Re-Imagining The Future of Dentistry
Dear Colleagues,

It has been a busy eight months for the Imagine Perfect Care (IPC) team! July of 2016 welcomed the opening of the Resource Center and the official organization-wide launch of Imagine Perfect Care. The first round of seed funding has taken place, and 50 applications for funding were received from across the health system. We were truly inspired to review the requests that were submitted, and we appreciated the broad scope of ideas as people imagined how to improve patient care in their areas of expertise. We are pleased to announce that IPC is currently in the process of funding over 20 innovative projects and we look forward to the impact these projects will have in the care provided to our patients.

Recently, we have watched the Room of the Future, located in the IPC Resource Center, progress from architectural designs and tape on the floor to a design that has been soundly vetted and is now finalized and ready for Ambulatory Care Center construction. The same process will now be used to develop and plan the patient rooms in the new Rehabilitation Hospital.

In addition to providing seed funding, IPC is sponsoring the Lot 50 (patient and visitor parking terrace) competition to evaluate opportunities to improve our patients’ experience with parking. This competition is engaging teams from across the organization to identify creative solutions for way-finding, lighting, and overall ambience of the terrace.

The Imagine Perfect Care Resource Center has hosted tours of the center for numerous groups, including: the College of Nursing, Eccles Health Sciences Library, Hospital Foundation, the Far Eastern Medical Group and the Utah Board of Regents.

We are excited for the future and the impact that can be achieved when, as an organization, we are dedicated to improve the patient experience and the care we provide, and as we imagine our journey towards perfect care.

Regards,

Julia Beynon, Director
Imagine Perfect Care
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Logic will take you from A to B. Imagination will take you everywhere
- Albert Einstein

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Front Cover: Dental Student McCall McCord at work in the Fabrication Lab at the University of Utah School of Dentistry
Imagine the Room Of
How does an empty room with a hospital bed and walls coated in whiteboard paint turn into a Room of the Future? Through trial and error, feedback from hundreds of healthcare workers, and an unwavering dedication to the patient.

Imagine a hospital room focused on efficient clinical practice as well as the comfort of the patient’s family members and loved ones. According to William Holt, Project Manager at University of Utah Health, that’s exactly what the Room of the Future hopes to accomplish. “Historically, hospital design has focused only on the clinical aspects of the hospital room,” says William. “We now look at the needs of the family members as well, recognizing that they are an important part of the healing process.”

A component of the overall Health Sciences Transformation Project, the Room of the Future is an insightful approach to designing inpatient rooms for the upcoming Ambulatory Care Center (ACC), which provides opportunities for faculty and staff—and even our patients—to give feedback on the design of these new clinical spaces. Through tangible layout and test-driving furniture, the Room of the Future is a key component to improve the hospital experience and patient care by considering how patients and their families move, sit, and feel while in the room.

But just exactly how was the Room of the Future constructed? As mentioned earlier, it literally started out as an empty room with a hospital bed, located in the heart of
Outside looking in:
A view of the foam board structure built to house the Room of the Future mock up
Imagine the Perfect Care (IPC) Resource Center. A low-fidelity mock-up process began with blue tape on the floor indicating dimensions and features of the room from the perimeter, to the bathroom, shower, sinks, windows, and even the nurse’s station. Project teams met regularly in the raw space as the architectural design process advanced, and stakeholders were invited to visit and weigh in on design decisions—both verbally and through “constructive graffiti.”

“All of our walls are coated with whiteboard paint,” explains Brayden Haws, IPC Resource Center Coordinator, “and when visitors have feedback, we hand them a whiteboard pen and send them to the wall.” The whiteboard feedback comes in the form of positive comments like “keep this,” constructive comments like “not enough room for the nurses here,” and through a collection of arrows and pictures of suggested changes. All of the comments and ideas were captured by the project team, and walls wiped clean for each new round of feedback. “We have engaged a significant number of staff, nurses, doctors, and other members of the care team as part of the visioning and design process,” William says. “Their involvement has not only dramatically improved the design, it has also driven more overall engagement throughout the process, and a stronger sense of ownership over the end product.”

