Snow fell on the Texas City Primary and Specialty Care Clinic on Friday, Dec. 8. The facility opened its doors to patients again this month and has made a full recovery since the damages from Hurricane Harvey.

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Miss an issue? www.utmb.edu/fridayfocus Submit a story: friday.focus@utmb.edu Friday Focus Team: Mary Feldhusen and Erin Swearingen
The Texas City Primary and Specialty Care Clinic and the Dickinson Regional Maternal and Child Health Program (RMCHP) clinics were two of the most affected clinics in the wake of Hurricane Harvey.

During the storm, the Texas City clinic took on nine inches of water throughout, damaging all of the sheetrock, technological infrastructure, flooring, furniture and equipment. Thanks to a great deal of hard work on behalf of Business Operations & Facilities, Information Services, providers, staff and contractors, as of December 4, nearly all clinics in the Texas City location have resumed operations. Urgent Care is scheduled to return Jan. 2, 2018, and the Audiology Sound Booth will reopen Jan. 22, 2018.

The Dickinson RMCHP Clinic facility took on two feet of water during Hurricane Harvey and was inaccessible for four days following the storm. All millwork, plumbing, electrical, flooring, furniture and equipment were damaged and four feet of sheetrock was removed from all of the walls.

Estimated completion of the construction is scheduled for the end of December, and providers are looking forward to re-opening their doors to patients in late January.
UTMB pharmacists play a key role in providing quality patient care

by Ashitha Jayachandran, Pharm.D. and Jeena Thomas, Pharm.D.

UTMB Pharmacists play a key role in providing quality patient care by ensuring safe and effective medication usage. UTMB’s Department of Pharmacy consists of more than 80 pharmacists and pharmacy technicians who work together to appropriately store, prepare, dispense and deliver medications throughout the entire Health System.

Clinical pharmacists specialize in various areas such as critical care, internal medicine, solid organ transplant, infectious diseases, pediatric/neonatal and transitions of care. They support health care professionals by reconciling patients’ medications on a daily basis and discussing necessary interventions with the team. Working as an integral part of the interdisciplinary care team, UTMB pharmacists are dedicated to providing around-the-clock care to our valued patients.

During national Pharmacy Week in October, the Department of Pharmacy organized a community outreach event to educate other hospital staff and the general public on the profession of pharmacy. UTMB pharmacy representatives engaged in discussions and answered questions regarding various topics related to medication safety, pharmacy education, roles of pharmacists, and drug information. Events like Pharmacy Week help to educate our community on the different professions in the Health System who work together to provide quality patient care.

The Department of Pharmacy works hard to ensure patients receive the right medications, at the right dose, at the right time. By increasing awareness of the profession of pharmacy, we hope to help others understand the important role pharmacy plays in the health care system and in providing Best Care to every patient, every time.

UTMB’s Health Resource Center joins Community Partner Program

The David L. Callender, MD & Tonya R. Callender, FNP Health Resource Center is now a member of the Community Partner Program of the Texas Department of Health and Human Services.

The Community Partner Program began in 2012 with the mission to develop and maintain a statewide network of community organizations that help Texans apply for food benefits; monetary assistance; health care assistance programs for women, children and seniors; and other support services, as well as manage their assistance online.

UTMB’s Health Resource Center staff can assist patients, families and members of the community in applying for such programs through the Texas HHS website: www.YourTexasBenefits.com.

Programs include:

- **SNAP Food Benefits**, which provides a monthly supplement for purchasing nutritious food
- **TANF Cash Help**, a financial and medical assistance program that helps families with children age 18 and younger pay for basic needs
- **Health care** for children, women, people age 65+ and people with disabilities (examples: CHIP, Children’s Medicaid, Texas Women’s Health Program, Medicare Savings Program)
- **Support Services** for the disabled, elderly and those with mental health and/or substance abuse issues

Those interested in applying should contact the Health Resource Center at (409) 266-7542 to schedule an appointment. Appointments are held Monday through Friday from 8 a.m. to 5 p.m. in the UTMB Health Resource Center, located on the Galveston Campus in the lobby of Jennie Sealy Hospital. Evening and weekend appointments may be scheduled on a case-by-case basis.

For more information, please contact Savannah Parks at 409-266-7542 or sjparks@utmb.edu.
We are in the midst of flu season, and although the number of cases are on the rise, flu vaccination is still considered the best defense against catching the virus.

This month, UTMB Angleton Urgent Care Clinics reported that 19 percent of patients have tested positive for flu A or B and 36 percent of patients have presented with flu-like symptoms. During the week of December 10-16, 22 percent of patients tested positive for the flu.

UTMB Alvin Urgent Care has reported similar statistics with 15 percent of patients testing positive for the flu; approximately 26 percent of patients have presented with flu-like symptoms.

The effectiveness of this year’s vaccine is particularly low. Why? There are many different flu viruses and they are constantly changing. As a result, creating the most effective flu vaccine each year is a moving target. The composition of U.S. flu vaccines is reviewed annually and updated as needed to match circulating flu viruses. According to the CDC, flu vaccines have now been updated to better match circulating viruses, in particular the influenza A (H1N1) strain.

It’s still worthwhile to get a flu shot! Even a vaccine with low effectiveness provides protection. Additionally, the more people are protected from the flu, the more other people will also be protected. The Centers for Disease Control and Prevention (CDC) recommends a yearly flu vaccination for everyone six months and older. Vaccination is especially important for those at high risk for flu-related complications, including children younger than five, adults 65 years of age and older, pregnant women, residents of nursing homes and long-term care facilities, and individuals with chronic health conditions.

The flu can be passed on to someone else one day before symptoms develop and up to five to seven days after symptoms appear.

