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OUR MISSION
In the markets we serve, we will be recognized as the premier provider of the best quality, customer-focused support services.

OUR VALUES
INTEGRITY.
A commitment to forthright, honest communication in all of our encounters.

COLLABORATION.
An unyielding commitment to consistent teamwork in order to achieve collective goals.

ACCOUNTABILITY.
As a company and as individuals, we accept full responsibility for our actions and the associated outcomes.

PROFESSIONAL DEVELOPMENT.
Providing the right tools, training, and support for professional growth.

LEADERSHIP.
Displaying the passion to exceed expectations in all that we do.

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A comprehensive patient experience strategy is critical in the age of enhanced pay-for-performance.

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After reflecting on another successful year, we turn to the question of what the future holds. In the healthcare industry, this is never easy to predict. While the ultimate fate of the healthcare reform legislation is not yet decided, it appears that certain components are here to stay. One of the most significant is Value Based Purchasing, which ties hospital reimbursement directly to hospital performance. VBP has changed the way our customers have to think about their finances, and we must always provide value that responds to their challenges.

This issue of Celebrations attempts to give a clear explanation of the basics of VBP, including how scores are calculated and how reimbursement is determined. Where Crothall can make an impact, and where we continue to make investments, is in helping our customers improve patient experience, which contributes 30% of a hospital’s total performance score.

I am very excited about an innovation our team at Mobile Infirmary developed along with Morrison, our sister company for food service. Together with our client, Joe Stough, and Nursing leadership, they have created a truly unique organizational approach to patient experience. It blends our proven specialist approach to operations with a cross-functional Synergy team focused squarely on patient needs. We are hopeful that once perfected, this model could make a huge impact for our other customers.

Continuing the patient experience theme, we are working through our Diversity and Inclusion Action Council to better understand how we can serve a rapidly changing demographic mix. The hospital experience is unique to each patient, so we have to continually examine the changing needs of the patients we serve. Creating personalized, high-touch programs catered to individual patients is the only way to ensure ongoing success.

Despite our best efforts to devise great programs, patient experience really comes down to the interactions between patients and caregivers. Compassionate people make the difference, and all we can do as a company is celebrate their amazing examples and create a culture in which they are rewarded and encouraged.

Thank you for allowing us to continue to make a difference for your patients each day.

All the best,

Bobby
ENVIRONMENTAL SERVICES
Patient Experience Experts
Impact HCAHPS

Hospital administrators are looking for strategies to improve HCAHPS scores. Our Environmental Services teams are finding more success through our patient experience experts. At Trinity Medical Center in Birmingham, Alabama, the HCAHPS cleanliness score rose from 70 at the end of last year to a current score of 82, the highest in the hospital’s history. Our onsite Patient Experience Manager has worked to increase knowledge through rounding with the hospital’s CEO. At admission, she visits all new patients, welcomes them to the hospital, and explains the Environmental Services process. She then asks what they would like the housekeeper to focus on when cleaning the room, which the staff then addresses during daily cleans. The Trinity management team has also implemented many of our new patient strategies. They’re using a bulletin board with a mountain graphic and competing climbers to compare HCAHPS scores. It helps all employees understand current scores and goals and compete for rewards and recognition tied to patient satisfaction outcomes. Specific unit action plans ensure the process, and creative messaging to patients ensures the experience.

LAUNDRY & LINEN
Keeping Toxins Out of the Laundry

The challenge in laundering healthcare linens lies in how to achieve true disinfection and provide a quality finish while stretching the life of linens to keep costs manageable. Processing plants came to rely heavily on the use of chemicals that accomplished both; however, the hazardous impact of these chemicals on the environment and water supply when discharged was finally recognized following 70 years of heavy use. In particular, surfactants using phosphates and de-staining agents that employed petroleum distillates were labeled hazardous waste by the EPA. Since then, the industry as a whole has come through a true metamorphosis in finding new, greener solutions to meet the quality outcomes for our customers. Crothall has been at the forefront of green innovation in the healthcare laundry industry. Our facilities throughout the nation use no chemicals for processing linens that have been tagged with an EPA protocol for hazardous waste. We sleep better at night knowing that we are doing our best to be good stewards of our environment.

