Building a Culture of Trust: Safety & Service

As a strategic component of our 2012 Quality and Safety work within the Health System, we are beginning conversations among leaders to shape UTMB’s efforts to assure a culture of patient safety. Part of this initiative is a “Culture of Trust.” In this culture, every person must be held accountable for their efforts to make the system safer, and each of us must treat our fellow workers with respect.

Achieving a Culture of Trust requires an understanding of the values, beliefs and norms about what is important to us at UTMB Health. We must also recognize the attitudes and behaviors related to quality, safety and service are supported, rewarded and expected. Respect, teamwork and transparency are integral parts of such a culture.

It is important to recognize that competent and caring health professionals will make mistakes. However, when events occur that may 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.

Blaming creates a culture of fear and defensiveness that diminishes both learning and the capacity to constantly improve systems. Learning from errors, even the smallest ones, 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.

In a Culture of Trust, there is...
- Openness, transparency, accountability and respect
- Recognition that the patient’s interest is always paramount
- Full engagement of patients and families in their care
- Teamwork and collaboration as keys to our success
- Openness about problems and errors, and an awareness that we must report and learn from mistakes and system flaws to assure safety
- Affirmation that safety and service are our first priority

In a Culture of Trust, you will be able to look people directly in the eye and say:

“The care you will receive at UTMB Health will be the same care I would want the most cherished of my loved ones to receive.”

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UTMB Health Values Patient Confidentiality

Regardless of where you work in health care, it’s important to understand what privacy and confidentiality mean when protecting patient information. Protected Health Information (PHI) is identifiable health information transmitted or maintained in any form or medium, including:

- Verbal discussions
- Written communications
- Electronic communications with or about patients

PHI is private and limited to those who need the information for Treatment, Payment, and Healthcare Operations (TPO).

Only those people who are authorized to use and disclose PHI should have access to PHI. In other words, if you are not directly involved in the delivery of care to a patient, you should not look at their record or discuss the presence of the individual with anyone else, inside or outside UTMB.

Silent Angel Award Nominations

Nominate someone that works at UTMB who deserves recognition for excellence during Nurses / Hospital Week 2012! Three nurses, one non-nurse staff person, and one group will win! To make a nomination:

- Submit a typed explanation (must have a story!) with both your name and your nominee’s name
- Email your stories to Lynn Bell: lobell@utmb.edu
- Criteria is posted on the Nursing Services website: http://intranet.utmb.edu/nursing/
- Deadline: Friday, April 13th!

Health System Leadership Visits the Offices of Medical Staff and Risk Management

Chief Quality, Safety and Clinical Information Officer, Mark Kirschbaum, RN, PhD visited the Office Risk Management: (left to right) Alicia Stuart-Deerman, RN, MSN; Mark Kirschbaum, RN, PhD; Amanda Kuenstler, RN, BSN, CLNC, CPHRM; and Carla Kunz, RN, BSN

Chief Medical Officer, Steve Quach, MD visited the Medical Staff Office: (left to right) Eric Nolen, MD, MBA; Margaret Foreman, CPC, CPMSM; Dee Dee Coffey; Patti Henderson, CPC; Rosaline Leigh; Christina O’Neal; and Steve Quach, MD

March Health Observances

March is National Nutrition Month. During National Nutrition Month and beyond, the Academy of Nutrition and Dietetics encourages everyone to “Get your Plate in Shape.” Visit http://www.eatright.org/Media/content.aspx?id=644246850 to learn more.

The fifth annual Registered Dietitian Day is on Wednesday, March 14, 2012. Be sure to celebrate your UTMB and Morrison Registered Dietitians.

March is also National Colorectal Cancer Awareness Month. Visit www.preventcancer.org/colorectal for more information.
Joint Commission Grants UTMB Health Disease Specific Certification of the Ventricular Assist Device (VAD) Program

The Joint Commission has granted UTMB Health Disease Specific Certification of the Ventricular Assist Device (VAD) Program for destination therapy, approaching the use of VAD as permanent therapy for heart failure. This approach is used for end-stage heart failure patients who are not eligible for heart transplant due to their age, other health problems or complications. UTMB has been implanting these devices as a bridge to heart transplant with excellent outcomes.

