

# inside VIEW



A LOOK INTO THE WORLD OF HEALTH SYSTEM FACULTY AND STAFF

## VOLUNTEERS HOLD UP HALF THE SKY

April is National Volunteer Appreciation Month



You see them in the Gift Shop, at Information Desks and at the bedside. They bring books to patients, deliver meals to homebound seniors, give comfort to families and provide a ready ear. They're even involved with research projects. They're UMHS volunteers, and they number 1,525 strong.

"Volunteers are true members of our team. They help us provide that personal touch and they support our commitment to patients and families first," says Alfreda Rooks Jordan, director, Volunteer Services.

Jordan says that volunteers touch just about every aspect of our organization. While Volunteer Services asks for a minimum six-month commitment, it is common to run across volunteers who have been active for 10, 20 or even 30 years.

And the services volunteers provide are as varied as the volunteers themselves.

Inez Mason, who turned 87 this year, started volunteering in 1993 after retiring from her job as a U-M biochemist, a post she held for 31 years. If you've ever received a Gifts



of Art flyer or a mailing from the Cancer Center, chances are you've seen Mason's work.

George Lowrie has held and rocked babies on Mott Level 5 for 21 years. Lowrie volunteers every Tuesday and Thursday, for eight to 10 hours a day.

Janaki Dronamraju, an employee at the Turner Senior Resource Center, volunteers, too. When she's not working, you can find her folding linens, stocking supply carts or handing water to patients on 6B.

Jordan says one of the major benefits of having volunteers help in a unit or department is that staff

are freed up to focus on our mission. "By providing so much to so many, volunteers enhance our organization's strengths on many levels," she says.

Jordan offers the following advice for departments that want to increase their odds of obtaining—and keeping—volunteers:

- n Look at the type of role you want the volunteer to play.
- n Develop a well-thought-out plan for what the volunteer will do.
- n Provide opportunities for volunteers to learn about the hospital environment or a particular health care area. After all, he or she could be a future UMHS employee.

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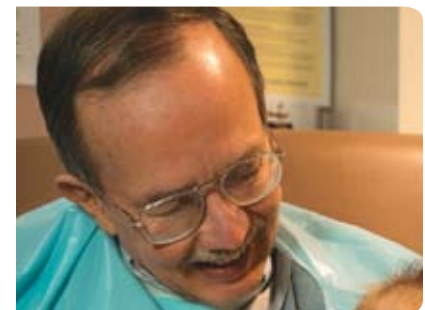
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@ LEND A HAND For more information, contact Volunteer Services at (734) 936-4327 or [UMHS.Volunteer@umich.edu](mailto:UMHS.Volunteer@umich.edu), or visit [www.med.umich.edu/volunteer](http://www.med.umich.edu/volunteer).

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### MICHIGAN QUALITY SYSTEM

## fast fact!

MQS is an organizational transformation strategy. The goal is a culture where continuous improvement "in pursuit of perfection" is the norm. Success will result in greater satisfaction on the part of our patients and employees.

To learn more about MQS, including information about upcoming lectures in the "Lean Thinkers" series, visit [www.med.umich.edu/i/mqs](http://www.med.umich.edu/i/mqs).



Will Siembor (left), marketing director for the Department of Surgery, has a plan to keep the hallways clutter-free. He talks with members of the Employee Health service team (left to right), Christine Pionk, N.P., Kimberly Ledman, patient services assistant, Siembor, and Cherie Holodnick, R.N.

# THE NEW HALL MONITORS

## Will Siembor and the Adopt-A-Hallway program

When Will Siembor joined the Health System in 2005 as the Department of Surgery's marketing director, he familiarized himself with the institution by walking a different route through the halls of the hospitals and main medical campus buildings every day.

But during those walks he began to notice that at certain times of the day it wasn't uncommon to see bits of paper on the floor or cups set aside and forgotten. And yet, he thought, there are so many people walking by.

