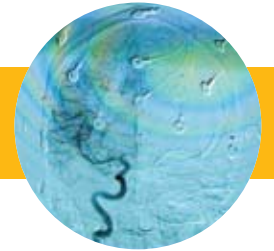


NEUROCRITICAL CARE CENTER

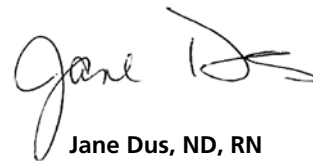


Greetings

Welcome to the first Neurocritical Care Center newsletter, a monthly publication for all those involved in the Neuroscience Intensive Care Unit and in the Center as a whole. The purpose is to bring valuable information about developments specific to the Center and provide a forum for celebrating our accomplishments. We provide state-of-the-art care because of all of you — and that's worth recognizing and celebrating!



Michael De Georgia, MD
Center Director



Jane Dus, ND, RN
Center Nursing Director

COMING TOGETHER: THE FUTURE OF NEUROCRITICAL CARE

Across the nation, hospitals report that the ever-increasing demand for critical care is exceeding the availability of ICU beds. Critical care seems to be caught in a “perfect storm” including a growing demand fueled by an aging population, pressure to improve quality, a reduction in the workforce and economic pressure to reduce health care costs. In many ways, Neurocritical care is at the very “eye of the storm”, with an unprecedented growth in patient volume in the last five years. To create a more efficient framework for care, improve coordination of research, promote education and advance administrative efficiency, we have created a dedicated Center for Neurocritical Care.

Neurocritical Care: The Emergence of a New Specialty

As a specialty, Neurocritical care is relatively young. Critical care medicine in fact didn't really exist as a specialty until the 1960s. Pulmonary units were established in the 1950s to cope with the polio epidemics. Neurologists often managed the mechanical ventilation (negative pressure tanks) in these patients. While positive pressure ventilation was introduced in the late 1950s and outcomes of patients with respiratory failure dramatically improved, ironically, mechanical ventilation was slow to be adopted for neurological patients in coma because it was deemed futile. Neurologists eventually receded from critical care.



“TODAY THE NSU AT UHCMC IS THE EPICENTER FOR CRITICAL CARE MANAGEMENT OF ALL PATIENTS WITH ACUTE NEUROLOGICAL DISEASE.”

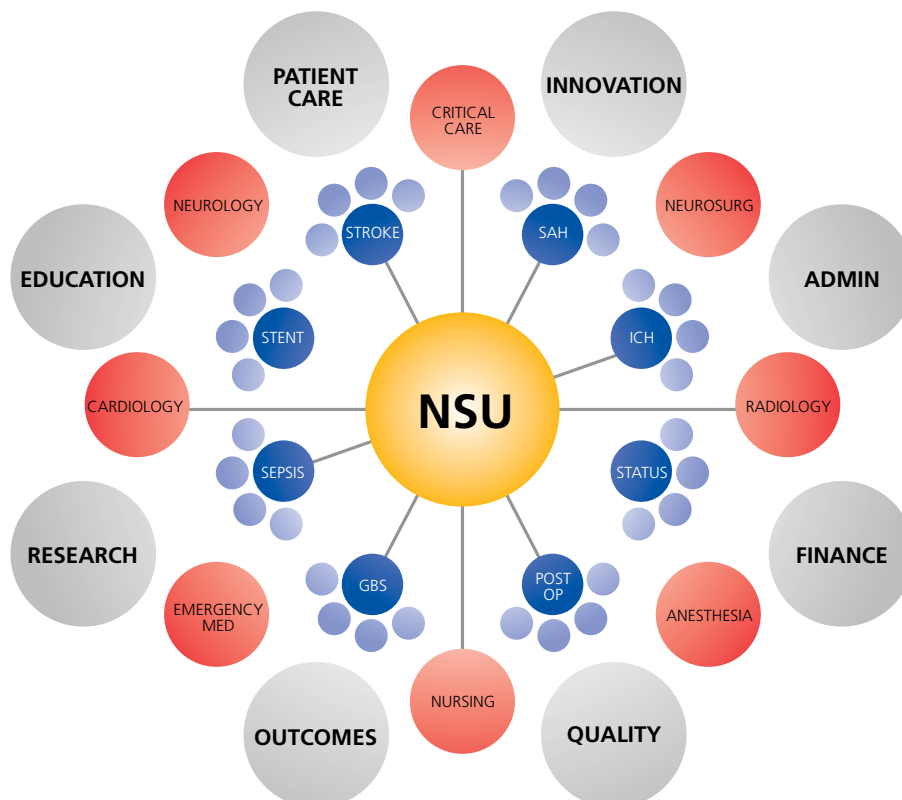
Coronary Care Units were established in the 1960s following the introduction of direct-current cardioversion and lidocaine. The ability to intervene in ventricular arrhythmias after myocardial infarction spurred the development of continuous electrocardiographic monitoring of the heart. In 1970, the pulmonary artery catheter brought cardiopulmonary physiology to the bedside; the Society of Critical Care Medicine was established that year.

