Giuseppe Colasurdo, M.D., newly appointed president of The University of Texas Health Science Center at Houston (UTHealth), presented to a crowded room of house staff at the Memorial Hermann-Texas Medical Center Campus’ quarterly medical staff meeting.

As the leader of a university with more than 4,500 students and 5,000 faculty and staff members, Dr. Colasurdo believes it is critically important to maintain clear communication and consistent expectations between the Medical School and the hospital. During his presentation, Dr. Colasurdo outlined the efforts that he and Memorial Hermann-TMC CEO Craig Cordola have undertaken to improve patient experience. In particular, Dr. Colasurdo focused on physicians’ vital role in creating positive patient experiences.

Q: First off, congratulations on being appointed as president!
A: Thank you. I’m honored to serve UTHealth in this new role and look forward to the progress we will make over the next few years. This presentation could not have come at a better time, and I appreciate the opportunity to discuss the medical staff’s role and perspective on patient experience.

Q: How does the patient experience affect physicians and staff at the Medical School?
A: Positive patient experiences directly impact the Medical School. UTHealth educates more healthcare professionals than any other institution in Texas. We serve as the leaders of care and according to the Association of...
American Medical Colleges, have one of the fastest-growing academic clinical programs in the country. Academic growth is dependent upon a successful clinical performance. As long as we continue to strive for exceeding patient expectations and providing the best possible clinical care, we will continue to grow as an academic medical center and improve patient satisfaction.

Q: How exactly can you measure a physician’s impact on the patient experience?
A: The HCAHPS survey, which is mailed to the patient’s home after discharge, has four questions that are specifically physician-related. I receive each and every survey a patient fills out. I review how they rated those four questions and read through their explanations. We all know what patients want from their physician. They want you to listen to their concerns. They want you to explain their plan of care in a language they can comprehend. These are all very simple yet important aspects to caring for patients. The physicians at UTHHealth are among the very best in the country, and as a result I believe that we should receive nothing but positive comments.

Q: How will healthcare reform impact the physician’s role in the patient experience?
A: Quality is at the forefront of the new healthcare landscape. To remain competitive, UTHHealth physicians must continue to raise the bar in quality improvement and patient safety by setting the standard for research and evidence-based medicine. Craig and I both believe that quality care leads to quality experiences. To that end we are implementing several pilot programs linking quality to compensation, including new incentives within several departments that tie physician compensation to patient outcomes. It is our job to keep these outcomes high and provide nothing but the best possible care.
New Silver Ortho Trauma Unit Opens on 8 Jones

In an effort to provide more specialized care to meet the unique needs of orthopedic trauma patients age 55 and older, the new 10-bed Silver Unit has opened on 8 Jones.

Before the new Silver Unit opened, orthopedic trauma patients in this age group were treated on 6 Jones where many of the patients can be as young as 16, said Lauren Standiford, R.N., manager of the new Silver Unit as well as the SIMU. “As the population ages, they have distinct needs and complications that present in different ways than our younger patients,” she said. “By moving them to the new Silver Unit, trained and skilled caregivers can better identify the subtle changes in their condition, all of which ultimately leads to improved outcomes.”

Standiford and several other nurses in the new Silver Unit have undergone the rigorous Geriatric Resource Training (GRN), which is an extensive five-month course on the specific nursing needs of this patient population that concludes with a performance improvement project. “The GRN project is evidence-based research, which is wonderful because we can implement it directly on the unit,” said Standiford. The unit is sending three nurses at a time through the course with the end goal of certifying every nurse.

An additional 10 beds are scheduled to open within a few months, bringing the total number of Silver Unit beds to 20. The average daily census for patients ages 55 and older on 6 Jones has held steady at 15, and all of these patients will be housed on 8 Jones once the additional beds are in place. For now, if the number of patients 55 or older in 6 Jones exceeds the number of beds in the new unit, patients are prioritized by age with the eldest receiving priority admission to the Silver Unit.

Standiford and her colleagues looked to the acute care for the elderly (ACE) unit in Cullen Pavilion as their model for training, staffing ratios, unit design and best practices. The ACE unit, which opened in 2008 as the first of its kind in the Texas Medical Center, is a state-of-the-art 14-bed unit that focuses on the complex need of the hospitalized elderly patient.

Numerous studies have shown that ACE units are more successful at decreasing the length of stay, hospital costs and readmission rates for the elderly patient population.

