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.

———

COVER STORY

Positive Impressions

Crothall has created a cohesive approach to patient experience, balancing centralized programs with individual hospital strategies.

FEATURES

6  Mission: Possible
10 Focused on Throughput
12 The "Dream Team" ADAPTS to Multi-Unit Management
13 Operational Excellence Goes Global

IN EVERY ISSUE

3  From the CEO
4  Crothall Momentum
5  Caring Hearts
13 “Make A Difference” Winners
Quests to create corporate cultures of excellence either succeed or fail. The enhanced current emphasis on patient experience really comes down to introducing positive cultural change. Our managers have the support of a patient experience team and are great at encouraging associates to be compassionate on the job. But not everyone has the innate ability to keep patient experience at the forefront as they do their difficult jobs every day. Some people need to see how it’s done and follow a process to emulate what others do naturally.

In this issue of Celebrations, we look at the unsung heroes at the core of our own corporate culture. They are the passionate people who know—intuitively—that their work, no matter how great or how menial, is about more than just a paycheck. It is a vehicle for the greatest of human missions: providing compassionate care for one another and planting seeds of hope. This is never truer than in our customers’ healthcare settings. Despite daunting personal challenges and the hard physical demands of the job, our frontline people still have room in their hearts to encourage patients and their families as well as their co-workers.

Our Patient Experience team has looked closely at how our people drive great patient experience. Positive Impressions standardizes these authentic and reliable practices in ways that will sustain incredible results. With motivated and engaged associates to lead the way, a culture around great patient experience spreads naturally.

Corporate culture grows from the seeds of hope our passionate people plant daily in the hearts of the people they serve. Without the people who make their own “Missions Possible” every day, there would be nothing for us to base our programs on—nothing truly authentic in any case—and certainly no “Positive Impressions.” I hope you enjoy reading their stories; our people truly make us successful in what we do.

We value our partnership with so many great organizations, and thank you for the opportunity to contribute to the great service experiences you provide for your patients.

All the best,

Bobby
 ENVIRONMENTAL SERVICES

Infection Control
Boosted by Use of 3M Clean-Trace

Crothall’s adoption of 3M Clean-Trace ATP measurement as part of our standard quality assurance process at over 100 locations has yielded amazing results. We conduct a 60-day benchmark process, then begin using Clean-Trace as an associate coaching tool, with the intent to reduce microorganisms on 10 high-touch surfaces, based on recommendations from the CDC. In the next phase of our program implementation, we will integrate the 3M Hosted Web-Based program as well as expand our use of Clean-Trace beyond the inpatient room. At Terrebonne General Medical Center, Director Tim O’Hern recorded 6 months of results for the hospital’s infection control committee. Using this data, the committee identified 5 high-touch points to target with increased scrutiny. “When we conduct an inspection,” O’Hern commented, “we have the housekeeper present so we can share the results immediately. The awareness in cleaning these touch points has improved our results dramatically.” As this example shows, Crothall’s use of measurable data allows for enhanced performance and continuous improvement.

 LAUNDRY & LINEN

Partnering for Better Linen Utilization

Hospital systems that partner with Crothall Laundry Services (CLS) have an advantage when it comes to improving linen utilization and reducing linen loss. Recently, Mountain States Health Alliance (MSHA), consisting of 12 hospital locations in Northeast Tennessee and Southwest Virginia, installed a Director of Support Services to serve as a liaison between the system’s twelve hospitals and CLS-Johnson City. The Director’s focus was to work with the laundry to improve communication and linen service without negatively impacting patient care. CLS responded with linen distribution software; linen committee meetings to focus on utilization, awareness, and communication; systematic soil/clean audits; and regular product reviews to help drive down costs. The results have been very positive. In one year, MSHA reduced linen utilization significantly, saving $65,000. In addition, MSHA expects to cut $343,000 in linen loss, for a total savings of $408,000.

