Communicating a Language of Caring

Today’s fast-paced healthcare environment has led many employees to become incredibly busy and task-oriented to the point where staff may miss the opportunity to visibly demonstrate their care – or worse, convey the wrong impression entirely. However, caring communication is a powerful and influential contributor not only to producing high-quality patient experiences, but also to building meaningful relationships with co-workers.

In support of the Campus Attributes and to ensure caring communication is demonstrated upon every interaction, the Memorial Hermann-Texas Medical Center Campus is excited to introduce the Language of Caring® – a dynamic, evidence-based communication strategy.

The Language of Caring program is designed to help healthcare personnel utilize caring communication more fluently and consistently so that patients, families and co-workers feel the individual’s caring disposition, and become less anxious and more trusting, confident and cooperative. The program builds communication skills key to successful implementation of best-practice tactics, such as hourly rounding, AIDET, discharge callbacks, whiteboard conversations and much more.

Craig Cordola, Campus CEO, said, “Compassionate care is at the heart of everything we do at the Memorial Hermann-TMC Campus. The Language of Caring will teach all of us how to express genuine, compassionate care in all interactions with patients, co-workers or even family and friends.”

The program consists of 10 skill modules that teach specific communication techniques key to patient and family-centered care, engagement and positive outcomes. The modules include:

- Introducing the Language of Caring
- Heart-Head-Heart
- The Practice of Presence
- Acknowledging Feelings
- Showing Caring Nonverbally
- Explaining Positive Intent
- The Blameless Apology
- The Gift of Appreciation
- Say It Again with Heart
- The Language of Caring: From Good to Great

Staff now have the opportunity to learn more about the Language of Caring by attending a JumpStart workshop. These mandatory sessions provide employees with a deeper understanding of the program as well as strategies for incorporating caring communication in every interaction.

“The Language of Caring is not just another initiative or task to add to your workload,” said Victoria King, M.H.A., M.S.N., RN, CNOR, NEA-BC, CNO of Memorial Hermann-TMC. “The Language of Caring is an indispensable resource that will help you build meaningful and trusting relationships with your patients and colleagues.”

Continued on page 10
Anti-CAUTI Task Force Drives Major Reduction in Foley-Associated Urinary Tract Infections

Since its launch in Sept. 2013, the efforts of the catheter-associated urinary tract infection (CAUTI) task force have managed to achieve a 21 percent reduction in overall CAUTIs in the adult service lines on Campus.

“This is a wonderful improvement,” said Victoria King, chief nursing officer of Memorial Hermann-Texas Medical Center. “The taskforce has gone above and beyond to improve CAUTIs, one of our top clinical challenges. With their involvement, I had no doubt we will reduce the incidence to be below the national benchmark.”

Spearheaded by Nicole Harrison, RN, B.S.N., M.B.A., administrative director of the Mischer Neuroscience Institute, and Natalie Blum, M.P.H., CIC, senior regional infection preventionist for the Campus, the task force is comprised of nurses and clinicians from service lines across the hospital as well as physicians, educators, medical product representatives, members from administration and others.

“We knew that if we really wanted to generate change, we’d need to create a multidisciplinary and collaborative team,” Harrison said.

The committee meets monthly to discuss the various challenges units faced in reducing CAUTI incidence. They meticulously evaluated the entire process to see where improvements could be made, from Foley insertion and peri care to product reliability and procedure compliance.

Their first undertaking was to initiate daily rounding on all patients with a Foley catheter in all units throughout the hospital. The rounding resulted in increased documentation, which provided the team with reliable data while also improving documentation compliance. During the rounds, members of the task force evaluated whether basic Foley protocol was being followed, including:

- Examining the patient to determine whether the catheter was still clinically necessary
- Whether the Foley was secured with a stat lock or alternate unit-approved device

The committee reviewed their collected data and generated proposed modifications to the hospital’s Foley process, then instituted those changes in the units evaluated. One of their most important findings was that daily rounding created an additional opportunity to evaluate whether a patient still required a catheter – or if they ever truly needed one in the first place.

“Time and time again, it has been shown that the best way to reduce CAUTIs is the immediate removal of the Foley catheter once it is no longer required for patient care needs. In short, they should be removed as soon as possible,” Harrison said. “What was really interesting is that we were finding that in some cases, patients were given a Foley when it wasn’t actually necessary – historically, Foleys were commonly used in certain patient scenarios. We have to modify this process if we really want to reduce CAUTIs – it isn’t going to be easy because it’s a culture change – we’re asking clinicians to reevaluate what they were taught in school, what they’ve always done. But it’s important.”