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Center for Healthcare Quality and Safety Aims to Improve Outcomes through Collaboration

What began six years ago this month as primarily a research center has now grown into a multifaceted program, and today The University of Texas Health Science Center at Houston (UTHealth) and Memorial Hermann Center for Healthcare Quality and Safety is poised to engage even more in direct quality improvements.

According to Eric Thomas, M.D., M.P.H., director of the Center and professor of medicine at the UTHealth Medical School, the Center is expanding its efforts in a number of ways, the latest of which includes collaboration with private physicians across the Memorial Hermann Healthcare System for participation in patient safety initiatives.

“We are making marked progress in our efforts to increase the collaboration between the hospitals, the medical school and all physicians, including those in private practice,” said Dr. Thomas. “We continue to find that when you lift up physician leaders to work connectively with hospitals and each other, significant quality improvements can be made and sustained.”

In addition, the Center is directly affecting quality by playing an integral role in the creation and implementation of the Clinical Safety and Effectiveness (CS&E) Program for the Campus, which is now in its fourth year. The program, a joint initiative of the UTHealth Medical School at Houston and Memorial Hermann-Texas Medical Center, was designed to integrate quality

Past CS&E Conference Winners

Faculty at the UTHealth – Memorial Hermann Center for Healthcare Quality and Safety helped to establish the Campus’ Clinical Safety & Effectiveness Program, which is now in its fourth year. The program’s graduates have been awarded top honors at the UT System’s statewide CS&E Conference, and past winners include:

Pratik B. Doshi, M.D., the director of Emergency Critical Care at the UTHealth Medical School and an attending physician in the Emergency Center and Medical ICU, who won for his abstract titled “Improved Care for Emergency Center ICU Admits.”

Bela Patel, M.D., assistant chief medical officer and executive medical director of Critical Care Medicine for Memorial Hermann-TMC who was recognized for the sustainability of her work to reduce ventilator-assisted pneumonia in the MICU.

Felix Tsai, M.D., who is now an attending surgeon at Children’s Hospital of the King’s Daughters in Norfolk, Virginia, was awarded for the sustainability of his quality project that significantly reduced turnaround time for delivery of blood products to the OR for pediatric cardiothoracic surgery.

Brandy Mc Kelvy, M.D., won in the sustainability category for her work over the last three years with Respiratory Services to develop a new spontaneous breathing treatment (SBT) protocol. Recently adopted across the System, the new protocol has resulted in more than 10,000 saved ventilator days over the last three years, leading to an overall decrease in the length of stay (LOS).
improvement at a grassroots level. Participating clinicians are encouraged to reflect on how they practice to help them discover new ways to improve outcomes that decrease waste and redundancies. The course is comprised of eight full-day sessions over six months, during which time participants lead a quality improvement project.

“The intent is to develop leaders in clinical quality development and to support engagement in improvement initiatives that are aligned with the organizational strategic goals,” said Dr. Thomas. The CS&E program, which draws heavily from a Six Sigma approach to quality improvement, was initially offered for physicians only. Now it has expanded to include teams comprising a physician and a senior non-physician clinician such as a nursing director or a clinical pharmacist.

Another important initiative undertaken by the Center includes their work with the leadership teams at the medical school and hospital level to create vice-chairs for quality for every clinical department. Physician leaders were appointed a little more than two years ago, and today, the vice-chairs (or in some cases, a chief quality officer) work with their clinical teams to directly improve patient care in ways that are specific to their departments at Memorial Hermann-Texas Medical Center, Lyndon Baines Johnson (LBJ) General Hospital and at the UTHealth Medical School.

“There is direct involvement by team members at the Center on many different levels,” said Dr. Thomas, adding that the team is still heavily engaged in research, overseeing studies in health information technology, safety culture and teamwork and quality improvement. “Two of our faculty – Dean Sittig, Ph.D., and Allison McCoy Ph.D., - sit on the Electronic Health Record (EHR) Committee, and they have been instrumental in driving quality improvements for the clinical information systems.”

Each year, Center member Jason Etchegaray, Ph.D., helps the System conduct the Annual Safety Culture Survey, which Dr. Thomas credits for providing invaluable information to physician leadership on a department level in certain areas such as the NICU and pediatric surgery. “Over the last year and a half, Dr. Lally and Dr. Tsao have worked really hard to change the culture in their areas,” said Thomas. “They did extensive patient safety training and process improvement work for staff across the board, and this year’s survey showed a significant improvement.”