As the design process progressed, so did the look and feel of the mock-up, with light-weight foam board walls, sinks, cabinets, and swinging doors replacing the tape on the floor. Though only made of foam, these additions proved critically to the design decisions. “At one point, it felt like there was not enough room between the foot of the bed and the wall,” says Julia Beynon, who, in addition to leading the Imagine Perfect Care work, is also a nursing leader and experienced critical care nurse. “Once the foam board wall went up, and we had nurses come back to assess the space, it was obvious that we needed a few more feet.” Another big adjustment was the swing of the bathroom door, and some unexpected but welcome counseling on placement of heating and air-conditioning vents.

“When he was visiting the Room of the Future, Dr. Keith Diaz Moore pointed to the ceiling and asked if we were going to protect the patients from air blowing down on them in their bed,” notes Teri Olsen, Senior Director of Executive Projects and member of the Resource Center leadership team. Dr. Diaz Moore is the Dean of the School of Architecture, where several students are involved in healthcare projects. “Up to that point, I personally had always assumed that those kinds of decisions were not all that flexible or negotiable,” says Teri, “but in sharing the feedback with the design team, they were very supportive of the issue, and promised to keep it on the radar as design transitioned to construction.”

Being able to see room features in 3D was key to another unexpected opportunity. Michael Dolan, lead project architect, from FFKR Architects, explained how the FFKR design team explored having an exposed structural frame in four of the inpatient rooms on two floors which would save the project one million dollars. A mock-up of the structural frame beam was quickly installed to show the impact on the space and after a review from the team and caregivers, the new beam structure was unanimously approved. Michael and his colleagues also brought virtual reality to the project, enabling visitors to enter an

Aesthetics play a role in restful recovery.
These are some of the materials and finishes
you will see in our new patient rooms.
interactive experience of the room with virtual goggles. “The virtual view helps people understand not only what the space looks like, but allows them to experience what it feels like, as if they were inside the room,” says Michael. “As a design tool, the virtual view provides better information to guide and inform decisions earlier in the planning and design process.”

The Room of the Future collaborative is part of a culture that continues to set University of Utah Health apart from others across the country. “Although asking for feedback from so many people does take more time,” says William, “the engagement and expertise of our clinicians in the visioning and design process results in a better product that everyone can support.” Michael agrees. “Too often, groups fall into the trap of doing what has always been done. My experience as a healthcare architect has taught me that listening and collaborating will always produce a better design.”

Although work on the Room of the Future for the ACC has concluded, similar work has just begun for the upcoming Rehabilitation Hospital inpatient room design. And the stakeholders all expect the same successful outcome. “The Room of the Future concept and process,” notes Michael, “is a perfect example of how working directly with caregivers, patients, administration, and others to understand the same space from different perspectives results in a beautiful, healing space.”

In just a few short months the Room of the Future replaced a lab of the past. Visitors and collaborators left feedback on the white board walls. The hospital headboard configuration was customizable using movable magnetic plates to represent electric outlets, equipment hookups, and medical air connections. A virtual reality experience of the Room of the Future provides a more realistic walk-through.

An early concept of an ACC Inpatient Room floor plan

# of visitors to center 1000

8 mos Duration of project

$1,000,000 Saved

With help from the Room of the Future
“When visitors have feedback, we hand them a whiteboard pen and send them to the wall”

— Brayden Haws
**IPC Connector**

**Making Dreams Come True**

David Hadley could be considered a man whose job is to make dreams come true—which makes him a perfect connector for the Imagine Perfect Care (IPC) Resource Center. David is a Portfolio Manager at the University’s Technology and Venture Commercialization office (TVC) who, along with his colleagues, spends his days evaluating proposals and inventions to help turn innovative ideas and projects into reality. “The University of Utah is such an innovative place, and it’s exciting to see new approaches and ideas, especially in healthcare, where innovation can lead to better outcomes for patients,” says David.

