On April 10, ordering providers will notice a change in the Epic electronic medical record system. In particular, there will be a significant increase in the number of radiology orders available – the total number of imaging orders will increase from approximately 300 orders to 1,200 orders. This is the first phase of the implementation of Radiant, a new module in Epic that will replace UTMB’s current Radiology Information System.

The April 10 implementation for ordering providers is an opportunity for physicians to get acquainted with the new ordering system before it officially goes live on June 2. Radiant will help make finding specific exams more intuitive and easier to find, thanks to a change in naming convention. Exam names will now indicate modality (e.g., FL, IR, XR, CT, MR, US, NM, DEXA, BI, PET) and will require:

- laterality (i.e., left, right or bilateral),
- the specific bone or joint to be imaged, and
- contrast abbreviations (i.e., W contrast, WO Contrast, WWO contrast).

In May, radiology staff will begin training in the new system. Currently, Epic orders must be manually entered into a radiology scheduling system that is separate from Epic. By integrating the entire order entry and scheduling process, errors will be reduced, UTMB will be able to obtain and maintain better data on imaging processes, and communication between ordering providers and radiologists will be improved.

With the full go-live of Radiant, which coincides with the Epic 2017 Upgrade (see page 3), exam protocling will be done by the radiologist in Epic prior to scheduling and preauthorization. Protocling can include the study...
Technique, additional orders for medications, contrast, labs and additional instructions to technologists.

Later in 2018, a clinical decision support tool developed by the American College of Radiology will be turned on in the system to help providers select the most appropriate form of imaging while limiting overutilization (ACR Select). This will ensure patients are getting the most appropriate tests and will aid in cost containment. The decision support tool will require ordering providers to select from a list of indications; it will then use algorithms based on clinical rules to assign each order an appropriateness score using a 9-point scale, with a score of 0 reflecting insufficient information to make a recommendation and a score of 9 meaning very appropriate.

The list will save clinicians a trip to the reading room or a telephone call regarding uncomplicated and standard clinical situations that are covered by the guidelines, thus allowing improved radiologist efficiency. Of course, there will always be some orders that cannot be properly classified by clinical decision support, and the ACR Select tool is designed to accommodate such situations.

In 2020, physicians will be required by the Centers for Medicare and Medicaid Services (CMS) to document that they are following appropriateness criteria prior to ordering advanced diagnostic imaging services, such as CT, MRI, nuclear medicine exams and PET exams for Medicare patients.

More details on Radiant can be found at [http://intranet.utmb.edu/emr/Radiology.asp](http://intranet.utmb.edu/emr/Radiology.asp)

### Key Take Away Messages:

- Radiant provides access to all patients’ imaging and lab results, including pathology for biopsies, medications, allergy information, history and upcoming radiology appointments.
- MyChart will allow patients to view radiology appointments.
- Documentation for radiology procedures and testing will exist within Epic.
- There will be a new tracking process and layer of communication regarding critical alerts.
- Orders for radiology exams will be more specific.

### For Ordering Providers:

- Nuclear Medicine and Interventional Radiology will now utilize orders rather than consults to schedule appointments.
- Chart Review will provide access to view all studies and appointments the patient has had.
- Current preference lists including imaging orders will need to be updated.
- “Reason for Exam” will move from Free Text to a selection from common indications.
- The following Radiant-related workflow bulletins are now available online:
  - Customize your favorite order sets
  - Browse NW or Nuclear Medication to see the list of Nuclear Medicine orders
  - Radiology preference list changes

### For Radiologists:

- PACS and PowerScribe will be integrated into Epic to create a single system that allows access to patient information while viewing and reporting the images.

### For Technologists and Radiology Nurses:

- Contrasts and radiopharmaceuticals will be treated as medications and documented on the Medication Administration Record (MAR).
- Allergies will display in the patient header (if documented) allowing quick identification of potential contrast allergies prior to scheduling the imaging order.
- Technologist’s documentation will be seen by the radiologist from within Radiant.
- Managers will be able to modify scheduling templates for imaging modalities.

### For Schedulers:

- All order and chart information will be available. Each order triggers scheduling rules that dictate the appointment’s length and provides the appropriate sequencing and resource allocation for each procedure. The system also checks for conflicts in a patient’s schedule.

