

Bariatric Center Spotlight



University General Hospital Bariatric Program *at University General Hospital* Houston, Texas

TELL US ABOUT THE ROLES AND RESPONSIBILITIES OF THE LEAD STAFF AT YOUR FACILITY.

The University General Hospital bariatric program consists of four bariatric surgeons:

Dr. Felix Spiegel. Dr. Spiegel is a board certified general surgeon who completed his pre-medical training at Columbia University. He graduated from New York University of Medicine and trained at Bellevue Hospital with world-renowned surgeons, completing his residency at Beth Israel Medical Center. Dr. Spiegel has performed over 5,000 bariatric surgeries and is one of the most experienced gastric banding surgeons in the world. Dr. Spiegel also specializes in revising previously failed obesity surgeries with the placement of the adjustable band, creating a second chance at permanent weight loss.

Dr. Garth Davis, Bariatric Medical Director. Dr. Davis is board certified in general surgery. He graduated from Baylor College of Medicine with honors, followed by residency training towards general surgery at the University of Michigan in Ann Arbor. Dr. Davis is a fellow member of the American College of Surgeons and the American Society

for Bariatric Surgery (ASBS). Dr. Davis has practiced general and bariatric surgery since 2001. Dr. Davis has performed more than 700 bariatric procedures. He performs multiple bariatric procedures, including the gastric sleeve for the superobese (staged procedure), gastric bypass and gastric banding. In June, 2007, Dr. Davis, along with his father Dr. Robert Davis, will be featured in a TV series on The Learning Channel called "Big Medicine." This new series follows several obese patients through their journey of weight loss surgery.

Dr. Robert Davis, Chief of Staff. Dr. Davis is board certified in general surgery. He pursued his post-graduate education in London and Edinburgh in Great Britain, New York, Galveston, and Houston, Texas. Dr. Davis has been practicing general and bariatric surgery since 2000. Dr. Davis has performed over 500 bariatric surgeries, including the gastric bypass and gastric banding procedures. Dr. Davis is also being featured in the upcoming television series "Big Medicine."

Dr. Robert Marvin. Dr. Marvin is a general surgeon with special training in advanced laparoscopic

technique. He has also completed a fellowship in surgical critical care. Dr. Marvin graduated from the University of Southern California in 1985 and completed his MDCM at McGill Medical School in Montreal in 1989. His general surgery training was done at the University of Texas in San Antonio. He was then appointed as assistant professor of surgery at the University of Texas at Houston from 1986 to 2000. Dr. Marvin started his private surgical practice in September, 2000. After additional specialized training, he performed his first gastric bypass in 2002, followed by his first adjustable laparoscopic band placement in 2004. He has performed over 1,000 surgeries for patients with morbid obesity. Most recently, he has added the gastric sleeve procedure to the surgical treatments that he offers for obesity.

Trudy L. Ivins, RN, CBN. Trudy is the bariatric surgery program director. Trudy graduated from Hillsborough College in Tampa, Florida in 1996. As a registered nurse, she has experience in orthopedics, urology, and post-surgical nursing. Ms. Ivins served as a bariatric program manager prior to becoming the director of bariatrics for

University General and has worked in bariatrics and with the bariatric population for the last six years. She is a member of the ASBS and participated in the nursing bariatric certification task force. Ms. Ivins is also a member of the NABN. Her position is responsible for assuring quality of patient care, team coordinator, support-group facilitator, education of staff, monitoring and tracking patient outcomes, patient education, obtaining and maintaining a COE program, program growth, hosting educational seminars, and providing support to the surgeons' and their office staff.

Kathryn Lito, MPH, RD, LD.

Kathryn is our bariatric dietitian. Kathryn completed her Bachelor of Science degree in nutritional science from Texas A&M University. She then went on to complete her master of public health degree from the University of Texas School of Public Health in Houston, Texas. Kathryn has been counseling and educating weight loss surgery individuals, specifically gastric bypass and band patients, for almost two years. Kathryn consults, evaluates, and educates all of our bariatric patients preoperatively. She is also very active in our online and live support groups. Kathryn visits with postoperative patients prior to discharge. She recently added nutrition classes three times per week for patients wanting to learn more about the bariatric postoperative diet.

