

# IMPACT

## Four schools prepare for academic review

By Judie L. Kinonen

It could be viewed as a necessary evil—something a university must simply endure every few years. But that's not how Dr. Charles Christiansen, dean of the School of Allied Health Sciences,

sees UTMB's upcoming review by the Commission on Colleges of the Southern Association of Colleges and Schools (SACS).



Dr. Charles Christiansen

In fact, quite the opposite, Christiansen said. "We can view this

either as a challenge or as an opportunity, and I see it as an opportunity to identify ways we can do our job better."

Christiansen is chair of the university's SACS compliance committee, which began months ago preparing for a visit from SACS in the spring of 2008. The process of seeking what's called "reaffirmation" already has uncovered trouble spots and highlighted the need for all four schools to work together toward solutions.

### Reaffirmation:

#### Our academic quality seal

Christiansen describes reaffirmation as a kind of "seal of approval" from SACS that makes UTMB eligible for tuition funding, federal support, and research grants. Reaffirmation also is a requirement for the specialized accreditation granted to individual schools and programs on campus, so its importance to UTMB cannot be overstated. UTMB

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## CHANGING WITH THE TIMES

*From hand-delivered results to computers, Beverly Campbell has witnessed the technological advances from her post in the Pathology Department*

By Michele Rainford

Two generations ago, President Richard Nixon occupied the White House, Dr. Truman Graves Blocker, Jr. was president of UTMB, and Beverly Callis Campbell was beginning her tenure in the Department of Pathology. She'd just been awarded her Bachelor of Science in Medical Technology degree from UTMB, having earned a B.Sc. degree from Huston-Tillotson College in Austin a year earlier.

Now, 35 years later, Campbell is manager of Laboratory Information Services (LIS), the computerized lab information system on campus. "It's a very neat place to work," she says, as she looks back at three decades of evolution in her field and department.

In 1970 there was no lab information system at UTMB for ordering and receiving test results, and bar codes were just being introduced for retail and industrial use in England. Today, LIS is one of UTMB's clinical pillars and the bar code identity system for patient care is becoming commonplace.

### From "Sneaker Net" to Path Net

According to Campbell, when she first started in the lab, doctors ordered tests for patients on requisition forms and most tests were done manually. There were just a few automated chemistry and hematology tests. They used requisition forms that listed the test results along with tests that were ordered. The original copy went to the floor to be placed in the patient's chart while one copy went to the lab. A "runner" delivered test results at 6 a.m. and again at 4 p.m.

"We had what we call the 'sneaker net' system," Campbell says. "At any other time, doctors had to walk to the lab for test results or telephone the lab to get results. The lab staff called in all stat and panic results."



Beverly Campbell, manager of Laboratory Information Services (LIS), and Huy Nguyen, the LIS Systems Manager, stand with the FE500 instrument from TECAN. Instruments such as this have taken over much of what was done manually in the pathology lab. The FE500 works like its own assembly line and distribution system subdividing samples into various test tubes based on the number of tests ordered by doctors. The samples then move on to the various analyzers for testing.

Campbell is a walking historical record of the lab over the past 35 years. She says that in the early 1970s, Hospital Administration and the business offices were the only areas with computers; none were being used on the patient care side. Pathology was the first patient care department on campus to adopt computer technology for its daily operations.

In 1976, the department purchased its first computer system, Laboratory Data Management. It ran on a mainframe computer application that was sometimes a little slow, and the data was stored on large tapes and microfiche. In the 1980s, Anatomical Pathology and the Blood Bank had separate stand-alone computer systems.

Campbell said two visionaries who saw the need for a fully integrated system to handle laboratory services were Pathology Chairman Dr. David Walker and his Vice Chairman, Dr. Michael McGinnis. Dr. Daniel F. Cowan soon joined their ranks. After discussions, feasibility studies and proposals, Cerner Path Net was selected.

"Today, UTMB is one of Cerner's larger Path Net Classic sites. An average of approximately 10,000 orders per day go through the system," says Campbell.

"Before this system, staff had to accept one to two-and-a-half hours of downtime each night. Now downtime is less than 30 min-

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University Advancement**  
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**Director of Advancement  
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Mary Havard

**Editor**  
Heidi Lutz

**Copy Editors**  
Nancy Lauve, Michele Smith

### Contact us

Email: [impact.oua@utmb.edu](mailto:impact.oua@utmb.edu)

Phone: Heidi Lutz  
Ext. 28710 (editor)  
(409) 772-2618 (Public Affairs)

Campus mail route: 0144

U.S. Postal address:  
UTMB  
Office of University Advancement  
301 University Boulevard  
Galveston, Texas 77555-0144

### Submissions

We welcome and will consider any submissions for *Impact*. Items that are accepted are subject to editing for style and length. Send your items for *Impact* to the address above and we will do our best to accommodate you. Questions? Call us and someone will be glad to help you.

