Designing Patient Rooms for the Hospital of Tomorrow

Designing patient rooms for the hospital of tomorrow is a multidisciplinary process and should be, above all, a patient-centered activity, approaching the design from the perspective of the patient and their family members.

The process must incorporate safety-driven design principles and input should be collected at all phases from a wide variety of persons, including clinicians, patients and community members. Thinking about workflows and keeping an eye on technology trends so that we are still working "smart" well into the future are also of great importance.

In addition to holding technology “visioning” sessions, UTMB’s core design team identified 12 primary evidence-based design strategies for the new Jennie Sealy Hospital based on patient-centered criteria known to improve quality, safety and efficiency (see figure 1). These strategies emphasize a family-centered healing environment that includes amenities shown to promote healing, such as views to outside scenery and natural lighting.

The rooms are also designed to accommodate a single patient. In addition to increased privacy, this strategy has also been shown to reduce stress, decrease noise volumes, increase patient satisfaction, reduce infections and improve outcomes.

All 192 non-ICU patient rooms in the new hospital will also be acuity-adaptable, which means the rooms can be used for acute care up to critical care and all care levels in between. This will help reduce patient handoffs, transfers and errors; contribute to fewer staff injuries due to fewer transfers; eliminate delays and waits for treatments and results; and contribute to a decreased length of stay. Also, because there is less cleaning due to fewer transfers, operational efficiency is also improved.

Rooms in the new hospital include are also configured to provide separate zones for family, patients and staff (see figure 2). A designated family zone promotes family involvement in the patient’s care and a feeling of connection to the clinicians and a sense of well-being. The zone also provides amenities for overnight stay, such as a daybed and the possibility for a small refrigerator.

Throughout the hospital design process, multidisciplinary teams have worked to identify and ensure workflows will increase safety and efficiency for patients and staff, and that core support functions are centrally located in the unit to minimize travel distances for staff. It is important that the caregiver have immediate access to the patient at entry and that hand hygiene dispensers are strategically placed. Opportunities for decentralized workstations, patient supplies and medications have also been topics of priority. Finally, the rooms are designed with options for maximized visibility from nursing stations.

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The most recent stage in the design process was the creation of mock-up versions of patient rooms as well as a model operating suite. A wide audience was invited to visit the mock-ups and provide feedback by survey on topics such as placement and maneuverability of equipment, storage space and overall configuration for the model operating room, nurse stations, ICU and med/surg rooms. Since first opening the mock-up rooms of the New Jennie Sealy Hospital in the Lipton Tea Building for tours in mid-September, 245 visitors from the UTMB and Galveston communities have offered feedback. The visitors included an even mix of clinicians and non-clinicians.

Responses from the surveys have now been tabulated, examined and discussed with various key stakeholders across the UTMB enterprise. This feedback is helping construction and architectural teams to modify the spaces as necessary. Some of the most common feedback about the mock-ups was related to possible modifications and/or reconfigurations of the family area. For example, a majority of visitors suggested the daybed should somehow be relocated to be flush against the window wall and a second television might be considered for convenience of the family.

Other feedback included comments regarding the two different options for the door to the restroom, located near the family zone. The first mock-up option showcased a typical door which would swing out into the family area. The second option was a sliding door, which would not interfere with the area. Although the sliding door seemed like a sleeker option to accommodate the space, it also created an obstacle for the ceiling-mounted patient lift, as the track could not extend all the way into the restroom, requiring the patient to be unhooked and re-hooked from the lift for the transition.

After careful consideration as to how to resolve the issue with the patient lift, the design team determined that by repositioning a formerly angled wall in the restroom wall to a square angle and by placing the door at an angle across the bathroom’s corner, several issues would be resolved: there would be room for the family daybed to be placed against the window wall, the swinging door becomes less of an obstacle to the family zone, and the modification allowed the track of the ceiling-mounted patient lift to go directly into the restroom while also shortening the distance for the patient to the restroom (see Figure 2). One hundred percent of the ICU rooms will include a lift, 100 percent of bariatric rooms will include a lift, and 20 percent of regular med/surg rooms will include a lift.