 PATIENT TRANSPORTATION

TeamThroughput Summit 2012

As healthcare evolves, so do the technology needs of our Patient Transportation (PT) division in order to achieve greater efficiencies at lower costs. That is why Crothall Healthcare holds an annual TeamThroughput Summit for the leaders of both PT and Information Services (IS). On February 7, 2012, the Summit collaborated on the 3-to-5-year vision for PT, including ideas for centralized call centers, real time location solutions (GPS technology), and mobile dispatching management software. IS presented the soon-to-be-released dashboard that tracks workload trends and predicts future transport volumes in real time—a bi-product of the 2011 Summit. However, the main focus for the throughput team was to capitalize on technology that would lower expenses. This was an effort to proactively respond to our customers’ future reductions in healthcare reimbursement. The Summit sparked out-of-the-box thinking on advanced software needed for futuristic patient flow solutions, software that the IS department will be developing throughout the year.
FACILITIES MANAGEMENT
Powerful Savings in Electricity

In response to ongoing financial pressures, hospitals must search throughout their operations to find cost savings. Crothall Facilities Management clients have been especially pleased by the savings our managers have found through efficient use of equipment, equipment upgrades, and even through contract negotiation. At UMass Memorial Health Care, a five-hospital system with a large structure of home health, hospice, behavioral health, and community-based physician practices, FM Director Mike Kelly led a system-wide Nonclinical Value Analysis Team in an effort to reduce electricity expenses. Collaborating with representatives from all of the UMass hospitals, as well as its Realty group and Community Healthlink, Kelly implemented a four-year, system-wide contract that would reduce expenses by 30 percent. On the bottom line, the hospital system will realize $1.3 million per year throughout the contract. A notice in the hospital’s newsletter called it “an electrifying success!”

CLINICAL EQUIPMENT SOLUTIONS
Alarm Fatigue a Top Medical Hazard

While medical device alarms are supposed to go off to alert caregivers to critical situations, they are often turned off, ignored, or go unheard—symptoms of Alarm Fatigue. In the past 5 years, there have been more than one thousand proven alarm-related deaths in various hospitals. Between the ECRI Institute, the AAMI (Association for the Advancement of Medical Instrumentation), the ACCE (Association of Certified Clinical Engineers), the FDA, and The Joint Commission, a large focus has been placed on the hazards of Alarm Fatigue. Labeled by these institutions as second on the list of Top Ten Medical Hazards, the syndrome was addressed at a Medical Device Alarm Summit convened in October 2011. Our Clinical Equipment Solutions division sent Director Shashi Avadhani to attend the Summit, where he qualified to be a member of the AAMI Standards Committee. We expect to be at the forefront of developing a solution to this serious problem and plan to report further findings in the near future.

Angels to Adopt Over 200 Kids for Christmas 2012

At Community Memorial Healthcenter (CMH) in South Hill, Virginia, amid the former tobacco and textile mill country, there are angels watching out for kids affected by the loss of these industries. In 2009, EVS Director Mike Hankins and his 42 team members adopted 25 kids for Christmas, giving them gifts that included food, warm coats, and clothing. Those who remember the story still think about how the goodwill spread to other departments within the hospital and how they all pitched in. In 2010, five other departments and a community business joined in to adopt 50 children for the Christmas season. By 2011, the program had a name: HALO—Holiday Angels Loving Others. This time, HALO adopted 100 kids! Still run by Hankins and his EVS group, the initiative, bolstered by our own Caring Hearts, has partnered with groups like The Southside Medical Association, Hardee Ford Dealership, The South Hill Junior Women’s Club, Air-Tech, and The Uptown Coffee House. The new goal is to adopt 200 kids in 2012 and reach into a third county. Both CMH’s EVS department and HALO have received the Services to Others award from the Salvation Army. The goal of the program? “No kid should ever go to bed cold and hungry.”