# CME made easy through new partnership

By Judie L. Kinonen

A medical conference might seem like a pretty simple affair: register, show up on time, soak in the information presented and collect the credit for continuing medical education (CME). But what goes on behind the scenes is anything but simple. Those charged with organizing these events carry the burden of securing accreditation, getting financial supporters, distributing advertising, finding speakers, making hotel reservations, arranging catering—the list goes on.

Now, thanks to a new partnership with UTMB, these complicated behind-the-scenes duties are less of a burden for CME event organizers at the UT-Health Science Center at Houston Medical School. This summer the Houston medical school entered into a four-year contract to outsource CME to UTMB. As a result, UT-Houston medical school faculty members have access to three UTMB employees based on-campus, a robust CME web site, and “full-conference” services—hotel reservations and on-site services such as audiovisual technicians—provided through UTMB's CME office.

“This is a precedent-setting collaboration between two leading academic health-care institutions, and I am confident that the result will be improved CME offerings for our faculty,” says Dr. Patricia Butler, associate dean for educational programs at UT-Houston's medical school.

The idea for the collaboration took root more than a year ago, when the Houston school was hosting CME activities in Galveston and contacted UTMB for help. UT-Houston's Medical School's CME office had been scaled back and could no longer provide full-conference services. Meanwhile, UTMB's larger CME staff had recently enhanced its web site and had begun looking for ways to reach more clients.

While working with the UT-Health Science Center at Houston Medical School on this first project, Dr. David Rassin, UTMB asso-

ciate dean for continuing medical education, thought a permanent partnership might benefit both institutions. It would provide the Medical School with full-conference services, and it would give UTMB an opportunity to expand its CME operation. After more than six months of planning, the collaboration is off to an excellent start, Rassin says.

“It's been an extremely friendly negotiation—a real pleasure,” he says. “This is a nice example of two UT components coming together to accomplish some common goals.”

Dr. Stanley Schultz, dean of the UT-Health Science Center at Houston Medical School, agreed, noting improved CME services make it easier for UT physicians to achieve one of their core missions. “One of our educational missions is to instill in our students the desire for lifelong learning. Improved access to CME will make it easier for all physicians to fulfill that desire. In addition, this is an excellent venue by which our faculty can showcase their expertise,” he said.

Whether they are attending a CME event or organizing one, faculty members will find a wide range of services on UTMB's CME web site, according to Rassin. “It's more than a web site, it's actually a patent-pending event management system that allows us to set up schedules, collect credit card registration, and monitor activity during the conference,” he says. Physicians can also track their CME credits through the site, even if the credit was not earned through UTMB's CME office.

The web site—[www.UTcme.com](http://www.UTcme.com)—recently was enhanced, according to Scott Hermstein, UTMB executive director for community partnerships. “This new site reflects the collaborative approach of this innovative partnership between two University of Texas components,” he adds.

Already, the web site and other enhanced services have made work easier for Dr. Didier Sciard, associate professor of anesthesiology at the Houston school and CME course director for the second year. “This

year I'm getting help with editing the brochure and sending the mailer for advertising,” Sciard says. “The services they're offering are broader now.”

UTMB's CME office has grown immensely since it was established in 1972. In 1999, it came under the direction of UTMB's Office of Community Outreach, which provided additional resources to pursue web-based management solutions. The CME staff also received a vote of confidence from Dr. Ben Raimier, vice president for community outreach, who challenged the office to expand and grow, Hermstein says. Today, since entering into this partnership with the UT-Houston school, UTMB's CME office handles 30 large conferences each year and houses a database of more than 10,000 physicians from across the United States and abroad.

“We're very interested in reaching out and touching people across the country,” Rassin says.

The office is required to cover costs through registration fees and grants from pharmaceutical companies. Rassin says his office seeks out and secures these commercial grants, taking precautions to keep commercial bias out of the conference content.

Maintaining the quality and integrity of a CME program is hard work, but it is a high priority for the UT medical community. “One of UTMB's core values is to provide lifelong learning,” says Dr. Valerie Parisi, UTMB dean of medicine, who began her career as a faculty member at UT-Houston Medical School. “Continuing medical education directly addresses this need of physicians everywhere and also allows us to provide our community of health care professionals the latest clinical approaches to the care of our patients.”

Parisi added that this new partnership between UTMB and the UT-Houston Medical School represents the best type of collaboration. “This is a collaboration in which the strengths of one institution complement those of another, resulting in the optimum benefits for both,” she says.



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to know**

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- Log on for information to help you understand and properly apply the UTMB Identity System to your promotional materials, including publications, web sites, speciality items and videos.