Additional feedback from the surveys resulted in the selection of the 4-foot and 2-foot doors to the patient rooms versus the two 3-foot doors. The possible use of modular furniture on the footwall in lieu of custom millwork and possible reconfiguration of the wall

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The table below summarizes the twelve evidence-based design strategies and their outcomes:

<table>
<thead>
<tr>
<th>Design Intervention (Independent Variable)</th>
<th>Outcome (Dependent Variable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Build single-patient room</td>
<td>Reduced infections, increased privacy, increased functional capacity and increased patient satisfaction</td>
</tr>
<tr>
<td>2. Adequate space for families for overnight stay</td>
<td>Increased patient, family and staff satisfaction</td>
</tr>
<tr>
<td>3. Acuity-adaptable room</td>
<td>Reduced transfers and errors; increased patient satisfaction; decreased staff unproductive time</td>
</tr>
<tr>
<td>4. Larger patient bathrooms with wide door</td>
<td>Decreased falls, staff back injuries</td>
</tr>
<tr>
<td>5. Install HEPA filtration in patient care areas</td>
<td>Decreased airborne-caused infections</td>
</tr>
<tr>
<td>6. Handwashing sinks and gel dispensers in all patient rooms/exams; gel dispensers in hallways</td>
<td>Reduced infection rates</td>
</tr>
<tr>
<td>7. Ceiling mounted lifts (UTMB: 20% of rooms)</td>
<td>Decreased patient falls, staff injuries</td>
</tr>
<tr>
<td>8. Meet established noise-level standards</td>
<td>Decreased stress and sleep deprivation; increased patient satisfaction</td>
</tr>
<tr>
<td>9. Use music/art as a positive distraction</td>
<td>Decreased patient stress, pain and need for pain medication</td>
</tr>
<tr>
<td>10. Access to natural light</td>
<td>Decreased patient anxiety/depression, LOS; increased staff satisfaction</td>
</tr>
<tr>
<td>11. Decentralized caregiver workstations</td>
<td>Increased staff time for direct patient care</td>
</tr>
<tr>
<td>12. Effective way-finding systems</td>
<td>Decreased staff time spent giving directions; decreased patient and family stress</td>
</tr>
</tbody>
</table>

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Figure 1: Twelve Evidence-based Design Strategies (Source: HDR)

Figure 2: New Jennie Sealy Hospital patient room configuration and dedicated zones (Source: HDR)
to provide greater functionality for clinical staff is also being explored, with criteria for the selection depending on durability, longevity and cost of the various cabinetry options.

Most visitors preferred a portable nursing documentation station in the ICU rooms and many also encouraged the design team to explore options for a securable nurse server, a place where supplies and some medication unique to the individual patient can be kept near the patient’s room. The ceiling mounted surgical light in the ICU was well-received. It was also determined that with the reconfiguration of the family zone, the wall sconces could be removed and replaced by either artwork or a possible television.

An alternative to cove lighting in the corridor will be sought for improved infection control and operational efficiency.

In the model OR of the mock-up, the most common feedback suggested that the circulating nursing desk be modified to become mobile, so the nurse can directly face the surgical team. Two push-plate buttons will be added to facilitate ease of entry into the OR, particularly when moving a patient on a stretcher.

Currently, the architectural and construction teams are hard at work making changes to the mock-ups. After the completion of rework by the end of February 2013, focus groups will be invited to revisit the rooms and provide additional feedback as we finalize designs of the featured spaces. This will include UTMB nurses, physicians and staff, as well as patients, family members and community representatives.

Designing the New Jennie Sealy Hospital is an ongoing process that will continue well beyond the completion of the new facility. It requires a constant focus on safety by hospital leadership, physicians and staff and will be accomplished only through a continuous cycle of evaluation and improvement of the facility, equipment, technology and processes.