"At 8 a.m., the floors were so clean you could eat off them. But as the day went on, especially mid-morning and mid-afternoon, things would get a little messy," he says. "It occurred to me: If people already were walking the halls on a regular basis, why not create a program where people could choose a hallway to keep clean during those walks?"

Armed with a plan modeled after the Michigan Department of Transportation's Adopt-A-Highway program, Siembor submitted an application to the

Fostering Innovation Grants Program ([www.med.umich.edu/i/fig](http://www.med.umich.edu/i/fig)) in June 2005.

He was subsequently awarded \$1,500 in FIGs funding to kick-start a program where teams or individual walkers could voluntarily adopt hallways they would promise to keep clean.

According to Siembor, this program is a way for people to take pride and become more involved in the institution, and a great way to get in shape. The FIGs money funded T-shirts, signage design and production for one year.

The Adopt-A-Hallway program officially began in December 2005. Seven teams have adopted hallways thus far, but miles of hallways remain unclaimed. The only requirement for participation is a commitment to walk your adopted hallway at least twice per day, once mid-morning and once mid-afternoon. And if you are really ambitious, consider adopting a stairwell instead!

**"At 8 a.m., the floors were so clean, you could eat off them. But as the day went on, things would get a little messy."**

@ GET INVOLVED To volunteer or nominate a hallway, e-mail [wsiembor@umich.edu](mailto:wsiembor@umich.edu).

## AROUND UMHS

Honoring Mother Earth. The University of Michigan Health System invites you to be an environmental steward, not only on this Earth Day, March 20, but everyday. **Environmental Stewardship** is a commitment to conduct business in an efficient, environmentally-friendly and cost-effective manner. In other words, doing what we do in a way that minimizes the negative impact on the environment. Visit our environmental stewardship Web site for tips on conservation, recycling and proper waste management:

[www.med.umich.edu/envsteward](http://www.med.umich.edu/envsteward)

This year is a pivotal one for implementing JCAHO standards and demonstrating a 12-month track record of compliance. As such, throughout the year the UMHHC Quality Improvement Department is presenting the **Joint Commission Satellite Network**—a series of broadcasts to acquaint faculty and staff with key standards and the new JCAHO unannounced survey process. This educational resource is free. Pre-registration is not required and continuing education credit is available. Those who can't attend can borrow a videotape of the broadcast from the QI Lending Library. A complete schedule is available in the "Education" section of:

[www.med.umich.edu/i/exec/cqi/jcaho](http://www.med.umich.edu/i/exec/cqi/jcaho)

To help employees achieve better work/life balance, the U-M's Work/Life Resource Center has introduced a new **Web-based child care finder**. Users can search a database populated with more than 1,500 child care providers in a six-county area to find one that meets their needs based on type of child care, location, amenities and care philosophy. The searchable database is maintained and updated by Child Care Network, a non-profit child care resource and training agency in Washtenaw County. For more information, call (734) 936-8677 or visit:

[www.umich.edu/~hrra/worklife](http://www.umich.edu/~hrra/worklife)

Buenas Noticias! In January the Health System launched a new **Spanish portal** to give the growing Latino population access to all things UMHS—including news on research findings, information on health topics and a list of bilingual U-M physicians. With the launch of our Spanish portal, the Health System joins a select group of major medical centers nationwide that offer this service. View the UMHS portal en Español at:

[www.med.umich.edu/espanol](http://www.med.umich.edu/espanol)



# THE YoU-Factor

Applying common-sense principles to achieve an uncommon level of customer service

In the age of reality television, keeping viewers engaged is a challenge. Decades-old training videos that lecture on dry, often outdated principles can leave any well-intentioned trainee bored and inattentive.

But Support Services has brought reality TV to a new level with the YoU-Factor—a customer service training video that uses positive and negative experiences of real employees to drive

Management Services. "We've found that people don't handle the same situations the same way. The video helps staff see how they can exercise these principles in their own way. It's about changing your perspective, not following a set of pre-defined steps."

The 28-minute video features eight vignettes that provide a candid and often humorous look at how each scenario was handled. After each vignette, feedback

what they do," Cotter says.