As part of Dr. Thomas’ role as associate dean for healthcare quality at the Medical School, he is also working closely with his colleagues to make the necessary changes that he hopes will make it easier for faculty to do quality improvement work. “We are working to change the promotion and tenure criteria so that quality improvement work is recognized,” said Dr. Thomas. “We’ve created an easier process for institutional review board (IRB) approval for quality improvement projects.”

He also added that for the first time this year at the Medical School, there is now a quality and safety curriculum that spans all four years for medical students. “The various residency program directors are doing more, from teaching quality improvement skills to giving house staff opportunities to participate in projects,” said Dr. Thomas. “Really it’s all about collaboration. We started with the Center with the primary goal to conduct research to learn more about improving quality and safety in healthcare,” he said. “But it’s equally important to involve everyone at the bedside, so we can all be active participants in improving patient care.”

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**Medical Executive Committee: October Meeting Brief for the Medical Staff**

The Medical Executive Committee (MEC), comprised of physicians and members of the Memorial Hermann-Texas Medical Center Campus administrative team, meets on the first Friday of each month to make important decisions impacting patient care and the practice of medicine on our Campus. All medical staff committees report to the MEC.

The voting membership, all elected by the medical staff, consists solely of physicians and includes a president, president-elect, six physicians from The University of Texas Health Science Center at Houston (UTHealth) Medical School and six physicians in private practice. Ex-officio members include the hospital administrative team, as well as the past-president.

To keep you informed about the most up-to-date issues impacting the medical staff across our Campus, here are highlights from the October MEC meeting:

- The Credentials Committee recommended that all requests for new appointments now include review and consideration of training, health status, malpractice activity, investigations and status at other hospitals. The recommendation was approved and moving forward, all requests with clean files will be submitted to the Medical Staff Application Committee and files that do not meet clean criteria will be sent to the Division Quality and System Quality Committees.
Memorial Hermann-Texas Medical Center has received the Medical Travel Commission (MTC) 2012 Certified™ seal after meeting 100 percent of the organization’s stringent International Patient Program criteria. The certification is considered the benchmark for optimal patient service experiences for the unique international patient population, and is regarded as a “seal of approval” for hospitals that provide care to international patients.

The Campus received the certification after completing an inspection process by MTC that included interviews, an examination of documents and a thorough evaluation of policies and programs. This marks the first time the Campus has achieved the prestigious certification, which recognizes hospitals that can show through tangible evidence that they provide extraordinary service to those who travel internationally for medical care.

“This is a great honor for International Services and for our Campus,” said Edgar Vesga, director of International and Signature Services. “We are extremely proud of the care that the world-renowned physicians here provide for our international patients, and it’s exciting to be recognized for providing outstanding service at all levels.”

The MTC is an independent organization designed to set industry service standards for international patient programs based upon the following criteria: Communication, Customer Service, Provider Interaction, Quality Care and Medical Information Exchange. Their inspection process utilizes a rigorous comparison of organizational best practices from other industries as well as healthcare institutions around the globe. The MTC says that by looking to organizations with the MTC Certified seal, patients, embassies, medical travel facilitators and providers can reduce their risk in selecting the most appropriate hospital for international care.

“Our thorough inspection process ensures that certified organizations have demonstrated their ability to deliver a positive patient experience through exceptional customer service and quality care,” said Jim Tate, president of the Commission. “I’d like to congratulate Memorial Hermann-Texas Medical Center, which now represents the leading edge in best-in-class service to their international patients.”

Each year, International Services welcomes patients from more than 70 countries who are seeking a variety of medical services including initial diagnosis, treatment for diagnosed diseases or disorders, a second opinion, executive physicals, wellness visits and annual check-ups. The experienced International Services staff is comprised of employees from countries around the world who speak a variety of different languages, each of whom is dedicated to meeting the unique cultural and clinical needs of international patients.

In addition to facilitating care for international patients here on Campus, the team works with physicians, clinical staff and administrators to engage in global learning and knowledge exchange opportunities. They also work to create and implement customized programs to meet specific needs of international health professionals, such as student exchange programs and affiliation programs with hospitals in foreign countries.

“There is no alternative in their native country,” said Vesga. “Working with our patients is an honor and privilege that we take very seriously.”