PATIENT TRANSPORTATION
HRC Featured at Health Professionals’ Roundtable for Strategy

When our clients entrust the transportation of their patients to us, they know they are getting some of the best thought leaders in our industry. Our Hospitality Resource Center (HRC), driven by its proprietary software, is becoming well-known internationally for its multiple functionality; ability to centralize, capture, and track all requests; and for its major impact on productivity. Recently, Regional Vice President Greg Osganian spoke to the Canadian College of Health Leaders, a national, non-profit, professional association dedicated to developing, promoting, advancing, and recognizing excellence in health leadership. The college gathers thought leaders for its HPRS (Health Professionals’ Roundtable for Strategy), and Osganian spoke about how the HRC’s capabilities and future developments can benefit healthcare organizations. His client, Joy Grecar, Vice President of Professional and Support Services at Presbyterian Hospital, also joined the panel by video conference to speak on the benefits of Crothall’s HRC for call center management.
FACILITIES MANAGEMENT
People and Processes
Drive Successful Joint Commission Surveys

The Joint Commission and other regulatory agencies expect hospitals to maintain their facilities properly. Crothall ensures that the facilities we manage avoid citations for direct impact violations by continuously preparing for regulatory inspections. Our framework for operational excellence has much to do with our managers’ success: People, Processes, and Performance. Implementation of standardized processes, such as our Building Maintenance Program (BMP) and regular POM audits, ensure ongoing compliance with projects and documentation. We have also introduced mechanical and shop space audits. Floors are cleaned, pipes are painted with direction of flow, and valves are labeled to create a more organized workspace. Recently at a Crothall-managed hospital, a surveyor commented on the organization of the department’s binder and how it made necessary information readily available. However, it is our People who drive these Processes and create successful Performance. Together with our POM leadership and other resources, such as TSIG, our regulatory consultant, we provide our customers with the tools necessary to be ready when Joint Commission walks in the door.

CLINICAL EQUIPMENT SERVICES
New Leadership in Clinical Equipment Services: Darrell Chiasson

“Our customers are relying on us to help them address the ongoing uncertainty in Healthcare as well as the decreasing reimbursements,” commented Division Vice President Darrell Chiasson. Our new leader in Clinical Equipment Services started in October 2011, and is quickly applying his 20 years of experience from Philips Healthcare to form client-based goals for the division. “Our role is to partner with our customers in a way that helps them provide the best healthcare possible to their patients, and we address the cost of support services by leveraging our overall workforce, delivering savings that allows them to continue to operate.” To do that, Chiasson is looking for ways to find additional savings through strategic relationships that will complement our offering to our customers. In particular, Chiasson would like to expand the servicing of diagnostic imaging equipment where practical, expanding our value to customers.

Tim Baskerville Raises Voices to Raise Funds

When Community Memorial Health-center began the process of raising money for its three new buildings, employees were asked if they would make donations. In response, EVS Tech Tim Baskerville decided to organize a Gospel Concert to benefit the hospital’s capital fund. Tim was able to get 11 Gospel groups to donate their time, and he talked a local college into donating a space for the concert. But it didn’t stop there: Tim was on the radio to promote the CMH Gospel Concert, got concession stands set up, had programs and fliers printed, and introduced the hospital CEO at the concert. The CEO gave an overview of the building project and the hospital’s VP of Marketing told how the community could help. Tim even sang with the last group at the concert. The event was so successful that the hospital asked Tim to do it again next year. Tim did all of this on his time, and is a shining example for others to follow.

Top, from L: Tom Burnette, CEO, and Tim Baskerville
Bottom, from L: Tim Baskerville with members of Gospel group Still Standing
The Vision

In early 2010, Joe Stough, Administrator/Vice President for Mobile Infirmary, looked at support services and wondered whether they were being given the flexibility they needed to help achieve the hospital’s vision of becoming the #1 choice for healthcare in the region. Stough brought his support services managers together and asked a simple but profound question: “If you started from scratch, how would you design a program truly focused on the patient?”