This certification is important because it provides UTMB a certification of distinction and allows us to bring new life to our patients who have few options and might not otherwise survive. Thank you to everyone who helped make this certification possible and congratulations.

For more information on the Ventricular Assist Device, visit http://www.nhlbi.nih.gov/health/health-topics/topics/vad/

Congratulations to Jennifer Zirkle, MSN, RN, CCRN. She has accepted the position of Director of Care Management & Utilization Management. In this role, she will be responsible for directing the Inpatient Care Management Program consisting of the following: care facilitation, utilization management, case management and discharge planning. Ms. Zirkle has served in the interim role as Director, Care Management & Utilization Management for the last year.

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Congratulations to Debbie Barrera, RNC, BSN. She accepted the role of Nurse Manager for the Neonatal Nurseries on March 3, 2012. Debbie joined UTMB 21 years ago and has spent her entire professional career in the Infant Special Care Unit (ISCU). In 2003, Debbie assumed the Assistant Nurse Manager of the Neonatal Nurseries and has led the nursing staff with directness, honesty and integrity. Congrats, Debbie!

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“Please thank Dr. Richard Goodgame & crew (Internal Medicine); also ICU & floor 5D nurses & support.”

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“Sylvia Zavaola, charge nurse, had excellent communication skills. A special thank you to Jackie Banuelos for her kindness and compassion. Thank you to Dhurpattee Ramdass, Mindi Marzouk and Claudia Diaz for their patience.” (Pediatrics)

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“Thank you to Dr. Keith Ellison – an excellent physician – he spent time explaining the procedure and answering questions to me and my family members. Thanks to the entire Orthopaedics team, especially...”

What is the Access and Revenue Cycle Readiness (ARCR) program?

This program establishes operational leads who will be responsible for ensuring the success of the implementation of the new system, including design and adoptable workflows. Members will also establish appropriate metrics and thresholds to measure performance. The program provides training and tools that will allow members to know how to respond if metrics exceed thresholds.

The ARCR program is a critical factor for a successful install and is designed to help speed the transition to the new system and return operations to “cruise control.”

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

The second character of the 7-digit procedure Medical/Surgical code defines the general physiological system or anatomical region on which the procedure is performed. This character may be represented by one of thirty-one values, 0-9, B-D, F-H, J-N, and P-Y.

ICD-10 defines a “body system” slightly different than the usual meaning of the term. For example, the circulatory system does not have a single value. It is composed of the heart and great vessels, upper arteries, lower arteries, upper veins and lower veins. There are three Anatomical Regions, General, Upper Extremities, and Lower Extremities, used when coding for surgical amputations.

Dr. Stanley Allen and Dr. Kelly Stephenson.”

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“Dr. Ravi Radhakrishnan (Pediatrics) was perfect! I must have asked him the same questions over and over, yet he explained every time like it was the first.”

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“Dayna Walker (Pediatrics), I’ll never forget her name. My son’s heart rate went up to 244. She grabbed an ice pack, put it on his face and told him to breathe deeply...with each breath things returned to normal... I was so impressed & thankful!”

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“Staci Brown (Newborn Nursery) took wonderful care of my son and making sure he was happy!”

Construction Notices

As of February 29: Construction of new flood mitigation wall around perimeter of Primary Care Pavilion building has begun. Access will be limited to Entrance B only; Deliveries will be made at East entrance only.

March 12, 2012 – May 1, 2015: Both traffic lanes and sidewalks at Texas Avenue and Sixth Street will be closed. This re-route is necessary to allow for construction of the Clinical Services Wing and Jennie Sealy Replacement Hospital projects.

March 24 at 7:00 am to March 25 at 5:00 pm: Post Office Street east of 8th street will be closed to traffic to remove the trash chute from the west Tower of Rebecca Sealy.