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**Commit  
to Fit**

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- Visit the Commit to Fit web site for ideas and tips on how you can join the campus initiative to get in shape.

# EMR training group successfully teaches records system

By Michele Rainford

The Electronic Medical Record (EMR) trainers at UTMB are a dedicated group. Just ask Beth Hill, the Information Services (IS) training manager who leads a group of eight trainers on campus.

"Some trainers are so committed; they can't sleep if they feel the class didn't go well," Hill said. "We are committed to providing end users with the information and tools they need to work within the system. We are providing a lot of information in a limited amount of time. We want to ensure that the users are comfortable with the system, that they understand the product as they walk out the door after training."

The EMR project is UTMB's major undertaking to transition to electronic records from paper patient records, and adequate training is vital to the successful implementation of the project.

Dr. Courtney M. Townsend, professor and John Woods Harris Distinguished Chair of the Department of Surgery, said in his experience the EMR training "was well done." It was, "professional, complete and dedicated to ensuring that the students had what they needed to be successful."

"This is not the future; it is now. It is essential that we embrace and employ the EMR completely," Townsend said. "This will keep us in the forefront practicing 21st century medicine today as well as we did in the 20th century."

The IS training division is responsible for all EMR project training as well as every other required training for IS in the clinical arena. It's a formidable task, but one in which Hill's group has repeatedly excelled.

The trainers own and control what goes on in the training environment. This marks the first time in IS history that the training department has owned its own training environment. They possess their own list of patients, providers and scenarios enabling the training environment to mirror the system production as closely as possible.

All inpatient trainers are cross-trained in every audience/role of the EMR EpicCare Inpatient Order Entry system. The ambulatory/outpatient trainers are cross-trained in every aspect of the EMR ambulatory area. There is also an internal credentialing program that was developed



*Pictured, left to right, are the members of the EMR training team. In the front row is Wendee Clemons and Beth Hill. Standing is Maren Mahoney, Diane Mitchell, Robert McGee, Kara Thompson, Tanya Sinibaldi and Lou MacBeth.*

## Super Users

Recently, a group of EMR super users was trained. These super users are nurses in the units who will be the "go to" people on the floors. At least one such super user will be on hand in each unit to answer questions on the system in the day-to-day work environment, and will work with the support staff to aid end users.

"I found the nurse super user class to be fast-paced, challenging and very interesting," said Dr. Poldi Tschirch, director of Nursing Informatics in the Hospitals and Clinics Nursing Department. "The course instructor, Diane Mitchell, did a great job taking us through the case studies and exercises."

"I know it can be a challenge for very busy nurses to learn new systems, but I believe that once we have gotten through the initial learning curve and made the Epic order entry system our own, UTMB nurses will find this to be a very good tool," Tschirch continued. "The ultimate goal, implementation of a fully electronic medical record, is a major undertaking for all of us. I believe that the electronic medical record will ultimately contribute to patient safety, efficient communication and reduced documentation time."

at UTMB at the recommendation of Epic. Trainers are required to test on new system upgrades and releases to keep their credentials and remain certified.

While the basic EMR system is the same for everyone, it is modified for different areas. Charting Tools, a list of specific EMR Epic system tools that aid in the navigation of the system, are customized for specific clinical areas and job functions at UTMB.

After considering all the options the training department and EMR leadership thought it essential to provide training in

a classroom session where attendees could have hands-on assistance on the system with certified trainers.

The trainers created an in-house registration system that allows users to look at the calendar, enter their names and credentials. Once that information is entered, the person's name is added to the roster for the scheduled classes.

Assessments and evaluations are given at the end of each class that is longer than four hours. Students use the tools they learned to complete the scenario-based assessment of tools and functionality.

"This is when it all begins to make sense," Hill said. "It's when the users see how it all comes together and works."

Training classes are offered in six different rooms across campus and in one off-site facility. To date, 148 clinical data repository (CDR) classes have been held with 4,000 people attending training. Inpatient Order Entry classes for providers, nurses, pharmacy, view only classes and specialized classes have been scheduled and approximately 1,890 staff persons from the clinical arena have been trained.

It's the first time in the history of UTMB that so many people have been trained in such a short period of time by trainers in a classroom setting. It has been an enormous effort that has shown the cooperative and collaborative spirits of the training staff and the members of the clinical enterprise at UTMB.

The EMR training is very thorough. Hill says, "the trainers are really liaisons between IS builders and the end users." They take the applications to the end users and take questions and issues back to the system builders.

But ultimately, "it is up to the end user to take what they have learned back to their departments and make the applications work for them. They must use the system, to accomplish their job duties and goals," Hill said.