Crothall Healthcare was performing Environmental Services (EVS) and Patient Transportation (PT), while Crothall’s sister company, Morrison Healthcare Food Services, handled Food & Nutrition Services (FNS). All three departments used a specialist model that ensures quality by allowing experts to focus on their particular disciplines. In February 2010, Crothall RVPs Jon Chase from EVS and Kevin Yon from PT, and Morrison RVP Lenny Scranton came together to design a cohesive working unit. Leveraging Compass Group corporate resources, they devised an innovative strategy to unify all levels of management across all services and created a plan to implement the specific changes that would be required. It meant breaking silos and changing the mindset to serving patients as a single team. “Look at your workforce,” said Stough. “Support service workers are second only to Nursing in patient interaction. If you can’t engage them, patients will come away with a bad experience.”

Breaking Down Barriers

Around the same time, Suzanne Bird was named the new CNO. Bird brought to the hospital the fresh—some might say radical—attitude that support service associates are just as important as nurses to patient care. Bird believed that everyone must be unified as a team around a single mission: “What is best for the patient?”

The biggest obstacle was getting people to trust and view each other as partners. According to Rosemary White, Nursing Support Services Director, it goes well beyond remembering names. “It is more than just giving a pat on the back. It means knowing you have each other’s back.” Building trust and communication requires ongoing focus and effort from everyone, beginning with leadership.

Each department had always been successful sticking to what it did best: EVS cleaned, PT moved patients, FNS prepared and served food, and Nursing provided clinical care. Getting everyone to think as one unit was a foreign concept. “This hospital is 101 years old,” said Bird. “The silos were thick and tall.” The team needed to balance the operational advantages of specialization with the need for a unified approach to patient care. Over many weeks, Stough encouraged the departments, led by Crothall Resident Regional Manager Ender Waltman, to reinvent the patient experience model.

At Mobile Infirmary, Crothall and Morrison have come together with Nursing to develop “Synergy,” an innovative approach to patient experience that balances specialization and teamwork.

Synergy: Redesigning the Patient Experience Organization

At Mobile Infirmary, Crothall and Morrison have come together with Nursing to develop “Synergy,” an innovative approach to patient experience that balances specialization and teamwork.
The Synergy Model

Synergy respects the advantages of specialization. Discipline-specific operations managers maintain responsibility for day-to-day oversight of operational issues. Front-line staffing has been slightly adjusted to ensure a consistent team on the floor from day to day. This instills accountability in workers to “their unit” as well as familiarity and teamwork with nurses, who see the same faces every day. EVS and PT discharge staff are dedicated to a specific nursing unit. And Morrison introduced Catering to You, which dedicates an associate to the same nursing unit and patients throughout the day.

Synergy’s real innovation is in its approach to patient experience. An organizational structure focused on patients is layered over all departments. Every two nursing units are grouped into a patient experience zone, led by a single zone leader, who is an Operations manager from any one of the support services. All associates within the zone, no matter what department they represent, are accountable to their zone leader. They huddle every morning solely to discuss patient issues, and zone leaders must personally meet with every single patient within the zone at least once.

No More “Not My Job”

“There is nothing more annoying to a patient than asking for something and being told, ‘It’s not my job,’” said Bird. With Synergy, associates are expected to focus on the patient’s needs, no matter what they are. An EVS worker will clear a used food tray instead of ignoring it, and if he notices the tray has been untouched, he is empowered to raise the issue with FNS to make sure there are no nutritional problems. Focusing on patients instead of tasks makes everyone responsible for solving problems on the floor.

It goes beyond service tasks. PT is introducing enhanced scripting to become true ambassadors of the hospital, communicating vital information about the hospital and care team. It helps set high expectations from the start and tells patients they are being cared for by a unified team.

The Real Key: Nursing Support

The most important and challenging barrier to integration was the addition in August 2011 of Certified Nursing Assistants (CNA) to the Synergy team. 97% of the CNA staff, including the Regional Staffing Pool CNAs, were trained by the Synergy focus team. CNAs now fully participate in the huddles and are accountable to zone leaders. “We had to overcome a major cultural taboo,” said Stough. “Having EVS managers lead nurses on patient experience was unheard of.” Nursing leadership and support are essential. Thelma Jones, RN Educator, and White attend the huddle meetings, and attendance has become part of the performance evaluation for CNAs. White believes a real cultural shift is occurring.

