Hand Hygiene Initiative Kick-Off: Protect Our Patients

The UTMB Health System officially launched the Protect Our Patients (P.O.P.) Hand Hygiene Initiative on Wednesday, April 4, with events at John Sealy Hospital’s Café on the Court. The initiative is designed to increase compliance with hand hygiene guidelines in all UTMB hospitals and clinics.

The kick-off was held from 10 a.m.-2 p.m. and included displays from the “P.O.P. Star” Bottle Contest. 44 clinics and units from across the Health System participated in the contest by decorating 2-liter soft drink bottles as famous “P.O.P. Stars.”

The Overall Champion won lunch for its clinic/unit courtesy of Health System Executive Leadership and Healthcare Epidemiology. A Crowd Favorite was also selected based on over 250 “fan favorite” votes.

Posters, printed information and over 600 2-ounce bottles of hand sanitizer were also distributed. Healthcare Epidemiology team members were available to answer questions about the initiative.

The Health System would like to extend a very special thank you to each of the clinics and units that participated in the P.O.P. bottle decorating contest. A tremendous amount of creativity and effort went into the entries and participation in the contest exceeded expectations!

The winners for the contest were:

- Overall Winner: Miss Piggy, Gyn Onc/J5C
- Originality: Bunny Spears, Pedi/Pedi ICU
- Effort: Star Child of Kiss, Geriatric Clinic (Multispecialty Center and Stark Diabetes Clinic)
- Creativity: Michael Jackson, UTMB Access Center
- Crowd Favorite: Lady Gaga, Island Pedi East/UHC 7th Floor

Now that we’ve raised awareness of the P.O.P. Hand Hygiene initiative, let’s keep the momentum going! Numerous permanent gel dispenser locations will soon be “POPPING” up all over the health care facilities.

In the meantime, we appreciate your diligence to hand hygiene. Let’s make UTMB Hospital and Clinics the safest place for patients!

For pictures of the entries please refer to UTMB’s Facebook page or the UTMB Hand Hygiene website at www.utmb.edu/hce/handhygiene.
Infection Prevention: Focus for 2012

By Shirley Shores, Director of Healthcare Epidemiology

All infection control programs focus on hand hygiene as an important and broad-based approach to preventing infection. By its very nature, health care involves hand contact with patients, as well as the patient's environment, equipment, supplies, medications and food. There are many important measures to prevent infection, but one of the most effective is proper hand hygiene.

During patient care, hands should be cleaned before and after contact with a patient or their environment and equipment, before performing a sterile procedure, between a dirty and clean task and after contact with blood or other body fluids. Most hospitals require hand hygiene upon entering the room because the patient or colleague may unexpectedly request assistance. Healthcare workers frequently touch surfaces in the room even when they do not touch the patient and their hands will carry the contaminants into the next patient's room if not cleaned upon exiting. Gloves are often perceived to be a replacement for hand hygiene, but hands may become contaminated from small defects in the gloves or during glove removal.

Because there are many distractions in health care, creating a culture where colleagues remind one another to clean their hands when they neglect to do so is extremely important. Patients can participate if we teach them about the importance of clean hands and encourage them to ask staff and visitors if their hands are clean. Finally, attending physicians and leadership must be role models and hold themselves and others accountable for high compliance.

Please visit the website "Hand Hygiene – Share Your Care, Not Your Germs" that provides detailed information and training slides at www.utmb.edu/hce/handhygiene.

UTMB Receives Texas Health Care Quality Improvement Award

UTMB Health recently received a Bronze Award from the Texas Health Care Quality Improvement Awards committee (sponsored by the TMF Health Quality Institute) for demonstrated excellence in health care quality through improved performance on national quality measures related to acute myocardial infarction, heart failure, pneumonia and surgical care. Out of 214 hospitals, only two achieved the Gold Award, 118 were awarded Silver Awards and 35 received Bronze Awards. The award illustrates UTMB’s commitment to delivering quality care to every patient, every time!
UTMB Breast Health & Imaging Center Earns Accreditation for Highest Level of Breast Care

UTMB has been granted a three-year, full accreditation designation by the National Accreditation Program for Breast Centers. Accreditation by the NAPBC, a program administered by the American College of Surgeons, is given only to those centers that have voluntarily committed to provide the highest level of quality breast care and that undergo a rigorous evaluation process and review of their performance.

“We are honored to have earned this accreditation. It’s a tremendous testament to the dedication and commitment that we have to delivering the best possible care,” said Donna K. Sollenberger, executive vice president and CEO of the UTMB Health System.

Dr. Courtney Townsend, chairman of surgery, praised the breast center’s accomplishments. “Our patients’ care remains our No.1 priority and this achievement further validates our commitment to fight breast disease,” he said.

During the survey process, a center must demonstrate compliance with standards established by the NAPBC for treating women who are diagnosed with the full spectrum of breast disease. The standards include proficiency in the areas of center leadership, clinical management, research, community outreach, professional education and quality improvement. A breast center that achieves NAPBC accreditation has demonstrated a firm commitment to offer its patients every significant advantage in their battle against breast disease.