# Community leaders pledge to establish endowment for UTMB Breast Imaging Fellowship Program

By J. Christian Messa

Galveston community leaders Fredell and Lewis Rosen have made the first commitment to a planned breast imaging fellowship program at UTMB, pledging to establish an endowment that will support radiologists participating in the fellowship.

UTMB has launched a \$1 million initiative to create the fellowship program, which

would allow one radiologist to serve a one-year fellowship to gain subspecialty training in breast cancer screening and diagnosis. Fellowships would be awarded annually. Radiology is a branch of medicine that uses high-energy radiation, such as X-rays and magnetic resonance imaging, to diagnose and treat disease.

Candidates for the fellowship will be radiologists who have completed their residency training, the four-year period after medical school in which they learn a wide range of procedures and topics related to their specialty.

More breast imaging fellowships are needed to help address a nationwide shortage of these specially trained radiologists. A growing elderly population and limited number of available training programs at academic health centers have contributed to this dearth of health care specialists.

Radiologists participating in UTMB's Breast Imaging Fellowship Program will practice using various imaging tools, including ultrasound and mammography, as well as perform interventional procedures like minimally invasive breast biopsies. Furthermore, the fellowship will help them continue to hone their skills in pro-

viding compassionate care to patients. Fredell Rosen, whose family has had a long history of breast cancer, and her husband, Lewis, volunteered to help UTMB officials generate funding for the breast imaging fellowship initiative. Lewis Rosen stressed the emotional and economic value of early detection.



From left to right, Dr. Leonard Swischuk, Fredell and Lewis Rosen, and Dr. Tuenchit Khamapirad in one of the mammography rooms of the UTMB Breast Imaging Center.

viding compassionate care to patients.

"If breast cancer treatment runs \$10,000 or \$15,000 and someone had it for months without being detected, that could have resulted in not only the additional physical strain and stress to the body and the mental anguish, but financially it could have run up to \$50,000 or \$60,000," he said. "Now you've got a situation where you've not only saved the stress to the body, you've saved a significant amount of money."

Fredell Rosen said she and her husband were honored to make the first commitment to the breast imaging fellowship initiative. "This feels like the right thing to do," said Rosen. "It feels really good to know that we might be able to help others so they don't have to go through such life-

threatening situations."

"It's a really special feeling for us to be able to do something that will affect so many lives," said Lewis Rosen. "You don't get the opportunity to do something like this very often. We hope this will be seed money that will benefit how many generations to come."

Dr. Leonard E. Swischuk, professor and chair of the Department of Radiology, said the fellowship will be a significant boost to the department.

"Fredell and Lewis Rosen know personally how quickly breast cancer can materialize and why it's so important to have breast imaging specialists available in the community to help detect the disease as soon as possible," he said. "We greatly value the Rosens' involvement and advocacy."

UTMB President John D. Stobo thanked the Rosens for not only making the first commitment to the breast imaging fellowship program but for being such staunch advocates of UTMB. "Fredell and Lewis Rosen will help us share our extraordinary strength in breast cancer detection with

future generations of radiologists," Stobo said. "For this we are truly grateful."

Members of the President's Cabinet and longtime supporters of UTMB, the Rosens have contributed to such priorities as School of Nursing scholarships and the Graduate School of Biomedical Sciences Scholarship Fund for the Study of Infectious Disease.

## Kempner among first to make contribution

By J. Christian Messa

Galveston civic leader Ruth Kempner is among the first to make a commitment to a breast imaging fellowship initiative here. A longtime benefactor of breast imaging and breast cancer patient programs at UTMB, Kempner also has made a gift that will help support the salary of the first radiologist participating in the fellowship.

UTMB has launched a \$1 million initiative to create the fellowship program, which would allow one radiologist to serve a one-year fellowship to gain subspecialty training in breast cancer screening and diagnosis.

Dr. Tuenchit Khamapirad, director of the fellowship program, said Kempner's support will encourage others in the philanthropic community to give as well.

"I'm grateful for the example Mrs. Kempner has set by participating in the breast imaging fellowship initiative," said Khamapirad, associate professor of radiology and director of breast imaging. "Her commitments will help satisfy the demand for a health care work force specialized in detecting breast cancer in its earliest stages."

Dr. Leonard E. Swischuk, professor and chair of the Department of Radiology, said fellowship programs are essential for meeting the demand for specially trained faculty.

Kempner's commitment to the breast imaging fellowship program also supports UTMB's *Timeless Values, Pioneering Solutions* comprehensive campaign.