High Expectations

“We have only begun to see how effective Synergy will be,” said Bird. The program has only been in effect for 15 months, and it has been a continuous learning process. Many changes have been made to adapt and improve along the way. The team is now planning for a dedicated patient experience position to move among the zones with a specific focus on patient satisfaction scores.

HCAHPS scores for cleanliness have trended up since program inception, from 61.65 in January 2010 to 71.55 in September 2011. Time will tell whether this positive change is sustainable. The model is in place, the team is motivated, and patients are well served. The rallying cry of the entire Synergy team was coined by one particularly inspiring EVS worker named “Miss Happy,” aka Deborah Jones: “It will work if you work it.”

*For more information about Catering to You, see page 13 in this issue of Celebrations.*
Value Based Purchasing
Hinges on Patient Experience

What Is VBP?

One of the most positively received elements of the Patient Protection and Affordable Care Act (PPACA) has been the newly launched Value Based Purchasing (VBP) program. The main goal of VBP is to compensate hospitals according to their ability to deliver quality healthcare across various care measures. By rewarding the best performers and penalizing the worst, this modified Medicare reimbursement formula should encourage improved care and decreased waste. No one argues that these are admirable goals. Determining the optimal formula is a more controversial matter. And understanding even the basics of VBP can be challenging.

How Will Reimbursement Change?

Only about half of all U.S. hospitals are required to participate. VBP includes about 3,100 acute care hospitals throughout the country, excluding psychiatric, rehab, children’s, and cancer hospitals. For FY 2013, 1% of Medicare reimbursement for all included hospitals will be automatically withheld and pooled by CMS. These hospitals’ performance will be compared to benchmarks and ranked. The pool will then be redistributed, with top performers receiving up to 2% back (twice their withholding), and the worst losing up to 1% (their entire withholding). The amount withheld will gradually increase to a maximum of 2% by FY 2017.

How Is “Performance” Calculated?

For FY 2013, performance will be based on the following two domains. 1. Process of Care Measures indicate how care for certain conditions is delivered (for example, % of heart attack patients given aspirin at arrival). For each measure, hospitals can earn points by exceeding achievement thresholds, up to a maximum 10 points by meeting the national benchmark. Alternatively, hospitals can earn up to 9 improvement points by exceeding their previous baseline scores. This “either/or” methodology for earning points gives an incentive for lower-performing hospitals to improve, while keeping pressure on top-performers. 2. Experience of Care Dimensions measure patients’ perception of care or satisfaction. Scores are determined through the HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) survey, sent to patients following discharge. Similar to the Process of Care domain, Experience of Care is scored relative to achievement vs. threshold or improvement from baseline. Additionally, up to 20 “bonus” consistency points can be earned (or lost) by
maintaining all Experience of Care scores sufficiently above the “floor.”

For FY 2013, a hospital’s Total Performance Score (TPS) is calculated by combining scores for Process of Care Measures (given 70% weight) and Experience of Care Dimensions (30% weight). For FY 2014, an additional domain will be added for Outcomes Measures (based on mortality statistics), and the TPS will be calculated as 45% Process, 30% Experience, and 25% Outcomes.

**Patient Experience**

Notice that in 2014, Experience of Care will be given more weight than Outcomes Measures. This has created some controversy. Because all hospitals are compared in a single database, with no accounting for size, type of facility, demographics, patient mix, or complexity, often large, prestigious academic medical centers perform poorly compared to small, rural community hospitals. Critics argue that patient satisfaction is unrelated to clinical outcomes and is therefore a poor measure of quality. In the era of VBP, hospitals will have to tackle the dual challenge of driving clinical success and patient satisfaction.