Monica Tweel Agosta, PsyD.

Monica is our bariatric program psychologist and has been working as a licensed psychologist since 1999. In 1992, she graduated from West Virginia University with a degree in psychology. She received her doctorate in clinical psychology at Nova Southeastern University. Monica has conducted psychological consults and evaluations for bariatric surgeons since 2003. Monica provides preoperative consultations and evaluations for our bariatric patients. She is also active in our online and live support groups and is available to follow patients as they adjust to the emotional changes that can occur following surgery.

WHAT IS THE SIZE OF YOUR FACILITY? WHAT DOES IT PHYSICALLY ENCOMPASS?

University General Hospital Systems is a national for-profit healthcare system, and University

General Hospital is its flagship hospital and the first of 10 physician owned hospitals to be built across the country. University General Hospital is a 72 bed, general acute care hospital, built on the principles of five-star treatment and medical excellence. University General is located in the heart of Houston, Texas, just south of the Texas Medical Center. University General offers a full array of services, including inpatient and outpatient medical treatments and surgeries, six state-of-the-art operating suites, two cardiac catheterization labs, an endoscopy suite, pulmonary medicine, sleep center suites, diagnostic imaging, and laboratory as well as other ancillary services.

WHAT IS THE NUMBER OF PATIENTS TREATED ON AN ANNUAL BASIS AT YOUR FACILITY?

Our estimated bariatric surgery volume is 1,000 bariatric surgeries annually. Since our facility opened on October 1, 2006, the facility has performed 756 bariatric surgeries, as of July 31, 2007. Demographically, the University General bariatric patient population consists of the following:

- Surgery Type: 580 Lap Bands, 45 Gastric Bypass, 131 Revisional Surgeries
- Average Body Mass Index (BMI): 42
- Average Age: 41 years old
- Gender: 579 Females; 177 Males
- Race: 532 Caucasian, 129 African American, 85 Hispanic, 10 Other
- Insurance: 375 Self Pay, 381 Private Insurance
- Re-Admissions within 30 days of primary procedure: 13/756 = 1.72%
- Re-Operations within 30 days of primary procedure: 6/756 = 0.79%
- Mortality: 0/756 = 0%

DO YOU (OR DID YOU) FIND IT DIFFICULT GOING THROUGH THE PROCESS OF ATTAINING THE SRC CENTER OF EXCELLENCE DESIGNATION?

Administrative support and dedication to the bariatric program was key to being prepared for our Center of Excellence site visit, which was conducted just six months after University General Hospital opened its doors. Prior to our first bariatric patient ever receiving services, University General Hospital had its pathways, standardized orders, employee education, support groups, equipment, and furniture in place. During the initial design and

construction phases of our hospital, much thought and planning was put into every area of the hospital. As it relates to our bariatric patient population, our objective was to build a facility designed to meet the obvious and not-so-obvious needs of our bariatric patient population. Ultimately, we desire to provide the best service to every patient regardless of their individual needs. University General Hospital hand selected its experienced bariatric staff who all possess individual knowledge of the COE site review process - our experienced staff has made the difference.

University General Hospital's Center of Excellence site visit was held on March 20, 2007, and has recently been designated an ASBS Center of Excellence by the surgical review committee.



Bariatric team, left to right: Kathryn Lito, MPH, RD, LD, Bariatric Dietitian; Trudy Ivins, RN, Bariatric Program Director; Monica Agosta, PsyD, Bariatric Psychologist

DOES YOUR CENTER HAVE ONE PARTICULAR AREA OF EXPERTISE (I.E. SURGERY, PSYCHOTHERAPY, DIETARY, ETC)?