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# Labor and Delivery nurses keeps whole family in mind during care

*Editor's note: The U.S. health care system has grown tremendously complex and expensive, and has been called a "nightmare" for patients and families to navigate. In 2001, the Institute of Medicine issued a seminal report calling for transformational changes in health care to enhance quality and patient safety. These changes represent a philosophical shift that places the family and the patient at the center of care, engaging them as informed and active partners in their own health. At UTMB, family centered care was identified as an approach to help families and staff cope with high stress situations. A core group of nurses from Medicine and Pediatrics attended intensive Family Centered Care workshops in the fall and spring of 2005, and a movement has blossomed on campus. What follows is one of their stories, of Ante partum and Labor & Delivery nurses, a family in crisis and caring that knew no limits.*

By Anne Meng

Amalia Reteguín was a 23-year-old mother of a four-year-old daughter who presented to UTMB's Labor & Delivery carrying her second child. Reteguín recently moved from Mexico to Stafford, Texas. During her second trimester she began to experience shortness of breath, and X-rays revealed an extensive mass that encased one of her lungs and had produced pericardial effusion. Amalia was referred to UTMB and started receiving care here—on the Antepartum and L&D units—in late July. She started receiving chemotherapy but her prognosis was grave. She was not expected to survive the pregnancy and an emergency C-section was planned to save her child, whenever her heart gave up.

Amalia's husband, mother and sister were able to remain nearby to provide emotional support, and frequent visits from her four-year-old brought sunshine into the room. The L&D staff helped complete the necessary documents to bring this family together, and Amalia was provided a large room to provide privacy for her and her family members, who gratefully remained at her bedside around the clock.

At a unit staff meeting, the issue arose of the family's challenge to provide for the infant when Amalia was gone. There was an immediate change in the energy level of the group, with the entire team coming together to rally support for Amalia's family. Within 24 hours, the L&D and Antepartum staff had raised more than \$1,000. Part of the money was spent to give Amalia a baby shower with gifts, the rest was presented as a Wal-mart gift certificate and cash.



Amalia Reteguín is surrounded by her extended UTMB family during the shower in her honor.

## Excellence in Care

These are a few examples of how one area brings family centered care to life. Do you have a story of your own to tell, whether it is about family centered care or other examples of excellence in patient care? Share it with us. Send to Impact via email at [helutz@utmb.edu](mailto:helutz@utmb.edu).

Amalia and her family were overwhelmed with the gifts, the care and the caring. After the baby shower, the family shared that Amalia had confided her concerns about the baby's needs and care to her husband. Her husband had reassured her: "Don't you worry, everything will work out."

Following the baby shower, there was a chance to host a birthday party for Amalia's daughter. Again, the L&D and Antepartum team opened their hearts and pockets, and the gifts rained upon the little girl. The staff wanted very much for the young child to remember what would likely be her last birthday with her mother as a happy experience.

There have been other ways to share, to use compassion to soften this family's pain. Meals and prayers have been shared with the visiting family, and phone numbers have been exchanged to stay "in touch."

As Amalia and her loved ones have said, their family has grown and now includes many special members of UTMB's staff. They are experiencing peace of mind, strengthened by the genuine care and compassion they've received.

The staff have benefited as well. They've become closer as a team and more reflective of life as a precious and valuable—yet fleeting—gift. The family's gracious and heartfelt appreciation was inspiring and further endeared them in the hearts of the clinical team.

While Amalia's personal story is unique, the staff's spirit of giving is not. The Antepartum and L&D staff have a long tradition of providing bus fares to families who live a long distance from Galveston, meals, clothing, personal supplies, reading materials, parking money, phone cards, videos, puzzle books and craft supplies. To improve care and enhance communication with many patients, most of the staff have learned to

speak Spanish.

Staff in the Women & Infants Department once sponsored a clothing drive for a woman and her family whose home burned down a few hours before she delivered, and who arrived at UTMB in labor, still covered with soot and smelling like smoke.

Other fund-raisers help buy clothing, teddy bears, support materials and other aids for the parents and siblings of deceased infants. A new unit initiative seeks to raise money for the Make-A-Wish Foundation.

**UPDATE:** Since this story was written, Amalia Reteguín delivered a two-pound baby girl by Caesarian section. She survived the surgery and her baby, despite some challenges, has been doing well. Amalia, tired and weak, returned home to Mexico where she died, surrounded by her family. UTMB will miss Amalia and her family.

• Anne Meng is the special projects coordinator for pediatric nursing in the Department of

## East Texas AHEC pilot program to aid 911 callers in rural areas

By Seena Simon

The East Texas Area Health Education Centers Program, based at UTMB, is planning to begin a pilot program to support rural 911 dispatch centers.

In rural areas, 911 callers might have to wait 20 minutes or more for an ambulance to arrive.

Currently, many rural dispatch services take the 911 call and send help. But rural services typically do not have the staff nor the training to offer medical instructions during the crucial waiting time before help arrives.

Administering first aid or CPR during that wait time could make the difference between life and death.