And while learning how to provide good customer service is no joke, the video has quite a few funny moments, including bloopers that feature several leaders fumbling their lines during filming.



ON THE WEB

To request a copy

of the video, e-mail Kori Cotter at [kcotter@umich.edu](mailto:kcotter@umich.edu). To watch the video or learn about the new YoU-Factor recognition program, visit [www.med.umich.edu/i/youfactor](http://www.med.umich.edu/i/youfactor).

**"People don't handle the same situations the same way. The video helps staff see how they can exercise these principles in their own way."**

—Kori Cotter, senior administrative assistant in Safety Management Services

home the idea that each of us holds the keys to good customer service.

"The YoU-Factor is a set of eight principles to live by at work and at home," says Kori Cotter, senior administrative assistant in Safety

from a member of Support Services leadership highlights the opportunity to exercise one of the principles.

"We wanted the video to provide reality-based customer service scenarios that anyone can relate to regardless of



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# DOSE OF REALITY

U-M Medical School on the forefront of medical student blogging



Has Jon named his grunge band yet? What is Elliott learning about thyroidectomies? What does Shelby think about Pass/Fail? Where will Okeoma do her residency? Jon, Elliott, Shelby and Okeoma are among the 12 medical students now publishing Web journals or blogs (short for Web logs) on the Medical School's *Dose of Reality* Web site. *Dose of Reality* gives Medical School students a unique opportunity to tell the world what it's like to go to school here. In particular, they are reaching out to prospective medical students and those who have been accepted to but have not yet decided on Michigan.

Drawn from every level of our M.D. program, the bloggers post a minimum of one or two messages and photos a month that speak to how their U-M Medical School experiences are shaping them. These first hand accounts of life at Michigan represent

unedited, individual thoughts and opinions on topics as wide-ranging as the joys of research, the agonies of the gut, Galen's Society charities, stress, sleep, vacations, snow, clinical rotations and interviewing for residencies. The site also features guest bloggers on special topics.

"We think the blogs will showcase student talent. When prospective students see the quality of their potential classmates, we hope the blogs will help convince applicants that a Michigan education is right for them," says Dan Remick, M.D., assistant dean for admissions for the Medical School and the blog project's director.

While there are many independent blogs where people post messages about schools, including medical schools, *Dose of Reality* is the only blog sponsored by an American medical school. The site is open to public viewing, so check it out!

@ ON THE WEB *Dose of Reality* went live in mid-January and can be found at [www.med.umich.edu/medschool/reality](http://www.med.umich.edu/medschool/reality).

## TWO SAMPLE DOSES

OKEOMA MMEJE, M4

It's been a while since I've shared my thoughts but there will be plenty to come. I had some unforeseen setbacks in travel plans but now I'm set on my path again and I'll be on my way to Ghana and South Africa very soon. I've got my rank list together to go into the NRMP system very soon. I'm really excited and nervous all at the same time. You have to aim high and see what happens. I'm confident I'll be happy at any one of my top three choices, but of course you always want to be at the top! Enough of that, I'm looking forward to hanging out with my friends in the upcoming weeks before I leave. Actually quite a few of my friends are gone, traveling in Ghana, South Africa, and India. After going to the Dominican

Republic with Health in Action (HIA), I became really interested and motivated to do international work. I really have enjoyed my experiences and I feel like there is so much for us as future physicians to do in the developing world. We're an international bunch of students at U of M. Fortunately for us, U of M does a great job of exposing us to international experiences and supporting our various international and public health interests.

In the meantime, I have to get my life together and finish my various research projects. One of them being my capstone project to get my MPH degree. Otherwise, my year off would be null and void. Let's get it together. How about that...?

'Til next time



TIM BODNAR, M2

I really like these clinical interlude periods (we just started yesterday and will go until next Friday with NO pathophysiology or pharmacology or any science-y stuff), because my favorite part about med school is learning the hands-on skills of being a doctor. Yesterday we got an hour to take a thorough history and do a full physical on a "patient" complaining of shortness of breath, and then we had to present our findings and a differential diagnosis (which is like a list of what you think the most likely possibilities are) to an attending physician. They say that something like 75% of diagnoses can be made by taking a great history alone, and I believe it. I had mine (pulmonary embolism) pretty well nailed down before I even started the physical exam. Of course, this "patient's" responses were planned to make it not overwhelmingly difficult—in real-life situations, I'll need some more practice.