University General Hospital has four highly skilled bariatric surgeons who are dedicated to positive surgical outcomes. Our program area of expertise is the talent of our surgeons, coupled with a strong program structure that includes patient emotional and nutritional support before and after the surgical event. The high level of customer service before and after surgery has made our program very successful.

PLEASE GIVE A GENERAL SYNOPSIS OF HOW YOUR PATIENTS ARE TREATED WHILE UNDER THE CARE OF YOUR CENTER.

Prior to surgery, patients are required to attend an educational

seminar. Seminars are hosted every Saturday by one of our four bariatric surgeons. The seminar consists of a presentation given by the surgeon concerning all aspects of weight loss and bariatric surgery, followed by an open question and answer session. Patients are provided with informative educational materials they can take home, review, and help them think about the decision that lies ahead. In addition, all interested seminar attendees receive a tour of our state-of-the-art facility. Following the seminar, patients receive a one-on-one consultation by the surgeon in the surgeons' office. This consultation includes a review of the patients' medical history and evaluation to determine if the patient is an appropriate surgical candidate. Patients who are considered surgery candidates then attend nutritional

and psychological consultations and evaluations. The patient's information is then reviewed by the bariatric team for surgical appropriateness.

University General Hospital strongly encourages surgery candidates to attend our hospital based support group meeting and join our online support group prior to surgery. One week prior to surgery, all patients complete preoperative testing at the hospital and, if a date has not been selected, meet with their surgeon to set a surgery date.

On the day of surgery, patients report to the preoperative holding area and initial surgery preparations are performed; at this time, the program director meets with the patient and their family to review the surgery plan and answer any other questions. Prior to surgery, the surgeon and OR bariatric team also meet with the patient to discuss the

surgery and address any questions. The patient is then taken into surgery. All patients recover in our Post Anesthesia Care Unit (PACU) unit following surgery; time spent in the PACU is typically one hour following surgery.

Depending on the surgical procedure performed, the patient will be taken to either the bariatric floor or Surgical Intensive Care (SICU) from PACU. Patients typically stay in the hospital anywhere from 23 hours to 48 hours depending on their surgery type and their individual recovery needs. University General's bariatric designated rooms are all private and we welcome a family member to stay with the patient during their hospital stay. After surgery, patients are seen daily by the surgeon and program director. Prior to discharge, the patient will also be seen by the program dietitian.

One to three days after discharge, the patient is contacted by the bariatric program director to check the status of the patient. Following discharge from the hospital, patient follow-up occurs at the surgeon's office at one week and at one, three, six, and nine months and then annually thereafter.

WHAT ARE SOME OF THE NEW TECHNOLOGIES, EQUIPMENT, DEVICES, AND PRODUCTS INTRODUCED AT YOUR FACILITY THAT HAVE BEEN REALLY BENEFICIAL TO YOUR PRACTICE?

During the construction phase of University General Hospital the latest technology and modern medical equipment designed to meet exacting standards of today's rapidly changing health care environment were incorporated.

All medications are dispensed through the Pyxis® system. This enables real-time verification of patient allergies and medication interactions thereby reducing the risk of medication error. All patient IV pumps (Alaris®) are fully integrated into the hospitals communication system, which enables instant notification to the nurse in the event of a pump alarm.

The Alaris® System supports the Guardrails® software protection. The Guardrails® Suite can help reduce harmful IV medication errors and improve the overall quality of patient care. SPO2 respiratory modules continuously monitor narcotic patient controlled analgesia (PCA)

administration, and intercede administration of narcotics if a patient's respiratory rate drops below acceptable limits.

Our state-of-the-art operating rooms utilize the Stryker® i-Suites. This system enables remote access to operating rooms for conference calls and room to room visualization. Stryker's high definition video equipment and monitors provide never-before-possible detail and clarity. Additionally, University General Hospital has Stryker® - Sydney®, a voice activated program that allows surgeons to vocally operate equipment in the operating room.