That's where the program through AHEC comes in. Under the program, after a 911 dispatcher sends an ambulance or other first responder to the scene, in selected situations the caller will be transferred to staff in a Resource Center for support by a trained EMT or paramedic. This person will stay on the phone with the caller until the ambulance arrives. With this guidance, callers can take life saving steps while they wait.

Plans are being made with other state partners to establish a resource center staffed with these medical professionals to act as an additional resource to the 911 dispatcher, said Steven Shelton, executive director of UTMB's Area Health Education Centers.

During the next several months, Shelton's office will select a Texas geographic region that will serve as the model.

"The bottom line is for people not to die during the time they have to wait for that first responder to arrive on the scene," Shelton said.

The activity is called the Rural Emergency Medical Services Dispatch Resource Center pilot program. The program was part of legislation passed this year by the Texas Legislature.



### UTMB receives award for innovation in telemedicine

*UTMB's Electronic Health Network was selected by the National Homeland Defense Foundation as this year's inaugural winner of the Focus on Innovation Award. "UTMB's pioneering work in distance medicine has enormous potential, not only for service to our fellow citizens, but also to national and homeland security," said William T. Harris, president and CEO of the National Homeland Defense Foundation. Attending the ceremony in Colorado Springs to receive the award was Dr. Glenn G. Hammack, assistance vice president and executive director of UTMB's Electronic Health Network. "We are deeply honored by this important recognition," he said. "We take a practical and operational approach with advanced telemedicine every day. Our abilities could add a unique, but strong contribution to the defense of the nation." Pictured, from left to right with the award in Colorado, is Harris; Hammack; Dr. Oscar Boullinghouse, associate director and chief medical officer for the Electronic Health Network; Dr. Michael Davis, associate director for medical specialties and director of cardiology services for the network; and Retired Air Force Gen. Ralph E. "Ed" Eberhart, chairman of the board for the National Homeland Defense Foundation. The Electronic Health Network also recently received the Best of Texas Award from the Center for Digital Government.*

## So many surveys, so little time...

### Fall You Count! survey postponed

At UTMB, we care about our staff and faculty, about what they think and how they feel. This fall, as we've done for the past several years, we planned to survey one-half of UTMB's employees in the You Count! employee satisfaction survey; the other half would be surveyed in the spring.

We use the results of the surveys to improve our institution, to make it a better place to work, learn, discover and get care.

This season, there's been an adjustment in our survey schedule. It's been a busy few months, packed with two hurricanes, one evacuation and at least two major and several smaller surveys (a communication survey recently concluded and a faculty survey is still under way).

Out of consideration for your time and to help maintain the high (and very useful) participation rates we've enjoyed, UTMB will forgo the fall half-staff survey and instead survey all employees at once, in 2006. The next You Count! survey is scheduled for April 2006.

We apologize for any confusion or inconvenience this change may cause, and hope you'll continue to show your support and share your opinions through You Count!

We appreciate your time, value your input and look forward to receiving your feedback in the spring 2006 survey. Keep watching iUTMB and *Impact* for information about the spring survey.

## Founder of MBI, pioneering researcher and physician dies

Dr. Stewart Wolf Jr., who spent a decade of his distinguished career in Galveston and has been called "one of the great personages associated with UTMB," passed away in September.

The gifted and caring physician, and inspiring teacher made many pioneering contributions to medical science, and is still remembered by many at the university.

An early advocate of a bench-to-bed-side approach to research, he spent 60 years building bridges between the basic sciences and medicine.

Wolf received his medical degree in 1938 from Johns Hopkins University. He spent much of World War II in the Southwest Pacific, running a 1,000-bed hospital with Cornell medical faculty.

In 1952, he went to the University of Oklahoma as the first full-time chair of internal medicine, head of the neuroscience section of the Oklahoma Medical Research Foundation and consultant in internal medicine at the Will Rogers Veterans Administration Hospital.

In 1969, Wolf joined UTMB to organize and direct the Marine Biomedical Institute (MBI), a post he held until 1978 when he left to become director of medical affairs at St. Luke's Hospital in Bethlehem, Pa.

With Wolf at the helm, research of the brain and nervous system has been a major emphasis at the institute since its inception.

Using its link to the sea, its home in the medical center and its specialization in neural research, MBI has contributed significantly to neuroscience's current status as a well-established and highly regarded area of excellence at UTMB.

A memorial service for Wolf was held in Oklahoma City in September.