Welcoming and facilitating innovative ideas is a dream job for David, and he is enthusiastic about the goal of IPC to think big about patient care. “I’m so happy to see leaders with an incredible vision build a program like this—that opens its doors to anyone who has a great idea they believe can improve patient care, and invites them to share that idea,” says David.

With responsibilities that span both main campus and Health Sciences, David essentially has a bird’s eye view to hundreds of projects and ideas, which adds a valuable dimension to his work with the IPC Resource Center. “Being a connector for IPC is, in my mind, connecting the dots between projects and people who are unaware of each other, but who are trying to solve similar problems,” says David. “My leadership team at TVC understands the importance of IPC and fully supports my involvement,” he adds.

His wide scope, support from TVC, and involvement with IPC enables him to not only connect people and ideas, but to also help determine the best use of IPC’s time and grant money based on other campus funding activities. “We aren’t in a position to understand all of the legal and licensing processes for products that may be presented to us,” says Julia Beynon, Director of the IPC Resource Center. “Fortunately, we can rely on David to help us navigate those types of issues that are definitely outside of our area of expertise.”

David attends meetings with the IPC team regularly, and is eager to help whenever Julia and the team call. “I view myself as a flexible resource to assist wherever I can,” he says. “I’m such a huge supporter of Imagine Perfect Care because they focus on addressing problems across the spectrum of care.” Together, TVC and IPC are supporting work that is already underway at the Health Sciences Center to shift the mindset to not only help people who are sick, but to find ways to help people stay well and maintain their health. “There are so many opportunities in healthcare to apply innovation,” says David. “I’m looking forward to working with the great people at University of Utah Health to identify projects that have the greatest potential to increase the quality of care, and to help make those projects a reality.”

The University of Utah is home to some of the brightest minds on earth, but connecting ideas and people across a large and complex organization is no easy task. But such is the work of the Imagine Perfect Care (IPC) Resource Center, who has formed a Connector Network to navigate our physical and operational structures to foster a spirit of collaboration. IPC Connectors are those colleagues who seem to know everyone, and a little bit about everything, and they help to connect groups working on similar ideas to resources that groups may not know exist. Imagine Perfect Care is grateful for their generosity in donating their time and talents. To find a Connector for your idea, or to become one yourself, visit the Imagine Perfect Care site in Pulse.
Seed Funding
Seed Grants Awarded, Projects Underway

An important function of the IPC Resource Center is to provide seed funding to great ideas that may not otherwise have typical organizational funding options. The first call for proposals was issued last fall, and 50 applications from across the campus were received and shared on the Spark website (spark.utah.edu). After comprehensive review of each proposal, 21 projects were awarded seed funding, and work is already underway on this diverse group of projects. Seed funding will be an ongoing role of the IPC Resource Center to support unique solutions that bring us closer to providing perfect patient care.

Home Health Headwall
*Imagine the hospital headwall at home*

As healthcare moves from traditional facilities into patient homes, there is a demand for temporary, portable head walls, equipped with oxygen, power, data, mounting tracks and other customizable features. The College of Architecture and Planning will research and prototype high performing solutions for both short term outpatients and terminal patients and their caregivers, which facilitates quality hospital care in the comfort of home.

Wearable Health Trackers
*Imagine predicting and preventing readmission in cystectomy patients*

To help cut down on readmission numbers in patients who have had their bladder removed, the Division of Urology will use a wearable health tracking device to help monitor patient health and mobility. The health tracking devices could allow early intervention by doctors to detect complications, and prevent readmissions.

Connect2Health
*Imagine a system that meets the medical and social needs of patients*

The Connect2Health program seeks to improve community health by using undergraduate student volunteers as “Health Mentors” to help low income or homeless patients transition in and out of the hospital. The Health Mentors also find community resources to better maintain the patients’ health and meet their social needs. Connect2Health will expand and collect data to transform a small program in a few units to meet the needs of disadvantaged patients across the entire University of Utah Health system.