HALO and Santa bring Christmas to grateful kids

FOR MORE INFORMATION  ABOUT OUR SOLUTIONS, PLEASE CALL 1-877-4CROTHALL.
For many, the emotional trauma of loss or personal suffering inspires service. Darlene McMillin “fell in love” with the healthcare atmosphere when her brother, who had suffered a traumatic brain injury, spent two months in the University of Louisville Hospital ICU. “My mother still talks about the housekeeper who visited us every day and told us not to give up hope.” After her brother passed away, McMillin applied for an opening in housekeeping, knowing it would be her chance to “repay” a debt of gratitude.

Betty Hickson also suffered keen losses, including her mother in a house fire and, more recently, her 20-year-old daughter to illness while in the University Health Care System (UHCS). She, too, felt caring and compassion from hospital workers and uses her experience to provide the same support to her patients and their families.

At UHCS, David Haynes feels his need to help others springs from the traumas he and his brother experienced while in foster care. Haynes’ brother was severely beaten by one of their foster parents, and the boys, even as men of faith, struggle to understand and forgive the perpetrator. “It has made me aware of God’s grace,” Haynes explained. Every day for 30 years, he has gone to work early and spent time in the chapel praying before anyone else gets there. He prays to make a difference, to put his own cares on hold so he can share God’s love, and to cover everyone on the front lines at the hospital.
As a child, UHCS Utility Tech Robert Fallen remembers driving with his mother and pleading with her to stop for an injured bird. He took the bird home and cared for it. Fallen jokes that his mother must have known the bird would be a turning point for him. “I might look mean, but I have a golden heart. I’m here to help anyone in need. The patient is my real paycheck.”

“You have to have the heart for this,” said Charlene McCray, Presbyterian Hospital, Huntersville, “and you have to make sure the patients know they are number one.”

Murrell Hearns has been doing his job for 17 years, 10 at Greater Baltimore Medical Center. Hearns has dedicated himself to this line of work because, “I always wanted to be in patient care.” Velma Johnson, at Rowan Regional Medical Center, has also been praised for her open heart. “I may not be a nurse or doctor, but I can go the extra mile.”

At Rush Oak Park Hospital, Melvin Meeks and Michael Pearson were selected to help teenagers from a local high school learn the trade of cleaning in a hospital setting. These teens suffer from Asberger’s syndrome and require mentors with patience who will also coach them on social skills. For Meeks and Pearson, the assignment turned out to be a blessing as they watched the students’ confidence grow.

Some associates have heartfelt beliefs and a faith that sustains them and calls them to service. Evelyn Stringer, UHCS’s “Daisy Lady,” came back from retirement to hand out daisies and mingle with patients and their families. Stringer herself survived a car accident in which she had to be cut out of the wreck, but she managed to escape without a scratch. She believes that things happen in life for a reason. Her experience has led her to believe in miracles, something she shares with those she meets. “God puts you where you need to be, where you can do the most good.”

An accomplished vocalist for her gospel choir, Hazel Clark is much requested by patients at UHCS. “When I sing, I feel I can reach deep inside a person, especially those in pain,” she said. When called to the bedside of the suffering, Clark sings a special gospel song, assuring them that God is listening “all night long.”

Faith assures many that they are here for a particular reason, to encourage patients whenever they can. Though some, like Robert Fallen, have tried moving on from their jobs, they have the faith to know that this is where they are meant to be. “God isn’t ready to release me yet. My job isn’t finished,” said Fallen. Betty Hickson’s move to a different floor made sense to her when she met a patient so depressed she wanted to die. “God had a specific assignment and plan for me that day,” she said.

David Haynes interceded when a man wanted to take his own life. Haynes found out that the patient was paying to support his child. “I told him how my brother and I grew up in the foster system, and I convinced him that his kid needed him,” said Haynes. After 30 years in this line of work, his wife asked Haynes why he never tried to get a different job. “I love what I’m doing,” he explained, “and God has a very important mission for me every day.”

Whatever their personal motivation, these associates make a genuine contribution to patient care through their inspiring efforts. Having such passionate people at the heart of a company makes it impossible to “build” a corporate culture. Rather, the culture grows from the seeds of hope they plant daily in the hearts of the people they serve.