Now, trials are taking place in both the OR and the Emergency Center in which each and every patient is being evaluated for Foley need. In both departments, Foleys are often inserted automatically based on certain procedures and diagnoses. The hope is to catch patients who, despite these indications, don’t actually need a catheter.

“We are learning that our practices must change to evaluate the specific patient’s need for a Foley rather than letting the patient diagnosis be the driver,” Harrison said. “Lowering the number of catheters in use is one of the easiest ways in which we can reduce infection rates. If a Foley isn’t necessary, there is no reason we should be inserting one.”

In addition to re-evaluating necessity, the task force also determined that Foleys should be inserted by two
individuals rather than one; making this a two-person procedure provides extra support for ensuring sterile techniques are followed.

Regarding post-insertion care, the committee organized a pilot project in which 2% CHG wipes were added to the peri care routine, which resulted in a substantial decrease in infections. Due to the success of the pilot project, the use of 2% CHG will become a standard of practice for all adult patients. They have also recently set up a bowel subcommittee to evaluate aggressive bowel protocols which often lead to diarrhea, a common spur of urinary tract infections.

Examining all angles, the task force turned to the catheter equipment itself and found that maintaining a closed system was superior to an open one because fewer openings reduces opportunities for pervasive bacteria to get inside the device. They even looked at the equipment used in urinary analysis: when a sample is drawn, a substantial period of time usually passes before it reaches the lab for testing – time for bacteria to replicate and render the sample’s test unreliable and sometimes inaccurate. To remedy this, the committee is presently researching containers that will inhibit growth.

“We really looked at every angle to see where we could reduce infection rates,” Harrison said. “No matter how minor some of these initiatives might seem, they will all contribute to a drastic and sustained reduction in CAUTIs.” Over the next month, the task force will train select bedside nurses to become Anti-CAUTI Champions – experts in the new Foley and peri care protocols created as a result of the committee’s findings.

“We are excited to roll out these initiatives Campus-wide, because we know it works,” said Harrison. “In units throughout the hospital we are seeing everyone’s hard work pay off through major reductions in CAUTI numbers. It’s very promising.”

In fact, one of the units Harrison oversees – the Neuroscience ICU – has historically struggled with reducing their CAUTI numbers; prior to the task force, they hovered around 40 cases a year for the past 10 years.

“In both November and December, the Neuroscience ICU had zero catheter-associated urinary tract infections after implementing these new processes. I don’t believe we’ve ever achieved zero in the history of this unit – the numbers speak for themselves.”

Magnet Moment: One Nurse Cares for Two Generations

When Brenda Jimenez was 8 years old, she was cared for by a nurse who forever changed her perception of what it means to receive high quality care.

Jimenez said, “I was a kid and terrified to be in the hospital, but my nurse went above and beyond to make me feel comfortable. I have never forgotten her and everything she did to provide me with a great patient experience.”

When Jimenez’s son, Jonathan, was admitted to the Children’s Center North (CCN) at Children’s Memorial Hermann Hospital in January, she was incredibly nervous and concerned about his condition. She hoped that he would get the kind of nurse she vividly remembers from when she was in the hospital almost 15 years ago.

During her son’s stay in the CCN, Jimenez’s expectations were not only met, but exceeded when numerous physicians and clinicians went above and beyond to provide her son with exceptional care.

“It was amazing being surrounded by that many talented healthcare professionals who all demonstrated the same compassionate care I experienced as a patient years ago,” said Jimenez.

Even more, the nurse who cared for Jimenez when she was 8 years old, Jennifer Watkins, RN, CCN, coincidentally was Jonathan’s nurse for two days.

Jimenez said, “I could not believe my eyes – standing in front of me was my nurse, the same nurse who made such an impact on my life 15 years ago. There truly are no words to express the amount of joy I felt at that very moment.”

Watkins has been a nurse at Children’s Memorial Hermann Hospital for more than 12 years and a caregiver for more than 22 years. A seasoned professional, Watkins said, “I’m so happy that Jonathan’s mom recognized me and I’m honored to have made such an impact on her life.”