Experience of Care is broken out into eight equally-weighted dimensions:

- Communication with Nurses
- Communication about Medicines
- Communication with Doctors
- Pain Management
- Cleanliness and Quietness of Hospital Environment
- Responsiveness of Hospital Staff
- Discharge Information
- Overall Rating of Hospital

Cleanliness and Quietness are combined into a single measure, although they appear as two separate questions on the survey, and they are very different aspects of the hospital environment. This could have important implications as hospitals work to improve scores. For example, using multiple workers to clean in a “team approach,” or using loud devices such as vacuums in patient areas can negatively impact quietness with no payoff in improved cleanliness.

**Improvement through Understanding**

Any plan to address patient experience must be multi-faceted. Patients rarely discriminate between types of caregivers when recalling who communicated well or treated them compassionately. And a bad experience with one aspect of patient experience can have ripple effects on a patient’s memory of the entire hospital stay. A hospital needs to understand its specific challenges as part of the big picture to create meaningful and lasting change.

Crothall Healthcare has designed a holistic approach to improving patient experience that goes beyond the single HCAHPS question directly tied to cleaning quality. Once implemented, these strategies have positive effects that reach beyond the walls of the EVS department and help create engaged patients.

*Defining Moments* addresses verbal and non-verbal interactions between patients and associates to create lasting positive experiences. *Engagement* focuses on developing an engaged, motivated team, partnered with Nursing to deliver great patient care. *Tailored to Fit* leverages Crothall’s analytics tools to create targeted action plans with unit-level specificity to drive ongoing improvement. Finally, *Expertise* connects our diverse subject matter experts to deliver training, best practices, and support to our nationwide network of managers.

Crothall can help our hospital partners calculate the specific financial impact VBP will have on their reimbursement in 2013. A comprehensive strategy to address patient experience is critical to protect revenues in the age of enhanced pay-for-performance.

Source: Medicare Payment Strategy: Dissecting CMS’s Hospital Inpatient Value Based Purchasing and Readmissions Programs. The Advisory Board Company, November 2011

1. Achievement threshold for each measure is the 50th percentile score for all hospitals in the VBP database.
2. National benchmark for each measure is the 95th percentile score for all hospitals in the VBP database.
3. Floor for each dimension is defined as the lowest score in the VBP database (0th percentile).
Ready, Willing, and Able

Mercy Regional Medical Center has served Lorain, Ohio, for over a century. The main facility consists of 787,000 square feet and 260 beds, plus 20 satellite facilities. Operations ran smoothly, and the Facilities Management (FM) department had a good reputation, with a long-term director who had been with the Mercy system for over 30 years…and then he announced his retirement in 2010.

SUPPORT WHEN YOU NEED IT

CEO Ed Oley was staring down the next Joint Commission survey at the end of the year, and his FM director was gone. He needed someone immediately, with the expertise to coordinate the survey preparation. Oley turned to Crothall Healthcare, which had been successfully managing Mercy’s EVS department for two years.

After providing interim FM support for a few months, Crothall Unit Director Manny Gonzales took on a full-time role at Mercy in August 2010. Gonzales knew he had to provide significant help as quickly as possible. With only four months to prepare, he tapped into Crothall’s deep resources:

- Located an engineering firm to assess and re-engineer major environmental systems
- Worked with vendor and corporate technical support for a new operations tracking system
- Redesigned the safety committee to achieve better member participation
- Installed computers in each of the maintenance shops to improve employee training

What Oley saw was teamwork—Crothall was able to draw on a pool of resources when his hospital needed it. “Crothall is exemplary in the leadership they provide,” Oley said. “They don’t allow their managers to fail locally. They supply them with the resources they need.”

It has been increasingly difficult in recent years for hospitals to recruit and hire FM managers with the necessary skill set. Crothall provides high-caliber management talent as well as a support structure. “In today’s fast-paced, complex healthcare world, it is beneficial to have access to the necessary management expertise in the ever-changing areas of facility management, regulations, and compliance,” says Mercy VP of Regional Ancillary Services Joseph Sober, who directly oversees the Crothall relationship.
“They did a phenomenal job preparing us for the survey in a short period of time.”

