RAISING COPD AWARENESS
Take the first steps to breathing better

Chronic obstructive pulmonary disease, also known as emphysema or chronic bronchitis, is a serious lung disease that over time makes it hard to breathe. Commonly referred to as COPD, the disease is the third leading cause of death in the United States, and it causes more than 3 million deaths globally every year, according to the World Health Organization. Up to half of those living with the disease – an estimated 12 million people – may be living with the disease but do not know they have it.

Symptoms of COPD include increased breathlessness, frequent coughing, wheezing and tightness in the chest. More than 16 million Americans have been diagnosed with COPD. While there is no cure, treatment is available to manage and alleviate the symptoms that are caused by the disease and significantly improve patients’ quality of life. Treatment options include medications (such as inhalers), oxygen treatment, pulmonary rehabilitation and physical activity training.

Dr. Alexander Duarte is a professor in the Department of Pulmonary Critical Care and Sleep Medicine at the University of Texas Medical Branch who often encourages pulmonary rehab for COPD patients. “I generally tell my patients that pulmonary rehab is a structured, non-medicinal, team approach to treating COPD,” he says. “Patients are able to gain strength, increase endurance and improve the way they feel naturally, without having to be prescribed another medication.”

continued on page 2

IN THIS ISSUE
• Internal Medicine uses patient focus groups to improve patient care p. 3
• UTMB launches antimicrobial stewardship program p. 4
• A look into the world of dialysis p. 5
• UTMB named 2017 Top Workplace by Houston Chronicle p. 6
• Health Resource Center Time-Out Sessions December Schedule p. 6
• Welcome Jan Botts, associate vice president of Quality, Safety & Performance Improvement p. 7
• Shout Outs! p. 7

Miss an issue? www.utmb.edu/fridayfocus Submit a story: friday.focus@utmb.edu Friday Focus Team: Mary Feldhusen and Erin Swearingen
Allie Hiles, 84, is a patient of the UTMB Pulmonary Rehabilitation program. She was diagnosed with emphysema 16 years ago. After her initial diagnosis, she used inhalers and oxygen at night, but it wasn’t until she began pulmonary rehab that she began to see improvements in her health.

“I had gotten to the point where I couldn’t do much,” says Allie. “I also have a heart condition and had a new heart valve put in. I planned to do rehab at home, but of course I just kept putting it off and never did it. Finally, I asked Dr. Duarte about starting pulmonary rehab and he was happy. Since I started rehab, I feel so much better. Before, when I went to the grocery store, I rode the scooter. Now when I go, I walk two or three laps around the store before I even begin shopping. I’m not afraid to travel to see my grandkids, I can do stairs without running out of breath, and I’ve been able to cut down on the number of water pills I take by half. I would recommend pulmonary rehab to anybody who has COPD; I firmly believe in it.”

In the U.S., tobacco use is the primary cause of COPD, but air pollutants like secondhand smoke and some heating fuels, occupational exposure to dusts, gases and fumes, and genetic disposition can also cause COPD.

If you think you may have COPD, the most important thing to do is talk to your doctor or health care provider about your symptoms. Early screening, which can be performed during a regular office visit with a simple breathing test, can identify COPD before major loss of lung function occurs. To make an appointment with a UTMB health care provider to talk about COPD, call 409-772-2222 or visit mychart.utmb.edu.

UTMB’s chronic obstructive pulmonary disease program is certified by The Joint Commission with a Gold Seal of Approval for demonstrating continuous compliance with national standards for health care quality and safety in disease-specific care. UTMB was also recertified in November by the American Association of Cardiovascular and Pulmonary Rehabilitation for its commitment to improving quality of life by enhancing standards of care.

To learn more about COPD, visit https://www.nhlbi.nih.gov/health/educational/copd/ or www.copdfoundation.org.
Internal Medicine uses patient focus groups to improve patient care

Every day at UTMB, councils, committees and task forces of administrators, physician leaders and health care providers are working together to make decisions that affect patient care. These teams recognize that patients and their families are at the center of the care team, and not only are they the focus of everything we do, they can provide important feedback and preferences about their health care. The UTMB Department of Internal Medicine relies on patient focus groups to provide feedback about the care they have received at UTMB and give suggestions for improvements.