During the 1960s and 1970s, neurosurgical intensive care units proliferated. While focusing mainly on postoperative care, these units were also used to stabilize patients with head trauma and subarachnoid hemorrhage. Neurosurgeons directed most aspects of intensive care.

In the 1980s, anesthesia critical care specialists began to co-manage patients in surgical ICUs. In 1986, the American

Society of Critical Care Anesthesiologists was founded. Also, during this period, combined neurology/neurosurgery ICUs (“Neuroscience ICUs”) were established to care for a broad range of patients: ischemic and hemorrhagic stroke, status epilepticus, encephalitis, neuromuscular respiratory failure, and trauma. “Neurointensivists” (usually neurologists with critical care training) emerged to provide comprehensive multi-system care for these patients. Neurocritical care grew exponentially during the 1990s in parallel with advances in acute stroke management. The Neurocritical Care Society was established in 2003.

Today, the Neuroscience ICU (NSU) at UHCMC is the epicenter for critical care management of all patients with acute neurological disease.



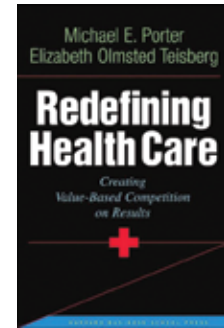
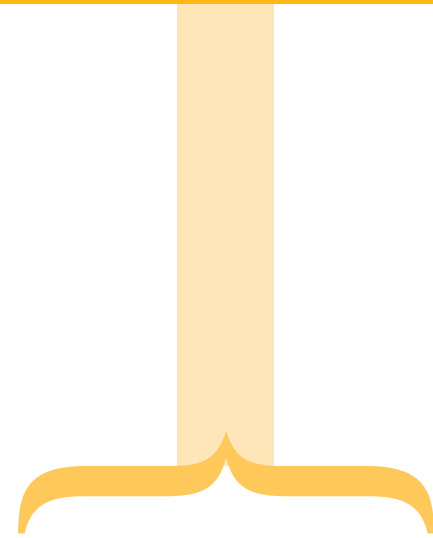
THE CENTER: EMERGENCE OF A NEW MODEL

Hospitals and medical schools have traditionally been organized along departmental lines and medical specialties. This organizational structure was not based around the needs of the patient but rather the needs of the faculty. Michael Porter and Elizabeth Olmstead Teisberg, in *Redefining Health Care*, summarize the effect on patient care: “Instead of operating as an integrated team, shifting groups of independent specialists come together around individual cases. ... The various units involved in the care cycle, which frequently include separate organizational entities, rarely work jointly and accept responsibility to improve the overall value of care. Instead, relationships across the care cycle tend to be arm’s length.” Beginning in the 1980s, the advantages of the multi-departmental, multi-specialty approach to patient care became evident and loose affiliations of groups emerged. In the 1990s, these loose affiliations were strengthened and formal disease-specific centers (cancer centers, cerebrovascular centers, epilepsy centers, etc...), organized around the needs of the patient, were formed.