Congratulations winners of the “Visit the Mock-Up Contest”!

The winners have been announced! iPad winners were Angelica Ramos, Anesthesia Tech II in the Surgical Operating Suite, and Erica Zamora, Nurse Clinician IV in CT Surgery/Vascular Surgery.

Pizza party winners were the Accounting Department (greatest percentage of visitors from a department) and the Surgical Operating Suite (for greatest number of visitors from their department).

Thank you for your feedback and congratulations!

(Above) Emily Blomberg with iPad winner Angelica Ramos. iPad winner Erica Zamora will be featured in the next issue of Friday Focus. Congrats to you both!

Healthy Health Policy Lunch & Lecture Series

Life in the Big House

The most recent Healthy Health Policy Lunch & Lecture, A Look at Medicine Behind Bars, was presented by Vice President, Offender Care Services, Correctional Managed Care, Owen J. Murray, OD, MBA, on November 28.

The event was sponsored by the Office of the President and the Office of Health Policy and Legislative Affairs and co-sponsored by the Center to Eliminate Health Disparities and the UTMB student chapters of the American Medical Association and the Texas Medical Association.

Pictured at left, Dr. Owen Murray looks on as Ashbel Smith Professor of Surgery in the Division of Urology, Dr. Michael M. Warren, graciously volunteers to be handcuffed and escorted by Warden Billy “Bubba” Humphrey. Officer Tony Williams, not pictured, also assisted. Dr. Murray also brought the audience samples of “food loaf” and an impressive display of confiscated artifacts courtesy of the Texas Prison Museum.

Did you know?

- There are 128 correctional facilities in Texas. It is the largest state correctional system in the U.S.
- The fastest growing segment of the prison population is 55+ years of age.
The Military Medical Students Association (MMSA) recently held a drive to support sick and wounded military members overseas. The UTMB community generously responded to their call to action.

Donations including hygiene items, clothing and snacks will be distributed to patients at Landstuhl Regional Medical Center in Germany, to field hospitals in Afghanistan and Iraq, and to VA facilities throughout the United States.

The project is organized by the Landstuhl Hospital Care Project (LHCP), a non-profit organization that provides comfort and relief items for military members who become sick, injured, or wounded from service in Iraq, Kuwait, and Afghanistan.

Special thanks to the following people for helping coordinate this effort: Tonya Allyn, Sandra Benigar, Brittani Leffage, Nicole Baxley, Emily Escamilla, Jodi Mensch, Marsha Sweatt, Margaret Cuellar, Virginia Simmons, Drusilla McCarley and Beth Quigley.

Happy Holidays and sincere thanks to everyone who made a donation!

(Top right) Nicole Baxley, Hospital Administration; Briana Sowell and Emily Escamilla, both from the Emergency Department, stand beside UTMB’s generous donation.
(Bottom right) Andrea Williams, Jodi Mensch, Kyra Ashmore and Sandy Knight from Friendswood Pedi & Adult Primary Care, stand behind the donations from Friendswood and Texas City clinics.

Dear Health System Team:

As the Winter Holidays approach, the Health System Leadership and I would like to thank each of you for the incredible work you’ve done this year. As we look back on the past year and the great strides we have made, we are reminded that this is a season of celebration as well as a time of giving and gratitude.

Whether it’s giving a reassuring smile, giving directions or lending an ear in a time of need, we all contribute to the care of our patients and families. Kindness, compassion and working together to make a difference in people’s lives are things that make the holiday season special to all of us, and these are the things that I am proud to say I see every day at UTMB Health, all year long.

As UTMB moves boldly into a bright future, please know the Health System Leadership team and I appreciate all that you do. I hope you’re all as excited as we are to see the continued progress we’ll make in the New Year.

I would like to especially thank and acknowledge those of you who will work over the holidays to assure that our patients receive the care they need. As a small token of our appreciation, we are offering a complimentary meal to those working on December 25. All you need to do is show your UTMB identification badge in the cafeteria to receive your meal. For those working on the day and evening of December 24, food baskets will be delivered.