**Associates Who Inspired This Article:**

- Veronica Ayers
- Tim Baskerville
- Hazel Clark
- Helen Emery
- Robert Fallen
- Lillie Griffin
- David Haynes
- Murrell Hearns
- Betty Hickson
- Velma Johnson
- Jolene Jones
- Mike Kenney
- Charlene McCray
- Darlene McMinn
- Samarha MCoy
- Melvin Meeks
- Joyce Parker
- Michael Pearson
- Betsy Rabon
- Caryn Robinson
- Geraldine Stevenson
- Evelyn Stringer
- Phyllis Taylor
- Jill Washington
- Linda Wilkins
- Shirley Williams
- Jackie Wilson
- Morena Zavala
- And countless others

FOR MORE INFORMATION ABOUT OUR SOLUTIONS, PLEASE CALL 1-877-4CROTHALL.
BACKGROUND

Patient satisfaction has been central to Crothall’s efforts since we began serving hospitals in 1991. Creating noticeably cleaner environments improved third-party patient satisfaction scores significantly. Crothall developed strategies specific to each survey, tailoring scripting, frequency, or amenities, depending on which survey was in place. While successful overall, it resulted in a fragmented system, with best practices scattered among our accounts.

With the advent of HCAHPS in 2006, surveys became standardized, participation became mandatory, and scores were made public. Many of the old survey strategies no longer work. HCAHPS forced all hospitals to develop a new approach to address a new challenge.

IT STARTS WITH CULTURE

The key to changing patient perception is building a culture based on awareness of the associates’ role as part of the overall care team. Associates need to feel comfortable in their role as ambassadors of the hospital’s mission. This starts with hiring the right people with a customer service mentality. It is reinforced through ongoing training, and it is sustained through continuous recognition, reward, and engagement. It creates an empowered, patient-focused associate who is a full member of the care team, helping to do whatever is required to make each patient’s experience as positive as possible, exceeding expectations of what customer service means in a hospital setting.

NATIONAL PROGRAM, LOCAL STRATEGIES

A successful approach places hospital-specific patient experience initiatives in the context of a cohesive, overall strategy. While the battle is won in the trenches, there must be an overarching strategic battle plan. The efforts of the local hospital teams are buttressed by a national and regional team of patient experience specialists who can introduce best practices and tools, monitor results, and offer training and support when needed.

Crothall has developed the industry’s only national patient experience division, led by a national VP and a team of regionally based senior patient experience managers. The team is a resource but does not take responsibility for HCAHPS results from the individual hospital managers.

The team has established a powerful set of unit-level strategies based on national standards customized to each hospital’s need. It provides unit leaders, hourly associates, and clients with an array of resources focused on improving patient experience. We call the approach “Positive Impressions.”

The introduction of HCAHPS and Value-Based Purchasing has made patient experience even more critical. Crothall has created a cohesive approach balancing centralized programs with individual hospital strategies. Supported by a national team of experts, hospital managers have the tools they need to make positive patient impressions and drive sustainable HCAHPS improvement.
The first two seconds of an associate’s encounter with a patient present an opportunity to make a lasting, positive first impression. The set of strategies contained within Defining Moments gives associates all the tools to make that first impression a powerful experience and reinforce a positive message throughout the patient’s stay. Crothall’s strategy addresses appearance, verbal and non-verbal communication, behaviors, and interactions, all focused on driving satisfaction.

**ELEMENTS:**
- Appearance: Proper dress and grooming
- Conversations: Opportunities to deliver positive messages
- Non-Verbal Cues: Amenities and tactics to enhance perception
- New Admission Visits: Setting and meeting expectations
- Service Recovery: Turning problems into opportunities

Without an engaged frontline team, the best strategies are destined to fail. Crothall works to create and maintain associate engagement, beginning with “hiring for attitude” and ensuring ongoing customer service training. This goal is supported by reward and recognition programs tied directly to HCAHPS success, encouraging meaningful, positive behaviors. In addition, the support of nursing is essential to building the loyal team atmosphere required to make patients secure. Crothall employs strategies to ensure collaborative relationships with this key group.