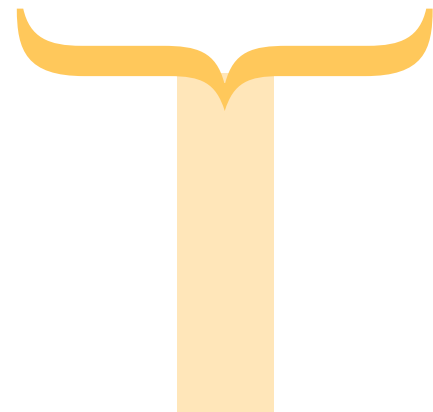
There are few areas in which a cohesive integrated approach is more important for patient care than in the intensive care unit in which the “disease”, the single unifying factor driving outcome, is critical illness. ICUs are, by nature, multi-disciplinary. They include a wide range and number of groups such as internists, surgeons, anesthesiologists, specially trained critical care nurses, pharmacologists, respiratory therapists, physical therapists, nutritionists, case managers, social workers, and bioethicists. Until now, the affiliations between these groups, however, have been very loose. This can result in the fragmented care that Porter and Teisberg refer to, especially in the rapidly growing and complex critical care environment.

The Neurocritical Care Center

Over the last decade, there has been a growing consensus that more organized and centralized critical care results in controlled cost, better managed patient flow, and most importantly, better patient outcomes. One way to develop this more organized and centralized critical care for patients with neurological illness is by creating a dedicated “Center for Neurocritical Care”, strengthening and formalizing the affiliations that already exist. The main impetus is to bring all of neurocritical care under one umbrella, under one entity, to create a more efficient and effective team, and to improve the quality of patient care.



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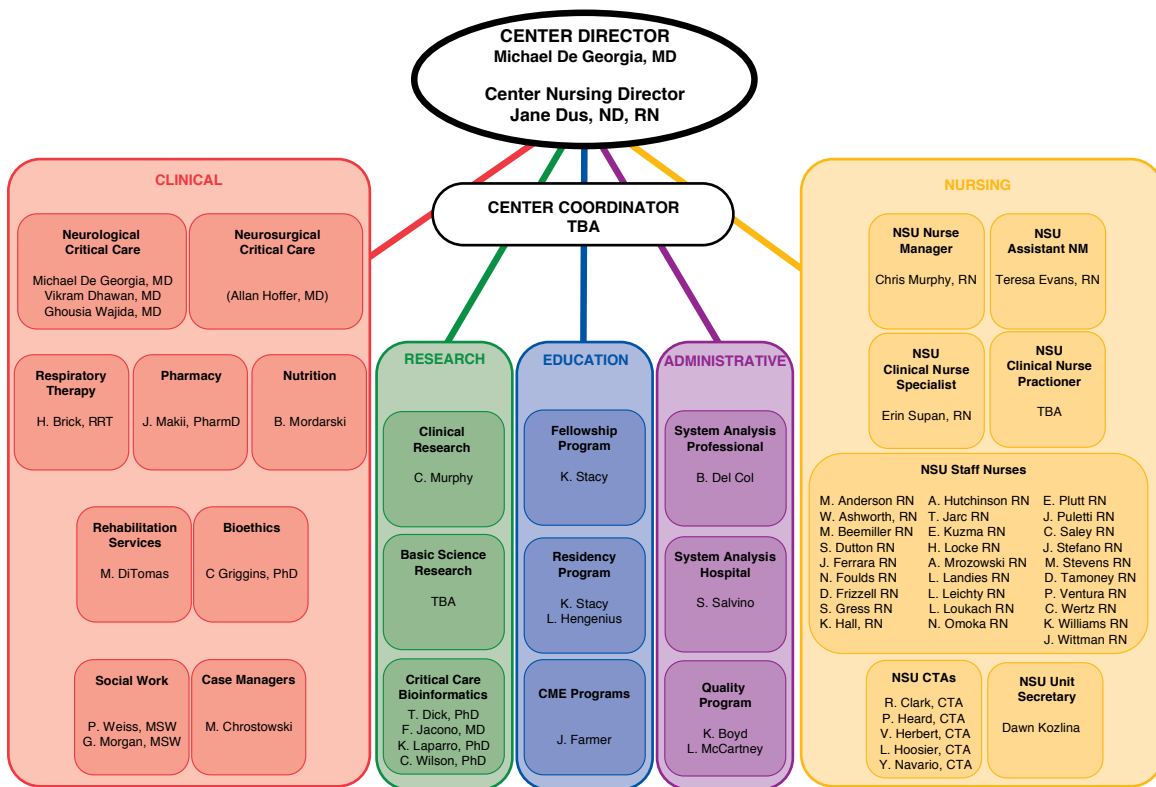