Whatever your beliefs and traditions, I along with the entire Health System Leadership Team would like to wish you and your families a holiday season filled with health, happiness and good times!

Sincerely,

Donna K. Sollenberger

Triennial Joint Commission Summary of Findings

The Joint Commission (TJC) visited UTMB the week of November 26, 2012 and UTMB has received its final report of the survey findings. To put the survey into context, there are 247 standards for compliance and over 1,200 elements of performance against which we are measured.

There are two levels of Requirements for Improvement (RFIs) for which an institution may be cited by TJC: an RFI’s may be categorized as either a “direct” RFI or “indirect” RFI depending on the immediacy of risk to patient safety or quality of care.

While there were findings at UTMB during the survey, we received only four direct RFIs (a previously reported fifth RFI has now been removed by The Joint Commission) and 11 indirect RFIs. This is an excellent outcome, and you all should be very pleased with this recognition and the care that we provide our patients!

We have 45 days from the date of the report to respond with our implemented corrective action plan for direct findings, and 60 days to implement the corrective action plan for the indirect findings. We then have four months to track the Measures of Success which demonstrate that we have implemented and sustained the corrective action, and we then submit that data to The Joint Commission.

TJC surveyors were very complimentary of many of the areas they surveyed and commented on the excellent communication among the staff and leadership. They recognized the camaraderie and collaboration at UTMB, and also commented positively on UTMB’s openness and transparency.

All in all, the survey achieved its purpose in that a group of individuals from outside our organization reviewed all of our care processes and provided us with excellent feedback on how we can improve. We will use the final survey to do just that!

Thanks to everyone for their excellent participation. We are extremely proud of all our physicians, nurses, residents and staff who did so well in showing the many positive aspects of UTMB! This was truly a UTMB team effort, and once again shows we are Working Together to Work Wonders!”
UTMB Health celebrated the grand reopening of the Primary Care Pavilion with a ribbon cutting ceremony on November 28. Galveston Mayor Lewis Rosen and President of The Sealy & Smith Foundation, John Kelso, were among community leaders and physicians who joined UTMB leadership and staff in the celebration. Mayor Rosen presented Donna Sollenberger, executive vice president and chief executive officer of the UTMB Health System with a plaque, proclaiming the day, “Primary Care Pavilion Day.”

The 60,000 square foot facility is home to a total of 13 primary and specialty care clinics, including Family Medicine, Internal Medicine, Orthopedics, Pediatrics, Psychiatry, Radiology, Student and Employee Health, Behavioral Sciences, Physical and Occupational Therapy and Pulmonary Rehabilitation. The newly renovated space will provide ample parking to patients, easy patient drop-off, transportation service escorts and a comfortable, relaxing environment. It is located at 400 Harborside Drive.

## Introducing The

### The Clinical Value Analysis Oversight Committee

In early 2013, Clinical Value Analysis (CVA) teams will begin discussions regarding supply standardizations to improve UTMB’s quality of care and help reduce supply expense. Teams are co-chaired by a physician and Health System administrator and report to the CVA Oversight Committee, co-chaired by Chief Medical Officer, Dr. Steve Quach, and Vice President, Health System & Service Line Operations, Dr. Sandra Murdock. The Oversight Committee will provide targets for each team, the basis of which are service level benchmarks for external hospitals and internal contract maximization.