Patient Preferred End of Life Care
*Imagine providing patients with the end of life care that they truly prefer*

Many patients wish to spend their final days at home surrounded by loved ones, rather than in the hospital; others wish to limit hospital visits when they are near the end of their life. Unfortunately we do not always provide the preferred end of life support for each patient. The Palliative Care Service team will evaluate patient preferences regarding end of life care to provide a comfortable and dignified end of life experience.
**Inpatient Massage**  
*Imagine massage as part of comprehensive inpatient care*

The Office of Wellness and Integrated Health, in partnership with Nursing, has offered massage services to selected inpatients as part of a pilot program. The massage services can provide an alternative to pain medications, as they reduce pain and anxiety, aid in sleep and relaxation, and prevent complications of pain medication addiction. Through a comprehensive needs assessment and program analysis, massage therapists will outline available services and identify ways to ensure program sustainability.

**Project Sleep**  
*Imagine sleeping in the ICU*

Sleep in the ICU is often difficult for patients due to monitors, alarms, and frequent clinician check-ins. The Project Sleep team will conduct research using non-intrusive monitors to get real-time insights to track sleep quality. The research findings will help the hospital learn what helps and hinders sleep, and allow them to make adjustments so patients can sleep better, improve the patient experience, and recover quicker.

**Newborn Milk Bank**  
*Imagine an all human-milk diet for every newborn*

The Newborn ICU team will expand the NICU milk bank so that every infant in the care of the University Hospital has access to the undeniable benefits of an exclusively human-milk diet, as dictated by the American Academy of Pediatrics. With only one donation site, and 64% of mothers not producing enough milk, there is a high demand and shortage of donor milk. More locations, public education, local product transport, and a new marketing strategy will increase milk donations, providing hundreds of newborn babies access to the best possible nutrition for growth and progress.

**Neuro Compliance Tool**  
*Imagine a tool to improve threshold compliance in the Neuro Critical Care*

The Neuro Critical Care Unit has developed specialized software to improve compliance with treatment thresholds for the care of patients with acute brain and spinal cord injuries. A randomized prospective study will explore the presumed outcome benefits that should result from strict guideline compliance and thus better patient functional outcomes.

**Dance Therapy**  
*Imagine specialized physical therapy treatments for dance artists*

The University of Utah has a College of Dance, and the local community is rich with dance programs. However, there are few dance-specific therapists in Utah. This seed grant will focus on acquiring tools to enhance the Orthopedic Center’s Physical Therapy services for dancers, making the existing program more sophisticated and robust.

**Early Mobility and Social Participation**  
*Imagine early mobility and social participation for all children*

The University Developmental Assessment Clinic will acquire early mobility demonstration equipment in the neonatal follow-up clinic to improve the quality of patient care and family experience. Demonstrating the equipment increases the likelihood parents will purchase equipment such as push-button cars, to enable independent mobility. Giving children control of their own exploration aids in cognitive, social, motor, and language development in young children.

**No One Dies Alone**  
*Imagine if no one died alone*

Sadly, we have several patients each month pass away without the company of family or friends. Spiritual Services will train volunteers and medical students how to assist patients to ensure every patient has quality care and companionship during their end of life experience.
A Spiritually Connected Community

*Imagine patients and families being more connected to the spiritual community*

The Spiritual Care unit will provide a way to directly connect patients and their families with the spiritual community during their hospital stay. Many patients are limited to their beds due to their physical condition, which can create a sense of spiritual isolation. By installing a live video feed from the Hope Chapel to patient rooms, those who can’t go to the Hope Chapel can still watch the spiritual services they desire.