CMAX surgical beds by Steris allow bariatric surgeons to gain optimal reverse trendlenburg position up to 30 degrees. The bed also includes the "zip-line" feature, which allows the entire table to slide up or down as needed. This technology prevents surgeons from having to stand on step stools during procedures. To provide insight into the metabolic status of the patient, we have purchased a MedGem®, an indirect calorimeter to measure the resting metabolic rate. We also utilize a hospital grade Tanitz scale for ongoing body composition analysis.

In addition to its state-of-the-art technology, University General Hospital is also focused on patient and family comfort. To meet the needs of both patient and family, we offer room service on demand for patients and their guests, complimentary wi-fi environment, free patient valet parking, private rooms, spacious bathrooms, and flat panel screen TV with 40 cable channels. All patient rooms are beautifully decorated and include an accent faux painted wall as well as oil paintings in each room.

WHO HANDLES YOUR PROCEDURE SCHEDULING? DO YOU LOOK FOR ANYTHING IN A SOFTWARE PACKAGE THAT SPECIFICALLY RELATES TO BARIATRICS? WHAT SOFTWARE DO YOU USE?

Our operating room (OR) schedulers coordinate all scheduling with referring physicians. To facilitate efficient and effective scheduling of patients, University General Hospital utilizes the GE Centricity™ Perioperative Management software system, formally known as ORMIS. This application is a fully integrated system from OR scheduling, to

preoperative documentation, and Intraoperative/PACU services. Additionally, GE Centricity has the ability to capture charges and billing in conjunction with physician preference cards and interfaces directly with materials management for reordering of supplies to ensure par levels in each inventory location.

Physician preference cards can be procedure specific, best practice driven, and/or supply related. Today, University General Hospital is using the individual doctor and procedure cards, but will transition to incorporate best practice and supply related cards for those doctors whom prefer using them. The GE Centricity software mentioned above also



Preoperative/PACU bariatric staff left to right: Elissa Franklin, RN; Brandy Pustejovsky, RN, BSN; Jill Wilkin, RN, CNOR; Christine Fontenot, Surgical Tech; Linh Tang, RN

provides anesthesia documentation. This component of the software will roll-out in late fall 2007 with completion slated for spring 2008. This implementation will enable complete perioperative integration to be paperless to the EDM system.

In order to provide customized care and documentation, University General Hospital will begin building customized nursing notes. The system will tie the type of case to the type of notes needed to be documented based on the type of procedure.

HOW DO YOU HANDLE PHYSICIAN TIMELINESS?

As a physician owned entity, physician timeliness is not an issue for University General Hospital. One of the many reasons University General Hospital came into existence was the need for physicians to have a facility that operates exclusively around the needs of both its medical staff and patients. As such, much of its state-of-the-art technology was purchased to ensure just that - quick turnaround

and timeliness. For example, our OR suites are equipped with Stryker equipment on ceiling mounted booms. This equipment allows for quick and efficient sterilization following surgical procedures reducing OR turnaround times. University General has also implemented a process to report OR delays due to physician tardiness; these findings will be reviewed by the OR Surgical Committee.

HOW IS INVENTORY MANAGED IN YOUR FACILITY? WHO HANDLES THE PURCHASING OF EQUIPMENT AND SUPPLIES?

The Materials Management Department in conjunction with the OR buyers handles all purchasing and

inventory management of the hospital's medical and non-medical equipment and supplies (excluding food service and pharmacy).

Two methods of inventory management are utilized at UGH: (1) the perpetual inventory method, and (2) Just-in-Time Stockless process. Collectively, these methods ensure adequate supply acquisition at the lowest cost.

Each department is responsible for placing material requisitions with materials management as needed. Semi-annually, the Materials Management department conducts an inventory count to maintain an accurate inventory at all times.

HAS YOUR FACILITY RECENTLY EXPANDED IN SIZE AND PATIENT VOLUME? WILL IT BE EXPANDING IN THE NEAR FUTURE?