### For Nurses:

- View when your patient is in Radiology and what medications they have been given for their procedure.
- Interventional Radiology procedures will be documented in one workspace with the IR narrator, where clinicians input medication details and events, including timeouts.
- A comprehensive breast imaging system will track histories and risk assessments; it will also display breast diagrams and send electronic letters.
Clinical Information Services will host an Epic Open House April 16-20, 2018 to provide a hands-on preview of Epic’s new version enhancements that will go live on June 2, 2018.

Don’t miss your chance to provide feedback that will help the build team ensure the tools are user-friendly and streamline your workflow!

**Open House Hours:**
- April 16 & 17 in the 1.146 Rebecca Sealy training room from 8:00 a.m. to 4:00 p.m.
- April 18 & 19 in the 1.179 Primary Care Pavilion training room from 7:00 a.m. to 4:00 p.m.
- April 20 in the 1.148 Rebecca Sealy training room from 8:00 a.m. to 4:00 p.m.
- Open House dates for the League City and Angleton Danbury campuses are being planned and will be announced soon – stay tuned!

**Key Enhancements:**
- Patient charts get a new look
- To help save time and clicks, you can now mark allergies, medications, and the problem list as reviewed from SnapShot
- Pend orders, enter diagnoses, and start writing notes before the patient arrives at clinic
- Save address for referred to providers in preference lists
- Quickly arrange topics and sections in navigators
- Send prescriptions to multiple pharmacies
- Opt in to receive mobile notifications for lab or imaging orders as soon as a result is available
- After Visit Summary updated with a fresh, modern look that puts the patient front and center.
- Patients can help keep their immunization records up to date by indicating in MyChart when they’ve already received an immunization.
- Single search for orders and order sets, no need to click “Go to Order Sets”
- Choose future dates to start home meds
- Respond to queries for clinical documentation or coding in a single step with a new note
- Notewriter for Inpatient and ED providers
- When using Provider Finder, referral staff can see provider’s availability and choose a provider who can see the patient sooner
- Single sign-on for surgeons

More information at [http://intranet.utmb.edu/emr](http://intranet.utmb.edu/emr)
Don’t get “STUCK!”
Prevent bloodborne pathogen exposures

At UTMB, creating a safe and reliable environment for our patients and employees is a top priority. However, the nature of patient care delivery can sometimes put clinicians and staff at risk for occupational exposures to bloodborne pathogens, such as an accidental needlestick or bodily fluid exposure.

Although it is rare that healthcare workers contract infections after such an exposure, immediately seeking treatment can greatly reduce any risk. If you are “hit” you should seek treatment within four hours, per UTMB policy.

The circumstances leading to a needlestick injury can depend partly on device characteristics, but are also related to certain work practices such as the handoff of equipment during procedures, needle recapping, transferring body fluid between containers, and failure to properly dispose of used needles in puncture-resistant sharps containers.

Your risk of acquiring an infection depends on several factors, such as the pathogen involved, your immune system, the severity of the needlestick injury, and the availability and use of pre-exposure vaccination and post-exposure prophylaxis.

To make it easier for UTMB physicians and staff to find step-by-step instructions in case of an exposure, a new website, www.utmb.edu/STUCK is now online and maintained jointly by UTMB’s Department of Healthcare Epidemiology and the Employee Health Clinic.

If you are HIT, you must seek treatment within 4 hours.

Sharps injuries can be avoided!

Remember, anytime a sharp is exposed, there is a chance of injury. Healthcare workers should take the following steps to protect themselves and their fellow workers from exposure:

- Avoid the use of needles where safe and effective alternatives are available and use devices with safety features provided by UTMB.
- Use CPR breathing barriers, such as resuscitation masks, when giving ventilations (rescue breaths).
- Wear disposable gloves when providing care, particularly if you may come into contact with blood or body fluids. Also wear protective coverings, such as a mask, eyewear and a gown, if blood or other body fluids can splash.
- Cover any cuts, scrapes or sores and remove jewelry, including rings, before wearing disposable gloves.
- Change gloves before providing care to a different patient.
- Plan for safe handling of disposable gloves and needles and dispose of them in a proper container.
- Perform proper hand hygiene hands immediately before and after providing care, contact with wounds and between all patient interactions. Alcohol gels may be used for hand disinfection in place of an antimicrobial handwash. Hands that are visibly contaminated must be washed with soap prior to hand disinfection.
- Avoid recapping needles.