Jimenez said, “After interacting with the CCN nurses and then reuniting with Jennifer, I finally got it. There are good nurses and there are exceptional nurses. The nurses at Children’s Memorial Hermann Hospital are exceptional and I’m so grateful that both Jonathan and I got to experience that.”

Elizabeth Fredeboelling, chief nursing officer of Children’s Memorial Hermann Hospital said, “Brenda’s story is a perfect example of how one nurse’s impact can transcend generations. Jennifer and nurses like her are the reason why people choose to receive care at Children’s Memorial Hermann Hospital.”
Back to the Basics: AIDET

AIDET is a simple and successful tool to help clinicians effectively communicate with patients and families. The acronym ensures patient expectations are exceeded upon every interaction and is one of the foundations for nursing at the Memorial Hermann-Texas Medical Center Campus.

The quick tips below reiterate the importance of embracing AIDET.

**ACKNOWLEDGE**
Greet people with a smile and use their name. Embrace a positive spirit and direct all attention solely on the patient and their family. An example of acknowledgements:

> “Good morning Mr. Smith. Welcome to the MIMU. It is my goal to take excellent care of you today.”

**INTRODUCE**
Consistently introduce yourself by name and explain your role in the department. “Manage up” by talking positively about the Campus and your department. This is your time to let your personality shine. An example of introduction:

> “My name is Sarah Jones and I have been a nurse for more than 15 years. I see that you are scheduled for an X-ray. Our Radiology department is incredibly skilled and uses the latest equipment. You are in great hands today!”

**DURATION**
Always provide the patient with an estimate of how long he or she may have to wait or the time it takes to complete a procedure. An example of duration:

> “Mr. Smith, I’m going to look in on my other patients but will be back in an hour. Is there anything I can do before I leave? At 3 p.m., you are scheduled for an X-ray. The X-ray should only take about 30 minutes and then you will come back to your room.”

**EXPLANATION**
Keep the patient and family informed of what you are doing, the procedure process and who to contact for assistance. Ask the patient for feedback and take time to listen. When appropriate, include safety or educational information. An example of explanation:

> “For your safety, I’m going to scan your arm band before administering this medication. The medication is for your pain and you should begin to feel relief within 20 minutes. I will be back to check on you within the hour and we will re-evaluate your pain level to see how much the pain medication has helped. Is there anything else I can get you before I leave? I have the time.”

**THANK YOU**
Share your appreciation for the privilege to care for the patient. An example of thank you:

> “It has been a pleasure taking care of you today. Please let me know if you have any further questions or concerns.”
November and December DAISY Award Winners

This section is dedicated to honoring our Campus’ DAISY Award winners. Congratulations to the following November and December winners for going out of their way to best demonstrate the Campus’ pillars of nursing and DAISY qualities.

To nominate a nurse for this prestigious honor, fill out a nomination form located on various units throughout the hospital and available online at TMC Connections on InSite. Nominations are due by the 15th of each month, or they will be counted as a contender for the next month’s award.

**Tiffany Davis – November**

November’s DAISY Award goes to Tiffany Davis, RN, RCW. Davis received the nomination from a patient’s mother who wrote, “She always took time to listen to my concerns about my son. She is very sweet and caring. She truly loves her job and it shows through her kindness and love to her patients.”

**Robert Couchman – December**

December’s DAISY Award goes to Robert Couchman, RN, Stroke Unit. Couchman received the nomination from a patient’s daughter who wrote, “Rob was great! He was so patient and caring for our mother. He was very informative, providing us with literature to help us, but most of all his compassion helped us in our time of need. His personal touch made it easy for us to ask questions and it made our mother comfortable, which helped her recover quicker. Thank you Rob!”

Journey to Magnet: Campus Update

We are excited to announce that on Feb. 3, our Campus submitted the application document for the American Nurses Credentialing Center’s Magnet Recognition Program®. The application consisted of 14 volumes, each around 200 pages, detailing the history of nursing at Memorial Hermann-Texas Medical Center and our journey to Magnet designation.

What’s next? It will take anywhere from six weeks to four months for Magnet representatives to review the document and notify Victoria King, CNO of Memorial Hermann-TMC, if the hospital received approval for a site visit.