University General Hospital is the first of 10 physician owned hospitals to be built by University General Hospital Systems across the country. Our organization has a flexible

hospital design model that ensures services provided at each location are needed most by that particular community. The next hospital due to open is in Southwest Houston and will be followed by a facility in Dallas, Texas; all other locations are currently being assessed. Bariatrics is a specialty that we plan to implement at all of our hospitals across the country.

HOW HAS MANAGED CARE AFFECTED YOUR FACILITY AND THE CARE THAT IT PROVIDES PATIENTS?

University General Hospital works with insurance companies on both an in-network and out-of-network basis. Our friendly admissions team works individually with each patient to gain approval for coverage of services.

As a new facility lack of managed care contracts has limited us with the types of patients that can obtain care at University General Hospital. In applying for network participation status with the major managed care networks we have been turned down because the networks state they do not have a network need at this time. University General Hospital has recently negotiated and entered into contractual relationships with some larger managed care companies. University General Hospital continues to work with other managed care organizations and plans to have additional contracts completed in the next several months.

WHAT MEASURES HAS YOUR FACILITY IMPLEMENTED IN ORDER TO CUT OR CONTAIN COSTS AND IMPROVE EFFICIENCY?

University General is a unique facility in that we are doctor owned and operated. It is not only administration that monitors costs, but our physician partners as well. All parties have a vested interest in managing costs and acquiring supplies at the best price at the time of purchase. University General keeps a tight inventory, and every employee is a steward of our resources and is charged with mitigating and reducing unnecessary waste of supplies.

As it relates to bariatric services, we have been able to stabilize costs and improve efficiency by investing in specialized packs for bariatric procedures. Since we do a large volume of gastric banding, for example, we have developed a pack

specific to the surgeon's individual preferences that the surgeon uses for the procedure being performed. This pack specific approach not only saves money, but reduces waste and staff time required to open a multitude of items. This process provides for efficient operation of resources and staff time and aids in reducing OR turnaround times.

DOES YOUR FACILITY HAVE AN OUTPATIENT PROGRAM?

Our bariatric program does not currently consist of an outpatient program. Patients do receive preoperative testing, nutritional education, psychological evaluation, and support groups on an outpatient basis. All other follow-up occurs at the surgeon's office.

HOW DOES YOUR FACILITY DEAL WITH THE ISSUE OF PATIENT SAFETY AND STAFF SAFETY? DO YOU HAVE A CERTAIN PROTOCOL FOR LIFT AND TRANSFER, FOR EXAMPLE?

Patient safety has been addressed from inception to construction to operation at University General Hospital. All bariatric designated patient rooms consist of walk-in showers, floor mounted commodes, reinforced vanity area, bariatric chairs and beds. Additionally, we purchased a specific lift system for our bariatric patients called the Hover Jack, which lifts patients up using a sequence of inflations. We also utilize the hover mat during transfers. This equipment enables staff to safely assist patients during patient transfers or in the event of patient fall. Our staff is also trained on lifting techniques and back safety. The lifting and transfer equipment is routinely reviewed by our bio-medical team to ensure optimal equipment function.

HOW ARE NEW EMPLOYEES ORIENTED AND TRAINED AT YOUR FACILITY?

All new employees are required to attend hospital-wide orientation on the first day of their employment. The orientation program consists of an introduction to the organization's mission, vision, history, services, and organizational policies and procedures. It also includes an introduction to the hospital's safety management program, infection control, employee health, performance improvement, customer service strategy, and risk management

program. A bariatrics overview is given at every new employee orientation. This overview includes types of surgeries, patient sensitivity and equipment review. For clinical personnel signs and symptoms of bariatric complications are reviewed prior to the hands-on clinical orientation. A review of the individual's job description, skills checklist, and competency are reviewed with the new employee.