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continued from page 4 | Don’t get "stuck!" Prevent bloodborne pathogen exposures

- Participate in bloodborne pathogen training and follow recommended infection prevention practices, including hepatitis B vaccination.
- Report any hazards from needles that you observe in your work environment to the Patient Safety Net (PSN). The PSN will be replaced by a new event reporting tool in May 2018. Until then, continue to stay diligent and report safety events to the PSN.

Although health care settings are varied and present both common and unique safety issues, interventions to improve safety for patients also improve safety for employees. Everyone has a part to play in creating a safe and reliable care environment! Remain alert and work together as a team to recognize and avoid potentially unsafe conditions and activities for the safety of all. Following proper safety protocol and injury prevention practices can reduce risk.

Visit www.utmb.edu/STUCK for more information. Employee, supervisor and provider checklists and necessary forms are all available on the site.

1http://www.in.gov/isdh/files/BBP_American_Red_Cross_Fact_Sheet_xps(1).pdf

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Health Care Innovation
LECTURE SERIES

If you could imagine the future of health care – a future without boundaries – what would it look like? If you could change any rule to create a better care experience for patients or staff, what would it be? How would you cure a disease or improve patient access to the system?

Join us as the Health System and Academic Enterprise kick off the new Health Care Innovation Lecture Series hosted by Chief Medical and Clinical Innovation Officer, Gulshan Sharma.

On April 23, Futurist Garry Golden will explore “The Health Care Delivery System of the Future.” As an academically trained Futurist, Garry helps organizations bring structure and discipline to exploring the implications of long-term change. He helps organizations close the gap between the pace and direction of change happening outside their organization while advising on the changes happening within an organization. Golden teaches leaders and teams how to tap their inner futurist and develop the right habits of mind to anticipate and lead change.

April 23, 2018 | 11:30 a.m. - 1:00 p.m.
Levin Hall Main Auditorium

UTMB Breast Health and Imaging Center approved by the National Accreditation Program for Breast Centers

UTMB’s Breast Health and Imaging Center has been re-accredited by the National Accreditation Program for Breast Centers (NAPBC), a program administered by the American College of Surgeons.

The three-year full accreditation is presented only to centers that have voluntarily committed to provide the highest level of quality breast care and undergo a rigorous evaluation process and review of their performance. During the survey process, the center must demonstrate compliance with standards established by the NAPBC for treating women who are diagnosed with the full spectrum of breast disease. The standards include proficiency in the areas of: center leadership, clinical management, research, community outreach, professional education and quality improvement.

A breast center that achieves NAPBC accreditation has demonstrated a firm commitment to offer its patients every significant advantage in their battle against breast disease. For more information about the National Accreditation Program for Breast Centers, visit their Web site at http://www.accreditedbreastcenters.org.
Improving the patient experience: Saying hello is important!

A patient's satisfaction with their health care experience means more than the fact they experienced a positive medical outcome. Beryl Institute, a community of practice dedicated to improving the patient experience through collaboration and shared knowledge, defines the patient experience as the “sum of all interactions that influence, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.”

In a busy academic medical center, a patient may observe a large number of physicians, trainees and clinicians enter their room throughout the day. This can sometimes make it a challenge to know with confidence who the attending physician is or which individual they may ask questions about their plan of care. This uncertainty can diminish the patient’s sense of safety and comfort, as well as a relationship of trust with their care team. One simple way we can help alleviate this is by introducing ourselves when we enter the patient’s room. Information-giving and listening behavior also make a significant impact in the patient’s perception of their care.

In 2013, Dr. Kate Grainger, a doctor turned terminally ill cancer patient, launched the social media campaign, “#hellomynameis,” following a hospital stay in which she noticed that many of the staff looking after her did not introduce themselves before delivering care. On the #hellomynameis campaign website, she wrote:

“I firmly believe it is not just about common courtesy, but it runs much deeper. Introductions are about making a human connection between one human being who is suffering and vulnerable, and another human being who wishes to help. They begin therapeutic relationships and can instantly build trust in difficult circumstances.”