Focus groups are demographically diverse. Each small group is assembled to participate in a guided discussion about a topic led by a moderator. The moderator’s goal is to glean insight into the larger population’s opinion of the topic discussed, based on the feedback provided by the focus group.

Dr. Randall Urban, professor and distinguished chair of Internal Medicine at UTMB, has spearheaded the Internal Medicine focus groups for nearly three years and believes they are an important opportunity to hear what patients have to say. “About three years ago, we saw there was sometimes a disconnect in communication between inpatient providers and primary care providers when a patient was admitted. So, I gathered a group of people together who were frequently admitted to the hospital, sat down with them and listened to what they had to say,” he explains. “Our goal was to find out how to create an ideal situation for the patient.” He says the feedback he has received through the patient focus group sessions has helped improve many processes of patient care.

Recently, Dr. Urban, David Hileman, administrator of medicine services at UTMB, Martha Livanec, UTMB’s director of patient services, and Jenny Lanier, director of clinic operations, spent an hour and a half discussing the patient experience with a focus group of five UTMB patients. Themes emerging from the discussion included ease of access to appointments and how well care teams accommodated patients’ preferences.

To address feedback regarding appointment access, David Hileman took time to share some of the strides UTMB is currently taking to improve the appointment scheduling process. For example, some areas have begun reaching out to patients via letters and phone calls and/or sending text message reminders to patients to confirm their appointments. Hileman explained the results they have seen so far. “At first we were worried about cancelling appointments if patients didn’t confirm, but lo and behold, those patients who didn’t confirm also didn’t arrive for their appointments. Now, we are able to cancel those appointments four to five days prior, then pick someone from a wait list. This has helped reduce the lag between scheduling an appointment and actually being seen. We are working closely with our providers to find ways to help increase efficiency and access.”

The focus group expressed appreciation upon learning about the “behind-the-scenes” work already underway to address access issues and provided additional suggestions.

One participant suggested that a “personal touch” can make the difference between whether or not a patient chooses to continue to seek care with a provider. She elaborated, “For instance, if I go to a restaurant every week for a year and the people who work there don’t eventually recognize me or say, ‘Welcome back! How are you?’ then I don’t want to go there anymore. About 10 years ago, I had a cardiologist who I saw twice a year. Each time he came into our appointment, he would ask how my kids were and how my graduate school was going. I’m sure he had notes in my chart that he read right before he came into the room to remind him of who I was, but it didn’t really matter how he remembered. It made a difference that he did remember and asked. That impressed me.”

At the end of the session, Dr. Urban emphasized to the group that the goal of the meeting was to learn about their preferences and needs of patients at UTMB and to create an ideal system based on their feedback. “We’re going to do everything we can to make it happen.”

Patient focus groups are held several times throughout the year. Participants are invited based on department and location. If you know a UTMB patient interested in becoming a patient advisor at UTMB, please contact Patient Services at (409) 772-4772.
UTMB LAUNCHES ANTIMICROBIAL STEWARDSHIP PROGRAM

Did you know that up to 50 percent of antibiotic prescriptions are unnecessary or inappropriate? One hundred years ago, antibiotics didn’t exist and people died of infections that today are considered curable. The discovery of penicillin is among the greatest of humankind. However, the misuse and overuse of antibiotics for conditions we now know to be largely caused by viruses, including colds or diarrhea, has led many microorganisms to stop antimicrobials (such as antibiotics, antivirals and antimalarial medications) from working against them.

As a result, many standard treatments have become ineffective, creating a public health threat. Infections persist and more easily spread to others. Infections with resistant bacteria cause greater morbidity and require more resources than infections caused by susceptible bacteria of the same species. According to the Centers for Disease Control and Prevention, antibiotic resistance causes more than 23,000 deaths per year in the U.S. By some estimates, antibiotic resistance in the setting of ordinary infections will be a leading cause of death by the mid-21st century. As such, antimicrobial stewardship programs are now mandated by The Joint Commission for inpatient hospitals.