Department-specific orientation is congruent with hospital-wide orientation. This program is individualized based on the new employee's identified learning needs via self assessments and interviews with the manager and preceptor for



Bariatric floor staff left to right: Paula Rowe—RN (Bariatric Unit); Catherine Huery—PCA (Bariatric Unit); Roshonda Washington—Manager (Bariatric Unit); Brenda Palma-Fernandez—House Supervisor; Charmaine Olsen—RN; Molly Stephen—RN (ICU)

their prospective department. A designated person is assigned to each new employee for the department orientation. At the end of orientation, the department director or designee holds a conference with the new employee and preceptor to review their progress. The employee has a period of 90 days to successfully complete the department specific orientation. The assessment of staff competency is conducted several times annually.

WHAT ARE YOUR STRATEGIES FOR RETAINING AND MOTIVATING STAFF, AND WHAT CONTINUING EDUCATION OPPORTUNITIES ARE PROVIDED TO STAFF MEMBERS?

University General Hospital has implemented Character First!®, a character based paradigm for personal development, and actively practices a culture that fosters employee recognition, is open to culture change that benefits all stakeholders and patients, and has a Nursing Competency Assessment Program.

As a five-star facility focused on medical excellence, University General Hospital is dedicated to its objective to recruit and retain qualified, competent employees who have not only the skills essential for the best patient care, but have the character necessary to create an environment that is both healing and nurturing. We believe our employees are the most vital element of our operations; this mindset will make University General both the employer and provider of choice.

HOW IS STAFF COMPETENCY EVALUATED?

Competency skills checklist for the employee's assigned department are

used to guide and document the orientation process and competency validation. The competency checklist is specific to the area and individual's job classification. It lists the core competencies and specific skills required for quality service by the department personnel. The director and manager determine department specific competencies. These competencies are either procedures or interventions, which are determined to be low frequency, low volume, and/or problem prone. One or more of the following methods will be utilized to validate competency for a new employee: verbal interaction feedback, return demonstration/direct observation, online testing, and proctoring.

PLEASE DESCRIBE YOUR PATIENT EDUCATION PROGRAM. WHAT TYPES OF PATIENT SUPPORT PROGRAMS ARE OFFERED AT YOUR FACILITY?

Our hospital-based patient education program is a multi-pronged

program that provides patient education via the following: (1) initial patient introduction and educational seminar, (2) nutritional education via evaluation, consultation, and weekly nutritional classes (three per week), (3) psychological evaluation and consultation, and (4) ongoing support.

Our bariatric program staff are available to all program patients before and after surgery. Additionally, each surgeon and their designated office staff meet with patients prior to surgery and continue the education process throughout patient follow-up.

As it relates to support group services, University General offers monthly meetings that include both a guest speaker and emotional support. Support group meetings are typically two hours in duration. Group discussion topics and guest speakers represent a wide spectrum of topical items important to our patients, such as: meditation, cooking, fashion, psychologist, makeup artist, plastic surgery and surgeons, exercise and physical trainers. Our program dietitian attends all support group meetings and addresses all nutritional questions.

University General also hosts an online support group. Many of our patients travel from out of town for surgery and are not able to attend live support group meetings but are in need of support. Our online support group has proven to be a very active and positive forum that positively supports patients. Our online message board is consistently monitored by our bariatric program's director, dietitian, psychologist, and medical director to ensure all medically related issues are answered appropriately.

Another support program we have is a quarterly clothing exchange. This program is a very positive way for patients to support each other through their weight loss process and mitigates costly clothing expenses that occur following weight loss surgery for our patients. All remaining clothing from this exchange is donated to charity.

WHAT LONG-TERM FOLLOW-UP MEASURES ARE PRACTICED AT YOUR FACILITY?

