Over the last nine months, Imagine Perfect Care’s (IPC) 21 seed funding teams have been hard at work turning their visions for perfect patient care into realities. They have learned valuable lessons along the way, like how to manage projects, the importance of breaking silos on campus, and to always keep their projects focused on the patient. Many of the projects are completed, or will be wrapping up soon, and we’re excited to share the results of their work below. Continue to check back with IPC—we’re looking to help more individuals bring their perfect patient care projects to life, and details about our next round of seed funding will be available soon!

Home Health Headwall
Imagine the hospital headwall at home

May be home health doesn’t need a headwall. At least that's what the team from the College of Architecture & Planning is discovering. They have been hard at work designing what was originally known as the Home Health Headwall (H3), and are now titling their team H2Cart. Working with leadership from population health, health at home, rehabilitation and community nursing services, the team developed a list of needs and features that a home headwall would need. Their research found that a cart might meet all of those needs. This cart will house vital units and an interface for power, oxygen, suction and other specialty modules. Once the design is fleshed out, a workable prototype will be built and put on display in the Imagine Perfect Care resource center. There, patients and staff will be able to test the cart and leave their feedback on its design and function—paving the way for U of U Health to lead health care's transition from hospital to home. In another exciting development, the H2Cart team has just been informed that their project has been selected as a project for the Lassonde Entrepreneurial Center; during this academic year students and faculty will help to develop a business model for the cart and help move the cart towards commercialization.

Wearable Health Trackers
Imagine predicting and preventing readmission in cystectomy patients

Recovery for cystectomy patients—patients who have had some or all of their bladders removed—can take weeks. IPC seed funding is being used to make sure recovering patients stay out of the hospital. The team’s project got underway with the purchase of Garmin Vivosmart HR activity trackers. Since receiving Institutional Review Board (IRB) approval in July, six patients have been enrolled in the trial. These patients will wear the activity trackers after returning home from surgery. The data from these trackers will then be studied to understand how changes in activities and vital signs correlate with adverse events and readmissions. The team will use this information to create a model that uses patient activity data to predict adverse events and intervene before a patient is readmitted to the hospital. The team hopes to have the trial fully enrolled with patients by December. Once the trial closes, and data is analyzed, they hope to establish a larger, multi-institutional trial that will provide more predictive and identifying data.

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

Many palliative care experts suggest that patient care near the end of life often does not correspond to patients’ expressed wishes. The University of Utah Palliative Care Service is changing that. They are in the process of reviewing inpatient deaths in our hospital to look for opportunities to improve the care of patients near end of life. Key questions this project is addressing include whether some admissions may be avoidable with proactive palliative care prior to the admission, whether more patients desiring comfort care can receive their care outside the hospital, and whether processes involving comfort care in the hospital can be improved. Data analysis, manual chart review, and feedback from stakeholders will help address these questions so the palliative care team can improve care for this important group of patients.

Inpatient Massage
Imagine massage as part of comprehensive inpatient care

Many patients who are referred for inpatient massage don’t have specific needs for medical massage; rather, they need touch, attention, and compassion. This was just one of the findings from a recently completed study by The Office of Wellness and Integrated Health. With funding from an IPC seed grant, the study looked at the inpatient massage program to better understand what is currently offered, how inpatient massages are marketed to patients, how orders for massages are tracked and any areas that may be missing from the program—such as more staff to handle an increasing workload and an outcome survey to track the results of massage on patients. One early outcome of this effort was the establishment of the Caring Touch Volunteer Program. Volunteers were trained to give hand and foot massages to patients who were in need of touch and human contact.

Project Sleep
Imagine sleeping in the ICU

A good night’s rest is critical for a patient’s recovery. Not only does rest improve patient satisfaction, but it also improves quality outcomes through decreased delirium and shortened stays in the ICU. The team behind Project Sleep is taking steps to ensure all patients sleep well in the ICU. Recently, Anna Dalton, RN and DNP student, joined the team to lead the sleep protocol portion of the project so that it can be submitted for IRB approval. Sleep experts from across the country have provided advice about the study design. The team anticipates that education on the sleep protocol will begin later this fall, with patient enrolling in the study shortly thereafter. The second part of the project involves the validation of a noninvasive sleep monitor. The function of the monitor is validated by comparing the prototype device to standard polysomnography. The Data Coordinating Center (DCC) has collaborated with the team on this phase of the project. Together, they’ve developed a process for patient enrollment. This second phase has IRB approval, and the team is currently working on developing an algorithm to interpret sleep habits among the critically ill.