**ELEMENTS:**
- Associate Engagement
- Reward & Recognition
- Nursing Engagement

Understanding that there is no “one size fits all” solution to patient experience challenges, Crothall has created flexible, customizable programs focused on each hospital’s specific issues and its mission and values. Further, Crothall recognizes that different strategies must be employed to meet the needs of different units within the hospital. This is possible through a keen attention to detail and by supplying unit managers with customizable, easy-to-use data measurement tools. This “digestible data” drives HCAHPS success and ensures an informed workforce focused on specific, achievable goals.

**ELEMENTS:**
- Unit-Specific Targets
- Account Action Plans
- Digestible Data

Crothall’s national team of experts is always available as a resource for our unit managers. The team engages in data collection, analysis, and benchmarking, as well as patient experience research. Unit managers can access a wealth of knowledge through several educational opportunities, including weekly patient experience forums, monthly webinars, and regular seminars, provided by the regional and national patient experience managers. Led by a national VP, the patient experience team shares best practices throughout the country and provides in-service training to help drive HCAHPS success.

**ELEMENTS:**
- Multi-Disciplinary Training
- Webinars
- Patient Experience Forum
- Quarterly Best Practice Reports
- White Papers
- CMS Submissions
Focused on Throughput

Located at the corner of Booth Memorial and Main in Flushing, New York Hospital Queens is in a busy, congested, active neighborhood. When its ER opened in 2001, it was designed to handle 60,000 patients a year. In 2011, it saw over 120,000 patients, trending toward 140,000.

CRUNCH TIME

That growth was creating a traffic crunch. Ambulettes were using the ER bays to park when they came to pick up patients—sometimes camping out for hours at a time. With up to 40 ambullette discharges a day, the traffic was backing up. FDNY had issues getting ambulances into the bay, and they occasionally threatened to divert emergency calls.

“The CEO came in and said, ‘What is going on? I need your help in getting this under control,’” Vito Cassata, Vice President of General Services and Facilities Planning, recalled. “When the CEO talks, you listen. I evaluated the services I control and thought, maybe it’s something that Patient Transport could do.”

Up to then, Crothall Healthcare provided what Cassata called a “typical Patient Transport service, moving patients and equipment around.” Cassata wanted to go beyond just transporting patients to strategically developing a new process of how patients were being moved. “I knew patient throughput would be critical,” Cassata said.

Cassata, Crothall Regional Manager Keith Adams, and Patient Transportation Director David Dembin traded ideas and settled on a simple solution: an ambullette dispatcher. A single person would camp out in the ER to coordinate discharge times with nursing staff and pickup times with the ambullette companies.

PROCESS REDESIGN

Dembin created a series of spreadsheets to organize the ambullette discharges into a structured traffic system. Discharge lists were created at the beginning of each day. Drivers were identified on arrival, and arrival and departure times were recorded. If the patient was not available, the dispatcher called ahead to notify the driver. This helped keep the emergency bay open.
All the ambulette dispatcher required was a podium, a laptop, and a phone. The only challenge was staffing the position. Cassata wasn’t able to move one of his full-time employees over to ambulette dispatch, so Crothall offered to hire a new person. “David was willing to take it on as a trial,” Cassata said. “If it didn’t work out, he’d go back, none the worse.”

The ambulette dispatcher allowed the team to look at the entire patient throughput process in a new way. NYHQ sees an average of 120 discharges a day and about 145 on weekdays. Almost a third of discharges were tracked through the ambulette dispatcher and another third through discharge software. The hospital anticipated a domino effect; however, expedited discharges had no influence on overall room turnaround times.