UTMB officially established an Antimicrobial Stewardship Program in January 2017 with a goal to improve the quality of antimicrobial use at UTMB by promoting optimal clinical outcomes through evidence-based antimicrobial management, minimizing antimicrobial toxicities, and reducing antimicrobial resistance. The team, led by Dr. Philip Keiser, professor in the Division of Infectious Disease, Department of Internal Medicine, consists of a multidisciplinary group of microbiologists, pharmacists, infection preventionists, nurses, quality improvement specialists and infectious diseases clinicians. Efforts are currently being expanded to assist all hospital services on UTMB campuses.

Targeted work is already taking place across the Health System toward this endeavor. Our interventions are broad and involve many aspects of antibiotic use by inpatient clinical providers. Primarily, we conduct a prospective audit of antibiotic use, otherwise known as an “antibiotic time-out,” where we provide feedback and recommendations on antibiotic de-escalation, narrowing coverage and duration, making renal adjustments, transitioning from IV to PO, and/or advising bedside infectious diseases consultation. Public education about antibiotic resistant bacteria is also an important key to preventing further problems with antibiotic-resistant infections.

There are a number of resources on antimicrobial stewardship now available on the Best Care website, including recommended reading on the use of antimicrobials from the High Value Practice Academic Alliance and patient education information produced by the Centers for Disease Control and Prevention.

UTMB’s antimicrobial stewardship team looks forward to serving as a resource for questions on antimicrobial management and working together with clinicians across the organization to improve the quality of antimicrobial use and preserve the efficacy of antibiotics for future generations.

For more information on UTMB’s Antimicrobial Stewardship Program, the team leading the efforts, and related resources, please visit UTMB’s Best Care website at http://intranet.utmb.edu/best-care/HPVO/antibiotics/default.asp.

As UTMB strives to become a high-value practicing organization, we will maintain the strides we have made in all Best Care domains and begin focused efforts to ensure appropriate testing, procedures and treatments; better manage valuable resources, such as blood products; and continue managing our patients’ medications and the protocols under which we prescribe, such as with opioids. We will also continue the Patient-Centered Resource Optimization Program (PROP) to reduce variation in care and ensure we are getting the best quality supplies at the best cost.
A look into the world of dialysis

by Sheila Bationo, nurse clinician IV, Hemodialysis

As a hemodialysis nurse, I’m often asked what happens on a dialysis unit in a hospital. We provide both lifesaving and life-sustaining treatments to patients with kidney disease. The main therapies we provide are hemodialysis, plasmapheresis and continuous renal replacement therapy.

Hemodialysis is what most people commonly call kidney dialysis, or just dialysis. It is the process of purifying the blood of a person whose kidneys are not functioning properly. Plasmapheresis is the treatment and return or exchange of blood plasma, and renal replacement therapy is a therapy that replaces the normal blood-filtering function of the kidneys.

At UTMB, there is a 6-bed unit located in Jennie Sealy Hospital for acute hemodialysis patients and a 4-bed unit in John Sealy Hospital for Hospital Galveston (correctional care) dialysis patients.

Any patient in the hospital who needs hemodialysis treatment can be admitted to the dialysis unit. Mobile dialysis equipment is also available to provide bedside treatment in the surgical, medical and burn intensive care units (ICUs), Hospital Galveston ICU, neonatal ICU, and the labor and delivery unit to patients whose conditions prevent them from moving to the dialysis unit.

Hurricane Harvey presented the UTMB dialysis unit with several challenges. We were faced with an influx of patients from multiple counties. Many were either unable to get to their local dialysis units or their units were not operational due to flooding or staff unable to report for work.

Most of these patients came to us through the Emergency Department with hyperkalemia (high potassium levels) or fluid overload, both of which are life-threatening conditions. These patients were in need of emergent dialysis. This situation reminded us of the importance of providing the Best Care to all of our patients during their most crucial time of need.