King said, “In March, we will begin focusing on Magnet education at the unit level and discussing what it means to our Campus as a whole. We look forward to continuing this journey together!”
The restroom is the No. 1 reason for patient falls, based on data gathered by the Fall Champions Committee from July to December 2013 at the Memorial Hermann-Texas Medical Center Campus. Although elderly patients may pose the highest risk of patient falls nationally, the committee’s research revealed that patients between the ages of 50 to 59 make up the highest percentage of falls at Memorial Hermann-TMC.

Professionally, middle-aged adults (45-60) are often at the height of their careers and generally inclined to perform duties themselves, utilizing past experience for knowledge. They have also started to experience the onset of physical changes that accompany aging, such as eyesight problems or hearing loss.

As a result, middle-aged adults are hesitant to request assistance from others. Research conducted at the Campus level indicated that most of these individuals avoid using the call button because they “don’t want to bother the nurse.”

The fall prevention techniques below are universal regardless of age, but are specifically tailored to help improve fall prevention communication with middle-aged adults.

**Early education on fall precautions and risks**

When talking with patients, it’s helpful to be sensitive to their psychosocial needs. Patients should be reminded that when anyone is placed in an unfamiliar environment and taking new medications, a fall can be a serious risk and result in prolonged recovery. Middle-aged adults do best with clear, concise directions. After providing these, take a moment to listen to the patient’s concerns and make a note of any requests, such as leaving on a nightlight.

**Proactive restroom relief**

Instead of asking the patient if he or she needs to use the restroom, proactively request permission to take them to the restroom. Compassionately communicate the following – “I will be back in one hour and want to make sure you are as comfortable as possible before I leave. Let’s take a moment and use the restroom right now.” This action not only prevents patient falls, it significantly contributes to their overall satisfaction and happiness.

**Hourly Rounding**

Clinicians are required to round on their patient a minimum of every hour. Hourly rounding helps foster relationships, provide consistent care, reduce pain, improve outcomes and much more. Rounding shows the clinician is proactive in caring for the needs of the patient and patients perceive they are receiving a higher quality of care, as evident in research provided by the Language of Caring®.

**Congratulations to the following units for zero patient falls in January:**

- ACE
- CCU
- CSC
- CIMU
- CVICU
- ER
- MICU
- NIMU
- NSICU
- PICU
- RCW
- Signature Suites
- STICU
- TSICU

Clinicians can tailor fall prevention communication by the patients’ age to help them more easily comprehend the risks of falling and impact on recovery.
While working in healthcare can pose many potential risks, according to Cory Worden, M.S., CSP, CSHM, CHSP, CESCO, manager of System safety, the key to staying safe in the hospital setting is awareness.

“The more employees are educated on potential risks and then armed with information to avoid those risks, the safer they are,” Worden said. “The best cultural change we can make right now is to actively identify hazards and risks in our work and then find and use the right controls to prevent injuries. Controls can be guards and devices, processes and procedures, personal protective equipment such as gowns, gloves, glasses and other items, training sessions and much more. If a control isn’t in place, or isn’t available, we’ll need to know that, too, so one can be developed.”

This month, Clinical Notes is addressing one of the top three employee safety risks at the Memorial Hermann-Texas Medical Center Campus – needlesticks.

Needlesticks

Needlesticks and other sharps-related injuries may expose workers to bloodborne pathogens, infectious microorganisms in human blood that can cause diseases. Needlestick injuries can occur during procedures, as a result of mishandling or in the process of disposal.

Needlesticks are extremely dangerous due to their possibly infectious nature. Keeping this in mind, all needles should be handled with the utmost safety precautions. Some notable preventive measures for needlesticks from the National Institute for Occupational Safety and Health (NIOSH) include the following:

- Plan for safe handling and disposal of needles before beginning an operation.
- Avoid the use of needles where safer alternatives are available.
- Help identify and evaluate devices with safety features and recommend infection prevention practices.
- Use safety features as provided.
- Avoid recapping needles.
- Promptly dispose of needles in appropriate sharps disposal containers.
- Tell your supervisor about hazards from needles you observe in your workplace.

How to Properly Display Your Credentials

A standard format for listing credentials has been established by the American Nurses Credentialing Center (ANCC) to ensure everyone, including nurses, healthcare providers, consumers, third-party payers and government officials, understands the significance and value of credentials.