In fall 2010, Dembin and the hospital’s EVS Director, Barry Johnson, got together to figure out what their departments could do to help. There were two challenges: the EVS and PT tracking software didn’t interface with each other, and there was sometimes a delay communicating discharges among the different departments.

Dembin and Johnson worked out process changes to streamline bed throughput. They:

- Designated a throughput dispatcher to make rounds to help identify rooms that needed cleaning and work as a central contact for EVS and Nursing
- Located and installed a software interface that would allow the Patient Transport and EVS tracking systems to communicate
- Used a network of monitors throughout the hospital to identify available rooms
- Worked with Nursing, ER, and other groups to prioritize rooms
- Dispatched the closest EVS staff to clean rooms

Johnson said, “We reinforced the idea that it was all about the patient. We told the associates, “Your patients are waiting down in the ER.” By viewing bed turnaround times as a patient care issue, the EVS staff was more eager to actively hunt down and clean rooms that had not been put into the system.

**A “TURNAROUND” IN PERFORMANCE**

In early fall 2009, ambulette drivers would commonly arrive, park, and go through lunch, waiting for a patient. When Dembin started coordinating ambulettes in October 2009, that wait time dropped dramatically, from hours to just 9 minutes. By November 2011, it had dropped to an average of 6.5 minutes. Although it can’t be measured in a spreadsheet, Cassata says that better ambulette management has improved relations with FDNY.

In September 2010, bed turnaround time was 94 minutes, with fewer than 100 beds cleaned a day. Only 53% were cleaned within the goal of 75 minutes. By February 2011, turnaround time had dropped to 73 minutes, despite volume increasing to over 120 beds per day. And by December 2011, it had further dropped to 50 minutes per room and 84% under 75 minutes—a reduction of nearly 50%.

Dembin is proud of their overall collaboration. “It’s not just a Crothall celebration. We’re working as a blended team. Everyone is stepping up for one another.”

According to Cassata, redesigning the departments’ operating models in the name of patient throughput was well worth the risk: “It was a leap of faith, and I’m glad we took it.”
All providers in our industry promise a capable “bench” of management talent, ready to support clients as the need arises. But the truth is, many companies simply scramble to fill positions to keep up with sales, moving managers into new positions before they are truly ready.

Success Comes from Within
Crothall Healthcare developed a smart way to build a bench of engaged managers called ADAPT (Advanced Development and Planned Transition). ADAPT is the apex of several levels of Crothall manager development, including STEP, MIT, and EVOLVE. It was created to identify and prepare unit-level managers for multi-unit management positions—allowing them to grow from unit directors to regional managers. This enables Crothall to promote from within by investing in those who have shown the right attitude and aptitude for higher-level responsibility. And we train them before there is an immediate need.

Our experience has shown that new hires from competitors are not usually ready to be put in higher-level management positions. For example, in the Environmental Services division, 100% of RVPs and above, and over 80% of Regional Managers, were promoted from within. The cultural and performance standards are simply too high. “Training an outsider on our company’s culture, values, processes, standards, and systems in addition to higher-level management skills could be a costly risk when there are plenty of already successful unit managers eager for a chance to grow,” explained Director of Training Mark Draganescu.

Intense Curriculum
The first ADAPT class of 18, nicknamed the “Dream Team” by classmates, convened after two months of preparation by

operations and human resources, who judged each candidate’s readiness. They then began a curriculum of assigned reading, classroom topics, Harvard Business School case study training, and work on an Action Learning Project. In addition, students completed monthly field work assignments.

After six months of intense work (during which candidates are also responsible for their “day jobs”) and a final examination, they are put “on the bench” as certified candidates for multi-unit level manager positions. While awaiting the right opportunities, candidates attend a final wrap-up event at the corporate office. They learn about client and customer relations, receive presentation skills training, and then present the results of their Action Learning Projects.

The Payoff
The first class has already seen success, with 8 of the 18 candidates earning promotions. At the certification presentation, the participants noted their appreciation for the opportunities they were given to develop and grow to the next level.