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

Since being funded last year, the NICU Milk Bank Team has opened a new milk donation site at the South Jordan Health Center (SJHC), bringing the total collection sites in the system to two (the other one is at the Westridge clinic). The team has used SJHC opening to fine tune their process and now expect to quickly open sites throughout U of U Health. A collection site at the Main Hospital has already been scheduled, and several community health centers should follow soon thereafter. The team is also working with Clinic 6 (Pediatrics) to integrate patient education about milk donation into visits, so that mothers with extra milk are aware of donor opportunities.

Neuro Compliance Tool
Imagine a tool to improve threshold compliance in Neuro Critical Care (NCC)

One of the critical factors in Neuro patients being able to return to activities of daily living, is the compliance to a range of care factors during their inpatient stay. New technology allows for better, more precise monitoring of these factors. The IPC seed funding allowed for the purchase of several laptops that were needed to run and collect data from specialized equipment, Moberg CNS Monitors, which will allow for the tracking of compliance to treatment thresholds for patients with acute brain and spinal cord injuries. The study began enrolling patients on July 1st, with a goal to enroll 100 patients over a yearlong study period. All the nurses on the NCC Unit and have been educated on the study and the specialized equipment, Moberg CNS Monitors, which will allow for the tracking of compliance to treatment thresholds for patients with acute brain and spinal cord injuries. The study began enrolling patients on July 1st, with a goal to enroll 100 patients over a yearlong study period. All the nurses on the NCC Unit and have been educated on the study and the monitoring has gone smoothly with no technical issues thus far. On an exciting note, Dick Moberg the developer of the equipment being used visited and toured NCC and was impressed by how well the equipment had been integrated into the unit and everyone’s enthusiasm for the outcomes the study might produce.

Research: Quality of Care

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Dance Therapy
Imagine specialized physical therapy treatments for dance artists
Project Lead: Trina Belfandt, PT
Sponsoring Department: Physical Therapy and Sports Medicine

Physical therapists at U of U Health have an ambitious goal: to become the premier center for treating dance injuries. Seed funding from Imagine Perfect Care is propelling them in that direction by helping the team purchase equipment that is specially designed for dancers undergoing physical therapy. Prior to the funding of this project, there were few dance-specific physical therapists in Utah, and the team lacked the necessary equipment to serve this patient population. The new equipment is the first step in strengthening along with this IPC has connected them to other funding sources that will allow the existing program so it can grow and become more sophisticated.

Early Mobility and Social Participation
Imagine early mobility and social participation for all children
Project Lead: Lauren Ayala, DPT
Sponsoring Department: University Developmental Assessment Clinic

The Utah Developmental Assessment Clinic (UDAC) cares for children with developmental concerns and disabilities, including gross motor delays and limited mobility. Despite the clinic’s high standards for care, they needed better equipment to help parents make informed decisions about what therapies would most benefit their children. Through IPC funding, UDAC was able to acquire more, and a wider variety of, equipment for demonstrations with patients and their parents. The new equipment provides mobility, which increases development, growth, social skills and independence for the child. The new equipment also helps with age-appropriate mobility and social participation, such as learning to walk or being able to play with friends. Being able to demonstrate the new equipment has led to more parents following up with therapist recommendations, which in turn leads to improved child development.

No One Dies Alone
Imagine if no one died alone
Project Lead: Tyler Montgomery, Chaplain, Gretchen Case, PhD
Sponsoring Department: Spiritual Services

While it’s unclear how many Americans die alone each year, for Spiritual Services employees, even one is too many. Since being funded by Imagine Perfect Care, Spiritual Services has started a No One Dies Alone (NODA) program. The team has trained 15 volunteers in end-of-life care and how to sit with patients who are dying. The team has also used funding to purchase materials, including music, journals, and books to aid volunteers or compassionate companions. The team has already started sitting with patients, even before the official launch of the program. Recently, the first group of volunteers offered companionship to a patient at the hospital so that he was not alone while he died. Going forward, the Spiritual Services team hopes to offer this program to every patient at U of U Health. They continue to actively recruit staff, medical students and others who would be interested in volunteering. Soon, they will begin offering quarterly lectures to educate volunteers, staff, and the community on end-of-life issues and concerns.