### Applying the YoU-Factor to daily life

Resolutions, not excuses.

Consistent.

See the right thing from the patient's perspective.

Care.

Stay out of your safety zone.

Gain patience and control.

Eye contact and smile!

# THE COMMUTER CONNECTION

## A look at transportation alternatives for getting to work

Let's face it. Parking in the medical campus "core" can be a major challenge. And as the Health System expands its facilities to accommodate the needs of patients and families, parking will undoubtedly become even more difficult even though new structures are coming online. But there are options available that can help lower your commuting costs, reduce traffic, reduce stress and protect the environment.

One low-cost option is the Ann Arbor Transportation Authority's Park & Ride program which operates five free parking lots in Ann Arbor—two of which offer direct service to the medical campus. With the use of a yellow card, employees can enjoy this free bus service as part of the AATA's Mride program. In fact, Mride offers faculty and staff free fare transport on all AATA regularly scheduled fixed routes in Ann Arbor and Ypsilanti.

University subsidized vanpools are another low-cost option. While passengers share the cost of gas, parking in an on-site designated space is free. Faculty and staff can create their own vanpool or join an existing one.

When vanpools and Park & Ride aren't options, consider purchasing

a yellow or orange permit and using University bus and shuttle service between certain yellow and orange parking lots and various U-M locations. Shuttle services to and from most lots run at 10-minute intervals or less during peak periods and they are free. After 8 p.m., service intervals increase to every 15 minutes, but shuttles provide doorstep service for major stops.

For staff members who need transportation to a local campus, residence or remotely parked car between 2 and 7 a.m., the safe, convenient and free Ride Home taxicab service is available. Health System staff can call Yellow Cab at (734) 663-3355 after 1:20 a.m. to schedule a ride.

These options not only offer an opportunity to save money by limiting parking pass and gas costs, but they also reduce traffic congestion and pollution, and decrease wear and tear on your car. In addition, incorporating walking or biking into your daily commute can help you realize health benefits, and taking a shuttle or bus gives you time to read, listen to music, socialize or just get things done.



## WHY DRIVE?

### n THE ANN ARBOR TRANSPORTATION AUTHORITY'S PARK & RIDE PROGRAM

For information about lot locations and routes:

[www.theride.org/parkandride.asp](http://www.theride.org/parkandride.asp)

For information about Mride:

[www.transportation.umich.edu](http://www.transportation.umich.edu) "Parking Options"

### n UNIVERSITY VANPOOLS

For a list of vanpools in need of participants or to form your own:

[www.transportation.umich.edu](http://www.transportation.umich.edu) "Fleet"

### n UNIVERSITY SHUTTLES

For shuttle routes and schedules:

[www.transportation.umich.edu/transit/bus\\_routes](http://www.transportation.umich.edu/transit/bus_routes)

### n RIDE HOME TAXICAB SERVICE

For information:

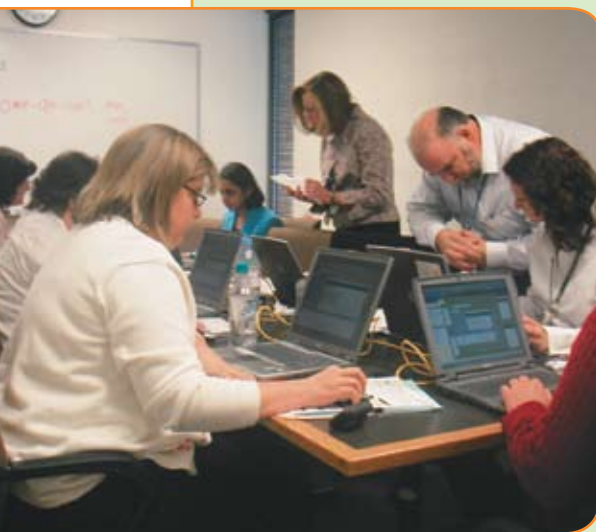
[www.parking.umich.edu/transit/special\\_transit.html](http://www.parking.umich.edu/transit/special_transit.html)

Appropriately garbed for cooler weather, David Rodgers commutes by bike most days. Rodgers is a computer systems analyst at Kresge Hearing Research Institute.