- Marissa Janneire had just returned to school when she was invited to join ADAPT. In some cases, she found her ADAPT training even better than her school’s coursework.
- Patricio Manzanares learned that, for personal reasons, he needed to relocate back to the east coast from Seattle. He was placed as RRM at Lehigh Valley Hospital in Allentown, PA, to replace fellow classmate George Johnson, who was promoted to Regional Manager.
- In another great moment for ADAPT, in response to an email Jack Stires sent about an opening, RVP Sean LeMaster replied, “Be careful what you wish for.” Soon after, LeMaster called to say he was Stires’ new boss!

The “Dream Team” ADAPTS to Multi-Unit Management
**Operational Excellence Goes Global**

The Compass Service Framework allows Compass Group to spread Crothall Healthcare’s successful operational model throughout the world.

**Gain Without Pain**

One of the main concerns a company faces when becoming part of a larger organization is that it will get swallowed up, losing what is unique and has made it successful over the years. The acquired company gains access to additional resources, financial stability, and new capabilities, but none of that is worthwhile if it loses the ability to deliver on the basic promise it has made to customers.

In 2001, Crothall Healthcare became the first non-food service company acquired by global leader Compass Group. The Crothall acquisition was meant to complement Morrison Healthcare’s food offering in hospitals that wanted multiple services delivered within a specialist model. Compass Group’s approach has always been to purchase best-in-class companies and then let them continue their success without interference in the operational details. This strategy allowed Crothall to thrive after the acquisition.

Based largely on Crothall’s success, Compass Group has grown to appreciate support services as a key to long-term growth. In 2006, CEO Richard Cousins changed the Compass Group mission statement to include support services. The challenge for Compass Group was how to build support services capabilities rapidly in multiple sectors and multiple countries where none currently existed. Compass Group needed a platform.

**Crothall in the Spotlight**

In 2007, Compass Group developed the Compass Service Framework (CSF), a unique global service platform developed to ensure consistent delivery of standards, processes, procedures, and technologies. The CSF draws on best practices developed by our successful support services experience and customized for each country with the help of Community Practice Experts (CPEs) around the globe. Leading these efforts for healthcare is Rich Feczko, Crothall Healthcare’s National Director of Systems, Standards, and Global Support. Feczko ensures that Crothall’s winning formula is adapted, implemented, and supported as each new country enters the support services arena.

The CSF has been an overwhelming success. It is the first software platform built to deliver consistent multi-service operations across multiple countries—an absolute necessity for multinational customers. In recognition of this innovation, Compass Group won the 2010 e-business award from i-FM, a prestigious facilities management industry organization. This award is presented to one company each year for exploiting new technologies to improve business processes and performance.

Compass Group has the wisdom to invest in best-in-class companies and provide them the support and resources to thrive. The CSF is a brilliant example of how Compass Group is capitalizing on this investment to deliver Crothall’s operational excellence to customers throughout the world.

**CSF Compass Service Framework**

- Online, knowledge-based business management platform
- Defines support services being delivered, how they are performed, and how we measure successful outcomes for customers
- Allows consistent delivery of multiple services, whether at a single site or multiple sites in multiple countries
- Utilizes best practices to provide clients world-class service in the most cost-effective and efficient way
- Facilitates continuous improvement by embedding best practices into standards and transferring them throughout global operations
“Make A Difference”

A laundry truck driver risks his life to save another’s in a fiery wreck.

When a sick, young mother faces emergency surgery, an angel offers to watch her daughter.

**DANIEL WALKER**

*Driver*

CLS-Lakeland

Lakeland, FL

Nominated by Danny Harris

Returning to CLS-Lakeland, Daniel Walker experienced every driver’s nightmare. As he slowly rounded a long curve pulling a 53’ trailer, a vehicle passed him at a very high rate of speed. Nearly striking the front of Daniel’s tractor, the vehicle lost control, hit the curb, became airborne, and struck a concrete power pole. Sparks flew everywhere and the vehicle caught fire as it crashed to the ground. Quickly parking the tractor trailer, Daniel grabbed his fire extinguisher and raced to the wreckage. He used the extinguisher to minimize the blaze around the driver and the fuel tank of the vehicle. Then Daniel struggled through thick smoke to remove the driver, dragging him to safety as fire engulfed the vehicle. Soon after, emergency personnel arrived on the scene, and the driver was rushed to the local hospital for treatment. If not for Daniel’s quick actions, the driver would have perished.