Ask Me Program

*Imagine how support and open communication can improve patient care*

ASK ME (Answer, Stop it, Kindness, Make Room, and Eliminate Errors) is a communication program that began in surgery units after studies indicated that medical students were not always reaching out to nurses and others for support and resources. The successful strategies of the ASK ME program will be made available throughout the hospital and to off-site facilities, providing ways to quickly identify resources, encourage communication, education, and the opportunity to speak up when there are questions. Ongoing orientation and education materials will help create a safe and positive environment for employees and patients.

Customer Service Training Videos

*Imagine exceeding patient expectations through remarkable customer service*

The Revenue Cycle Training Team provides education on improving customer service training techniques via a video training series. The training videos, customized for our own environment, will detail appropriate behavior and reactions in common scenarios, establishing consistent and ready-to-act attitudes in difficult situations that may arise with patient and families. The videos will feature current staff who understand these situations and can best train new employees to provide quality and reliable customer service.

Tooth Technology

*Imagine a tooth helping to control chronic disease*

The University of Utah School of Dentistry is collaborating with campus engineers to create technology that could be implemented in a dental crown or implant that would sense the molecules inside the mouth to monitor biomarkers like insulin levels in a diabetic. This technology could also detect warnings of a heart attack, alerting the patient and his or her provider. The Dental School believes both doctors and dentists could work together to utilize this technology for insight and management of population health.

Burn Thermal Camera

*Imagine knowing within 48 hours that your burn would heal*

The Burn Trauma ICU is overcoming the challenge of identifying deep partial-thickness injuries with the use of the infrared thermography camera, which can assess burn depth within two days of injury. This information can help directly enhance the patient’s experience and expectation by streamlining burn-specific education, early transition to outpatient settings, and reducing inpatient admissions and the stress of watching and waiting before deciding on a treatment plan.

MS Buddy

*Imagine information equity for Multiple Sclerosis patients and their caregivers*

The Hope Fox Eccles Health Library will provide newly diagnosed multiple sclerosis patients with 30 days of support with an “MS Buddy” which is an iPad, fully equipped with curated information about MS, MS support groups, and health care facilities. Many MS patients face technical challenges or live in rural towns with little access to online information and community support. The MS Buddy is a comprehensive tool that will instill confidence and empower patients to take control of their diagnosis.
Burn Unit Patient Education

*Imagine a burn-specific educational platform to improve patient care and outcomes*

The Burn Trauma ICU team aspires to help burn survivors with the lifelong implication of their burn injury, and will create a collection of online resources to help patients understand their burns in the hospital and coach them about continued self-treatment after discharge, preventing readmission. The Burn team will give patients tools to recover quickly and connect with other burn patients, outpatient clinics, or physical therapy in the community.

Informed Consent Patient Education

*Imagine improved understanding of procedures and consent forms*

The Interventional Radiology unit will deliver, via iPads, short videos and other patient education to help patients understand their impending interventional radiology procedure prior to giving informed consent. This method will be especially helpful to those with low reading levels or language barriers, and will contribute to patient safety, a smoother recovery, and patient satisfaction.

Bariatric Program Cookbook

*Imagine post-bariatric surgery eating made easy*

Many post-surgery patients in the Bariatric program have difficulty identifying and making appropriate food choices that adhere to University of Utah Health specific protocols. Non-compliance can result in health backslides or return visits to the hospital. The Bariatric Program will create a cookbook based on our protocols to aid in compliance with the immediate post-surgery diet, and will also contain healthy lifestyle tips to prevent lapses and readmissions in bariatric patients.

Community Garden

*Imagine greener living and healthier lifestyles for our patients*

The Redwood Health Center has a diverse patient population and a goal of helping their patients learn about the values of healthy eating. A community garden will be constructed at the Redwood Health Center as a first step in promoting healthier living. This garden will also allow patients time and motivation to get outside, make friends, and break down social and cultural differences. It will benefit not only patients, but also staff as they get involved and become greater proponents of healthy living, exercise, and social interaction.
The power of imagination has been acknowledged over the centuries in disciplines as diverse as the arts and sciences, and in industries from entertainment to education. Recognizing the tremendous power of imagination, the Imagine Perfect Care (IPC) Resource Center actively encourages each member of the Health Sciences campus to discover and share their own vision of perfect care via a personal Imagine statement.