“IF WE ARE GOING TO SUCCESSFULLY NAVIGATE THROUGH THE PERFECT STORM, WE NEED A NEW MODEL AND A FRESH APPROACH.”

Similarly, coordination of research into an overall strategy has been challenging in part because of the interdivisional and interdepartmental nature of the program. There is a need to promote clinical and basic science research, coordinate our efforts, and become more efficient and productive. There is a need to coordinate all of our educational programs to provide the highest level of teaching and experience for our trainees. With concentrated administrative oversight, we can now

analyze ways to save costs, implement clear strategies to reduce length of stay, improve throughput, and optimize reimbursement. Finally, in the setting of the intensive care unit, few factors are as important as quality nursing care. We need to all feel part of the same team and to integrate physicians and nurses into one entity. Putting all this together, we have proposed the following organizational structure.

NEUROCRITICAL CARE CENTER



Mission of the Center

To improve patient care by implementing best medical practices for acute neurological disorders. To foster clinical, experimental, and outcomes research focused on developing innovative interventions. To improve education of residents and fellows by developing standards for training in neurocritical care. To advance administrative efficiency and quality improvement. To deliver nursing care in a manner that promotes interdisciplinary collaboration, caring and compassion.

To strive to be the world leader in Neurocritical Care

WELCOME NEW MEMBERS

The Reinberger NSU is growing in size! The much-anticipated construction of our four new beds is well underway with plans to be complete in June. Not only are we adding new beds but we are also adding to our team. The NSU has undergone considerable changes during the last year.

We would like to welcome **Ghousia Wajida, MD** who started with us in November. We are glad that she will be staying on as an NSU Intensivist. Dr. Wajida completed her training at Saint Francis Hospital in Illinois. She worked as an Intensivist at Southwest General Hospital prior to joining us at UHCMC. She is currently completing a Masters in Public Health.

Vikram Dhawan, MD joined the NSU Intensivist staff in March after completing both an Anesthesia Critical Care Fellowship and a Neurocritical Care Fellowship at the Cleveland Clinic. Jackie Wittman, RN in the NSU comments, “Dr. Dhawan is very approachable. He brings to us new ideas and views.” We are glad to have Dr. Dhawan join our NSU Team!

Not only have we grown our medical staff but we have also welcomed three new nurses to the NSU. **Shari Dutton, RN** started in the NSU in January. She not only has her degree in nursing but in exercise science as well. Shari and her husband are currently training for a triathlon this August.

Kim Hall, RN joined us this March and is well into orientation to the NSU. Kim says that she has always been interested in Neuroscience and was impressed with the caring atmosphere at UH. She graduated from Kent State University in December with a BSN. She also has a BA and her Master’s degree. Kim has many interests outside of the hospital including biking, scuba diving, golf and photography. She has photographs that have been published and has sold numerous prints. Kim has also shared with us that she is engaged to be married! We would like to congratulate Kim and welcome her to the NSU.