AN EYE-OPENING PROCESS  
The Joint Commission survey planning had three major phases for Crothall:
- Preparing documentation
- Addressing immediate repairs
- Completing software updates for maintenance operations management

The facility’s Statement of Conditions (SOC), a comprehensive document outlining all Life Safety items, hadn’t been updated in three years. In December 2010—the month the Joint Commission survey was expected—Gonzales secured the funding to hire Crothall’s regulatory consultant, TSIG, to audit the facility and create an SOC. It identified 480 deficiencies that needed to be addressed before the surveyors arrived. It was a number that staggered Oley. “I wasn’t aware of any of these issues, which was itself a huge issue,” he remembered. “We were going to be in a world of trouble.”

“It was an eye opener,” Gonzales said. “There was a false sense that things were getting done, and there was no way to check. There were no major deficiencies, just code issues that someone without Life Safety knowledge would miss.” Plans for Improvement were created for all issues, and many were remedied quickly.

It was critical to put a modern work order tracking system in place. “A core measurement for the Joint Commission is preventive maintenance. We had no mechanism to track what was taking place,” said Gonzales. After problems implementing the hospital’s previous software and fearing the department would be without the technical support it needed, Crothall made the decision to install its proprietary TeamOps software. Within a week of installing TeamOps, Mercy was logging corrective maintenance tickets. The FM department completed the inventory and soon added preventive work orders.

SUSTAINABLE CHANGE  
Joint Commission was expected in December, but actually arrived in March 2011. By survey time, the list of remaining deficiencies had been cut in half, to 250. These were included in the SOC with Plans for Improvement deemed acceptable by the Life Safety inspector. Considering the starting point only months before, the survey outcome was outstanding. “They did a phenomenal job preparing us for the survey in a short period of time,” said Oley.

In mid-October 2011, Oley received the letter he’d been waiting for—accreditation from the Joint Commission.

Preparing for Joint Commission was the FM team’s biggest challenge, but not the only one. The Mercy Regional tower is almost 40 years old, and in tandem with the survey, Mercy launched a $20 million renovation, providing Crothall a number of energy-saving opportunities:
- Used a firm to re-engineer existing HVAC systems to lower usage
- Worked with Mercy’s corporate headquarters for energy-saving investments and received $500,000 for new air handling units
- Submitted three lighting projects to the electric company to retrofit buildings
- Negotiated a better contract with the gas company to save $40,000 a year
- Worked with an electric agency to negotiate a new rate, saving $170,000 in 2012

The TeamOps transition has also been a huge success, offering solid evidence of the FM department’s performance. The team has trounced its goals for work order close rates for both preventive and corrective maintenance.

Even though the ink is barely dry on Mercy’s accreditation, the team is already preparing for the next survey. The SOC is now updated continuously, and TeamOps ensures ongoing quality and consistency. “We will be 100% ready all the time,” Gonzales said. “We have a very strong and active system now.”
More Access Points to Bridge THE CULTURAL GAP

With HCAHPS soon impacting Medicare reimbursements, there are more reasons than ever to ensure that every member of the care team, including support services workers—housekeepers, transporters, and food service workers—are part of the effort to recognize and respond empathetically to cultural and linguistic difference in patients and their families.

A Moving…and Profitable…Target

Cultural competency is a moving target. Even savvy hospitals that have gone so far as to perform a Cultural and Linguistic Competence assessment in the last decade are discovering that their competence must continually evolve with population trends. Yet, experts agree it can be a profitable exercise. Compass Group Diversity Generalist Tameka Green makes the point that, for healthcare, in addition to ethical issues, cultural and linguistic competence is coming down to dollars and cents. “Look at the numbers,” says Green. “The fastest-growing segments of the population are people of color who will, in turn, have tremendous buying power. In order to remain relevant and sustain growth, hospitals will have to close the cultural and linguistic gap.” 2010 U.S. Census results (shown below) make it clear: there have been 43% increases in both people of Asian origin and people of Hispanic/Latino origin.

Fundamentally, we need cultural competence to truly connect with every kind of patient. We need to understand their pain, their fears, their need for comfort, and their vision of the future to provide better care and a better patient experience. For that, we need to supply patients with a familiar access point, someone who speaks their language or understands their culture. Hospitals will see the results in fewer readmissions, higher HCAHPS scores, better outcomes, and eventually, higher market share.