“We truly believe in the power of having our own individual Imagine statements,” says Brayden Haws, the IPC Resource Center Coordinator. “These personal statements help us discover the ‘why’ of what we do, and they also give us a vision for what we hope to accomplish.”

With a background in patient education and advocacy, and the experience of having been a patient in the hospital, Brayden believes it is critical to get into the patients’ minds—and shoes—to be able to provide care that truly meets their needs. His personal Imagine statement is: “Imagine if we all viewed care through the eyes of our patients,” and even though he does not provide direct patient care, he uses this vision to guide him through choices in his daily work.

At the Resource Center, Brayden is charged with helping each visitor discover their own Imagine statement, and he sends them off with a personalized button to share their vision with those around them. “It’s a privilege for me to see what inspires others, and their visions have given me an appreciation of all that goes into ensuring our patients get the best care possible,” says Brayden.

“When we talk about our Imagine buttons with others, we occasionally get a less than enthusiastic response” said Teri Olsen, Senior Director of Executive Projects and member of the Resource Center leadership team. “Sometimes I sense a ‘buttons are cheesy’ attitude,” she laughs, “but then after we explain what we are doing, the hesitation always turns into enthusiasm.” Granted, that it is not always feasible to wear an Imagine button due to the nature of an employee’s role, but it’s important to discover your ‘why’ and have your button nearby to remind you of your vision. For example, Brayden keeps a copy of his button on his computer monitor so he can reflect on it and infuse his motivation and sense of purpose to all that he does throughout the day.

When you are able to wear your Imagine button, it often sparks questions and conversation between patients and co-workers. “It’s fun to see the buzz on a unit or in a clinic when I drop off a set of buttons,” says Brayden. “I watch employees examining and discussing each others’ Imagine statements, and then other people ask me how they can get their own button.” Imagine buttons are available to anyone by going to the Pulse Imagine Perfect Care site, visiting the Resource Center (SOM Room 2C467), or simply emailing your Imagine statement to imagine@hsc.utah.edu. Resource Center staff will quickly create your personal Imagine button for pickup or delivery.

Over the past year, Brayden has seen Imagine Statements covering diverse subjects including making sure patients always receive their medications on time, patients and family not getting lost in the hospital, patients having a clear understanding of the costs of their care, and that patients have food that looks and tastes appetizing. “I’m inspired every day to see firsthand the incredible work that everyone is doing now,” says Brayden “and to see that we all have the potential and drive to improve upon what they do and the care that our patients receive.”
Re Imagining the Future of 15
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What if a trip to the dentist meant you could recover quicker from a surgery? Or a dental crown could dramatically improve the life of someone with diabetes? What if medical and dental teams could collaborate in new ways to accomplish what neither could do alone?

These are the type of ‘what-ifs’ that inspire and drive faculty and students at the University of Utah Dental School. Through research, technological advancements, and collaboration with other healthcare professionals, the dental school is expanding the field of dentistry and oral health in new and innovative ways.

Dental education is not new to University of Utah Health, but the School of Dentistry is. Prior to 2012, students living in Utah for at least 5 years could apply for the Regional Dental Education Program, where they received their first year of dental training at the U and then relocated and completed their schooling at Creighton University. In 2013, the U’s own dentistry school was established and the first cohort of students began their 4-year studies, sharing classroom and lab space with medical students. The U finally had their own dental school, but still lacked the necessary teaching and research facilities.

Fortunately, the importance of good oral health is very dear to a well-known philanthropic family in the community, and as a result of their overwhelming financial support, the new Ray and Tye Noorda Oral Health Sciences Building opened in January 2015. The $36 million dollar dental
training facility is architecturally designed to seamlessly mix textbook and hands-on learning experiences. Students can walk from lecture to lab in a matter of minutes via aesthetically designed hallways graced with fine art that strengthens the program’s vision of dentistry as an innovative art and skilled craft.

