), or reporting broken ceiling tiles, drippy faucets/toilets, and issues with fire doors and magnetic closures will go a long way toward this endeavor.

It’s now easier than ever for physicians, nurses, staff and patients to quickly resolve service issues that impact patient care by dialing one number: 2-4040 – one call does it all for service issues! Requests may also be made with each area’s designated Zone Mechanic. Calls will be routed to the UTMB Service Response Center, which has recently expanded its services to act as the single point of contact for all clinical support services in the following areas:

- Environmental Service
- Pest Control
- Food and Nutrition
- Clinical Equipment
- Nursing Unit Support
- Maintenance, Utilities, In-house Construction

What to expect:
The Service Response Center team will answer all calls and enter caller information into a tracking/dispatching system to ensure each request is sent to the appropriate service department for action. Requests will be prioritized by the technician into the following categories:

- **Stat** – Life threatening; could pose significant financial damage to institution and/or equipment where time compounds the impact directly. Response time – less than 30 minutes; repair time – as soon as possible.
- **Urgent** – Impacts ability to provide services or maintain operations. Response time – less than 8 hours; repair time – within 48 hours.
- **Routine** – Addresses equipment and systems that do not impact ability to provide service or maintain operations. Response time – less than 72 hours; repair time – within 2 weeks.
- **Project** – Corrective work that requires utility shutdowns and significant expenditure of time and money; does not threaten life, create a significant financial impact, or significantly impact ability to perform job or service. Response time – less than 2 weeks; repair time – within 4 weeks.

A confirmation email will be sent to the individual making the request; they can also expect additional emails as the incident is opened and closed. Progress of each request will be tracked to ensure it is handled appropriately and in a timely manner.

Please keep in mind, in some cases, further investigation and follow-up on the complexity of particular requests may be necessary.

Reminder: John Sealy Hospital Concourse Project Begins in June

The project will transform the ground floor of five core health care buildings into one uninterrupted space. The renovation will produce two distinct corridor systems, one for the public and one for staff.

The Public Concourse will have terrazzo and vinyl tile floors; wall material will be porcelain tile and paint. Materials of Staff Corridors include sealed concrete floors and fiberglass-reinforced plastic panel walls.

Air conditioning for the concourse will be isolated from the upper floor systems so it can be shut down and not affect the rest of the building should an adverse event occur.

Construction is scheduled for completion next summer.

**SHOUT OUTS!**

“We appreciate the exceptional quality care extended to my sister. It began at the Receptionist Desk until she was transported to the Day Surgery Unit – special recognition to Cindy Patino, RN, who created an environment of exemplary safety and security. Each time she entered the room, she verified patient identity (name badge, recited medical number, procedure and site). This gave us confidence in her competency and commitment to patient safety. My sister’s transportation to the OR was smooth and carried out in an orderly and friendly manner by Linda Page (NCIII). Last, but not least, Judy Ramirez, RN, received us with warmth and enthusiasm in performing her duty. Although the recovery phase was brief, Judy did not take short cuts in providing care. Her approach was unhurried as she provided aftercare instructions. Overall, the staff demonstrated professional, personalized care. To this end, we are grateful and give kudos for rendering a high standard of care with a spirit of excellence.”

“I’m really proud my husband works at UTMB! I’m also proud that I was taken care of by UTMB physicians for my pregnancy at UTMB Women’s Specialty Care Clinic at Bay Colony, and the same ultrasonographer, Maxine Aguilar, did my first screening ultrasound. She is very gentle and professional. GO UTMB!!!”

“Drs. Gwyn Richardson, Lyuba Levine, Reagan Street, John Turner, and Kimberly Robinson are the best! We were so happy with their attention and compassion.”

“Kania Ramos is by far the best nurse. She listens, acts upon concern & question quickly. Recognizes emotional stress and comforts fears.”

“A very special thanks to Maira Jackson for her surprise! To Leah Kluge for her ”TLC” to Annie (last name could not be determined) for taking my wife to church and for just being nice. An "old grouchy" like me didn’t deserve such great care.”

“One of our patients, currently recovering from pancreatic surgery in which a non-cancerous tumor was removed, was hospitalized here at UTMB and spoke very highly of her care by all the health care personnel she encountered from diagnosis to discharge. She was so impressed by UTMB and those who cared for her that her dream is to apply for a position in the Infant Special Care Unit here when she graduates – of course she still has to be actually enrolled but that is in process!”

**Other positive mentions:** Dr. Shawn Nishi, Dr. Kimberly Dunn, Dr. Kimberly Brown, Dr. Sara Demola, Lucia Ortega, Rachel Nginyi, Rachel Murphy, John Patrick