Last year, a group of researchers in Ireland created a study based on Dr. Grainger’s campaign.2 The objective was twofold: first, the group sought to measure the rate at which hospital doctors introduced themselves, and second, they wanted to establish whether the practice of introducing oneself correlated to increased patient satisfaction. Over a five month period, patient exit surveys showed that 79 percent of doctors introduced themselves to patients and 89.7 percent of patients responded that they felt that an introduction by the provider made a positive difference to their health care visit. When asked to describe their experience, patients commonly wrote that the interaction felt friendlier and more personal; above all, the most frequent response received from patients was that it was “nice to know the doctor you are seeing.”

When patients and their loved ones enter one of our facilities for the first time, we have one chance to make a great first impression. Whether we deliver direct patient care or meet them at a front desk, greeting patients with a friendly and proper introduction is a simple way we can all improve their experience. This not only supports our commitment to Best Care, but allows us to provide a more compassionate, respectful and meaningful service to our patients and their families.

References

1 Parsons SR, Hughes AJ, Friedman ND. Please don’t call me Mister: patient preferences of how they are addressed and their knowledge of their treating medical team in an Australian hospital. BMJ Open 2016;6:e008473. doi: 10.1136/bmjopen-2015-008473

2 http://pmj.bmj.com/content/postgradmedj/94/1110/204.full.pdf

YOUR QUESTIONS ANSWERED: MD ANDERSON CANCER CENTER COLLABORATION

Interested in the upcoming collaboration between UTMB and MD Anderson?

Check out the new MD Anderson Cancer Center Collaboration webpage for answers to all of your Frequently Asked Questions.

intranet.utmb.edu/mdacc-collaboration
New! Healthfinch decision support for medication refills

Did you know that UTMB receives approximately 1,000 refill requests per day? Many steps are taken by patient service specialists, medical assistants, nurses and providers daily to ensure these refills are completed in a safe and efficient manner, but this can also add to the work pace and pressure many staff have expressed they feel in clinic settings, according to UTMB’s Ambulatory Agency for Healthcare Research and Quality (AHRQ) Culture of Safety Survey.

To help make the refill process more efficient, UTMB piloted a new tool called Healthfinch in select adult primary care clinics: all family medicine clinics, all internal medicine clinics, and Pediatric and Adult Primary Care, Texas City.

Based on UTMB guidelines, the tool, which is integrated into Epic helps standardize the process and make it easier for staff to know when they can and cannot authorize a refill request.

So far, the majority of feedback received has been positive:

“"I find that it is actually much easier and allows me extra time to get more refills done, especially in between rooming patients." — Margaret Bishop, CMA II

“We are able to load the refills much quicker.” — Janis Layer, Patient Service Specialist II

“I can do 3 refills in the time it used to take me to do 1.” — Shanikqua Cravens, MA I

“Since implementing Healthfinch, the turnaround time to refill medications has dramatically improved. This makes our InBaskets look fantastic!” — Theresa Landry RN, Nursing Supervisor

Beginning April 3, the second phase of the pilot will begin with implementation of the tool in all adult primary care and geriatrics clinics.

In June, the tool will be implemented in pediatrics clinics, all clinics offering OB/GYN services. All specialty clinics will receive the tool in July.

Online training (webinars) and informational materials will be supplied to each clinic prior to go-live; the materials may also be accessed at intranet.utmb.edu/emr.

Health Resource Center Caregiver “Time-Out” Sessions

Every Wednesday at 2 p.m. in Jennie Sealy Hospital Conference Room 2.506A, UTMB’s Health Resource Center offers 30-minute “Time-Out” sessions focused on caregiving, caregiver support, self-care and other health related topics. Sessions are open to all. For more information, contact Patient Resource Specialist Savannah Parks (sjparks@utmb.edu) or visit https://www.utmb.edu/health-resource-center.

<table>
<thead>
<tr>
<th>Date</th>
<th>Topic</th>
<th>Presenter</th>
<th>Overview</th>
</tr>
</thead>
<tbody>
<tr>
<td>April 4</td>
<td>VA Benefits</td>
<td>Sandra Ard, Attorney at Law, The Ard Law Firm</td>
<td>Veterans of the United States Uniformed Services may be eligible for a broad range of programs and services provided by the Department of Veterans Affairs. Whether you are a veteran or have one in your family, join us as Sandra Ard, Attorney at Law, provides information on VA benefits and how to access them.</td>
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<tr>
<td>April 11</td>
<td>Positive Posters</td>
<td>Karen Kunz, OTR</td>
<td>Take a little time for yourself and participate in a fun activity to highlight the most positive things about you. You’ll walk away feeling more confident and self-aware!</td>
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<tr>
<td>April 18</td>
<td>Diabetes Bingo</td>
<td>Kelly Wyntjes Ferguson, RN BSN CEN</td>
<td>Learn about diabetes while having fun!</td>
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<tr>
<td>April 25</td>
<td>How to Access Community Resources</td>
<td>Sarah Linde, LMSW and Angie Gomez, LMSW</td>
<td>Throughout life, different challenges arise. Sometimes we can handle these challenges with our own resources, and sometimes community resources are helpful. Join us as we learn about identifying and accessing community resources that might benefit you and your family.</td>
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SHOUT OUTS!