“I’m so proud of all the dedicated men and women at UTMB who care for our patients and who worked so hard to make this possible,” said Dr. Colleen Silva, medical director of the UTMB Breast Health and Imaging Center at Victory Lakes.

Receiving care at a NAPBC-accredited center ensures that a patient will have access to comprehensive care, including a full range of state-of-the-art services; a multidisciplinary team approach to coordinate the best treatment options; and information about ongoing clinical trials and new treatment options.

The NAPBC is a consortium of professional organizations dedicated to the improvement of the quality of care and monitoring of outcomes of patients with diseases of the breast. This mission is pursued through standard-setting, scientific validation and patient and professional education. Its board membership includes professionals from 15 national organizations that reflect the full spectrum of breast care.

For more information about the National Accreditation Program for Breast Centers, go to www.accreditedbreastcenters.org.

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ICD-10 PCS Coding Tip: Second Character in Procedure Codes

Below is shown Group 2 of the 3rd character root operations in the PCS coding system. These are the root operations that take out solids, fluids or gases from a body part. Note the new term “Extirpation” that will be used for thrombectomies, calculi/foreign body or bezoar removals.

- Panel – A group of pre-defined visit types or resources that are commonly scheduled together. Panels are another new word to our growing Epic vocabulary. Using panels for scheduling improves the efficiency of the scheduler and assures patients are scheduled with all of the resources they need to see, in one scheduling process.
- Questionnaire – Used to collect appointment and patient information, and can be linked to a visit type or department. The patient’s answers to a questionnaire can lead the system to automatically change the scheduling based on rules, so that the patient is scheduled for the right appointment and the right resource.
- Visit Type – The activity being scheduled. This is required at appointment entry and drives many of the Cadence scheduling rules. Invisio calls this the Activity Type and is limited to a two letter code.
- Department – The bottom level in our organization’s Epic structural hierarchy. Departments are specialties within a particular location- not across multiple locations. These are Epic departments, which are not the same as School of Medicine departments.
- Block – A visual indicator on the provider’s schedule for time slots set aside for specific types of patients or visits. Only those types of visits would be scheduled into those particular slots. In contrast, blocks in Invision refer to times the provider is going to be out for vacation, etc., so the schedule is blocked to appointments. In contrast, Cadence calls this “Time Unavailable.”
- Pool – A group of providers or resources that the auto scheduler pulls from when scheduling. The pool is predefined and linked to the visit type. Invision had no pool scheduling ability, so it is one of the new features which will significantly help improve scheduling accuracy.

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A Lesson in Cadence Terminology

One of the challenges we face with the build and implementation of Cadence resource scheduling is learning to “speak Cadence.” Employees who have been using Invision to manage provider schedules and make patient appointments are used to thinking and speaking using Invision terminology. It is important to begin thinking about scheduling as it will be done in Epic, and step away from the old Invision thought processes and language. This brief Cadence vocabulary lesson will help you get started down the path to becoming a fluent Cadence speaker.

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Darla Mattes, Director of Clinics Information and member of the Cadence team, works on department build.

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A special thank you to Drusilla (Dolly) McCarley, RN, CRCST, manager of the Sterile Processing Department for going above and beyond to keep the unit running!

From the beginning, Dolly McCarley has been instrumental in making a go of the temporary sterile processing facility. As with many departments located on the first floor at UTMB, Hurricane Ike took its toll on the Sterile Processing Department. Following the storm, the department functioned out of Rebecca Sealy Hospital with limited equipment and a hardworking staff.

Recently, the department moved to a new, temporary location adjacent to the Primary Care Pavilion. The next and final stop will be the new Clinical Services Wing, where construction starts later this year and will be complete by 2015. “In these past couple of years, we have had to do things that no one else was doing anywhere in the country, and persevered under unusual conditions,” said Dolly (as quoted in the February 29 issue of Impact).

On the evening of April 10, Chief Nursing and Patient Care Services Officer, David Marshall, JD, MSN, RN, NEA-BC, CENP, received a call at 8:30 p.m. There were leaks in the compressed air lines at the sterile processing facility, and the cart washer doors would not open without adequate air pressure. The processing of the next day’s packs and instruments was at risk. Dolly was able to hold the compressed air line together to maintain adequate pressure, but when she released the line the pressure dropped. A technician was en route, but not expected to arrive for about two hours.

Dolly remained on-site until the problem was resolved, holding the straight connector in the air compressor and pitching in to ensure that the decontamination process was completed. She didn’t leave until the unit until 2:12 a.m. She shared a picture of holding the compressed air line together. We felt Dolly deserved a hearty thank you and some special recognition for all of her efforts!

A special thank you to Drusilla (Dolly) McCarley, RN, CRCST, manager of the Sterile Processing Department for going above and beyond to keep the unit running!