Crothall’s Front Line: Open Access

The frequency of support services workers in your patients’ rooms is second only to nursing. We impress on our people that, in addition to the necessary work they do, they are also ambassadors for the hospital. They can help to remove barriers and provide access for a real exchange of information.

Lehigh Valley Hospital in Allentown, PA, flew in a Burundian burn patient and her mother for treatment. Suddenly finding themselves in a different world and facing complicated medical treatment, they were comforted when the hospital asked two Burundi-American housekeepers to form an access point for them. Soon an entire community had embraced the women. To read this remarkable story, see the “Make a Difference” section in this issue.

United States 2010 Census Results

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Tameka Green, Compass Group Diversity Generalist

United States 2010 Census Results
Morrison Caters to a Patient’s Every Need

Catering to You – Morrison’s Personalized Approach

Let’s be honest. Hospital food has a bad reputation—bland, boring, not inventive enough. The same can unfortunately be said for hospital food service quality. Fortunately, Morrison Healthcare Food Services is changing those negative perceptions with its Catering to You patient dining service. This innovative program is designed to support patients’ health, quality of life, and recovery process during their hospitalization. Average patients may not quite understand the specifics of their medical care, but they sure understand if the food service is superb or lacking.

How Catering to You Works

Shortly after admission, each patient is greeted by his or her Catering Associate and introduced to the Catering to You service. This service allows us Morrison to cater to its patients’ needs and desires by personalizing menu options close to mealtimes and adding a special touch to their meal experience.

Over the course of each day, Catering Associates interact with their patients nine to twelve times: before each meal to take their menu selection, as they deliver their trays, during catering rounds to ensure each patient has everything, and at tray retrieval.

An exciting and unique aspect of Catering to You is the decentralization of services, which allows a personalized approach to dining service. Catering Associates are dedicated to the same unit on a consistent basis, allowing them to build close relationships with nurses and Registered Dieticians and truly become a part of the care team.

Benefits and Outcomes

• Patients’ nutrition needs are personally addressed
• Patients can choose alternatives to the regular menu “on the spot”
• Patients receive everything they want and need at the time of tray delivery
• ”I got what I ordered” survey scores improve because there is more continuity and accountability for staff between the order and delivery process
• Catering Associates are accountable for assembling their patients’ trays and ensuring their patients are satisfied with their food and nutrition services

• Diet office functions are assumed by Catering Associate. Nursing communicates directly with the Catering Associate regarding diet order changes, new admissions, discharges, etc.
• Nursing spends more time in their scope of practice
• Medical nutrition therapy is continuously being addressed
• Changes in diet orders are made quickly and accurately
• Reduction of late trays

By incorporating Morrison’s Catering to You service into your patient care, clients will see:

• Improvement in patient satisfaction
• Increase of Nursing’s positive perception of patients’ dining experience
• A dining service that supports the patients’ medical nutrition needs and overall satisfaction with their hospital stay and quality of life during hospitalization

Dozens of Crothall and Morrison clients have already adopted the Catering to You program in their hospitals with tremendous success. To learn more about Catering to You, visit www.iammorrison.com.
THE SOIL TEAM: JAMES FERREL, KAMAL KASSOR, LISA IVANSCO, AND TONY BUTLER
CLS-Chicago
Wheeling, IL
Nominated by Bessie Rosenthal

A small child was admitted to one of CLS-Chicago’s client hospitals with an internal device regulated by an external transmitter. When the transmitter went missing, Ops Manager Bessie Rosenthal got a call from the hospital with some daunting news: they believed that the transmitter had been lost in the soiled linen. Unfortunately, if the transmitter could not be found before 7 a.m. the next day, the unfortunate child would need surgery to replace the internal device so a new transmitter could be used. Truck driver Kamal Kassor hurried to the hospital to retrieve the linen and brought it back for the soil team, including James Ferrel and Lisa Ivansco, to search for the device. The three searched diligently and, by midnight, their hard work paid off. They found the transmitter! Clinic driver Tony Butler hand carried it to the hospital, getting it there just in time to save the child unnecessary surgery. “I’m so proud of all the teamwork that went into finding the transmitter,” Rosenthal commented. “This group ROCKS!”