It was during this time that we fully embraced the concept of teamwork. Our physicians (faculty and fellows), nurses, technicians and managers worked tirelessly together to accomplish our great achievement. In the days that we remained on emergency status from Friday, Aug. 25 until the morning of Friday, Sept. 1, we provided care for approximately 166 patients.

Because we are such a small unit, we spent a lot of time together. We were already a family, but a closer knit group developed from this experience. We worked together, ate together, slept together and supported one another. There were times when the amount of care that our patients needed seemed to be overwhelming and almost impossible. But together we accomplished this goal.

We heard stories from our patients and their families while managing to deal with our own uncertainties regarding home and family during the devastating storm. One of my patient’s stories particularly touched me. During his treatment, he told me that he had come to the hospital by helicopter from Beaumont, as had several other of our patients. When I returned to his room after checking on another patient, he was crying. When I spoke with him this time, he told me that his wife had just called. She told him that they had lost everything. My heart went out to him as he was not only dealing with his illness, but now this devastating news. I was grateful to be there for him and to be able to reassure him.

I have been in dialysis for many years. Due to the nature of our patients’ chronic illnesses, we see them on a regular basis and we often feel like part of one another’s families because of the ongoing relationships that are formed. It is through these relationships that we continually strive to provide Best Care.
Health Resource Center Time-Out Sessions December schedule

Every Wednesday at 2 p.m., in Jennie Sealy Conference Room 2.506A, UTMB’s Health Resource Center offers 30-minute “Time-Out” sessions focused on caregiving and caregiver support. Below are schedule and topics for the month of December. Sessions are open to all. For more information, contact Patient Resource Specialist Savannah Parks (sjparks@utmb.edu) or visit 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>Dec. 6</td>
<td>Burn Prevention</td>
<td>Guillermo Foncerrada, Postdoctoral Research Fellow</td>
<td>Join us to learn more about tips and techniques about burn prevention to keep you and your loved ones safe.</td>
</tr>
<tr>
<td>Dec. 13</td>
<td>Basic Yoga Posture and Practice</td>
<td>Galen Richison</td>
<td>Learn about basic breathing/meditation practices and yoga postures that can be done anywhere and anytime to help with stress, strength and flexibility.</td>
</tr>
<tr>
<td>Dec. 20</td>
<td>Caregiver Zen Hour</td>
<td></td>
<td>Caregivers take on many responsibilities and stress. Often their emotional self-care needs go unmet. Caregivers, family members and patients are invited to participate in the “Caregiver Zen Hour” which offers relaxing and comforting activities (pet therapy, aromatherapy, massage chairs, adult coloring books, and pastoral care) to decrease stress and allow time for themselves.</td>
</tr>
</tbody>
</table>

Dec. 27 Holiday Holiday Holiday

UTMB Health System named 2017 Top Workplaces by Houston Chronicle

The UTMB Health System has been awarded a 2017 Top Workplaces honor by The Houston Chronicle.

Approximately 5,025 Health System employees, physicians and mid-level providers were invited to participate in the survey used by The Houston Chronicle to determine the top workplaces; 2,595 responses were received, representing a 52 percent participation rate.

The survey, conducted by WorkplaceDynamics, LLC (now known as Energage), asked employees to rate their respective organizations in areas such as potential for advancement, flexibility of work schedules, pay, benefits and leadership. The survey was focused on the healthcare category for UTMB.

The confidential survey answers were aggregated into anonymous data that have been reported back to UTMB leadership. We are reviewing and developing a plan to communicate the results with employees soon.

In being recognized, UTMB was ranked No. 23 out of only 30 large employers in the Greater Houston area included on the list. Other health-related employers on the list included the University of Texas Health Science Center at Houston (UT Health), Memorial Hermann Health System and Baylor College of Medicine. A total of 150 organizations were included in the overall study, including small, medium and large employers.