The state-of-the-art dental facilities are certainly impressive—but not nearly as impressive as the caliber of the U’s dental students. “Our students are among the top ranked in the nation as far as academic quality, second only to Harvard University,” said Dr. Wyatt Rory Hume, Dean of the School of Dentistry. With faculty oversight, students treat patients in the facility’s 82 “operatories” (clinical spaces for dental exams, surgeries, etc.). A research center facilitates innovative advancements in dental technology and tools, giving students the space to progress beyond industry standards. Dr. Richard Elggren, who was the first certified endodontist in Utah and helps teach endodontic education at the school, is especially impressed with the U’s dental student body. “In my 44 years of private practice, working with these high caliber students has been the most rewarding thing I’ve done.”

**Cycle of Creativity and Innovation**

Attend a lecture by Assistant Professor Dr. Mark Durham, and you will have a front-row view to watch creativity in action. Mark encourages students to approach dentistry and dental research with a critical and creative mindset, and he even incorporates innovative teaching methods, standing on tables, climbing doorways, and using props, like a broom, to explain principles of dentistry like teeth extraction and equal/opposite forces. And he is a zealus believer in dental innovation. “Imagine the humans who are on the receiving end of technology whose health and lives drastically change,” he explains enthusiastically. “We’re not just talking about a few people, we’re talking about helping to solve the leading causes of death in the country.” Describing the potential impact of creative dental-medical interventions, Mark boldly asserts, “years from now they’re not going to know our names, but we’re going to have chronic disease under control…we’re going to change the world!”

Mark’s intense passion for innovation and serving others was evident in his Imagine Perfect Care Seed Grant proposal, which was approved for funding and is well underway. In collaboration with engineers from main campus, Mark is working on the concept of a biosensor that could be embedded into a dental appliance, like a crown or tooth filling, that would detect certain biomarkers in the body to help identify or monitor illnesses. “What if you had something that plugged in underneath your crown, or into your mouth, that could read your insulin level all the time,” Mark explains. Such a tool could end the need for constant finger-pricks to test blood insulin levels. He also believes that this technology could be used in emergencies too; if someone is lost or in danger and cannot use their hands, a specific pattern and number of bites, like Morse code, could send a signal for help.

Mark’s colleagues and students are equally enthusiastic about the possibilities to improve overall health through oral care. “There are oral manifestations of diseases in the mouth before there are manifestations elsewhere” says Dr. James Keddington, Assistant Professor at the School of Dentistry. In other words, the mouth is a gateway to the rest of the body. “Improved oral health equals improved systemic health, in every situation,” notes James, “but the relationship between the body and mouth is so simple, it is often overlooked.”

Collaborative research between dentists and physicians could also provide a better understanding of how the mouth and body work together. To study both simultaneously could yield insight to medical treatments, diagnosis,
and disease prevention. Shared access to dental and medical records would also be key to the continuum of care, allowing dentists, during the course of routine check-ups, to alert physicians of potential problems. “We can help physicians, and physicians can help us,” adds Mark.

Imagine Perfect Care is proud to sponsor Mark Durham’s dental appliance project and supports not only Mark, but the entire faculty and student body at the School of Dentistry as they reimagine how healthcare providers and dentists can work together to serve patients and communities.

“Years from now they’re not going to know our names, but we’re going to have chronic disease under control...we’re going to change the world!”

— Dr. Mark Durham

Mark impresses students with his athleticism as he uses a doorway to demonstrate the principles of equal and opposite forces during a lecture.
“Our students are among the top ranked in the nation as far as academic quality, second only to Harvard University.”

— Dr. Wyatt Rory Hume

“The relationship between the body and mouth is so simple, it is often overlooked.”