Whitney Ashworth, RN also joined us in March because of her interest in working with patients with neurological injuries. She finds that she learns something new everyday and has felt that the staff in the unit is very supportive and helpful. Whitney joins us from Tennessee and has enjoyed trying new restaurants in the Cleveland area. She has two dogs, a puggle and a miniature dachshund. Whitney likes to spend summers in Tennessee with friends and family on the lake. We’re glad to have her join us here in Cleveland!

Last but not least we would like to welcome our new leadership. **Chris Murphy, RN** began as the NSU Head Nurse Manager and Administrator for the Neurocritical Care Center in April. Chris is not new to the NSU, he worked in the unit as clinical nurse from 1998-2004. Before returning to us, Chris worked in research for the Department of Neurology here at UHCMC. When asked about accomplishments Chris shares that having a wonderful wife and three great children are his greatest accomplishment. They stay busy at home with two dogs, a cat, and a goldfish. During the summer Chris helps to organize the Valley City Frog Jump. He explains that about 3,000 children from all regions of the state rent or catch frogs for the competition. The individual with the frog who jumps the farthest is crowned Grand Champion!



Ghousia Wajida, MD



Vikram Dhawan, MD



Shari Dutton, RN



Kim Hall, RN



Whitney Ashworth, RN



Chris Murphy, RN

NEUROSCIENCE NURSES WEEK MAY 18 – MAY 24

We thank you for your countless efforts, your knowledge and your spirit. The American Association of Neuroscience Nurses is offering free continuing education throughout the month of May.

You can access these online at:
www.aann.org/ce/index.htm.



REMEMBERING DIANE CAUSEY



Neuroscience Nurses week is an ideal time to remember **Diane Causey, RN**. Diane was the quintessential neuroscience nurse. She graduated from Kent State University and began her nursing career at UH on a general surgery floor, moved to orthopedics and finally to the neurosciences. She was devoted to the NSU, to her patients, to the staff. Her peers describe her as a devoted nurse who loved to teach. Diane oriented many nursing students and new graduates and she was a great resource to her coworkers. She was a patient advocate and, as an ACN, was serious about her work. Diane had a wealth of knowledge and experience and was well trusted. Helen Locke, RN and Julie Ferrara, RN fondly describe her sense of humor and her love of singing. A photograph of Diane now hangs in the NSU as a reminder of her dedication to the patients and staff of the NSU.

CLINICAL NURSE EXCELLENCE AWARD

Congratulations to **Donna Tamoney, RN**, the NSU's Clinical Nurse Excellence Award winner! Donna is described by all of her peers as a wonderful person who exemplifies teamwork. Donna not only assumes responsibility for her patients but is also mindful of the needs of others. She is a role model to her fellow coworkers and also to her three daughters who followed in their mother's footsteps and became nurses.

Donna exemplifies clinical excellence by ensuring that her patients have a plan of care that is specific to their needs. After assessing the learning needs of the patient and family she provides education that is tailored to their understanding. She communicates the needs of the patient to the healthcare team and as charge nurse she communicates the needs of the unit to ensure safe staffing ratios.

The leadership and spirit of teamwork that Donna imparts is an example and inspiration to those around her. Although Donna has many years of experience in direct patient care she still performs her daily tasks with the energy of a new grad. All of her co-workers recognize her as a resource and a shining example of a caring and compassionate caregiver.



"THE LEADERSHIP AND SPIRIT OF TEAMWORK THAT DONNA IMPARTS IS AN EXAMPLE AND INSPIRATION TO THOSE AROUND HER"

SAVE *a* LIFE

May is Stroke Awareness Month

Since 1989, May has been proclaimed National Stroke Awareness month. The goal is to raise awareness of stroke and teach people to Act F.A.S.T. This is the National Stroke Association's campaign to educate the public on stroke signs and symptoms. It teaches the public to assess Facial weakness, Arm weakness, Speech, and Time: call 911. The Neurological Institute has F.A.S.T. magnets available for you to distribute to patients and families.