To help prevent the spread of the flu, UTMB offers employees, retirees and volunteers free flu shots each year. Vaccinations are available at all UTMB clinics and inpatient units. For questions or more information, visit the Employee Health Clinic webpage https://hr.utmb.edu/ehc/ or call (409) 747-9172.

Make it a flu-free season. Get your flu shot today, and enjoy the holiday season knowing you won’t spend it suffering in bed!

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**STAY FLU FREE**

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Choosing Wisely: Five things physicians and patients should question about antibiotics use

The Infectious Diseases Society of America’s (IDSA) Quality Improvement Committee (QIC) directed the development of IDSA’s Choosing Wisely list of Five Things Physicians and Patients Should Question. The Committee identified a preliminary list of inappropriate and overused clinical practices. The following list identifies five things physicians and patients should question when it comes to treatment with antibiotics.

1. **Don’t treat asymptomatic bacteruria with antibiotics.**

   Inappropriate use of antibiotics to treat asymptomatic bacteruria (ASB), or a significant number of bacteria in the urine that occurs without symptoms such as burning or frequent urination, is a major contributor to antibiotic overuse in patients. With the exception of pregnant patients, patients undergoing prostate surgery or other invasive urological surgery, and kidney or kidney pancreas organ transplant patients within the first year of receiving the transplant, use of antibiotics to treat ASB is not clinically beneficial and does not improve morbidity or mortality. The presence of a urinary catheter increases the risk of bacteruria; however, antibiotic use does not decrease the incidence of symptomatic catheter-associated urinary tract infection (CAUTI), and unless there are symptoms referable to the urinary tract or symptoms with no identifiable cause, catheter-associated asymptomatic bacteruria (CA-ASB) does not require screening and antibiotic therapy. The overtreatment of ASB with antibiotics is not only costly, but can lead to C. difficile infection and the emergence of resistant pathogens, raising issues of patient safety and quality.

2. **Avoid prescribing antibiotics for upper respiratory infections.**

   The majority of acute upper respiratory infections (URIs) are viral in etiology and the use of antibiotic treatment is ineffective, inappropriate and potentially harmful. However, proven infection by Group A Streptococcal disease (Strep throat) and pertussis (whooping cough) should be treated with antibiotic therapy. Symptomatic treatment for URIs should be directed to maximize relief of the most prominent symptom(s). It is important that health care providers have a dialogue with their patients and provide education about the consequences of misusing antibiotics in viral infections, which may lead to increased costs, antimicrobial resistance and adverse effects.

3. **Don’t use antibiotic therapy for stasis dermatitis of lower extremities.**

   Stasis dermatitis is commonly treated with antibiotic therapy, which may be a result of misdiagnosis or lack of awareness of the pathophysiology of the disease. The standard of care for the treatment of stasis dermatitis affecting lower extremities is a combination of leg elevation and compression. Elevation of the affected area accelerates improvements by promoting gravity drainage of edema and inflammatory substances. The routine use of oral antibiotics does not improve healing rates and may result in unnecessary hospitalization, increased health care costs and potential for patient harm.

4. **Avoid testing for a Clostridium difficile infection in the absence of diarrhea.**

   Testing for C. difficile or its toxins should be performed only on diarrheal (unformed) stool, unless ileus due to C. difficile is suspected. Because C. difficile carriage is increased in patients on antimicrobial therapy, and patients in the hospital, only diarrheal stools warrant testing. In the absence of diarrhea, the presence of C. difficile indicates carriage and should not be treated and therefore, not tested.

5. **Avoid prophylactic antibiotics for the treatment of mitral valve prolapse.**

   Antibiotic prophylaxis is no longer indicated in patients with mitral valve prolapse for prevention of infective endocarditis. The risk of antibiotic-associated adverse effects exceeds the benefit (if any) from prophylactic antibiotic therapy. Limited use of prophylaxis will likely reduce the unwanted selection of antibiotic-resistant strains and their unintended consequences such as C. difficile-associated colitis.
SHOUT OUTS!

My father was a physician, as my son is now. The care by Dr. Brian Smith was superlative in every way – and I should know better than most! (Orthopedics)

Nurse Nina Murphy in Labor & Delivery who is the only reason I got through the birth. She is so special, don’t lose her! (Labor and Delivery)

Dr. Kelly Stephenson makes you feel like she has all the time in the world. (Orthopedics)

I want to give a special thanks to my nurse, Jomar Patawaran. He was great, professional, and went the extra mile to help me. (League City Medicine/Surgery Unit)

My mammographer, Shelly Watson, was very thoughtful. She even gave me a second gown to keep me warm while waiting. (Mammography)

Drs. Ikenna Okereke and Issam Alawin, the nurses and those who administered chemo were all great encouragers and wonderful personnel. I felt like I was a family member of their most important patient. I am thankful for them and UTMB. (Oncology)

I call nurses Crystal Marshall, Rebecca Buck and Melissa Powell my angels. I am so thankful for their care. (Infusion Therapy)

Tis the season!

HOLIDAY PHOTOS FROM AROUND UTMB

Employees enjoyed the Annual Holiday Campus Celebration; Health System leadership serve goodies

Employees enjoyed the Annual Holiday Campus Celebration; Health System leadership serve goodies
Health System leadership served day and night shift employees during the Annual Campus Holiday Celebration
Tis the season!

Above: Volunteer services organized “Project Holiday Cheer” the week of Dec. 18-22. Events included patient gift wrapping, visits from therapy animals and a violinist who played holiday music in John and Jennie Sealy lobbies.

Above and left: Health System Leadership delivered holiday meals to the ambulatory clinics on the island and the mainland.

Below: Inpatient units competed in a gingerbread house competition.

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