University General has implemented the Remedy MD database for all bariatric patients. This online system can be accessed

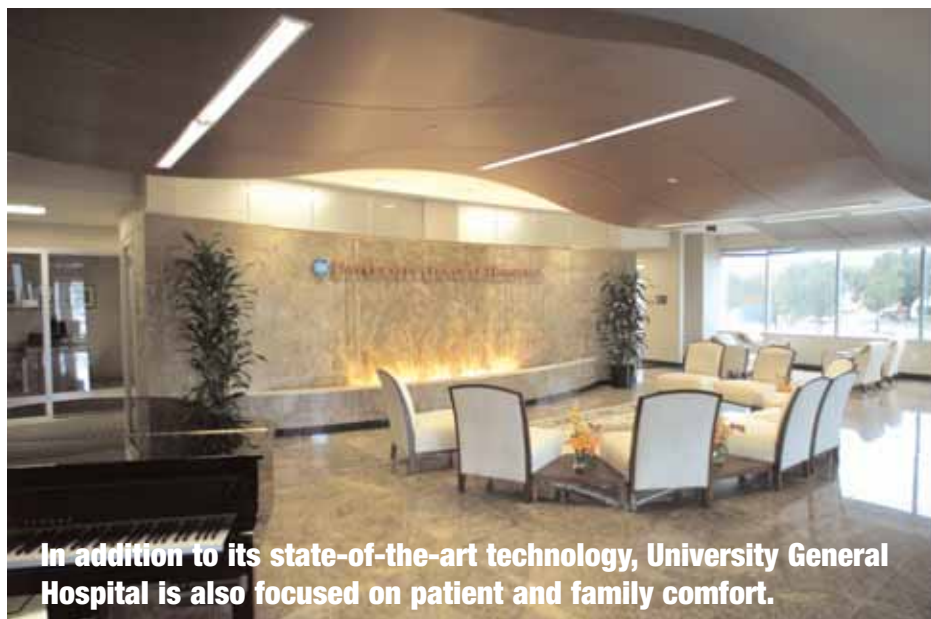
and updated by both our hospital staff and the doctors' offices. A database entry assistant, another member of our team, works with our program staff and doctors to maintain data by entering updates and routing patient follow-up action items as appropriate.

WHAT QUALITY CONTROL ASSURANCE MEASURES ARE PRACTICED IN YOUR FACILITY?

University General Hospital holds various licenses, certifications, and accreditations geared toward quality control. For example, the facility has just completed its JCAHO survey with no recommendations for improvement (RFIs)—a significant accomplishment and testimony to the quality of our facility. Additionally, the facility's ongoing performance improvement activities focus on

hospital has a unique user-encrypted password protection system, which automatically requires password changes every three months. Additionally, all facility computers are programmed to auto log-off.

Backup and recovery mechanisms are in place for all information and continuous monitoring of information security risks is in place. University General Hospital currently utilizes the Siemens Electronic Medical Records system and has a single sign-on solution enabling access to up to 45 applications utilized by University General Hospital Systems, which includes programs operated by the Siemens®, Med Series 4®, GE MUSE®, GE PACS®, Pyxis®, and Kronos® systems. This functionality ensures timely and effective activation and deactivation of passwords across all systems simultaneously.



In addition to its state-of-the-art technology, University General Hospital is also focused on patient and family comfort.

providing excellent patient care with an emphasis on positive outcomes and patient safety.

WHAT EFFORTS DO YOU MAKE TO MAINTAIN HIPAA COMPLIANCE?

All employees are in-serviced on the hospital's HIPAA policies and procedures, and must sign confidentiality and security agreements.

Employees are given access based on job function and on a need-to-know basis. Business associate agreements have been obtained with all vendors, security, and contract support personnel working with University General.

Policies and procedures are in place for handling the release of all private health information. All patient visits and services from the point of entry to discharge are conducted confidentially in enclosed rooms. The

WHAT MAKES YOUR FACILITY UNIQUE?

University General Hospital has created an atmosphere conducive to the healing process by raising the bar on customer service. Our state of the art technology supports optimal patient safety, increased efficiency, and maximum patient comfort.

In addition to providing excellence in health care services, University General focuses on the local and regional needs of the communities it serves. Examples include employee volunteer programs, organizational sponsorships and other outreach efforts.

Our level of service and commitment to patient safety has been demonstrated by successful completion of accreditation programs with no recommendations for improvement. ■