The results that led to this honor are gratifying, but we want to learn more. We are planning to conduct an all-employee engagement survey in calendar year 2018. Still in development, that survey will help us gain valuable insight into how our entire employee base is feeling about the organization and its mission.

The UTMB Health System is honored to have been selected a 2017 Top Workplace, particularly as the judges were you, our employees! It reflects what we have believed for a long time: UTMB is a great place to work.

We hope you will participate in the engagement survey in 2018. And, as always, thank you for the wonders you work every day for those we serve.
Welcome Jan Botts, associate vice president of Quality, Safety & Performance Improvement

Please join us in welcoming Jan Botts, MA-HCA, BSN, RN, CPHQ, NEA-BC as Associate Vice President of Quality, Safety & Performance Improvement for the UTMB Health System. Jan comes to UTMB with more than 30 years of experience in nursing, practice management, and quality and patient safety. Most recently she served as Director, Quality and Care Management/Director, Dialysis Services, and Chief Nursing Officer, Ambulatory Services at Mercy Health in Janesville, Wisconsin.

Maribel Bhojani has been recognized by the Texas Nurses Association as a 2017 Top 20 Honoree. Congratulations on this outstanding achievement!

Dr. Gabriel Reep was extremely compassionate and informative! He’s the best and has a great bedside manner! (Gastroenterology)

The care I have received from Dr. Charlie Cheng, his team and everyone at UTMB couldn’t have been better. Thank you! (Vascular Surgery)

My ICU nurse Elizabeth Houck was excellent and my nurses on Jennie Sealy 9C, Brian Mendoza and Fatima Fajardo went above and beyond to make me comfortable during my stay. Thank you! (MICU/CCU)

All of my nurses were great, especially John Krinock, the night nurse who discharged me. I loved him! Thank y’all so much and may God bless. (MICU/CCU)

My nurse who took care of me in labor and delivery, Jordan Wagen, was awesome! She advocated for all of my needs. She was so attentive. Thank you so much! (Labor and Delivery)

Patti Grow is Dr. Colleen Silva’s nurse practitioner and she is amazing. She takes my concerns seriously and due to her own life experiences, she really empathizes with me. If I could make Patti my main healthcare provider, I absolutely would. She is just awesome. (General Surgery)

[We] would like to commend and recognize Dr. Brent C. Kelley and his wonderful staff in Dermatology for the wonderful work they do. I have been a patient of Dr. Kelley’s for many years and he has always gone beyond the call of duty to assist me with my dermatology needs. I can’t say enough as they will see me on short notice and spend time in discussion of any medical questions I might have.

I wanted to write you this quick email to tell you what a hospice patient’s family member expressed to me this morning. My hospice patient passed away at 5:45 a.m. The patient’s husband since then has expressed his complete gratitude for everything that we have done for him and his family. For caring for his wife, for making them feel comfortable, for making sure that all their needs were met. He spoke about how we provided beds for their room so they could sleep better by their loved ones bed while going through this hard time of having the patient be in hospice. He spoke how in the ICU he was able to stay with his wife and was able to sleep in the room. He said how in other hospitals he was only given a stiff chair and could only stay for 15 minutes. He told me that he was very happy that she passed away here. Even though his wife had just passed away, his main thing he was concerned about was expressing his strong gratitude for everything we did for his wife and his family.

The stay at UTMB was pleasant and the staff was professional and personable. We especially appreciate Dr. Aubrey Palmer, who made several visits both in the ER and to the room. He was jovial, soft-spoken and answered all of our questions. Both Melissa Haffer Von Heide, the night nurse, and Loan Truong, the day nurse, were kind and gentle with Dad and engaged him in conversations that made him relax. Dr. Palmer and Loan helped us with a prescription to make Dad more comfortable at home. Rose Gibbs sat with Dad all night as he had trouble sleeping. Jenifer Leija tended to him sweetly. Thank you!

I really appreciated the care and compassion shown to me by my day shift nurses Maira Jackson and Dulce Luna. The techs were also all friendly and kind. I especially appreciated Tarris Wood’s sense of humor and encouragement. (Surgery)