The preferred order is:

- Highest earned degree
- Licensure
- State designations or requirements
- National certifications
- Awards and honors
- Other recognitions

The education degree is listed first because it is considered a “permanent” credential, meaning it cannot be taken away except under extreme circumstances. The next two credentials (licensure and state designations or requirements) follow education and indicate a nurse has been authorized to practice nursing. National certification and awards, honors and other recognitions can be included on a voluntary basis.

A few examples of credentials in the preferred order are doctoral degrees (M.D., Ph.D.); master’s degrees (M.S.N., M.S.); licensure credentials (RN, LPN); state designations or requirements (APRN, NP); national certifications (RN-BC, FNP-BC); awards and honors (FAAN); and other certifications (EMT-Basic/EMT).

On legal documents, such as prescriptions and notes on medical records, clinicians must use the credentials required by the state for the individual’s area of practice. For example, Jane Smith, RN, or John Davis, APRN.

If a nurse has more than one of the same type of credential, list the highest education degree first. For example, a nurse may list his or her credentials in the order of M.B.A., M.S.N., RN, with the highest non-nursing degree first followed by the highest nursing degree.

Multiple nursing certifications may be listed in any order, but the ANCC recommends to list them in order of relevance to the individual’s practice and to always list non-nursing certifications last.

For more information about how to display nursing credentials, please visit nursingcredentialing.org.
Recognizing Our Employees

Recognizing clinicians for their achievements in patient care and in our community is an integral part of the culture of clinical excellence at Memorial Hermann, both at the Texas Medical Center Campus and across the System. It is also an important aspect of Magnet® Structural Empowerment component - to reward and recognize staff, many of whom have gone above and beyond their day-to-day responsibilities to make achievements in their fields. Congratulations to the following employees!

Promotions

CIMU
- Maria Melendez was promoted to RN III

Emergency Center
- Algin Adap was promoted to RN IV
- Rachel Goldman was promoted to RN III

Heart Transplant ICU
- Rita Nwaz jojie was promoted to RN III

NICU
- Erica Boots was promoted to RN III
- Brooke Shoemaker was promoted to RN III

MICU
- Katy Mclaughlin-Finney was promoted to RN III

Certifications
- Ron Dorsey, RN, received his professional certification CRRN from the Association of Rehabilitation Nurses.
- Julian Pabian, RN, received his professional certification CCRN from the American Association of Critical-Care Nurses.
- Dolly Varghese, RN, received her professional certification CMSRN from the Academy of Medical-Surgical Nurses.

Achievements
- Alexis Asprah received her bachelor’s in nursing.
- Hana Chung received her bachelor’s in nursing.
- Victor Ejimudi received his bachelor’s in nursing.
- Sarah Foji received her bachelor’s in nursing.
- Elizabeth Mitchell received her master’s in public administration.
- Shu Wang received her bachelor’s in nursing.
- Cindy Watson received her bachelor’s in respiratory care, magna cum laude.

New Leadership
- Clare Carroll has been named clinical director for the medicine service line.
- Nicole Francis has been named clinical director of the neonatal intensive care unit, neonatal special care unit and neonatal transport.
- Gina Huckels has been named patient care director of Interventional Radiology.

2014 Nursing Pillar Awards Now Accepting Nominations

All employees are encouraged to submit nominations for the 2014 Nursing Pillar Awards. The Pillar Awards recognize nurses from Memorial Hermann-Texas Medical Center and Children’s Memorial Hermann Hospital who exemplify excellence in nursing and fulfill the six nursing pillars as defined by the Nursing Professional Practice Model: nurses as clinicians, nurses as collaborators, nurses as advocates, nurses as innovators, nurses as teachers and nurses as leaders. Nomination forms can be found under the Announcements section on TMC Connections. Completed nominations should be emailed to David.Bellinger@memorialhermann.org by Friday, Feb. 28, at 5 p.m.
Continuing Education Opportunities