A Spiritually Connected Community
Imagine patients and families being more connected to the spiritual community
Project Lead: Patricia Galbraith, LCSW
Sponsoring Department: Spiritual Services

Many patients are unable to attend the spiritual services provided in the Hope Chapel due to injury, illness, or the inability to leave their room. Additionally, many family members and staff who would like to attend these services aren’t able to because of shift or schedule restrictions. Spiritual Services has overcome these barriers by acquiring a camera system to broadcast Hope Chapel services on a dedicated in-house television channel (TIGR TV). This will allow patients and families to view services from the comfort of their room. The camera system is mobile so it will be able to move and grow with the hospital. It can even be used to broadcast special events, like hand blessing ceremonies.

Ask Me Program
Imagine how support and open communication can improve patient care
Project Lead: Ruth Braga, MSN, Amalia Cochran, MD
Sponsoring Department: Multiple Units

The aim of the Ask Me program is to create a safe, communicative environment that puts the good of the patient first. The program is well on its way to achieving its aims since receiving funding from Imagine Perfect Care. Project lead Ruth Braga was selected for a fellowship by the American College of Surgeons’ Association for Surgical Education based on her work with Ask Me. The program has drawn interest from several other medical centers across the country and is currently working with the Technology and Venture Commercialization on main campus to do market research and trademark work. Additionally, program leads have introduced a new logo, designed by IPC team member Morgan Laverty. Ask Me plans to begin marketing the program to hospital management. They’ll also begin training for interested units. Once trained, those in the program are eligible to wear the Ask Me logo on their badge to let others know they are someone who can be approached for help.

From top-to-bottom, left-to-right: image from the Burn Thermal Camera, child using a piece of new Early Mobility Equipment, renderings of H2Cart, patient at Redwood Community Garden, patient using new Dance Therapy equipment, new logo for the Ask Me program, opening of Milk Bank donation site at South Jordan Health Center.
Customer Service Training Videos
Project Lead: Kim Lopez, CRCP, Shannon Lingwall, CRCP, Erin Heath, Prati Shah
Sponsoring Department: RCSS Training Team

Imagine exceeding patient expectations through remarkable customer service

In the world of customer service, bad experiences travel farther and faster than good ones. Creating more of the latter, and fewer of the former, is at the heart of a series of videos created by staff in Revenue Cycle and Support Services (RCSS). They spent the summer filming a set of six customer service videos. The intent of the videos is to create a standard for customer service that can be shared across the organization. The RCSS team will take the videos on tour during August and September to promote them to management and to answer questions about the videos. The videos will be housed on a dedicated Pulse page that will also have three presentations a facilitator can use to conduct customer service training. The videos will potentially be the basis of an Imagine Perfect Care feedback day, so that management and staff can visit the Resource Center to view the videos and share their ideas for improving them.

Tooth Technology
Project Lead: Mark Durham, DMD
Sponsoring Department: School of Dentistry

Imagine a tooth helping to control chronic disease

Healthy teeth are more than cosmetic; they are also a surprisingly good indicator of overall health. Mark Durham, Assistant Professor of Dentistry, and David Hadley, of Technology & Venture Commercialization, pulled together a team of people from the School of Dentistry and the Departments of Surgery and Engineering. With seed funding from Imagine Perfect Care, the team has developed a new solution to track, identify and prevent chronic disease through indicators found in the mouth and dental health. The end result will be a piece of technology that is embedded in a tooth or dental fixture that can detect biomarkers in saliva that indicate the status of different systems in the body. For example, a diabetes could use it to track their blood sugar level without having to poke their finger. It could also be used by firefighters to track the levels of carbon dioxide they are breathing. The device that was developed with IPC funds will now serve as proof of concept as the team pursues larger grants to conduct trials and eventually commercialize the device.

Burn Thermal Camera
Project Lead: Giavonni Lewis, MD
Sponsoring Department: Burn Trauma ICU

Imagine knowing within 48 hours that your burn would heal

Recovering from a burn is not an easy or fast process, and most patients with a burn become a patient for life. With so many questions about the amount of damage and the length of recovery, patients and providers are grateful for any additional information they can get. New thermographic technology is making it possible to better understand the severity of burns and what type of recovery is ahead. The burn unit used their IPC seed grant to purchase a camera that allows for this type of diagnostic. Since receiving the camera, the unit has started teaching its staff how to use it. They have also begun collecting images of burns. Currently, they are using software to better understand the margins of a partial thickness burn compared to a full thickness burn. This increased understanding will allow them to develop a protocol with thermographic imaging so burn specialists can easily identify the areas of a burn that will heal on its own, as compared to those areas that will require surgical interventions.