**ROSA GODBOLT**

*Lead Housekeeper*

Presbyterian Hospital, Matthews

Matthews, NC

Nominated by Brandon Blasi and Cynthia Matthews

A sick, young mother rushed to Presbyterian Hospital Matthews to receive treatment in the ER. Although her other children were still in school, she’d had to bring her four-year-old daughter with her. Following a series of tests, the doctor ordered emergency surgery for the young mother, which would immediately render her incapable of caring for her child. She called family and friends, but it soon became obvious that no one she knew could help her with the four-year-old. Rosa Godbolt, Lead Housekeeper, was clocking out to go home at 3 PM, but first visited the young mother, who was crying. Rosa immediately offered to stay with the little girl, greatly relieving the ailing patient. Rosa entertained the child and kept her from worrying about her mom. Family members were finally able to get to the hospital at 10 PM to bring the tired child home.
March 2012 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.

TAMIKA TARO
EVS Lead
Brunswick Novant Medical Center
Bolivia, NC
Nominated by Allen Stuart

A satisfied family recently wrote to Brunswick Novant Medical Center about EVS Lead Tamika Taro. “She had Mom smiling and laughing…My mom called her ‘The Healthcare Angel with a Broom.’” However, it was in the cafeteria that they saw the real angel in action. “There was this young man at the register counting change,” Chanel wrote. “He had 1½ pieces of bacon. Tamika kept eyeing the situation until she finally got what was going on: the kid didn’t have enough money for the bacon. Tamika spoke up and told him, ‘Honey, you go get whatever you want to eat, and it’s on me.’ She got him grits, bacon, and toast. That kid’s eyes lit right up. He kept thanking her over and over again. We stood there and watched the whole thing with tears in our eyes. It was amazing the heart she had. She hugged his neck, gave him her number, and said, ‘If you’re still here at lunch, call me, and I’ll get you lunch.’ Wow. I gotta say I have never seen anything like it. I had to let you know that you truly have an angel working in that hospital.”

JANET IRVINE
Housekeeper
Cape Regional Medical Center
Cape May Courthouse, NJ
Nominated by Ryan White

Janet Irvine not only has 25-years’ experience in housekeeping at Cape Regional Medical Center, she is also a 15-year veteran in the art of making quilts. Janet uses her love of the craft to make things for different outreach programs. When her husband was diagnosed last year with Leukemia, she decided to do something more personal with her quilting. That’s when she started working with the hospital’s Early Education Center. They work closely with Alex’s Lemonade Stand in the summer. Janet decided to make a quilt in honor of the young boy for whom the education center was started. The quilt was raffled off to benefit Alex’s Lemonade Stand. The winner of the raffle, a friend of Janet’s, donated the quilt back to the Early Education Center, and it was given to the boy. This pleased the artist, knowing that the quilt she’d lovingly made would keep the little boy warm.

The “Healthcare Angel with a Broom” is discovered feeding the hungry.

A housekeeper, who is also an artist, quilts for Alex’s Lemonade Stand.
Meet Crothall employees who demonstrate through their actions what it means to truly “Make A Difference.”

DANIEL WALKER
A laundry truck driver risks his life to save another’s in a fiery wreck.

ROSA GODBOLT
When a sick, young mother faces emergency surgery, an angel offers to watch her daughter.

TAMIKA TARO
The “Healthcare Angel with a Broom” is discovered feeding the hungry.

JANET IRVINE
A housekeeper, who is also an artist, quilts for Alex’s Lemonade Stand.