February

Feb. 17 & 18, 8 a.m. – 4 p.m.
Pediatric Advanced Life Support
Feb. 17 & 18, 8 a.m. – 12:30 p.m. *Class Full
TEAM Training for Direct Patient Care Providers
Feb. 18, 8 a.m. – Noon
EKG Interpretation: Beyond the Basics
Feb. 20, 8 a.m. – 4 p.m.
Fundamentals of Critical Care Nursing
Feb. 20, 8 a.m. – 4 p.m.
Pediatric Advanced Life Support – Recertification
Feb. 20, 8 a.m. – Noon *Class Full
Phlebotomy Class
Feb. 20, 8 a.m. – Noon *Class Full
Continuous Renal Replacement Therapy
Feb. 20, 8 a.m. – 4 p.m.
Advanced Care4 Training for Respiratory Therapists
Feb. 21, 8 a.m. – 4:30 p.m.
Acute Care Concepts Day 1
Feb. 24, 7:45 a.m. – 4 p.m. *Class Full
CPR for Healthcare Providers (Licensed Staff Only)
Feb. 24, 7:50 a.m. – Noon *Class Full
CPR HeartSaver (Non-Licensed Staff Only)
Feb. 26, 9 a.m. – 5:30 p.m.
Introduction to Critical Care Hemodynamics
Feb. 26, 9 – 11 a.m.
HealthQuest – Nursing ADT
Feb. 27, 8 a.m. – 4:30 p.m.
Fundamentals of Critical Care Nursing

March

March 3 & 4, 8 a.m. – 4 p.m.
Advanced Cardiac Life Support
March 3, 8 a.m. – 12:30 p.m.
TEAM Training for Direct Patient Care Providers
March 4, 8 a.m. – 4:30 p.m.
Fundamentals of Critical Care Nursing

March 6, 8 a.m. – 4:30 p.m.
EKG Interpretation: Beyond the Basics
March 6, 8 a.m. – 4 p.m.
Advanced Care4 Training for Respiratory Therapists
March 10 & 11, 8 a.m. – 4 p.m. *Class Full
Pediatric Advanced Life Support
March 12, 8 a.m. – 4 p.m. *Class Full
Advanced Cardiac Life Support – Recertification
March 13, 8 a.m. – Noon
Continuous Renal Replacement Therapy
March 17 & 18, 7:30 a.m. – 5:30 p.m. *Class Full
Trauma Nursing Core Course
March 18, 8 a.m. – 4:30 p.m.
Acute Care Concepts Day 2
March 19, 8 a.m. – Noon *Class Full
Phlebotomy Class
March 20, 8 a.m. – 4 p.m.
Pediatric Advanced Life Support – Recertification
March 20, 8 a.m. – Noon
EKG Interpretation: Beyond the Basics
March 20, 8 a.m. – 4 p.m.
Advanced Cardiac Life Support – Recertification
March 21, 8 a.m. – 4:30 p.m.
Critical Thinking and Decision Making in the Clinical Setting
March 24, 7:45 a.m. – Noon *Class Full
CPR HeartSaver (Non-Licensed Staff Only)
March 26, 8 a.m. – 4 p.m. *Class Full
Advanced Cardiac Life Support – Recertification
March 27, 8 a.m. – Noon
Continuous Renal Replacement Therapy
March 28, 7:45 a.m. – 4 p.m. *Class Full
CPR for Healthcare Providers (Licensed Staff Only)
March 28, 8 a.m. – 4:30 p.m.
Respiratory – Adult Emergency Airway Management Course
March 28, 9 – 11 a.m.
HealthQuest – Nursing ADT

To register or get more information on any class, visit the Partners in Learning section of InSite.
Upcoming Events

Blood Drive: Feb. 20
Partners in Caring (PIC) will host a blood drive in the Cullen Lobby from 8 a.m. to 6 p.m. on Thursday, Feb. 20. Please consider donating, as a single donation of blood can help save the lives of three different people. Walk-ins are welcome, but it is strongly encouraged that you schedule an appointment and fill out your health history form in advance. For more details or to schedule your donation, visit www.giveblood.org. All donors will receive a free T-shirt.

22nd Annual Employee Chili Cook-Off: Feb. 28
The Memorial Hermann-Texas Medical Center Campus will host its 22nd Annual Chili Cook-Off on Friday, Feb. 28 from 11 a.m. to 3 p.m. in the Emergency department parking lot. Teams from multiple departments will compete for bragging rights to the best-tasting chili and best-decorated booth. Be sure to stop by for some delicious food and fun with your colleagues!