**Salute to Nursing golf tournament raises nearly \$70,000**

*With Dr. Barbara Thompson as tournament chair and Anita Taylor as chair of the auction party, the 2005 Salute to Nursing was celebrated as a “wildly successful” fund-raiser, bringing in nearly \$70,000 in scholarship money. “The weather was perfect, the golfers were superb and the enthusiasm level was sky high,” said Dr. Pamela Watson, dean of nursing. “We all had a great time, and even better, we brought in about \$68,000 in scholarship money for our nursing students.” Pictured is the first-place golf team of Bill Ross, Pete Shim, Casey Montgomery and Steve Wisner, sponsored by GPM, Inc. Twenty-nine teams made up of more than 100 golfers turned out for the annual Salute to Nursing Golf Tournament at the Galveston Country Club.*

**SECC donations exceed goal as campaign ends**

The 2005 State Employee Charitable Campaign ended with a celebration on the library plaza. There were dunking booths, pumpkin carving contests and other Halloween-themed activities to mark the end of another successful campaign.

“Through the generosity of many of you, we’re going to be able to make an important difference in the lives of many in the year to come,” Dr. Pamela Watson, SECC chair, said in her closing letter to the campus (read the full text online at [www.utmb.edu/secc](http://www.utmb.edu/secc)).

As of Nov. 9, more than 2,700 employees contributed in excess of \$693,000 in gifts and pledges.

Visit the SECC web site for information about this year’s successful campaign.

**CAMPBELL from Page 1**

utes each week,” continued Campbell. Lab results are printed to more than 50 Texas Department of Criminal Justice units, more than 20 outlying clinics and some of the campus-based clinics.

**Why We’re Here**

“The goal of LIS is to take lab data and feed it to clinicians so they can act on the results,” says Dr. Amin Mohammad, current director of LIS. “There’s also a business aspect that involves providing test volumes, reimbursements, patient billing and other management related information for business analyses to leadership.”

Campbell explained that a background in the field of medical technology is important to working in LIS. Only one person working with the Cerner system does not have a medical background; seven are medical technologists. The division includes Dr. Mohammad, the director; Dr. Michael Smith, associate director; Campbell, the division’s manager; and ten other busy people using information technology to meet the cutting-edge demands of the department and its users. Dr. Cowan, the previous director, remains a consultant to LIS.

“We are the interface between the Department of Pathology and Information Services. Pathology generates more than 30 percent of all data that goes into the medical chart or EMR. The volume and type of the data generated by a pathologist has necessitated that LIS be a part of pathology, to make sure important information gets delivered quickly to health care professionals,” Mohammad says. “LIS feeds informa-

tion to IS and IS feeds it to wherever it needs to go.”

**The Digital and Electronic Age**

LIS has been involved from the beginning in the Electronic Medical Record (EMR) project, UTMB’s ongoing and major initiative to shift from paper medical records to electronic medical records in its hospitals and clinics.

Campbell says the Pathology Department played an important role in the selection of the EMR Epic system. The Epic tool interfaces with the Cerner. Cerner receives physician orders from Epic and Epic receives laboratory results and clinical observations from Cerner.

Huy Nguyen, the LIS systems manager who also has a medical technology background, “is very good at making the system do what the department requires. He challenges the system,” Campbell says.

Nguyen was instrumental in adapting the system so off-site orders can be made using bar codes and a bar code scanner. Once the information is received, it’s automatically entered into the system.

**A Big Operation**

The pathology lab is extensive; it’s housed in parts of the second, fifth and ninth floors of John Sealy. The Blood Bank, which types and screens blood samples, is on the first floor of John Sealy Annex. Children’s Hospital has a cytogenetics testing lab and Rebecca Sealy has a tissue antigen lab. There is also a lab in Jennie Sealy Hospital, and the Pathology Department also serves TDCJ clients as well as the lab in Huntsville.

According to Campbell, LIS operates a “checks and balances” procedure to test and validate the various systems prior to widespread use and puts in designs to ensure every part of the system is working right.

Nguyen says, “Even with all the technical expertise of LIS, the user is the driving force that keeps us working and the system running. We give them what they need. We are here to provide service to both hospital and laboratory personnel, and ultimately to their patients.”

Modern instrumentation allows verified results to be sent within seconds because of an integrated auto verification system. In the past every stat result had to be called in. Now, with Epic EMR, stat results are flagged and only critical results are called in.

**A More High-Tech Future**

Today, patients can wear bar-coded wrist bands and with the new “point of care technology,” clinicians can do glucose tests using a hand-held computing device, which automatically reads the results and sends them to the system and to the patient’s unique file.

Campbell says the future is a “total patient ID system” using bar codes. Now clinicians can also manually input information for strep, fecal blood test, pregnancy and gastro cultures into the hand-held computing devices. In the near future, these results will be automated to the patient’s record as well.

“The less information that has to input manually,” Nguyen says, “the fewer chances for mistakes. Error rates have dropped drastically because very few tests are still done manually.”