**Clinical Value Analysis Oversight Committee Members:**

- **David Marshall** RN JD, CHIEF NURSING OFFICER
- **Kristene Gugliuzza** MD, MEDICAL CHIEF OF STAFF
- **Mark Kirschbaum** RN PhD, CHIEF QUALITY, SAFETY, AND CLINICAL INFORMATION OFFICER
- **Diana Browning** MBA, CHIEF AMBULATORY OPERATIONS OFFICER
- **Alvah Cass** , CHIEF OF STAFF ELECT
- **Brian Williams**, EXECUTIVE DIRECTOR HEALTHCARE FINANCIAL MANAGEMENT
- **Rex McCallum** MD, CHIEF PHYSICIAN EXECUTIVE
- **Carlos Escobar** MHA, AVP BUSINESS OPERATIONS AND FACILITIES
- **Wayne Baudy** MPH, AVP SERVICE LINE OPERATIONS
- **Johann Ramirez** MBA, CLINICAL VALUE ANALYSIS MANAGER

**Clinical Value Analysis Teams:**

- Ambulatory Services
- Inpatient Services
- Surgical Services
- Diagnostic Services
- Cath Lab, Interventional Radiology, Electrophysiology, and Vascular Surgery
- Musculoskeletal

Members of each teams will be announced in January. Supply decisions will occur within the group that has primary utilization of the particular supply. For example, catheter guide wires would be discussed within the Cath Lab, IR, EP, & Vascular Team while non-sterile gloves would be discussed among the Ambulatory Services Team. Decisions will be made in collaboration with other teams that also have high utilization, but spearheaded by the team with greatest utilization.
Jan. 8 WorkFlow Walk-through

On Nov. 15 and Dec. 4, members of the utmbConnect project team hosted Workflow Walk-through (WFWT) sessions for UTMB staff.

By popular demand, a third demonstration will be held Tuesday, January 8 in Levin Hall Auditorium North from 1-4 p.m. See details by the graphic at right.

The utmbConnect project is changing all of our Revenue Cycle processes and now is your chance to see the UTMB build and experience just what it means for our workflows!

The demonstration is a chance to see how the newly integrated features of utmbConnect in scheduling, registration, documentation, charge capture and billing will function from the moment a patient arrives until they receive a bill for services received.

This last in a series of WFWT demos is an opportunity to ask detailed questions and to more fully understand the process in a facilitated review!

But have no fear! There will be more opportunities to learn about utmbConnect...

New! Lunch & Learns

utmbConnect Clinical Operations Project Director, Blake Korndorffer, along with select project team members will begin to provide a new venue for in-depth demonstrations into the various applications and workflows of utmbConnect.

The new, more detailed demonstrations, known as Lunch & Learns, will be similar to the recent Workflow Walk-through Sessions, but provide an opportunity for more specific discussion and Q&A, helping to prepare staff for official go-live of the new system in April 2013.

Please see the schedule below for application-specific presentations. The first Lunch & Learn, “Cadence/Prelude,” was prerecorded and is now online on the utmbConnect website. All sessions (not including the “Cadence/Prelude” session) will first be conducted live and afterwards will be posted on the website for future reference and review.

Thank you in advance for your attendance and feedback, and please stay tuned for updates!

Application | Date | Time | Location
--- | --- | --- | ---
Cadence/Prelude | 12/19/2012 | Online | utmbConnect website
Admission, Discharge & Transfer (ADT) | 1/14/2013 | Noon – 1:00 | 5.100 Rebecca Sealy and 2.205 VL
Charge Capture | 1/24/2013 | Noon – 1:00 | 5.100 Rebecca Sealy and 2.205 VL
Coding & Abstracting (HIM) | 1/31/2013 | Noon – 1:00 | 7.135/6 JSA and 2.205 VL
Hospital Billing (HB) | 2/5/2013 | Noon – 1:00 | 7.135/6 JSA and 2.205 VL
Professional Billing (PB) | 2/14/2013 | Noon – 1:00 | 7.135/6 JSA and 2.205 VL

*The utmbConnect website can only be viewed while on a UTMB-hosted server.