MARIE IRAKOZE AND GILBERTE BIGIRIMANA
Housekeepers
LVH, Cedar Crest
Allentown, PA
Nominated by Heather Hertzog and Jessica Monaghan

Josiane, a 22-year old Burundi woman, had been living with the crippling burn damage to face and hands that she’d received when caught in a war zone at the age of 9. Her mother, Rose, joined her in the journey to Lehigh Valley Hospital, neither woman knowing anything about American culture or language. The hospital reached out to Housekeepers Marie Irakoze and Gilberte Bigirimana, both originally from Burundi, for help. They went to work, welcoming the women, acclimating them to the hotel and hospital, and translating for physicians. Understanding the cultural difference, Marie and Gilberte saw to their nutritional needs, bringing in a home-cooked Burundi meal and giving Nutrition Services recipes to make. In addition, they reached out to the local Burundi community in Allentown and coordinated their bringing clothing, food, and best of all, compassion during a time that could have been overwhelming and frightening. Marie and Gilberte will continue in their special roles until January, when the family will return home.
December 2011 Winners

Nominated by peers, our Make A Difference Winners are chosen quarterly for their inspiring dedication to improving the lives of those they touch while on the job.

A young woman facing a terminal condition finds solace and compassion from her guardian angel. A lost patient finds an unexpected guardian in Demond Baird and is returned to safety.

AMANDA HENDERSON
Housekeeper
Rowan Regional Medical Center
Salisbury, NC
Nominated by Michael Lindsay

Imagine facing a terminal illness alone in the hospital. Every person you see throughout the day has a busy, clinical agenda. Then along comes Amanda Henderson to clean your room. For a young woman at Rowan Regional Medical Center facing these conditions, Amanda became a guardian angel. She made sure the patient had everything she needed and made an extra effort to comfort her every time she entered the room. One morning while cleaning, the patient mused that some roses would brighten up the room. Amanda returned later that day with a bouquet of beautiful flowers, lifting the patient’s spirits. She was very touched and grateful for Amanda’s thoughtfulness. “She did it out of the goodness of her heart and wanted to make the few days left to the young woman’s life bright and happy ones,” commented Lindsay. Two days later, the young woman was moved to Hospice. “Amanda is a remarkable person that truly makes a difference every day in the lives of the patients she serves,” Lindsay said.

DEMOND BAIRD
Patient Flow Coordinator
St. Vincent Infirmary
Little Rock, AR
Nominated by Michelle Lippert

What does a conscientious patient flow coordinator do when he encounters a patient in an unexpected place? Demond Baird, who fulfills this role at St. Vincent Infirmary, was in the basement of the hospital when he noticed someone standing by an exit door. While he was wearing scrubs, they weren’t the same as the ones the doctors and interns wore. He was also wearing slipper socks and no shoes. Demond had a startling thought: what patient would be out of his room and in the basement of the hospital? It occurred to him that he might belong on the Behavioral Health unit and was attempting to elope. Demond took responsibility for the safety of the patient by talking to him and using his cell phone to call the unit as well as security for assistance. When the patient continued out the exit door, he stayed with him until help arrived. For his actions, Demond received the first St. Vincent Patient Safety Award.
Our Employees
“Make A Difference”

Meet Crothall employees who demonstrate through their actions what it means to truly “Make A Difference.”

THE SOIL TEAM: JAMES FERREL, KAMAL KASSOR, LISA IVANSCO, AND TONY BUTLER
To save a small child from facing unnecessary surgery, the Soil Team performs a miracle!

AMANDA HENDERSON
A young woman facing a terminal condition finds solace and compassion from her guardian angel.

MARIE IRAKOZE AND GILBERTE BIGIRIMANA
When two Burundi natives arrive in Pennsylvania, far from home, two housekeepers bridge the cultural divide.

DEMOND BAIRD
A lost patient finds an unexpected guardian in Demond Baird and is returned to safety.