Mohammad maintains that more changes are around the corner. “The current classical system is a hierarchical database. It goes through all the tests on a single patient. We’re moving towards relational databases, where we can drill down and find out what is going on not only with each patient, but between patients to determine patterns that would be very useful in patient care and clinical outcome research.”

According to Mohammad, imaging will also be improved, especially for anatomic pathology slides. A digital image of slides reviewed by pathologists, very similar to radiology images, will be taken and sent directly to the patient’s chart in EMR. Voice recognition technology also will improve and allow direct transfer of dictation on tape into the LIS system.

Future improvements planned in the department include an integration of molecular diagnostics and genetics testing, a system to call physicians with critical results using automated dialing—some research on this is currently being done in the LIS division at UTMB.

In 35 years, Campbell has seen many changes in UTMB’s Department of Pathology and Information Services, and she’s proud to have been a part of it all.

“I enjoy working with everyone on the LIS team. If it wasn’t for them, I don’t know how I’d make it,” Campbell says. “We provide excellent service that’s always improving. We’ve always used our innovative skills to succeed and go beyond the limits set before us. And, we’ll keep on doing it.”

*SACS from Page 1*

was last reaffirmed in 1998.

In reaffirming UTMB, SACS focuses on the university's academic enterprise, just as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) focuses on the clinical enterprise. JCAHO, which gave clinical programs at UTMB the green light in 2003 with a very high score, ensures hospitals provide patients with quality care. SACS ensures colleges and universities provide students with quality academic programs.

If students pay thousands each year for tuition and fees, "they assume there are processes in place to make sure their institution meets certain standards," Christiansen said. SACS sets these standards for schools in 11 southern states, with a distinct emphasis on an institution's "Quality Enhancement Plan" (QEP), which is a major component of the SACS self-report. The QEP is a narrowly focused and succinct plan for addressing well-defined issues related to student learning.

The concept of "quality enhancement" sends a clear message about accreditation: "You may get a 10-year certification from SACS, but you can't rest on your laurels during those 10 years," Christiansen said.

So while 2008 might seem a long way off, there is plenty of work to do before then. Indeed, the schools have been working together since the last SACS reaffirmation to handle issues brought to light in that review, Christiansen said. To help set UTMB's priorities, Christiansen and the campus SACS compliance committee this summer met with an outside consultant—someone intimately familiar with the SACS reaffirmation process. She had some pointed advice, and deans of all four schools are taking it to heart.

#### **Priority No. 1: An institutional focus on education**

Christiansen said the highest-priority advice was something UTMB heard from SACS in 1998: demonstrate how the four schools support learning from an institutional perspective. "The SACS consultant was clear about the fact that we don't really operate effectively at an institutional level because we have a culture that has championed decentralization," Christiansen said. "That's counter to the way SACS wants an institution to function."

SACS spotted gaps in UTMB's cross-school planning and evaluation and, particularly, its problem-solving mechanisms. "It's not good enough for SACS that any one part of

the university functions effectively," Christiansen said. "They accredit the entire university, so our report card is not based upon the strengths in any part of the university, but on the weaknesses."

#### **So what now?**

Understanding this need to "think institutionally," the deans of all four schools created the Academic Executive Council (AEC) in 1999. The AEC meets regularly to address issues affecting all the schools. "There are so many initiatives we've instituted in the last year that we can be proud of," Christiansen said. Among them, the recent All School Best Practices Teaching Retreat, the new Academy of Master Teachers, presidential awards for curriculum innovations, and an effort now underway to streamline administrative procedures such as annual faculty evaluations.

These and many other successes will be recorded in the SACS "Compliance Certification" document—a self-report created by eight designated "study groups" with broad representation from across the institution. This document is the first step in the process of reaffirmation, so it is the committee's main focus for the next several months.

## **SACS Timeline**

- **To date**—Eight study groups have been appointed from all parts of campus and charged with demonstrating in a self-report how UTMB is living up to SACS principles.
- **September 2007**—UTMB completes self-report and presents it to SACS.
- **November 2007**—SACS off-site team reviews self-report and makes suggestions to the on-site team, with emphasis on areas of concern.
- **March–April 2008**—SACS on-site review team makes a three-day visit to campus to study areas of concern.
- **December 2008**—SACS notifies UTMB of reaffirmation status.

## **How can you help?**

- The committee has designed a SACS initiative web site as a key communication tool during this process. Keep up-to-date online at [www.utmb.edu/ia/LTD/sacs/sacs\\_main.asp](http://www.utmb.edu/ia/LTD/sacs/sacs_main.asp).

## **UTMB IMPACT**

The University of Texas Medical Branch  
Office of University Advancement  
301 University Boulevard  
Galveston, Texas 77555-0144  
Telephone (409) 772-2618

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