We had excellent care from all of our nurses, but Giovanna Perez and Ashley McCray went above and beyond! (Internal Medicine)

I’d like to recognize all of my nurses who were so professional and sweet: John Krinock, Kassie Bowen, Alex Regalado Galicia, Kathy Mai, Mary Davenport and Elizabeth Beasley. I always felt that I was in good hands and safe. (Cardiology)

I have utmost confidence in Dr. Waheedul Haque. I know he will be there for me whenever I need to talk to or see him – even outside of his office hours! (Psychiatry)

Jonne Davis (nurse practitioner) has always been compassionate and taken the time necessary to explain the procedure, plans for what is next, and why certain tests and procedures are necessary. (Internal Medicine, Geriatrics)

Dr. Abu Sharifeh could not have been more professional, courteous and attentive to my care. He made certain everything was done efficiently and effectively. Excellent! (Cardiology)

Dr. V. Suzanne Klimberg is an excellent doctor and one of the most caring that I have ever known. She is the best at what she does and we are lucky to have her at UTMB. I recommend her highly. (Surgical Oncology) The clinic was amazing about finding an appointment for me and even called to follow-up. Dr. Juliet McKee even called me and communicated with me through MyChart on her week off to be sure I was receiving care. (Family Medicine Dickinson)

All of my experiences at UTMB have been good, especially with Dr. Gwyn Richardson. My doctors are excellent and I could not ask for anyone better to care for me. I love and respect their professional opinions regarding my health. (Gynecological Oncology)

Dr. Victor Sierpina has always been courteous, patient and professional. I’m so glad to be his patient! (Family Medicine)

I try to “tell it like it is” good or bad. In my experience, UTMB always provides exceptionally good medical care. However, Dr. Gulshan Doulatram went above and beyond for me. A few words to describe the care and results I received are: superior, exemplary and outstanding! Thank you! (Anesthesiology)

Dr. Cindy Wigg is an amazing doctor. She’s a great listener. I never feel rushed! (Psychiatry)

I love Dr. Ashley Pan! She listens, talks with me and not at me, is knowledgeable, professional and friendly. (Internal Medicine)

Dr. Carlos Clark is very professional, knowledgeable and the most caring doctor I could ever ask for. I feel very comfortable asking him about any medical problem I feel I may have. He is excellent! (Internal Medicine)

I love Dr. Courtney Wiese! My husband and I are going to have another baby soon so I can experience all of my pregnancies with her. She and her nursing staff are simply top-notch. (Angleton Danbury Campus Labor & Delivery)

Letter from a patient:

“I am writing you to commend and honor one of your doctors for outstanding medical care – Dr. Ashley Rae Group. Dr. Group has been [our] dermatologist for quite some time and we both think Dr. Group represents the best in medical care.

Medicine is said to be a combination of art and science and Dr. Group is a perfect balance of the two. Her practice conveys that everything is going to be OK. Dr. Group is always willing to listen, able to take the time to understand her patients’ concerns and then explains the best options for treatments. Her gentleness and kindness are reassuring to everyone. If she is not at the top of the practice of dermatology, we would like to meet who is!”

Annette Macias-Hoag, associate vice president, health system operations and associate chief nursing officer, Angleton, has been appointed by the American College of Cardiology as a member of its Credentialing & Member Services Committee and as a member of the Partners in Quality Committee.

Dr. Gulshan Sharma, vice president and chief medical & clinical innovation officer, has been named among Becker’s Hospital Review “100 hospital and health system CMOs to know | 2018.” The list features national physician leaders dedicated to strengthening their organizations through physician leadership development, patient safety and quality improvement.

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