MS Buddy
Project Lead: Erica Lake, MLS
Sponsoring Department: Hope Fox Eccles Health Library

Imagine information equity for Multiple Sclerosis patients and their caregivers

A new multiple sclerosis (MS) diagnosis can be a frightening, isolating, and lonely experience. But, MS Buddy, an education and support program for MS patients through the Hope Fox Eccles Health Library aims to reduce many of the troubles facing this patient group. The program loans an iPad, preloaded with all the most up-to-date education and resources for MS patients, to newly diagnosed patients, giving them some of the support they need at this crucial time in their life, all in one easy to find place. With help from a seed grant, the Eccles Library team purchased iPads and required accessories to bring MS Buddy to current patients. The team worked with IT to set up the iPads in a way that makes them secure, while also making them easy to use for patients. They’ve also set up dedicated Wi-Fi accounts for each iPad for patients who may not regularly have access to the internet. Once the team has finished editing and compiling educational materials, they can begin lending iPads to patients. And the project is already picking up momentum. The parent of a patient with MS has joined as a volunteer to coordinate work between the Eccles Library team and clinical staff as they launch the program.

Burn Unit Patient Education
Project Lead: Brianna Hendricks, BSN, Halle Kogan, BSN
Sponsoring Department: Burn Trauma ICU

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

The long road to recovery for burn patients can be difficult and confusing, but a new educational platform in the burn unit hopes to change that. Staff with the burn unit have begun developing content that, with the help of the web team, will become a site dedicated to educating burn patients. The first phase of the project focuses on the “Patient’s Journey” by providing a walkthrough of what burn patients can expect at each step of the healing process. Once the initial content is developed and implemented, the team will then develop content tailored to different populations of burn patients. The Imagine Perfect Care Resource Center will host feedback days for the web platform, where burn patients and staff will test the platform and provide feedback.

Informed Consent Patient Education
Project Lead: Siggi Ciaman, MD
Sponsoring Department: Interventional Radiology

Imagine improved understanding of procedures and consent forms

The informed consent project team is making headway as they launch their pilot video to enhance patient education during the informed consent process, specifically for patients with infusion ports. The video was produced with the help of interventional radiology, marketing, clinical education, the web team, and the Spencer S. Eccles Health Sciences Library. Each group ensured the material was developed at an appropriate reading level and reinforced adult learning, while remaining comprehensive and thorough. This project has been submitted to Flip the Clinic, funded by the Robert Wood Johnson Foundation, to help inspire other health professionals to enhance their informed consent practices.

Bariatric Program Cookbook
Project Lead: Hilary Cutter, MS, Emily Taw, MS
Sponsoring Department: Bariatric Program, Clinic S

Imagine post-bariatric surgery eating made easy

The bariatric program dietary team is taking the guesswork out of eating after bariatric surgery by crafting recipes for a specialized bariatric surgery cookbook. Several factors have to be considered when deciding which recipes to include. They have to be recipes that are commonly enjoyed and can be served in different forms (liquid, semi-solid, solid) depending on how far out the patient is from surgery. It’s important to consider whether or not the recipes appeal to the patient, so the team is surveying patients to determine favorite foods. Patients are also evaluating recipes so the team can adjust them as needed. The team is also working with the marketing department to make sure the recipes do not infringe on copyrighted material and so the cookbook itself meets the standards of the new brand. The team has completed about half of the recipes so far and hope to have the cookbook published and distributed this fall.

Community Garden
Project Lead: Megan Whitlock, CSW
Sponsoring Department: Redwood Health Center

Imagine greener living and healthier lifestyles for our patients

While nature sets its own timeline, the garden team at Redwood Health Center has done a remarkable job at keeping up. Earlier this year, team members researched, designed, and created a plan for building a garden at the Redwood Health Center. Planning included finding an area to build the garden, identifying plants that grow well in our climate, and marking the opportunity to the center’s patients and staff. The team then held a kickoff where, with help from patients and staff, they built planting boxes for the garden’s plants. The planting boxes were then divided between patients and staff. With so much extra interest, they also had to teach container planting so that patients and staff could take plants home that did not fit in the garden. As the garden grows, the team has worked out a schedule to ensure the garden is properly watered, mulched, and weeded. The team will host additional workshops during harvest where they will teach patients healthy recipes made from the garden’s produce.

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Technology & Devices