The Stroke Collaborative utilizes an alternate tool to teach people about stroke. Give Me 5 is used to assess a person for deficits in ability to walk, talk, reach, see, feel (headache). You can access Give Me 5 at the following website: www.giveme5forstroke.org/patients/. UHCMC will celebrate stroke awareness month by passing out stroke information and offering BP screenings in the atrium from 11 am – 1 pm on May 13 – 15. Volunteers are needed.

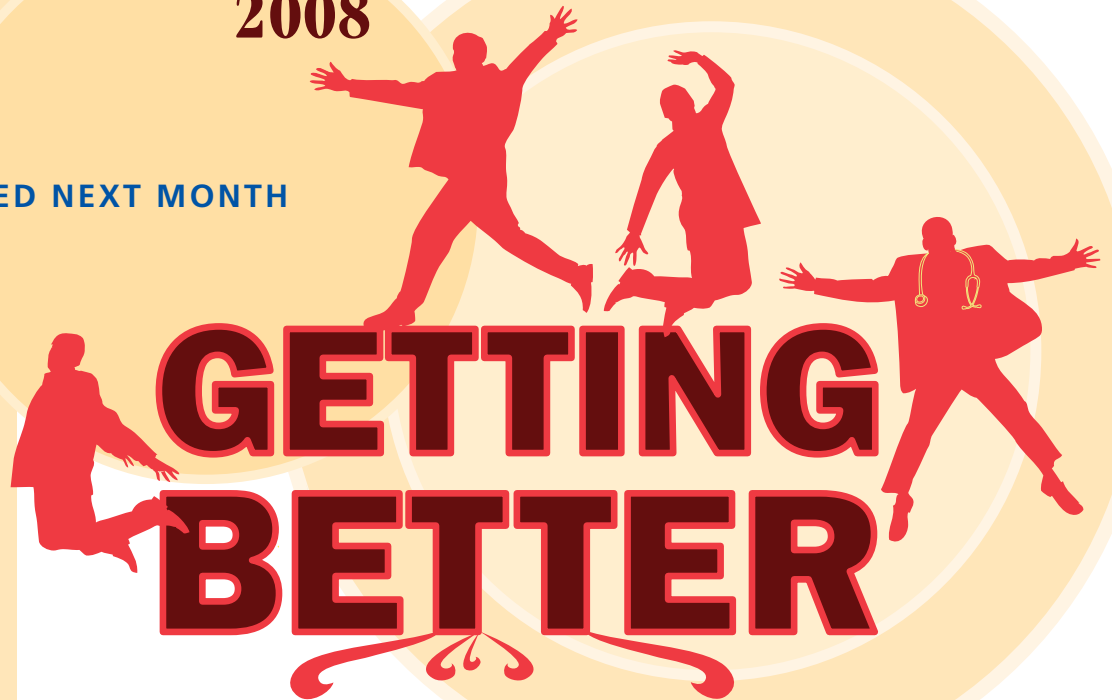


ANNUAL NEUROCRITICAL CARE CENTER PICNIC

Mark your calendars for the summer Neurocritical Care Center picnic. This will be held on Sunday, July 13th from 12:00 p.m. to 5:00 p.m. at Squire Valleevue and Valley Ridge Farms, located in Hunting Valley, Ohio. This will be a fun event for everyone who is part of the center (along with significant others, children, cats, dogs, and anyone else you want to bring)!

NEUROCRITICAL CARE 2008

TO BE FEATURED NEXT MONTH



FOR QUESTIONS OR COMMENTS OR IF YOU
WISH TO CONTRIBUTE TO THE NEWSLETTER,
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ERIN.SUPAN@UHHOSPITALS.ORG