4th Annual Texas Two-Step Conference: Medicolegal Issues in OB/GYN: Feb. 28 – March 1
Obstetrics and Gynecology is one of the highest at-risk specialties for litigation, as there remains a high acuity and case complexity rate for women (pregnant and non-pregnant). Although rates are improving, there remain multiple areas of opportunity to reduce the frequency of near misses and medical errors, therefore preventing unnecessary harm. The two-day conference includes experts in Obstetrics and Gynecology providing current perspectives, guidelines and best practices for significant healthcare liability concerns in OB/GYN. It will take place at Hotel Sorella, City Centre, 800 Sorella Court, Houston, TX 77024. For more information or to register online, visit childrens.memorialhermann.org/events/Texas2Step2014. The two-day activity has been approved by the Texas Nurses Association for a maximum of 15 contact hours of nursing continuing education.

Second Annual Neuro-ICU Symposium: March 5-7
This year’s symposium highlights Cutting-edge Management of Neurological / Neurosurgical Emergencies and Critical Care and will take place at the JW Marriot, 5150 Westheimer Road, Houston, TX 77056. The course director is Kiwon Lee, M.D., associate professor and vice chair of critical care for the departments of Neurology and Neurosurgery at UTHealth Medical School and director of neurocritical care at Mischer Neuroscience Institute. This activity has been approved by the Texas Nurses Association for 20 contact hours of nursing continuing education. To register, go to: neuro.memorialhermann.org/cme.

Houston Aortic Symposium 2014: March 6-8
The 2014 Houston Aortic Symposium is open to all healthcare professionals involved in the care and treatment of patients with cardiovascular disease. It will take place March 6 to 8 at The Westin Oaks Hotel in Houston. Course directors include Hazim J. Safi, M.D., and David D. McPherson, M.D. To register, please visit www.promedicacme.com. Provider approved by the California Board of Registered Nursing, Provider #8495 for 17.5 contact hours.

Continued from page 1
The workshops employ a blended learning approach that combines successful components of face-to-face interaction with Web-based instruction and resources, including interactive Web-based skill modules, team learning and hardwiring. The modules will be rolled out over the next year and a half to provide employees with ample opportunity to hardwire each skill into their daily routine. Other facilities that utilize the Language of Caring have noted enhanced patient outcomes, improved survey performance and patient safety, and increased employee satisfaction.

Cordola said, “The Language of Caring is an investment in every single member of this Campus, including those in clinical positions, support departments, food and nutrition services, valet services and physicians. Change will not happen overnight – it will require time and patience as we all work together to take caring communication to the next level. However, I look forward to the benefits this program will have on the patients and families we serve.”

Register for JumpStart sessions through Partners in Learning. Search “Language” for a list of available classes. The first session is being offered at various times now through March to accommodate all employees. Registration is required.
Memorial Hermann-Texas Medical Center is expanding the Campus and upgrading infrastructure. The objective of this monthly Campus Construction Update is to keep our employees, patients and visitors informed of our ongoing development projects.

Procedure Area on 1 Robertson Now Closed
As part of the ongoing Campus improvement projects, the pre- and post-procedure area on 1 Robertson closed permanently on Saturday, Jan. 11. The area is being repurposed and will be renovated into a new 22-bed observation unit for the Campus. Construction on the project is expected to last approximately three months. By creating a dedicated observation unit, inpatient beds currently used by observation patients will become available for inpatient use.

As a reminder, patients previously seen in the procedure area are now being directed to the following units:

<table>
<thead>
<tr>
<th>Patients</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infusion Therapy patients</td>
<td>Cancer Center (MHMP 29)</td>
</tr>
<tr>
<td>Gamma Knife® patients</td>
<td>Gamma Knife (Ground Robertson)</td>
</tr>
<tr>
<td>Interventional Radiology patients</td>
<td>Interventional Radiology (2 Jones)</td>
</tr>
<tr>
<td>Apheresis patients</td>
<td>HVI Apheresis (3 HVI)</td>
</tr>
<tr>
<td>Paracentesis patients</td>
<td>EDDC (MHMP 14)</td>
</tr>
</tbody>
</table>

Other Ongoing Construction Projects
In January, the dialysis unit moved back to the 9th floor. Construction on the 9 East Jones and 9 West Jones units are tentatively scheduled to be completed in March. Phase II of the 3 Jones refresh project should be completed by mid-March. Construction is still taking place on the pediatric surgical waiting area on the 2nd floor of Robertson Pavilion. During this time, some of these areas will be blocked off to ensure the safety of employees, patients and visitors.

Additional updates will be provided via weekly News Flash emails.