The Latest...
- Jan. 8 WorkFlow Walk-through
- New! Lunch & Learns
- Recent utmbConnect Achievements
- Visit http://blogs.utmb.edu/connect and www.utmb.edu/connect for more information

Week of 12/10/12 – utmbConnect Achievements

- Hospital Billing (HB): Completed manual build for migration to DREL (this is the 1st dry run for the 2/2/13 migration) & alternate workflow identified for research processes.
- Professional Billing (PB): 2 of the 3 provider-based billing workflows have passed PB testing.
- Cadence: Finalized list of template builders.
- Admission, Discharge, Transfer (ADT): Real Time Eligibility (RTE) testing uncovered an issue that will help us to trap an error in the future once Connect is in production.
- Charging: Workflows to use in provider charging training were identified by Dr. Carlos Clark.
- Training: Pilot training complete and a huge success. Excellent reviews from Epic and attendance from the analysts at the session was high.
- Coding and Abstracting: Green in the 90-day Go-live Readiness Assessment (GLRA).
- Other: Task force line opened for providers to use when working with open encounters (call the help desk and press option 4).
I wanted you to know that I have the opportunity to work with Barbara Hayes on a regular basis, mostly weekends. She is an inspiration to me because she displays such professionalism around everyone with whom she comes in contact. She knows the standards of the hospital and how to handle difficult situations with ease. She recently helped the family of a patient who passed away to make funeral arrangements and guided them through the process with compassion. She diverts codes/rapid responses to the appropriate unit by knowing what is going on at all times in the hospital. She is able to de-escalate situations with upset family members or complaints from faculty by maintaining professionalism and a calm demeanor. I could go on with the praise. She goes above and beyond her job duties, she has a great personality and I enjoy working with her.

***

I just wanted to drop you a quick note to let you know how much I appreciate Jim Snover. So many times he has gone out of his way to be helpful, even for the smallest task. Jim is a solid team member who provides equipment maintenance service in the imaging departments. Jim always responds to our customers professionally and with enthusiasm. He’s a great asset to the department and a role model to his peers. Jim, thanks for all you do at UTMB.

***

Dear Dr. Taylor Riall: It’s been two years now since my Whipple surgery and I feel great! You gave me my life back. I remember you saying there was no way to know if the transplanted islet cells are working or not, but as long as I keep my diet fairly strict on low carb, my glucose is within normal ranges – no issues. So maybe they are working just fine!

I wanted to let you know how grateful I am that I found you and what a difference you made in my life.

***

I just wanted to tell you how great UTMB is. This is literally the best hospital I’ve ever worked, after being a nurse for 6+ years in both Florida and Texas. It’s so nice that I talked my husband (who is also a nurse) into coming down from Florida to work here, too. It doesn’t matter what unit, whether it’s day or night shift. All of the nurses and managers are lovely people and always helpful, even when I’m not working on their particular unit that shift. It is the safest, best organized, most nurse and patient friendly place I’ve ever dealt with.

I am already dreading my eventual return to Florida because I have been thoroughly spoiled here at UTMB and just wanted to take a minute to let you know how great UTMB and everyone that works here is!

***

My son had back surgery last week at John Sealy. I just wanted to say that the nursing care was wonderful. There was no one we came in contact with that did not have a smile on their face and willing to help. He started out on 8A, went to surgery, then PACU and ended up on 9C in which he stayed overnight. Kudos to the nursing staff!

***

Shirley Rainwater showed a great attitude towards doctors and patients. I am really impressed with her performance. She is highly cooperative, facilitating all the processes of patient care, responsible, and dependable. I know how busy wards are, but she is able to handle it professionally and perfectly. I just wanted to let you know that I am proud to have such a nurse in the place where I am working!

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Regina Ramirez recently obtained her Board Certified Pharmacotherapy Specialist (BCPS). In the United States, there are over 275,000 licensed pharmacists and only 9,000 are BCPS.

In hospitals, the BCPS helps physicians design and/or modify patients’ medication therapy regimens, recommending adjustments to dosage or alternate medications when appropriate.

To become BPS board certified in pharmacotherapy, a pharmacist must graduate from a pharmacy program accredited by the Accreditation Council for Pharmacy Education and complete three years of practice experience in pharmacotherapy or a PGY1 residency accredited by the American Society of Health-System Pharmacists (ASHP).