— Dr. James Keddington
Did you know your teeth, or the lack thereof, can affect your health, and that your health can cause tooth loss? Patients with missing teeth are generally less healthy, due in large part to a lack of education regarding health maintenance. Habits such as a poor diet, smoking, and being sedentary increase the risks of diabetes, ulcers, obesity, cardiovascular disease, gastrointestinal disorders, chronic kidney disease, and cancer. The condition of a patient’s teeth indicate the state of chronic disease: the worse the teeth, the worse the disease, and from there, without intervention, oral and systemic health continue to decline—there is a vicious cycle of the sick getting sicker. While you may receive a slap on the wrist for missed flossing, the effects of chronic disease and missing teeth are more serious—they are associated with death. The evidence linking oral and systemic health indicate who may need help, and as doctors and dentists team up, there will be all hands on deck to treat patients suffering from tooth loss and chronic disease.
What creates an exceptional patient experience? Short wait time for an appointment, caring and competent providers, affordable charges, and positive health outcomes to be sure. What about being able to find your way back to your car in the parking terrace?

The patient and visitor parking terrace—also known as Lot 50—located just northwest of the main hospital, has a unique architectural design from the past that unfortunately lends to difficult way finding. In addition, patients and family members using the terrace are often anxious, scared, and understandably preoccupied about their hospital or clinic visit, rendering even the most straightforward directions confusing. The result is often a patient experience that starts out with frustration.

But, rebuilding the Lot 50 terrace is simply not an option. And so the Lot 50 Competition came to fruition, sponsored by the Customer Service team and Imagine Perfect Care (IPC), to help lessen patient frustration with parking. “Construction last fall on the stairwells in the visitor terrace really compounded the way finding challenges our patients were experiencing,” says Chris Shirley, Director of Patient Support Services. “Parking is a tough problem to solve, and even though there are many individuals working on improvements, we are thrilled to be able to solicit ideas from our colleagues and patients in the form of a competition.”

Indeed, University of Utah Health has learned that when we work together with those closest to the problem, we can achieve great things; competition teams were required to include at least one employee and one patient or visitor who has used Lot 50. Who better to tackle the problem and pitch solutions than those who actually use the parking garage?

Preparation for the competition began with four weeks of Lot 50 trivia to familiarize staff with the parking structure. Trivia included weekly questions like what year the structure was built (1989), the number of directional elevator signs (104), stops signs (only one!), bike racks (two), and total stair steps (182).

Next, the employee team members volunteered their time alongside Customer Service Supervisor, Mary Lynne Cortez, and her team to help patients and visitors find their way into the hospital and back to their cars—to experience first-hand the obstacles our patients face. Teams were asked to consider changes or additions that could make the structure more friendly and inviting, including items like signage, lighting, paint, and really any viable solution to improve the patient experience as quickly and efficiently as possible.

The contest closed last month and submissions are currently being reviewed; anyone can go to the Spark page (spark.utah.edu) to view and comment on submissions. Finalists will be asked to present to the Lot 50 Competition Committee and Hospital Leadership. Prizes will be offered to both finalists and winners.

For more information on the outcomes of the Lot 50 competition, see the Imagine Perfect Care site on Pulse, or email imagine@hsc.utah.edu.
Imagine Perfect Care is University of Utah Health’s way of framing our daily work to inspire and empower each of us to improve our health system and the care we provide.

- We are inspired by sharing our personal Imagine Statements, visions of perfect care, and success stories.
- We are empowered to shape new patient facilities and solutions during their design phase, and our projects come to life through seed funding.
- We are supported by a connector network of bright and generous colleagues, as well as a resource center where people, ideas, and actions come together.
- Image Perfect Care is an aspiration, a mindset, and a call to action.

Contact Us At:
Imagine Perfect Care Resource Center
Monday-Friday, 10:00 am – 3:00 pm
or by appointment
2C467, School of Medicine
801-213-6900
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http://pulse.utah.edu/site/imagine-perfect-care