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In addition, the specialized care they provide can help increase patient satisfaction as well as their functional capacity after discharge. “We learned so much by conducting extensive rounds with the ACE unit team,” said Standiford. “They do a phenomenal job and have served as an invaluable resource to us.”

In terms of patient satisfaction, Standiford is excited about the opportunity that the new unit will afford her staff and hospital volunteers to focus on the “little things” that can be so meaningful to these patients. “Many of our older patients don’t always have a close family member or friend to be by their side around the clock like some of our younger patients,” she added. “The wonderful team from Volunteer Services has really embraced this unit, and they are doing special things for our patients like painting their fingernails and handing out little pumpkins for Halloween. It’s been very special for them.”
For the last five years, surgeons have been required to give a prophylactic antibiotic to patients within 60 minutes prior to incision and for a 24-hour period following an operation. Evidence in the literature has supported the idea that postoperative infections can be curtailed by having adequate blood levels of antibiotics before an incision is made. The literature has been less clear, however, on when to stop administering prophylactic antibiotics. For the last five years the practice on this Campus has been to give the antibiotics for a 24-hour period, and then stop, except in CV surgery where antibiotics are given for up to 48 hours after surgery.

Despite general acceptance of this practice, some physicians and specialists have questioned the practice of stopping the antibiotic within 24 hours, insisting more benefits can be obtained by administering antibiotics for a longer period. Current data shows that there is no difference in surgical infection rates with more than one dose of prophylactic antibiotics for most types of surgeries. The new plan encourages physicians to give only one postoperative dose and then stop.

David Guervil, Pharm D., who is the coordinator of the Antimicrobial Stewardship Program for the Campus, indicated that other institutions that have made the change to reduce the postoperative dosage have not shown increased infection rates.

As a result, an option has been added to the electronic order forms for physicians, limiting prophylactic antibiotic to one dose. Since this is supported by the literature, this new option will serve as the default option. In order to continue the antibiotics for an extended period postoperatively, the physician must physically uncheck the order and choose an alternate option.

According to the Centers for Disease Control and Prevention, the overuse of antibiotics should be considered one of the world’s most concerning health problems. The organization says that because of the prevalence of unnecessary antibiotic use over the last several decades, almost every type of bacteria has become stronger. Antibiotic-resistant infections such as the new strain of Clostridium difficile (C. difficile) are becoming more widespread, posing a particular danger to patients in acute-care settings who are highly susceptible, such as the extremely sick and elderly.

“Antibiotics have consequences. This new strain of C. difficile was first detected in Canada, and over the last few years has made its way down the eastern seaboard and is now prevalent across the South,” said Luis Ostrosky, M.D., director of epidemiology at Memorial Hermann-Texas Medical Center and professor of infectious disease at The University of Texas Health Science Center at Houston (UTHealth) Medical School. “It is no longer just diarrhea, but has now become increasingly associated with very bad patient outcomes including severe colitis, perforations, sepsis and death.”

Physician and administrative leaders across the Campus are working to combat the incidence of C. difficile and other hospital-acquired infections, and implementing new ways to reduce unnecessary antibiotic use is a big part of the initiative.

As an added benefit, Campus leadership also anticipate the new protocol will result in cost savings and an improvement in the surgical care improvement project (SCIP) compliance rates, which require the discontinuation of postoperative prophylactic antibiotics after 24 hours for most surgeries.

“It is paramount for the safety of our patients that we are vigilant about the proper administration of prophylactic antibiotics, and this option will not cause an increase in postoperative sepsis, while offering savings and a reduction in antibiotic use,” said Jeffrey Katz, M.D., chief medical officer of the Memorial Hermann-TMC Campus.

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**Upcoming Medical Staff Events**

**Annual Medical Staff Meeting – Dec. 6**
All physicians are invited to attend the Annual Medical Staff Meeting on Dec. 6 in the Hermann Conference Center. Dinner begins at 5:30 p.m., and the program begins at 6 p.m., and will include election of officers and new Medical Executive Committee representatives.

**Physician Holiday Party - Dec. 11**
All physicians are invited to attend the Physician Holiday Party on Dec. 11 in the Hermann Conference Center at 6 p.m.
Medical Staff News - Editorial Staff

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Medical Staff News is a publication of Memorial Hermann-TMC Internal Communications. We welcome your comments and suggestions.
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