Ramirez completed her ASHP accredited PG-1 residency program at UTMB Health at the end of June 2011. Ramirez was also recently named an adjunct faculty at Texas Southern University.

Two Blocks Near Health Professions and Nursing Building to Close Dec. 19

Two blocks in the western part of the Galveston campus are scheduled to close to motorists, starting Dec. 19, for installation of underground utilities. The closure is expected to last until August 2013.

Streets to be closed are:

- 12th Street, between Strand and Mechanic Street
- Mechanic Street, between 11th and 12th streets

No curbside parking will be allowed. Pedestrian pathways will be in place. The area is close to the School of Health Professions and the School of Nursing.

The closures will allow crews to install underground high-temperature water lines. The water lines are part of a phased $289 million project to replace less-efficient underground steam pipes, which supply heating systems in buildings. Flooding from Hurricane Ike in 2008 damaged the pipes.

FEMA, the Federal Emergency Management Agency, has determined that $205 million is eligible for federal funding.
Happy Holidays from the UTMB Health Executive Vice Presidents!

The holiday season has been a joyful one at UTMB Health. The Executive Vice Presidents wish you and your families a very happy holiday season! From tree lighting ceremonies to celebrations across the UTMB enterprise, it has been an eventful month. We’d like to share just a few of the photographs we’ve captured during the festivities. All of these photos and more are available on UTMB’s Flickr Gallery at http://www.flickr.com/photos/utmb/. Thank you for everything you do to make UTMB Health shine!

Above, left to right: Kent and Donna Sollenberger; Danny and Nancy Jacobs; and Bill and Kathy Elger

1) Alan and Diane Barrett, 2) Jody Kuchta, Shirley Hilton, Candy Galan and Christy Benton, 3) Rosario Mercado-Young and Bob Young, 4) Monica and John States, 5) Barbara and Kevin Matthews

Continued on the following page...
Diana Browning and Ambulatory Leadership hosted the 3rd Annual Tree Lighting Ceremony at the Specialty Care Center at Victory Lakes. Refreshments, music and kid activities were offered and a photographer was available to create family photos by the tree.

(Numbered above) more images from the EVP Holiday Celebration: 1) Brenda and James Johnson, 2) Mr. and Mrs. John Bordelon, 3) Kim Tindel with Blake and Lori Korndorffer, 4) Brian and Brandie Williams with Sheila Lidstone and Chris Webber, 5) Bill and Marie Willison, 6) Janet and David Niesel

Left: Brian Williams tried a hat that was one size too small...

Right: The Sterile Processing Department gathers to show they’re in the holiday spirit!
On December 13, Health System leadership delivered luncheon baskets from Chopin Mon Ami to clinics across the UTMB enterprise. 1) The Health System Leadership is ready to deliver! 2) Diana Browning with South Shore Adult & Pediatrics Team, 3 & 4) Loading the sleighs, 5) Donna Sollenberger and Jesse Seelbach, 6) Diana Browning and Dr. Ronald Lindsey at South Shore Orthopedics, 7) Diana at Psychiatry in Webster, 8) Donna with the Dickinson Family Medicine team 9) Emily Blomberg and Blake Korndorffer deliver pies to the Specialty Care Center at Victory Lakes 10) We hope they love pie! 11) Donna Sollenberger, Kristi Morgan-Turner (ENT in League City) and Jesse Seelbach
Annual Campus Celebration, 2:30 - 4:30 p.m.

On December 14, a reception was held in Café on the Court for both day and evening shifts. It was a wonderful way to welcome the holiday season and to thank our team members for the wonderful work they do each and every day!

Happy Holidays!
Annual Campus Celebration, 9:30 - 11:30 p.m.
On December 14, a reception was held in Café on the Court for both day and evening shifts. It was a wonderful way to welcome the holiday season and to thank our team members for the wonderful work they do each and every day!

Best Wishes to All in the New Year!