## UM-CARELINK GETS READY TO

# TAKE OFF!

OMP Prepares to Launch the Health System's New Electronic Ordering System



What happens when a handwritten prescription arrives at the pharmacy and it's difficult to decipher if the physician wants 1,000 or 100 mg administered? Or if a paper order for a patient's CT scan is accidentally shuffled into the wrong pile? In some cases, mistakes have serious consequences. In other cases, they are simply annoying to clinicians and patients alike. Soon, we will be able to avoid these potential errors with electronic ordering.

Later this year, the Health System will roll out UM-CareLink, a system

U-M clinicians conduct user acceptance testing on UM-CareLink to ensure it meets their ordering needs before "go live."

that lets clinicians electronically place inpatient and other selected orders. Obstetrics and Gynecology is the first area to "go live," with other areas following throughout 2006 and beyond. UM-CareLink is part of the Orders Management Project, a broader effort to improve the quality and safety of patient care at UMHS. OMP is led by Shon Dwyer and supported by a team of more than 100 clinicians and information technology specialists.

UM-CareLink addresses medication errors—the largest patient safety concern in hospitals nationwide—by eliminating the risks associated with written orders and multiple "hand-offs" of information between providers. It also reduces the time it takes to

get medication from the hospital pharmacy to the patient's bedside.

Units will be trained on UM-CareLink using a combination of classroom and online sessions. Staff can expect to receive training information from their managers as each unit's go-live date approaches. Support will be available to users once the system is activated.

By implementing UM-CareLink, the Health System is using improved information technology to make patient care better and safer, and our workflow more efficient.



ON THE WEB

For more information, visit [www.med.umich.edu/i/omp](http://www.med.umich.edu/i/omp).

## TAKING CARE OF OUR OWN

In the first issue of *Inside View*, faculty and staff were asked what the UMHS strategic principle “Taking Care of Our Own” means to them. Here are some responses:



- ■ It means that we are aware of what’s going on around us. If a coworker needs help, help. If a patient has a concern, be patient and listen. Don’t get so wrapped up in your duties that you don’t see what you can do outside of your own job description to make UMHS the best place to work. It’s easier to complain about what isn’t right instead of lending a hand to make it better. I have a saying that keeps me in check—“**If it’s to be, it’s up to me.**” If I stop and look at the things I can do to make my coworkers, patients and their families have a better experience—if we all pull together to do the same—what a Michigan Difference we will make.

—Doria Chege, clerical senior supervisor,  
Physical Medicine and Rehabilitation, Occupational and Physical Therapy

- ■ It means that we, the M-CARE case managers, ensure that co-workers as well as members get outstanding care, be it better understanding of health care coverage, assistance navigating the provider network or help identifying a community resource. While our main focus is helping members, we also help co-workers who approach us to have their blood pressure taken or discuss a health care concern. **We always offer a caring approach to make sure that members and co-workers get the most appropriate care in the easiest possible way. That’s how we take care of our own!**

—Penny Rozek, manager of Case Management, M-CARE

- ■ To me, it means that as employees of one of the world’s most comprehensive medical centers, we must assist each other in contributing to our futures and the future of the University of Michigan. Each of us plays an individual role that is directly connected to maintaining, nurturing and securing the economic growth of our institution. This is taking care of our own. **Beginning your shift with warm, welcoming gestures is taking care of our own.** Working together as a community and keeping each other’s interests and the interests of our institution truly at heart is taking care of our own!

—Calvin Abraham, supervisor, Midnight Operations,  
Environmental Services

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